

Napping Difficulties

How can children with napping difficulties be identified?

- Babies and toddlers generally require 12 to 18 hours of sleep a day.
- As children age, this number decreases slightly. Babies generally eat and sleep in cycles throughout the day and night. Their sleep patterns vary as they age and as they develop cognitively, physically, and neurologically.
- Most toddlers still need a nap; they should nap twice a day for a total of 2 to 3 hours until about the age of 18 months.
- From 18 months to around the age of 3 years, toddlers need an afternoon nap that last about 2 to 2½ hours, although this varies by child and situation.
- If children are not napping for the general length of time indicated for their age, they become sleep deprived, and the consequences are detrimental.
- Questions to ask to determine if there is a napping or sleep problem are
 - Is the child 3 years or older? In group care settings, children who are older than 3 years should be encouraged to engage in an appropriate quiet rest period. Most will eventually sleep; however, some 4- and 5-year-olds will be more likely to rest or play quiet, independent games.
 - Is the child getting 11 hours of uninterrupted sleep at night?
 - Does the child seem happy and well rested during the day? Does the child ever nap?
 - How long does it take the child to settle down enough to sleep, if at all?
- If the answer to any of these questions is “no,” it is probable that the child may have a sleep problem that needs to be addressed.

How common is it?

- Many children have sleep or nap problems at some time. Depending on the situations in which they live, their child care, and/or situations they experience, sleeping or napping problems may last a while or be resolved quickly.
- The most common cause of nap inconsistencies is being overtired and overstimulated.

- Some kids sleep too little during the day; some sleep too much; and some sleep at the wrong time.
- There is a fine line between being sleepy and being overtired. If a child is falling asleep in the car, at lunch, or before nap time and is cranky and out of sorts in the evening, the child is sleeping too little.
- Children can be overstimulated by noise, lights, effects of medicine, food, and the activities in their environment (eg, television, computer, access to tablets or smartphones, music, people talking).

What are the behaviors usually seen?

- Children who have inconsistent napping patterns experience a variety of behavioral issues. These children are often hard to console or redirect when they are upset and are often unhappy for a large portion of their day.
- Those who are sleep deprived sometimes exhibit irritability, hyperactivity, and impulse control problems and may exhibit strong emotions throughout the day. For example, a child may appear well rested, yet the slightest change in the environment may upset her or him. The child may “explode” in anger or cry for reasons unknown to the caregiver.
- Other examples of behaviors that might be noticed in children who are sleep deprived and/or have napping difficulties can include being more accident prone, having accidental injuries, overeating or under-eating, and having difficulty concentrating on developmentally appropriate tasks.

When should a more concerning issue be suspected?

If a child is not getting enough sleep at night, is not napping consistently based on age guidelines, exhibits behavior problems, appears unhappy and overly emotional, and/or has other unusual sleep issues such as snoring, sleepwalking, or nightmares, the child’s parents should consult with the child’s pediatrician.

Napping Difficulties (continued)

What are typical management strategies in the behavioral support plan?

- Toddlers have more understanding of language as they age; therefore, hearing the word “nap” may increase nap resistance for some children who have difficulty falling asleep. To avoid this conflict, caregivers should give the child permission to rest and refer to it as “quiet time.”
- Allow the child to settle down on his or her designated sleeping space (eg, bed, cot, mat). After providing ample time to fall asleep, provide the child with quiet-time materials, such as books or puzzles, and go over quiet-time rules about how the materials can be used so others will not be disturbed.
- Assure the child that when quiet time is over, the child may leave his or her mat or cot and help put it away.
- Often when a child feels less pressure to go to sleep, the child may fall asleep.
- It may be helpful to teach the entire class about quiet time and the rules that go along with it during circle time or other times that are not during the rest period.
- Babies can and do sleep anywhere; however, toddlers, children, and even adults sleep better in an environment when there is a consistent routine prior to nap time.
- It is important for children to have time to transition from activities into nap time. Some children need to be soothed to sleep by patting or rubbing their backs and sitting near them while reassuring them that they are safe and that the caregiver will remain nearby. Other children simply need to be left alone, and once they are comfortable, they will fall asleep.

When should I ask for additional support?

- As a teacher or caregiver, the first step is making sure the schedule and environment is sleep friendly. If a child continues to struggle with sleep after the schedule has been established and the caregiver

has provided the child with consistent, suitable, and reasonable assistance in going to sleep, such as patting, calling it “quiet time,” and making sure the temperature and light are conducive to sleeping, over a significant period (eg, 2–3 weeks), the caregiver should work with the parents to consult a mental health professional and the child’s pediatrician.

- Caregivers should be in constant communication with parents as they work through this process with the child. Parents can provide sleep information, such as
 - Does the child sleep with someone (eg, sibling, parent) at home or have a favorite special object he or she sleeps with?
 - Does the child need assistance in falling asleep at home? How long does the child typically nap?
 - What time does the child go to sleep at night, and how long does he or she sleep?
- Once the caregiver obtains this information, changes can be made accordingly to help the child nap while in child care or school.

What training and/or policies may be needed?

- Parents, caregivers, and teachers should gain an understanding of developmentally appropriate sleep expectations for children, the importance of consistency and structure for children’s days, and what a sleep-conducive environment looks, sounds, and feels like.
- Policies related to sleeping and napping should include, but not be limited to
 - Age-appropriate time of day and length of time for napping and sleeping
 - Types of assistance the caregiver should provide (eg, sitting with a child, allowing quiet activities)
 - When and whom to ask for help

Where can I find additional resources?

- American Academy of Pediatrics HealthyChildren.org: Sleep (<https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/default.aspx>)
- Zero to Three (<https://www.zerotothree.org>)

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