

Is your child's bed fit for sleep?



# THE GOOD-NIGHT GUIDE FOR CHILDREN



The Sleep Council



This short guide for parents and carers is written in an ever-growing awareness of the true benefits of comfortable and regular sleep for young children and growing teenagers.

It is widely accepted that the early establishment of good sleep patterns is a major contribution to development, learning and growth – both physical and emotional. It is also a path to harmony and sanity in any household!

***This guide aims to cover the following in the hope that most problems and questions will be answered in a logical way.***

- ✎ Sleep and its benefits
- ✎ Establishing good routines for sleep
- ✎ How much sleep is normal?
- ✎ Common sleep problems in children
- ✎ Teenage sleep – the Twilight Zone!
- ✎ Creating a perfect place for your child's sleep
- ✎ Illness and sleep loss
- ✎ Choosing beds for children and teens
- ✎ Alternative tips and resources (useful numbers)

## Sleep and its benefits

Quality sleep is essential for children's growth and development. We need to pass on the skill of good sleep to children as early as possible to allow them to get the best benefit from an early age. In other words the 'achievement' of sleep is a learned skill which will aid health, growth and mental function for life. As far as children are concerned the main benefit of sleep is the release of growth hormone encouraging normal growth and bodily development. Secondly the brain benefits, by aiding the process of concentration - the making sense of the day's events, the things they learn at school and the skills they are developing as they grow up. Thirdly, healthy brain development and emotional/mental health are encouraged by the 'de-toxifying' benefits of good sleep.

There's an increasing body of evidence showing the damaging effect on children and young adults who get less sleep than they need - from weight gain to depression, from poor performance and concentration to reduced creative ability and lower immunity to diseases - at a time when the pressures of the modern world are definitely leading to decreased sleep times. Parents need to be aware of the potential long term harm of not getting enough sleep and not developing knowledge of good sleep habits.

Sleep can be helpfully divided into 'blocks' – each one involving a series of events during sleep. These blocks can also be expressed as time periods i.e. the amount of sleep in hours achieved by people of all ages. The events during rest and sleep will include wakefulness, sleepiness and different levels of sleep. The two main ingredients of sleep are 'slow wave' (non dreaming) and REM – rapid eye movement/dreaming sleep. Both are essential as they contribute to repair of wear and tear, healthy hormone activity, normal growth and emotional well being. Normal sleep should involve about three to five periods of dreaming sleep (about 25% of total sleep time) per night. Interestingly, dreams and REM sleep are triggered by random releases of electrical activity by a part of the brain called the 'stem' – this is received by the forebrain which then desperately tries to 'make sense' of it all – this is why children often refer to daily activities or experience in school in their dreams, finding a 'reference' they can relate to. This process is vital for good brain health and emotional development.



## Establishing good routines for sleep

Most younger children respond well to a bedtime routine. This is normally along the lines of teatime, followed by quiet play, bath, story and then bed. Bedtime should be around the same time each evening, although on non school nights, older children already established in a good sleep pattern may be allowed to stay up a little later. Parents shouldn't expect children to go to sleep immediately they are in bed - after all, most adults don't - and they should be allowed to play quietly or read for a little while until they drop off.

## How much sleep is normal?

Most toddlers sleep about 12 hours by the age of three. At this age they can have difficulty in falling or staying asleep. They can fight sleep because they don't like the separation from their parents. They often have a favourite toy, dummy or rag to help them sleep, while a night light helps those who are afraid of the dark.

Children aged four to six tend to sleep between 10½ to 11½ hours at night, and almost all children of this age have some difficulty in sleeping. They may resist going to bed, may wake up in the night. They are often scared of the dark, and may wet the bed and even sleepwalk. Again, a routine helps, together with reassurance and support - without over-dramatising the issue.

Children aged six to 12 sleep for around 10 hours a night. They tend to have sleep problems more akin to adults - worries often to do with school, friends or family. Nightmares are more unusual by this age. Again, a routine is reassuring.

Most teenagers need around eight - nine hours sleep, but many get far less than this, which can cause immediate

health problems, and potentially serious implications for future academic success. Teenagers have a difficult time of it - the onset of puberty, exams, money, the future - it's really no wonder that they don't get as much sleep as they need. Tips later in this guide may be of help.



## Common sleep problems

### ***I'm not tired!***

One of the greatest differences in attitudes to sleep relates to the recognition of tiredness at different ages. Young children don't know when they are tired and therefore can become overtired easily and demonstrate this by becoming fractious, tearful, clingy and bad tempered. As they get older you will be delighted to know that they will recognise that they need sleep and will be happy to seek it!

Common signs to look out for include poor feeding, indirect eye contact, moody and clumsy behaviour.

On the contrary, children who are well rested communicate through direct eye contact, feed regularly and feel more secure and cheerful.

### ***I am hungry/too full!***

Nutrition throughout childhood is an ever-changing demand on parents. Children who are over hungry or too full of food (or the wrong type of food), will not settle and sleep well. Light meals a while before bed time, a warm bath, story and bed may be helpful, perhaps with a piece of fruit or a milky drink

being offered before tooth brushing and settling.

### ***I am thirsty!***

This is often the cry in the night.

Metabolism rates in children (especially little boys – for some reason) vary greatly and it is possible that mild dehydration can affect sleep.

Water by the bed, or the offer of a drink

when they pop to the loo in the night should sort this.



### ***Where am I?***

Changes in routine, holidays away, visitors to the house and the like can disrupt sleep on a temporary basis.

Generally this should right itself with the re-establishment of familiar surrounding and routine. Try to 'identify' the trigger of the problem and adopt a calm approach. Ensure a quiet environment for sleep and try the introduction of gentle vapours (seek advice on suitable essential oils for young children and their use). If the problem is related to a most acute or traumatic episode in the child's life – seek professional help and advice.

***I'm not comfy!***

The bed the child sleeps in is important too. A new bed with a supportive mattress is a must for a growing child; an old, lumpy, mattress is not likely to be conducive to quality sleep.

Recent research has shown that toddlers can grow as much as 1.5cm overnight\* As children get older, this rate reduces, but most young people are still growing into their late teens and even into their early twenties; so a bed which is large enough and supportive enough is as important to a 17 year old as to a seven year old.

*\*St Thomas's Hospital, London, 1997*

An unsupportive bed can result in aches and pains in early adult life. According to BackCare, young, supple backs need a good quality, supportive bed as much, if not more, than an adult. Their research has found a worrying increase in the number of teenagers and even younger children suffering from back problems - perhaps because nowadays children lead a more sedentary lifestyle than in the past, with TV and computer games taking precedence over sports and outdoor pursuits.



***I'm frightened!***

Although children may be deeply distressed by nightmares or night terrors, they may have problems explaining their fears. A crying, frightened child is upsetting and it is important to distinguish between the two problems. Generally a child who is old enough can describe the nightmare that frightened him, this is not the case with night terrors – the child can awake in distress with no memory of what happened. With nightmares, it is often a good idea to reassure and comfort at the time and then to discuss this in the day and decide with the child HOW he might like the dream to end. With terrors, if there is a pattern, try gently waking the child about five or 10 minutes before his 'wakening' take him to the loo, offer a drink of water and then back to bed – this can help to break the pattern. Generally children will naturally grow out of night terrors by about five or six years. Nightmares, as we know can go on into adulthood for a variety of reasons.

***I wet the bed!***

This is a common occurrence in childhood and needs to be addressed by effective toilet training. Genetic causes are rare, but children are more likely to have problems if one or other of their parents also experienced this. As with all routines this needs to be achieved with a consistent approach, but do bear in mind that night time dryness is directly related to the child's bladder being able to accept and store larger amounts of urine. For this reason do not go down the route of encouraging frequent emptying as this may result in decreased bladder volume with 'reflex' emptying. Some emotional and physical events and conditions may result in a return to bedwetting. Again, identifying the cause and seeking advice may be helpful here.

## Teenage sleep – the Twilight zone!

Modern life encourages teens to reject sleep in favour of social contact in the night hours with an army of friends – texting, twittering, chatting and playing games. While this social interaction is normal, and the perception of sleep being deeply uncool is definitely a teen thing, parents should try to impress on them the benefits of good sleep.

A preachy tone here will no doubt fall on deaf ears. Instead of telling them that good sleep will make them healthier adults, try some of these ideas on them: better good sleep makes your skin look better! Fewer zits! Both you and your brains grow while you are asleep – better qualifications, better jobs, more money to spend on gadgets and funky bikes (or whatever). You will have more energy for sports, impress your friends and create the 'body beautiful'. You are less likely to get fat and may even live longer!



On a serious note, as discussed, growth and sleep are deeply related. Growth spurts in teen years will lead to a greater need to rest and sleep. Teenage boys especially have been found to need day-time sleep, most likely linked to metabolism changes and puberty.

Hormonal changes in teen girls will also have an effect on sleep amount and quality and with the onset of puberty and changing biological clocks, sleep patterns alter.

Teenagers of both sexes are often far more alert later in the day, and more tired first thing in the morning. At the same time, they have many more demands on their time - they may be juggling school, a part time job and a busy social life - all adding up to them getting less sleep than they need and often feeling tired all the time.

There is an ever-growing anxiety concerning alcohol consumption among teens. While you will have your own views and rules concerning supervised access to drink in the home, you and any teens for whom you have a responsibility must understand that alcoholic drink, even in moderation, is NEVER recommended to aid sleep, it acts as a depressant, is dehydrating and disrupts natural sleep patterns.

A de-cluttering of the environment in which teens sleep, negotiated access to gizmos and gadgets, regular healthy meals and the odd allowable 'sleep in' may be helpful in keeping good sleep top of their minds (and yours!).

Some other general tips include trying to:

- ✍ Impress on the teenager the importance of sleep and the need for at least eight hours' sleep on school nights.
- ✍ Encourage regular exercise – even 20 minutes three times a week will help.
- ✍ Suggest a reduction of caffeine intake (in coke and many other fizzy drinks as well as coffee).
- ✍ Point out that eating too much or too little close to bedtime - an over full or empty stomach - may prevent sleep onset, or cause discomfort throughout the night.
- ✍ Try and get the teenager into a going to bed routine - suggest that doing the same things in the same order before going to sleep can help.
- ✍ Ensure a good sleep environment - a room that is dark, cool, quiet, safe and comfortable.
- ✍ Make sure the teenager has a comfortable bed. It's probably time to get a new one anyway - and encourage him or her to choose it themselves.
- ✍ Don't give teenagers hand-me-down bedding. If the bed's no longer good for its first user it's not good enough for a teenager either.



## Creating the perfect environment for sleep

Whether for a baby, a child, a teenager or an adult, a restful room with a comfortable, fresh bed can only help in the achievement of good sleep. Where possible, a child's bedroom should be the room in which they SLEEP – (rather than watch TV, play on the computer etc...) it is difficult in this age of IT wizardry to deny ALL the electronic stimulants to which children are attached BUT – young



children shouldn't have a TV in their bedroom and if they have mobile phones they should be turned off at night/put away.

Children of all ages should be encouraged to put their things away and keep their room uncluttered and comfortable. Again this approach should help to

instil a respect for sleep and its benefits. If possible, divide the room into separate activity and sleep zones.

Absolute basics are: a room away from noise, but within your hearing! Quiet is essential for quality rest and sleep. Suitable curtains which create a decent 'dark room' winter and summer are essential, as exposure to light first thing in the morning 'resets' the body clock and can disrupt sleep – especially in summer. The room should be well aired before bed time if necessary and should NOT be too warm – like animals, we sleep better in a cooler environment – think hibernation. Ideally room temperature should be between 16-24°C (20°C for babies and young children, who find it harder to regulate body temperature).

A fresh bed and bedding are essential (washed with hypo-allergenic detergents if necessary), and again well aired. It is very important that there is no smoking in rooms where children sleep as this can lead to breathing problems and other health issues. Younger children especially need easy access to potty or loo - and WHERE to find them! And fresh water should be within reach by the bed in beaker or cup as appropriate. As children grow their taste in furnishings and decoration will change, why not involve them in creating a preferred look from time to time – making the area really theirs (within reason!).

## Illness and sleep loss

Both short term and more chronic conditions can cause sleeplessness in children and teens. Below are some of the most common – however if you are concerned about your child's physical or mental health do seek professional advice.

Childhood colds, flu and childhood illnesses which make the child feel under the weather and affect clear breathing, can affect sleep, especially in extreme temperatures (e.g hot weather at night). Parents should check if the child has a temperature and give a children's paracetamol elixir as directed.

Post injury, illness, operations and time in hospital, sleep will be disturbed and both children and teens will need support in order to get back to more normal sleep. Young children especially will tend to become more clingy and may go back to wetting the bed. Be prepared for this and treat it with calm sympathy. Observe recovering children for 'tiredness', allow for bed rest on instinct and ensure that any medicines or treatments recommended are given in line with instruction.

In case of any anxieties have a telephone number to hand for the consultant or the ward where your child has had treatment.



Asthma and eczema can keep children awake at night regularly. Children with asthma may find that their asthma is worse at night - they may experience airways narrowing, cough or wheezing - causing difficulties sleeping. The droppings of the house dust mites, particularly in mattresses, are considered a key factor in this. Parents should check with the child's GP as to the correct use of their inhaler overnight. Proper care and replacement of beds and bedding is important: using special protective, washable bed and pillow covers and regularly changing bedlinen may also help as will regular airing and vacuuming.

Eczema causes sleep disturbance mainly due to the itching and burning sensations that accompany the condition. Keeping the bedroom cool and choosing cotton bed clothing and bedding may help relieve the itching. Do not use biological washing powders.

Above all reward and encourage sleep to help recovery and good health.

After comforting a sleepless child he or she should be put back into their own bed, rather than into their parents' bed - since this could become an expectation and continue the cycle.

For children aged around three or four a reward, such as a sticker or star chart may help when they respond to their parents' treatment. The important thing is to be firm and consistent, even if there is no visible sign of improvement immediately.



### ***Sleep clinics***

If a child's sleeplessness is causing great concern to the parent, they can refer their child to a sleep clinic (via a GP or health visitor) with often very beneficial results. The aim of the clinic is to change the child's sleep pattern - generally, by trying to find out which aspect of the child's disturbed sleep upsets the parent most and concentrating on that first.

### ***Alternative sleep therapies***

Some parents have found alternative therapies, or complementary medicine, have helped with their babies' and children's sleep problems. The main therapies used are aromatherapy, homeopathy and osteopathy, but also hypnotherapy, chiropractic and even traditional Chinese medicine and acupuncture have been found beneficial.

**For more information please contact the following organisations direct**

(please note all the help and advice lines have different opening times)

**Asthma UK**

[www.asthma.org](http://www.asthma.org) Advice line: 0800 121 62 44

**BackCare**

[www.backcare.org.uk](http://www.backcare.org.uk) Advice line: 0845 130 2704

**National Eczema Society**

[www.eczema.org](http://www.eczema.org) Helpline: 0800 089 1122

**Enuresis Resource & Information Centre** (bed wetting)

[www.eric.org.uk](http://www.eric.org.uk) Helpline 0845 370 8008

**Sleep Matters** (sleep helpline)

0208 994 9874

**NHS Direct**

[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk) Helpline: 0845 46 47

## Choosing and caring for beds for children and teens

### Beds and mattresses

The age at which a child is ready to move out of a cot into a bed does vary but it is generally between 18 months and three years. They may not yet be ready for an adult-sized bed so it might be better bridge the gap with a cot bed or smaller-scale starter bed that does not make the child feel overwhelmed by a vast expanse. A cot bed is really just a large cot, whose sides may come off later on to convert it into a bed.

As the child grows older, beds can and should be a fun and exciting place to be, and parents have plenty of options to choose interesting, attractive and/or space saving options, from the ever-popular bunk beds (ideal when two children have to share a room) to themed beds and raised cabin beds with storage or activity areas beneath the sleeping surface.

Make sure you ensure your bunk bed is safe – there are safety standards (BS EN747) and regulations (entrapment hazards) in place which manufacturers and retailers should comply with but always check the bunk is thoroughly stable (most bunks are flat pack self assembly); that there are two guard rails on the upper bunk (\*even if it's going to be against a wall); any ladder must be firmly secured; and catches and fixings are not accessible or prominent enough for small fingers to fiddle with. Children under six years are not advised to use the top bunk - and despite the temptation, definitely not to treat a bunk bed as a climbing frame - the cause of many an accident!



It is generally recommended that a parent should aim to change the child's bed and/or mattress at significant growth periods. Depending on the child, this may require several bed changes - for example a teenager who's suddenly shot up to 6ft plus needs a bed that will enable his feet to stay on the mattress and not hang over the end!

The right mattress is vital as it must provide the correct support for growing bones and muscles. That means sufficient support to hold the spine in correct alignment and sufficient comfort layers to cradle the body's contours. The mattress construction can be either foam or sprung. A mattress and bedding with hypo-allergenic fillings (i.e. avoiding known irritants such as feathers or hair) may be required for a child with asthma, eczema or rhinitis. Mattresses containing memory foam are generally not recommended for very young children. If your mattress is going to be used on a bedstead or base bought separately,

always check your choice is suitable for use with the type of bed base you have (slatted, mesh etc).



Never give your child a second hand or hand me down mattress. It will not provide the support and comfort needed for growing children (any more than it now does for its previous occupants) and could be a health or safety hazard. As well as obvious wear and tear from body weight, it is estimated that we lose around 280 ml (half a pint) of body moisture every night and shed around 0.45 kilos (1lb) of skin particles in a year.

Apart from being a pretty unpleasant thought, this creates the perfect habitat for

dust mites – which can aggravate both breathing and skin problems such as asthma and eczema.

## Caring for children's beds

Caring for children's beds should follow the same lines as caring for adult beds. Here are some simple do's and don't's:

 Do air the bed to cool and dry it by throwing back the bedclothes for around 20 minutes before remaking.

 Don't sit on the edge of the child's bed. This will weaken the edge of the mattress and base by concentrating weight in the same small area.

 Sprung mattresses (unless they are specifically described as non-turn) should be turned over every week for the first month and thereafter every three months (or according to the manufacturers' instructions). It should also be rotated occasionally head to foot. Turning helps the upholstery fillings to settle down evenly.

 Don't leave polythene wrappings on new mattresses - this could lead to dampness, mildew and rotting through condensation build up during sleep.

 Don't let children bounce on the bed - it damages the mattress and could hurt the child.

 Don't roll up a mattress to store or squash into a car - this can cause permanent damage.

 Do put washable protective covers on the mattress and the pillows. Waterproof covers are also a good idea for younger children.

 Occasionally - every few months - the mattress and base should be vacuumed to remove dust and fluff. This should be carefully and gently done - so as not to dislodge fillings by pulling on tufts and buttons

 For asthma or eczema sufferers vacuum weekly and throw the windows open during and after vacuuming to help remove dust.

 Check bed head and legs occasionally to make sure they're secure.

 Do ensure covers and bedding, including pillows and duvets, can be washed regularly at 60°C or more.

## Stains

If an accident occurs - and let's face it, precious few children get through childhood without some form of bedtime accident - immediate treatment helps enormously by preventing the liquid seeping into the upholstery filling, where it can cause problems.

If possible, after stripping off all bedding, stand the mattress on its side - this will help prevent the fluid penetrating the mattress. Sponge immediately with cold water - but don't over water. Here are some recommended treatments for specific fluids:

### Leaking hot water bottle

Use an electric hairdryer - with care - or position mattress carefully in front of a fan heater. Do not leave alone and inspect frequently.

### Urine

Sponge with warm solution of mild detergent or upholstery shampoo. Then wipe with cold water plus a few drops of antiseptic such as Milton.

### Vomit and diarrhoea

Scrape up as much solid matter as possible, without spreading stain. Treat as for urine above.

### Fruit juices

Use proprietary stain treatment - following instructions -

or sponge with warm borax solution and then clear water. A strong coloured drink such as blackcurrant will probably leave a stain.

### Tea, chocolate, coffee and milk-based drinks

Treat as above and when dry use an aerosol grease solvent to clear grease - being particularly sparing if used on a foam mattress. Brush to clear deposit.

### Blood

Use a proprietary stain remover, or upholstery cleaner, followed by cold water.

### Oily marks

Use an aerosol grease solvent to draw stain out, rather than liquid grease solvents.



## Summary

Without writing something the size of a telephone directory it is impossible to cover every possible sleep problem encountered by parents all over the world! However perhaps these final top tips as a summary may be helpful:

**ALL CHILDREN ARE DIFFERENT** – some will sleep naturally well from birth, others will not – a pattern will emerge and you may need to work with it a bit.

**DON'T WORRY** – as long as your child is well and happy the odd bit of sleep lack is not going to do much harm. The more anxious you are the more problems you may encounter.

**UNDERSTAND** – the benefits of good sleep and get your child into a good regular routine as soon as possible – establish this and stick to it!

**IDENTIFY** – possible triggers for poor sleep and discuss these with a health care professional (health issues, school problems etc).

**TREAT** – your child to the best possible access to good sleep, fresh air, exercise, healthy diet, quiet time and most importantly a fresh hygienic bed and room in which to sleep.



***The Sleep Council's golden rules for getting a better night's sleep:***

Keep regular hours. Going to bed and getting up at roughly the same time will programme your body to sleep better.

Create a restful sleeping environment. Your bedroom should be kept for rest and sleep and it should be neither too hot, nor too cold; and as quiet and dark as possible.

Make sure your bed is comfortable. It's difficult to get deep, restful sleep on one that's too soft, too hard, too small or too old.

Take more exercise. Regular, moderate exercise can help relieve the day's stresses and strains. But not too close to bedtime or it may keep you awake!

Cut down on stimulants such as caffeine in tea, coffee or fizzy drinks - especially in the evening. They interfere with falling asleep and prevent deep sleep. Have a hot milky drink or herbal tea instead.

Don't over-indulge. Too much food or alcohol, especially late at night, just before bedtime, can play havoc with sleep patterns. Alcohol may help you fall asleep initially, but will interrupt your sleep later on in the night. Don't get into the habit of a night cap.

Don't smoke. Yes, it's bad for sleep, too: smokers take longer to fall asleep, wake more often and often experience more sleep disruption.

Try to relax before going to bed. Have a warm bath, listen to some quiet music, do some yoga - all help to relax both the mind and body.

Deal with worries or a heavy workload by making lists of things to be tackled the next day.

If you can't sleep, don't lie there worrying about it. Get up and do something you find relaxing until you feel sleepy again - then go back to bed.



*This booklet has been written for  
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