

# Fact Sheet

## Normal Sleep Patterns 0 – 16 years

This fact sheet is for education purposes only. Please consult with your doctor or other health professionals to make sure this information is right for your child.



Your child needs plenty of sleep to allow their body and mind to rest and to grow and develop. Most children have the ability to sleep well. But for many families bedtime can be frustrating and definitely not fun! If you find difficulties with your child's sleep, understanding what is normal and when to seek help is important.



### Newborn sleep

Full-term babies sleep 16 to 20 hours per day. They have a sleep cycle of around 40 minutes and it is unusual for them to sleep through the night. Half of their time asleep is spent dreaming — called REM sleep (Rapid Eye Movement Sleep) — during which they will suck, grimace, smile and occasionally twitch their fingers and feet. They wake to feed every 3–5 hours. Premature babies may sleep 20–22 hours per day with only very short periods of wakefulness. During REM sleep all newborn babies have a pattern of “brief pauses in breathing”. Most of the time, these pauses are irregular, but sometimes a stable pattern called Periodic Breathing develops, where they take a few breaths, pause, take a few breaths, pause and so on. This pattern can occur for long periods of sleep and can be quite normal. Snoring occurs in less around 10% of infants and children and when associated with other symptoms, such as pauses with gasps, and struggles to breathe, can be abnormal.



### 3 to 6 months

Time spent asleep starts to diminish as babies spend more time awake, moving, rolling and learning. Between around 6 and 12 weeks of age, babies start to distinguish night time and daytime sleeps so that they are more likely to sleep through the night and their daytime sleeps turn into daytime naps. During this time, a sleep routine can be established, so that the timing of the sleep periods can be made regular. Gradually, a baby's sleep becomes more like that of a child and by about 6 months, all of the four sleep states are more clearly defined. They still wake for feeding and comfort every 4 to 6 hours and periodic breathing has ceased by 6 to 8 months of age.



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### Toddlers and Pre-Schoolers

At 2 years of age, 12 out of 24 hours is spent asleep without waking. A nap during the day averages one and a half hours but may last up to about 2.5 hours. By 3 years of age the daytime nap is reducing and then it ceases. Children at this age may still have daytime sleeps, but often their bed time becomes late if they sleep in the daytime so the parents can choose which pattern (just night sleep, or a day nap and later bed time) suits their child and their family routine. Dream (REM) sleep continues to decrease while the other stages of sleep lengthen and become more consolidated. By now, the early sleep is a very deep sleep when children can seem impossible to wake and REM sleep occurs more in the early morning hours than at any other time of the day.

From around 6 months to pre-school age, a lot of children have parasomnias. These can include body rocking as they settle to sleep, confusional arousals and night terrors which tend to happen after the very deep sleep early in the night. With these events, children may seem very scared, but they can't usually remember any specific dreams. Nightmares, when children do remember scary dreams, tend to occur in the early morning.

### School Age Children

During primary school the average child sleeps 10 to 11 hours at night without waking with a gradual decrease into later childhood. By 12 years of age, slow wave (deep) sleep occurs mainly in the first half of the night while dream sleep (REM) decreases to adult levels of about 15-20% of the total time spent asleep. "Night terrors" – where the child appears to wake, is very frightened and inconsolable – continue to be fairly common from 4 to 8 years of age.

*During pre-school and school years, many children will wake after one or two cycles of sleep and wander to their parent's bedroom and climb into bed with them. Children should not be punished or scolded for this, as they may not be fully awake at the time. The best remedy is to carry or walk them back to their own bed and settle them back to sleep with the minimum of fuss.*

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### Adolescents

Teenagers still need a lot of sleep, but as puberty approaches sleep needs are increasingly unmet. Pressures of schoolwork, social life and peer contact often cause adolescents to go to bed late and sleep in half the day. This practice should be discouraged as it can eventually lead to altered sleep phase where the individual wakes late and is unable to sleep at night but finds they want to sleep late in the mornings and even if they get up, they feel very sleepy in the mornings.. A sensible balance between late night socialising and sleeping needs to be established. Normal young adult sleep should be in place by 16 years. Dream sleep (REM) occurs after 80 to 90 minutes and sleep continues to cycle over 6–8 hours.

### Sleep Hygiene

*Parents should encourage good sleep practices from an early age. Good sleep habits include a regular routine prior to getting to into bed, with time to “wind down” before trying to go to sleep. Consistent bedtime in a warm (the ideal temperature is around 21 °C), dark, comfortable room with light blankets and a firm mattress; encourages children to feel safe and secure at night. It also means avoiding all electronic activities (phones, computers or watching TV) in the bedroom!*

### Symptoms that may indicate Abnormal Sleep

- Snoring.
- Sweating.
- Restlessness.
- Morning headaches.
- Daytime sleepiness.
- Bedwetting after 5 or 6 years of age or bedwetting that recurs after a 6-week period of dryness.

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### Symptoms that may need attention if they are severe

- Sleep walking and talking.
- Head rocking/banging.



### Treatment for sleep problems

- Like all physical and emotional disorders, sleep disorders need to be properly investigated, diagnosed and treated.
- Discuss the problem with your general practitioner and they can consider referring you and your child on to a Sleep Physician for assessment.



### Remember

- Every age group has a different pattern of sleep, if you are concerned speak to your GP and seek a referral to a specialist.



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