



Kids Health Matters Transcript

Episode 3: A cheat sheet for sleep - top tips for babies to teens and in between

The Child and Adolescent Health Services respects and acknowledges the Whadjuk People as the traditional custodians of the land on which we work and of Elders past and present.

Hi and welcome to Kids Health Matters - a podcast where we meet experts from the Western Australian Child and Adolescent Health Service, which includes Perth Children's Hospital.

Each episode will dive into a range of topics and issues affecting kids' health and wellbeing and provide you with information on how you can best support them through their journey of childhood and adolescence.

Host Dani Shuey (DS)

Sleep for parents of newborns and babies has always been a hot topic and we know in many households sleep remains a difficult issue with more than 50% of children aged six and older continuing to experience sleep issues.

With the help of experts today we're going to dive into this topic and give you some top tips to help ease some of that stress around sleep time, from newborns right through to teenagers.

And I am really looking for the advice myself because my kids are five and three, and I'm yet to have a good night's sleep.

So my co-host today is a respiratory and sleep doctor at Perth Children's Hospital, Dr. Adelaide Withers.

Hello, Adelaide.

Co-host Dr Adelaide Withers (AW)

Hey, Dani, how are you going today?

DS

I'm good; look you have a world of experience on this subject, but as you mentioned to me off air earlier, it's not always for you to can answer questions for parents.

AW

Yes and I'm super excited about our other guest today who can give us some really good tips about sleep for little ones in particular.

DS

Absolutely and we're joined by child health nurse Kim Shirras. Hello Kim, how are you?



Guest Kim Shirras (KS)

Morning, Dani, I'm good. How are you?

DS

Really good and thank you for being here.

You've worked as a clinical nurse for Child and Adolescent Community Health for 16 years. You started your career in the neonatal intensive care unit at King Edward Memorial Hospital before moving on to work at Tresillian Family Care Centres in Sydney, who provide sleep support to parents, and that's when you're getting people at their most vulnerable. So can you tell us more about your role and why you've developed such a special interest in sleep?

KS

I work with families with children from babies right through to school entry age, and we talk a lot about sleep; about 30% of parents at some point in their child's life will discuss sleep with someone. So that experience of working one-on-one with families at Tresillian, and really diving into what a sleep-deprived family feels like and how we can support them is really important to me and I've made an effort to stay up-to-date and find ways that I can help families.

DS

How common are sleep issues amongst the parents you meet in your child health clinic?

KS

Around 50% of children will have a sleep issue at some point in childhood, and about 30% of parents will reach out and ask for help.

DS

So ladies sleep, as I've mentioned has always been a bit of an issue in our household. And in a way you just kind of go well, it's a patch in our life that's going to be over soon. Eventually you hope that your kids will be sleeping well and you'll get that energy back one day.

You don't just want to say that to people when they're in the thick of it.

KS

Yes, it's a really hard time when you're tired. You just don't think as clearly and it impacts your whole day and if you're a parent who likes to have 10 to 12 hours sleep and you happen to have a little person who functions really well on less, that's quite hard to manage.

AW

And one of the things we often do in the sleep clinic is set realistic expectations of what we're going to be able to achieve with children's sleep.



So if you're the sort of person who functions, as Kim said, quite well on four to five hours of sleep, we're probably not going to get your child sleeping uninterrupted for 12 hours. But we can do things to try and improve the time that they are asleep or make the routines better. And you're right, a lot of these changes are actually really developmentally appropriate for the stage that that child is in, and there is an end in sight, things will improve and will change. Sometimes it's about us just supporting families to get through those really tricky times.

DS

In those early days I remember being on the mums WhatsApp group that I have with other mums - it's a bit like, oh, she sleeps really well at night but during the day she wants to be on me all day, or it's the opposite, they're asleep all day, and up all night. So as hard as it is sometimes you've just got to take it for how it is and lean on those support services that are out there and are freely available to help you get through.

I'll put this question to both of you about what you've seen in the in the families that you meet - when does sleep really become an issue?

AW

In my experience, it's really when it's impacting other people in the household. So you might find that your child's waking up multiple times per night and it means mum and dad aren't getting good sleep which then is affecting their work the next day, or it might be affecting siblings in the next bedroom.

So it's really about the context for that family and how it's impacting everybody else.

KS

Yeah, I totally agree. There's no golden rule of how many hours sleep a child should get. It's more about is our family functioning well and how is my child functioning?

DS

Yes and sleep's not a competition between new parents, but I definitely have been in situations where you're sitting with people and they say they their child sleeps between nine to 12, then they wake and then they're back down, and I'm thinking...

I'll never forget having a debate with a friend over what sleeping through the night meant.

AW

It's very interesting you say that, because we say by the age of 12 months, about 80% of children will sleep through the night, but that means probably from 11pm to 4 am. That's the definition of sleeping through at night.

DS

And they're still stirring and making noises, so we might discuss that later.

But now we're going to concentrate on sleep issues for babies and younger children.



So, Kim, what's the most common question you get asked in regards to sleep for newborns?

KS

Probably the most common would be: Am I doing anything wrong and should we have a routine?

So when it comes to newborns, the answer is definitely no, it's way too early for routines. Your babies need time to adjust to the world and have that little next level of brain development.

So in those first few months, we're just looking at keeping them calm, getting them settled, getting to know their cues, what their body language is trying to tell you, and get sleep anyway you can manage it both for you and the baby, so we want you to attend to their needs, cuddle them in a sensitive and responsive way.

DS

I like the idea of that gentle parenting because so much of what you read now or you see on social media contradicts that advice, doesn't it?

There's this notion of let your baby cry because then they won't be so needy, but that can't be right for a child's development, it doesn't sound fair.

AW

I think it really depends on the context for that family, because there are lots of different strategies for getting your baby and your child into a routine. For some people, giving their baby that space to learn to self soothe, is really important, but the way you manage that is very specific to each family to see what works for them in what doesn't.

KS

And the age matters, but what's really important as a parent is if it doesn't feel right to you, it's not right.

DS

So the essence here is to basically take the pressure off routine for babies. What age are we talking now – up to six weeks?

KS

I would say more like 12 weeks. So at around three to four months you can begin to develop routines and that will look more like a pattern for the day rather than a specific routine where the things happen at the same time of every day.

By three months they've made another leap in their development and they can understand your signals to them that say I've seen your cue to me, your body's getting tired, and you could do with a little rest.

I'm going to help you by giving you some cues like going into a dark calm environment and we might do something like a song or read a book or say a sentence, to get to know each other.



DS

I remember in those early days, not necessarily worrying too much about routine, but more looking at the awake windows. So knowing that after about two hours they're starting to rub their eyes and yawn and look tired so that's time to be put down for a sleep.

So are awake windows, a thing too?

KS

They can be helpful in those really early weeks when the baby's cues are so clustered, quick and easy to miss. So sometimes working with the awake windows as well as the cues helps you to feel more confident that you do understand what your baby's saying.

DS

So Kim, as a child health nurse, what advice do you give to parents who are really struggling with sleep?

KS

As a starting point, I would say it's probably a good idea to do a little bit of reading, a bit of research from well recognised sources; something like the [Raising Children website](#) to find out what's common in your baby or child's age range. You might get some ideas there about settling techniques that you haven't tried already, or different things that you could try in your daily patterns that might work for you and your family.

I would encourage families to have a day-to-day approach to it and try not to get bogged down in thinking the this is how it's going to be forever and we're never going to sleep, because children change so much in the first few years of life and over childhood.

And then beyond that ask your child health nurse because when you're in the thick of sleep deprivation and caring for your baby it's quite hard to see things that might help. So it helps if somebody else takes a step back for you and suggests a few changes and ask family and friends for help as well for practical things.

AW

Absolutely, you've got to share the load around in those early days, if you're able to, because it really does impact on everyone's lifestyle, if you're not onto it.

DS

What about tips for helping improve sleep time for babies from three months when they start to roll and be more active and moving into the toddler phase as well?



KS

At that point we look at what they're doing during the day that will help their night time sleep. We want to be getting outside in the daylight, in a SunSmart way, especially during those early hours of the morning to get their body clock adjusting to the daylight.

We can also focus on activity and stimulation that's appropriate for their age because if they're using their mind and their body in a way that they're capable of, they're likely to sleep better, and we should be looking at good nutrition.

And look at where are they actually going to sleep, making sure that's a cool, calm, dimly lit place, somewhere where you might like to have a nap yourself, and begin winding down activities.

For some families it's quite nice with a younger child to carry them facing outwards and walk around the house saying good night to the toys and the books and animals in the house, or have a little audio book or a book that you read to them, and try and keep their bedtime at a consistent time of day; that that is part of the routine as well.

DS

I couldn't agree more with the calm wind downtime before bed. About 6pm is when I start to wind my kids down, but that coincides with my husband getting home from work, and the first thing he does is has a wrestle with my son on the mat in front of the TV!

They turn into wrestlers, and they wrestle for 20 minutes, and he hypes him right up. And then it takes me another hour to wind him back down. I understand the benefits of that playtime but it's also a definite no, it's wind downtime right now.

So consistency is key as you say; a regular wake up time and a regular bedtime.

KS

Yes, and if it's an older child you're trying to get a change in, we look at lots of praise and encouragement, and making sure as the parent, you've got enough energy to commit to it and provide that consistency.

DS

What's your advice to parents caring for their children who tend to wake up regularly throughout the night instead of staying asleep?

KS

In children older than two years it can be that they're processing something that's happened during the day because they go through big developmental stages through childhood; they develop feelings of guilt and shame that sometimes they don't know how to process, so it could be that they're looking for support with that, so it's an important subject.

And sometimes it can indicate a medical problem, which will require a follow up by a health professional.



DS

Well that's where you come into it Dr. Adelaide.

AW

Yes; it's very common for us to get referrals for children who wake up very often throughout the night. That's something we need to determine - whether this is behavioural or a developmental stage as Kim has alluded to, or whether they're actually waking because of a medical sleep problem. DS

So that would include snoring I imagine and is that related to maybe adenoids?

AW

Yes there can be different causes of snoring. Snoring is the most common thing we get referrals for in the sleep clinic. About 10 to 15% of children will snore at some stage in their life, and in most otherwise healthy children it's actually caused by enlarged adenoids which are at the back of your nose or enlarged tonsils at the back of your throat.

DS

So when should parents be concerned about a medical issue with their child's sleep?

AW

I guess the biggest red flag for me is if a child is excessively sleepy or tired during the day, because that's an indicator that they're not getting a good quality sleep, and the night time waking is probably impacting their sleep quality.

As I said, lots of kids will snore and for the vast majority of kids it doesn't actually cause interruption to their sleep. But if you notice your child seems to be snoring and gasping for air when they're asleep, or it looks like they stop breathing - people will often hear them have a bit of a pause and then make a sort of choking sound - that's a sign that they could have sleep apnoea.

Kids with sleep apnoea where they stop breathing during sleep, are often really restless when they're asleep. They toss and turn and move around, they're sweaty, they're drenching the bedsheets with sweat and one of the biggest clues is when you get them up in the morning they will look tired and like they've haven't had a good sleep.

Any of those concerns probably need to be evaluated further.

DS

That's really interesting. At about sixteen months old our first child was snoring a lot, waking himself up and being really upset when he woke. It was almost like a shock to him, and I didn't know what it was for a long time, I just thought he was a bad sleeper so we took him to the GP; we got a referral to a specialist. He did need adenoid surgery and it improved vastly six weeks after surgery so I'm really glad that we detected it early.



AW

Well it's really important to recognise when kids do have sleep apnoea. There's really good evidence to show that once kids get a good sleep it improves their learning, it improves their attention during the daytime, and it improves emotional regulation. So if we don't pick up these sleep problems and treat them, there can be really big impacts.

DS

So what is sleep apnoea and how is it treated, for those that don't know?

AW

When you have sleep apnoea what happens is when you're asleep you have pauses in your breathing and in most kids that happens because of enlarged tonsils or adenoids, causing a narrowing in their airway so it's harder for their airway to stay open when they're asleep. So you have a little pause in your breathing and your brain will actually briefly wake you up and say, hey, you need to start breathing again, which causes kids to sort of snort and choke, so they wake up really briefly, and then they usually go back to sleep. And this can happen 10, 15, 50 times each hour they're asleep.

So you can imagine if you're getting woken up every three to four seconds, you're going to have a horrible sleep. So one of the big effects we see during the daytime is kids who are often very tired because their sleep is unrefreshing and because they're actually being constantly disrupted and woken throughout the night.

DS

And how is it treated?

AW

It really depends on what the cause of the sleep apnoea is. For the vast majority of children it's caused by enlarged tonsils and adenoids and having them removed with surgery can really make it easier for kids to breathe because their airway isn't blocked anymore.

Some kids will have sleep apnoea because they have allergies, which causes a lot of inflammation and narrowing in their nose. Sometimes that can be treated with nose sprays, or there's other medical treatments for those allergies, and very rarely they will need to use treatments like a CPAP.

A lot of adults have a friend who has sleep apnoea who uses a CPAP machine but It's not very common in kids.

DS

Is a CPAP machine used by adults the same as would be used for children?

AW

The machines themselves are quite similar, except obviously the masks are smaller for kids. But for most adults who have sleep apnoea, CPAP is usually the first treatment used because most adults don't have enlarged tonsils.

It's very different in kids and it's pretty rare for them to need to use CPAP.



DS

So how do families get referred to the respiratory and sleep department at PCH to see a wonderful doctor like yourself, Dr. Adelaide?

AW

The first port of call would be your GP who are one of our biggest referring groups. If your child already has a paediatrician for some other reason you can always talk to your paediatrician about any sleep concerns and they can do a referral to us at the sleep clinic.

There are a number of private respiratory and sleep doctors in Perth that you can see as well.

DS

So ladies, what are the most common questions you both get asked about sleep?

AW

Probably the most common questions I get asked are how much sleep does my child actually need and what do I do when they wake up at night? Or why won't they go to sleep before 11 o'clock.

A lot of these questions which are really related to sleep hygiene and sleep routines are actually better directed to people like Kim, who are the experts in this area.

KS

Actually, that 11 o'clock thing you mentioned is one of the questions I'm asked. Children who are going to bed quite late at night and then want to get up later in the morning, which doesn't suit the parents, daycare, work and eventually school, is one of the sleep issues we work around.

My advice on that is usually to approach it gradually. If your current night time wind down routine starts at 10 o'clock, and baby's asleep by 11, move that back by 15 to 30 minutes and then try and get started at 9.30 and asleep by 10.30, 10.45. Once that's established, it can be stepped back even further. We need to do the same thing in the morning, getting up 15 to 30 minutes earlier each day.

DS

So I imagine advice for school aged children in that six- to 12-year-old age group Kim, differs a lot from that early childhood.

KS

Yes, for that group because parents are no longer talking about it as much they feel like those sleep issues should be overcome, but a lot of children do still wake in the primary school years. Again, it can be about the developments of feelings and emotions and not really knowing how to process things that have happened at school; so allow a bit of time in the day to have a chat to your child and debrief.



Often these little problems, especially if they're developmental, are short-term so just find ways to support your child without getting them worked up in the middle of the night, and if they're primary school aged, I would encourage you to talk to your school's health nurse who is a really good resource and there is also information on the Raising Children website.

DS

From your contact with school health nurses, what's your best advice for sleep when it comes to teenagers?

KS

Teenagers' natural body clocks start to change and they like to stay up later, which of course means they're sleeping in later, so a lot of parents of teenagers feel like sleep is all they want to do.

So we look at helping the kids find out what makes them stimulated, what works them up and what will be a good wind down calming down routine and encourage them to be independent in setting some of those routines. That will definitely include trying to have screen-free time for half an hour or an hour before bed to make the sleep environment free from screens and social media as well because there is a relationship between mental health and sleep, and we know children who are having trouble with mental health are often not sleeping well, and vice versa.

AW

Yes what I'd also add for teenagers is if they are very sleepy during the day, seeing the GP is a good idea because there can be other medical problems, particularly things like low iron levels, which can cause them to feel tired.

DS

Yes I can imagine that as well, especially for young girls, Adelaide, when it comes to menstruation as well.

AW

Absolutely, and iron also has other effects on your sleep. We do see a condition called periodic limb movement disorder, which is really common in iron deficiency, and which also causes restless sleep and sleep disruption.

DS

Can we talk a little bit about melatonin now, and how it can actually help in older children?

AW

I could talk about melatonin all day. It's really, it's really interesting.

Melatonin's a hormone. Our brains produce it and it's part of your internal body clock. At night time when it's getting dark and there's not much light coming in through your eyes, that sends a signal to the brain - there's not much light, it's night time, it's bed time - and your brain releases melatonin which basically relaxes your brain and gets you ready to go to sleep.



In the daytime when the sun comes up and there's light coming through your eyes, that sends another signal to your brain saying it's daytime, there's lots of light, and your brain stops releasing melatonin.

Everyone produces their own melatonin, but we can actually give people extra melatonin which can be taken as a tablet or a liquid medication and that can help supplement your melatonin and can really help in establishing sleep routines. It's particularly useful for children with conditions like ADHD and autism and we can also use it for things like anxiety. Children with developmental delay often have a bit of an imbalance in when their melatonin is secreted and they might not have enough.

It's important to remember that you do actually get melatonin from nature so it's important to try and expose yourself to sunlight in the early mornings and keep it dark at night time, particularly before bedtime, and that's one of the reasons why screen time before bed is a bad idea because the light coming from the screens can actually affect your melatonin secretion.

DS

I bought myself some blue light glasses.

AW

Yes, they can be quite helpful.

There's also a lot of apps to reduce the amount of light coming from your screen. The best thing is not to use screens before bed but if you need to use your laptop or your phone, you can actually reduce the amount of light coming from the screen.

So melatonin can be helpful for children who have sleep problems, but I would really encourage people to speak to their GP about this because it's not suitable for everybody, and actually, it's not a fix for the underlying problem.

We see lots of kids who have sleep problems because of things like anxiety, and melatonin might help but it's actually not going to address the underlying issue, so definitely speak to a health professional if you've got questions about that.

DS

There's obviously a lot of support out there, so you should be seeking it for sleep as you've both mentioned.

Kim, there's something called the CAHS Let's Sleep group. Can you tell us a bit about that?

KS

That's a free parent information session that's run by Child and Adolescent Community Health. It's targeted at parents with babies from six months to two years old and we talk about what's common in that age group. It's an opportunity to share experiences with other parents and provides a time and a space to plan things that might work in your household.

We offer it in person and online and the bookings are through HealthyWA under parent groups.



DS

And we'll of course have that information in our show notes for this episode as well.

Are there any key messages to sum up your advice on sleep? I know there's a lot to unpack and it's quite a complex topic, but what would be your key messages?

KS

I think it is a really important subject and if you're having trouble, reach out and talk to people. There is a huge range of normal hours of sleep for children, so two healthy children the same age might be getting four hours difference in sleep from each other, and both be functioning really well.

So what works for some people might not work in your household, and every family, every child, and each home is different. There's no one right way to do it and despite all the challenges, calm responsive parenting is always the best approach.

AW

I think I could talk about sleep for hours, and I think my most important message is don't underestimate the importance of your sleep.

If you have any concerns about your child's sleep, your child health nurse or your GP is a great first stop, and it's also really important for parents to look after themselves because having a sleep-deprived time with an upset child can have a really big impact on their mental health.

So look after each other and if you have concerns about your own health and safety, please see your GP.

DS

Absolutely, Kim and Adelaide, thank you so much for joining us today.

AW + KS

Thank you!

DS

Thanks for listening to Kids Health Matters, a podcast produced by the Child and Adolescent Health Service. You can find more information and links to useful resources in the show notes for each episode. You can also email us with any feedback at kidshealthmatters@health.wa.gov.au.

