



Toddler sleep



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Understanding sleep in toddlers

Everyone knows the toddler phase can be a challenging time. But did you know that it can have a major impact on their (and your!) sleep?

Over a quarter of the queries Sleep Action receives are about toddler sleep - you are not alone. For most families, some reassurance and information on what is “normal” for their toddler’s development stage is all they need. So what is typical behaviour for toddlers?

- Stubbornness and discovering (and pushing!) boundaries.
 - learning the power of no
 - what happens when they don't do what's asked
 - it's not so easy to distract or persuade them
- Impulsiveness and desire to explore
 - doing what occurs to them in the moment
 - not remembering what you said 4 hours ago
 - needing to explore
- A profound need for connection, which they can now act upon in new ways.

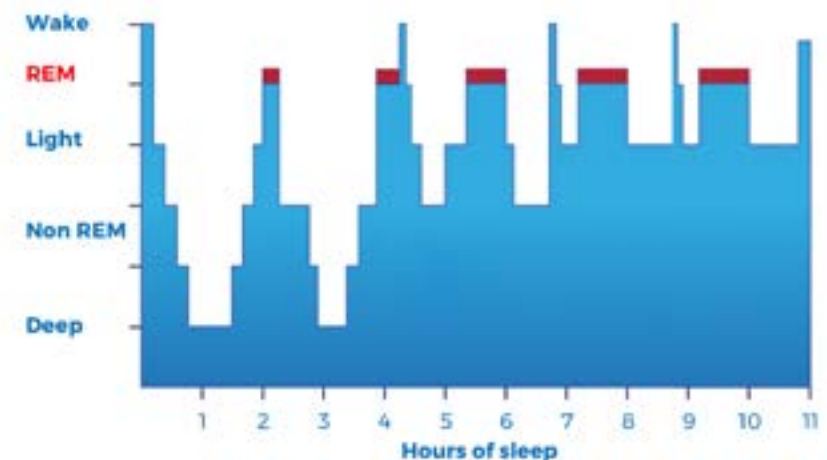
What does a toddler sleep pattern look like?

Sleep patterns are shown as hypnograms - a hypnogram shows what our sleep looks like and the different types of sleep being experienced. The hypnogram on the right is one for a 2-year-old sleeping for 11 hours.

It is normal for our toddlers to have a chunk of deep sleep in the earlier part of the night, then lighter stages later on.

At various points during the sleep cycle, we wake. This may only be for the briefest moment, and we may not remember in the morning. This is completely normal, so your toddler may need to learn to roll over and go back to sleep. Keeping the bedroom the same throughout the night - lights, sounds, people etc. - can help with this.

The recommendation for toddlers is for 10-14 hours of sleep, including daytime naps. Everyone is different, so your toddler may need more or less sleep than their friend/sibling did at that age. Taking a long time to settle? A later bedtime may be all you need. Try half an hour and see what happens.



What can contribute to toddler sleep issues?



The bed itself

Toddler's night-time issues often begin when moving from the cot into a 'big kid bed'. Without familiar sides of the cot or cot bed, toddlers will explore and often head to their parents' or carers' bed.

Many people feel a need to put their child into a bigger bed from around 18 months old. Often, they think moving to a big kid bed will resolve sleep issues. However, if your child is fine in their cot, there is **no need to rush to the big bed**. Until your toddler is better able to deal with controlling impulsive behaviour, they may find it hard to stay in an open bed now they can come and find you. A familiar, secure sleep space can be very reassuring during this time of change and development.

If your child is too big, or climbing out of cot, find conditions on the floor which mimic their familiar cot, such as their cot mattress placed on the floor, or discourage night time exploration such as using a toddler bed with bed guards.

Expensive, novelty beds may lead to more excitable bedtimes and don't always encourage a good night's sleep. Your toddler's priority is comfort and security, not the design on their headboard! Use their old bedding, bed placement, and avoid redecorating, until the new bed is accepted.

Naps

While it is suggested that children up to the age of 4 can benefit from a daytime nap, most will have a strong opinion on this by the age of 18 months/2 years old.

If your toddler is still napping, the **timing** and **length** of the nap can have a huge impact. Napping for even 20 minutes after 3pm will delay their natural melatonin (that sleepy hormone) release by up to an hour. If your wee one is very wakeful come bedtime, try moving their nap to earlier in the day, and shorten the time they are sleeping to see if that makes a difference.

Dummies

Dummies can be a real comfort to a child. Many will want them at night time, even if they don't use them during the day anymore. However, their longer term use can lead to issues with their teeth and speech. From a sleep perspective, your child may also wake through the night having lost their dummy, leading to more awakenings.

We would recommend a gradual reduction of dummy use, rather than just throwing them out. You can find more information on weaning your wee one off a dummy from [the Institute of Health Visiting](#) or [NHS Wirral Community Health and Care](#).

Toilet training

Many toddlers are dry through the day long before they are at night. It is perfectly normal for a 2 year old to be toilet trained but still wear night time nappies or pull ups until 4 or 5 years old. Rushing your child to be dry at night can lead to bedwetting, which can be stressful. Give your child time, and focus instead on encouraging good daytime behaviour around toileting such as drinking plenty of water and using the toilet when they need it. You can find more information on [bedwetting on our online leaflet](#), [ERIC](#) also have lots of information on [potty training](#) when the time is right.

A new sibling

Expect that a new baby may lead to more unsettled nights, not less, while they become familiar. Your toddler will need time to get used to not being "the baby" anymore, so may become more clingy or get you to treat them as a baby again, for example by refusing to feed themselves.

If you can, **avoid moving a toddler out of their cot for a new baby**. Toddlers may have very mixed feelings about a new baby in the cot they still remember as theirs!

What can contribute to toddler sleep issues?



Eating and milk intake

When your child is a baby, there is a lot of focus on **milk feeds**, and parents understand that more milk often leads to more sleep, so it's easy to see how many parents will try to improve toddler sleep by offering more and more milk. But this is not always helpful.

Research shows that toddlers who drink large amounts of milk, especially by bottle, may eat **less solid foods** and this may have an impact on their sleep and their energy levels throughout the day.

Typical milk intake for 2-4 years of age is 300-350ml **per day**. This can include:

- drinks including milk
- milk on porridges and cereals
- milk in sauces

Also consider other dairy intake through the day (cheese, yoghurts etc.)

NHS guidance states that toddlers can be offered full fat or semi-skimmed cows milk, or appropriate non-dairy milk alternatives. Infant formula, 'toddler' or 'growing-up' milks are not usually necessary and many of these products contain large amounts of sugar, which may affect a toddler's sleep.

If you are offering your toddler large amounts of milk at bedtime or through the night, try cutting this back gradually and swapping bottles for sippy or open cups.

Breastfeeding may continue up to two years and beyond, and mothers and toddlers may enjoy the closeness that this brings.

Breastfeeding is valued by many families as a quick and reliable way to settle a cranky toddler towards sleep, while other families may wish to cut out the night-feeds.

It is quite possible to do this without having to go cold turkey, and still maintain some daytime breastfeeding. Your health visitor or organisations such as [the NCT](#) can help.

Food and eating can be a challenge for parents/carers of a toddler. Picky or fussy eating is a normal phase of toddler development – around 50% of toddlers develop fussy behaviours, even if they were good eaters beforehand. It is unlikely that fussy eating is a major part of a toddler's wakefulness, however, some supper before bed such as a piece of toast or sugar-free cereal can help if they are hungry at the end of the day.

If you are finding your wee one's eating a challenge, the Child Feeding Guide have useful information to help. See their website [here](#).

Regression and progression

Sleep changes throughout early childhood, in line with development, growth and learning. Many children experience periods of sleeping less well as they become more aware of the world around them and their ability to make choices. It is a normal part of them growing up and it will pass.

What does this mean for sleep and bedtime?



Your toddler is a completely different person to who they were at 6 or 12 months old. Many parents and carers say to us things like, “oh they’ve never slept”, or “they slept fine until a year old, I don’t know what happened”. Try not to focus on how they used to sleep - **you haven’t done anything wrong and neither have they**. They have just grown and developed, and sleep changes are a part of that.

However, if your toddler’s sleep is an issue, there are some key areas that you can think about to see if small changes will make the difference.

Routine

Daytime - Daylight, fresh air, activity, and social interaction are all important elements during the day, and help set our body clock so we know when to feel awake and when to feel sleepy.

Diet - A common pitfall is having dinner at 5pm, then not having breakfast until 7/8am. This is a long time for a small stomach, so a child is likely to wake looking for food or milk. Some supper before bed can help avoid this.

“Quality time” - Toddlers are becoming more emotionally literate and may need to spend more time with you. A child who wakes through the night looking to socialise may benefit from more chance to connect with you during the day. Take the chance to focus on your child, chat, and play.

Screens

Blue light in screens can disrupt our melatonin production, so we don’t feel sleepy at bedtime. Children also take in more of this blue light than adults because their eyes are still developing. The activity involved (playing games, watching shows etc.) can also be very **stimulating** even if it seems to calm your child. Switching off those screens and swapping for a quiet activity such as drawing, puzzles, or building blocks can help them feel calmer and ready for sleep.

Bedtime routine

- Think about **timing**. Start around an hour before you want them to fall asleep. It takes around an hour for our cortisol (stress hormone) levels to drop, and our melatonin (sleepy hormone) levels to rise, so that time needs to be calm and quiet to prepare your toddler’s brain and body for sleep.
- Wind down activity = something calm and quiet that they enjoy
- Switching off the main **light** and swapping to lamps helps darken the room and send a signal to the brain that night time is coming. There are many children’s night lights on the market - look out for one that doesn’t use blue light, and plugs into the wall so is not shining in their face.
- You may have had a **bath** as part of the bedtime routine when your child was a baby. This can work well when they reach toddler age, but be aware that if they find the bath exciting or it is very splashy and fun, it won’t be the calming experience it should be. If that is the case, better to have their bath earlier.
- A **bedtime story** in bed before lights out can be nice parent/child time, as well as being a regular indicator for them that it is sleep time. Keep to something short, familiar, and reassuring.



What does this mean for sleep and bedtime?



Wanting to co-sleep

It is not unusual for toddlers to co-sleep at this age, even if they have never done so before. This is totally normal behaviour linked to their impulsiveness and need for connection. Some families feel pressure to put a stop to this, however it works for many parents and carers.

If you are finding your cosleeping is leading to more disturbed sleep, it may be time to change things. Sharing a bed may leave children overheated and more likely to wriggle about and waken, as those of you who have had a small foot kick you in the face or lodged in your back will testify!

Try introducing a comfort object at bedtime, such as a blanket or soft toy. Encourage your child to hold the object so that they come to associate the texture and scent of that object with feeling safe and secure. Once they are used to that item being part of bedtime and sleep, you can move to getting them into their own bed, with their comfort object. They will associate that object with sleep and it should make the transition easier. Even better if you can hold the object or store it under your top for some time before bed so it smells like you.

Graduated withdrawal

Sometimes called the disappearing chair, a graduated withdrawal is often useful when there is anxiety around bedtime and a child wants a parent/carer in the room with them while they sleep. It works in stages:

1. Sit by (not on) the bed, maintaining physical contact (hand on hand, arm etc.) until child falls asleep. Contact should be still, not stroking.
2. Sit by the bed, not making any physical contact.
3. Move the chair away from the bed, but stay in the room.
4. Sit in the chair by the door.
5. Chair is outside of the room, by the door.
6. Child settles in room alone and you get on with your evening

The key thing is to allow your child time to get used to each stage before moving onto the next. Do not rush. **It may take a few days, or a few weeks before you can move onto the next stage.** If your child wakes in the night, it is also essential to sit where you were when they settled to sleep to help them re-settle.

Try and be as boring as you can - avoid engaging, giving cuddles, or saying more than "lie down and close your eyes" if you can. This shows them that nighttime mum or dad is not worth talking to, unlike fun and engaging daytime mum or dad.

Parenting toddlers can be tough and brings many challenges along the way. Your toddler is constantly changing and growing, and as a parent or carer, your role is to recognise and meet their developing needs. Making changes to maximise their sleep at this stage can help you all with what comes next.





Supporting every child to get a good night's sleep

Sleep Action

See our website for more information on sleep and resources in your local area.

www.sleepaction.org

Sleep Support Line

Our trained sleep advisors are available to offer advice and guidance on your child or teenager's sleep issues.

Monday to Thursday, 10am to 4pm

sleepsupport@sleepaction.org

Get in touch

enquiries@sleepaction.org

