

Falling asleep and nightwaking problems in infancy and toddlerhood: results of a large Hungarian community research

Ildikó Danis¹, Noémi Scheuring², Eszter Papp², Tünde Németh³, László Szabó²

¹Bright Future Human Research and Consulting Ltd., Göd, Hungary;

²Heim Pál Children Hospital, Budapest, Hungary

³National Institute of Child Health, Budapest, Hungary

BACKGROUND

- The development of early child sleep-waking patterns is based on biological, psychosocial and cultural influences.
- Sleeping through the night is not only maturational, but a complex developmental process of emotional and behavioural regulation and social learning.
- The expected length of sleep without waking up:
 - at birth: 3-4 hours,
 - at six month: 5-6 hours,
 - from 12 months: 6-7 hours.
- Most children learn self-soothing strategies during night awakenings, but appr. 30% of them need parental help for sleeping until 3-4-years of age.

METHODS

- **'FOR HEALTHY OFFSPRING' Project:** first Hungarian research (n=1164) examining the prevalence of early childhood behaviour regulation problems (excessive crying, infant feeding and sleep difficulties) and the significance of different risk and protective factors behind them.
- Parents of 0-36-month-old children questioned in Budapest Heim Pal Hospital and in local areas; socio-economically diverse sample
- **Questionnaires about sleeping habits:**
 - frequency and amount of sleep during the day and night,
 - the number of awakenings at night,
 - how stressful is handling nightwaking to the parents (5-point Likert scale).

RESULTS I. - NIGHTWAKING

- Until 24 months, children wake up two times a night (peak between 7-18 months), during the third year, it decreases to only once a night (Fig.1).
- 10% of children wake up 4 times or more a night (Fig.2)
- 20% of fathers and 24% of mothers perceive night awakenings as very stressful.

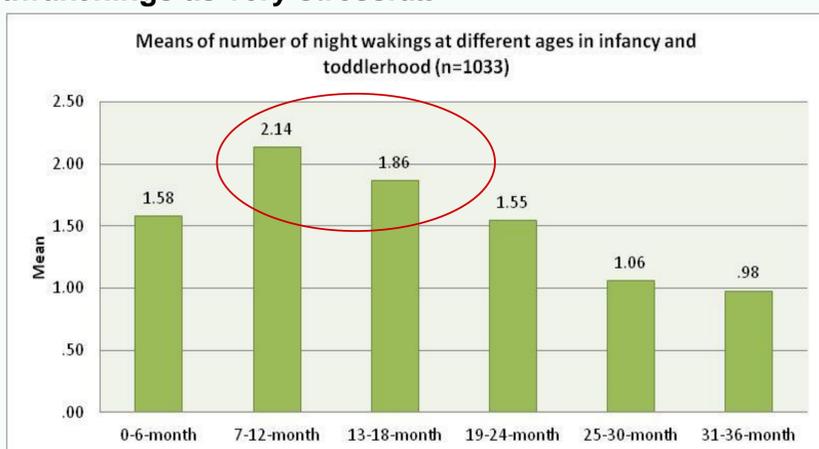


Figure 1

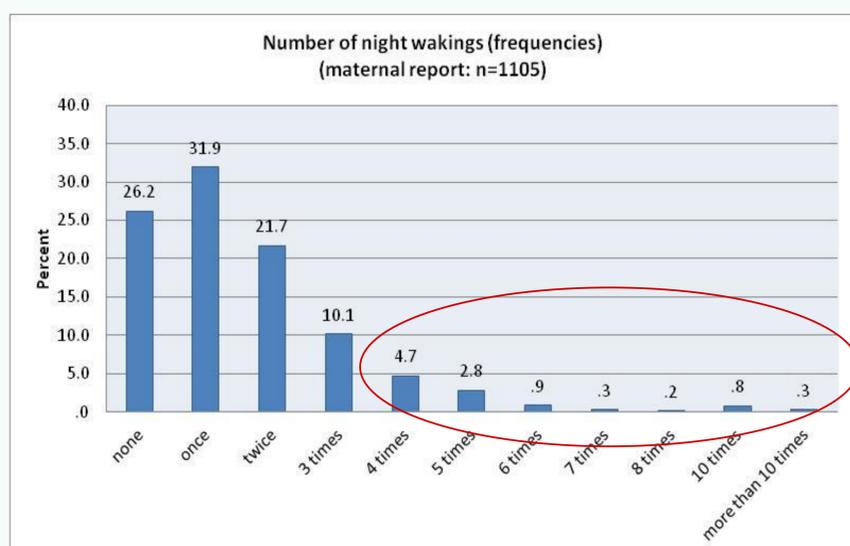


Figure 2

RESULTS II. – FALLING ASLEEP PROBLEMS

- 52% of children need long evening routines and/or close body contact in order to fall asleep.
- Fifteen different evening habits for falling asleep were categorised (now 9 bigger categories are shown).
- Different strategies are significant at different ages (Fig.3)
- **Two main subgroups:** those who generally, after evening family rituals (tales, songs, talks etc.), **fall asleep alone** (with or without any self-soothing strategies) and those who only can **fall asleep with the active help of parents** (Fig.4).

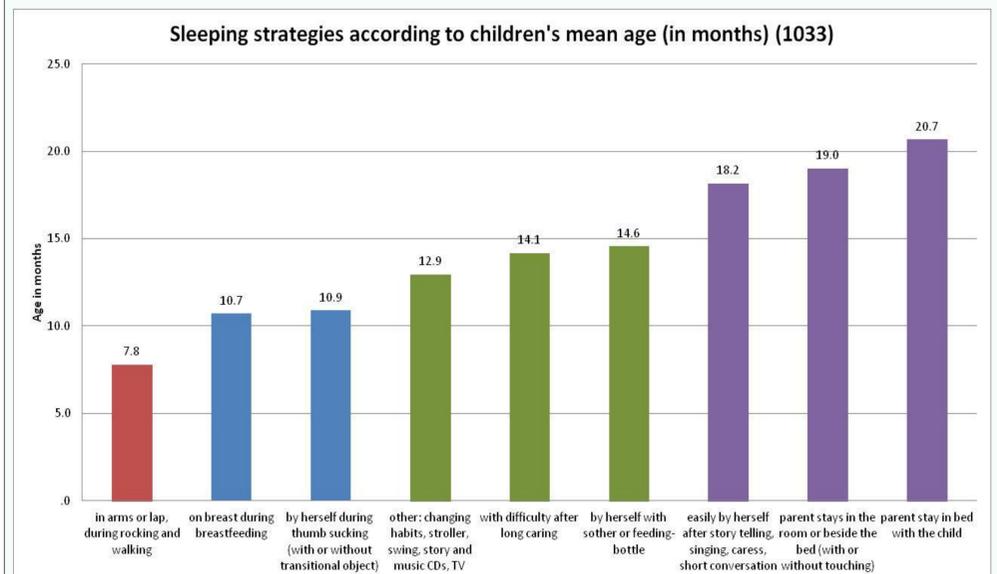


Figure 3

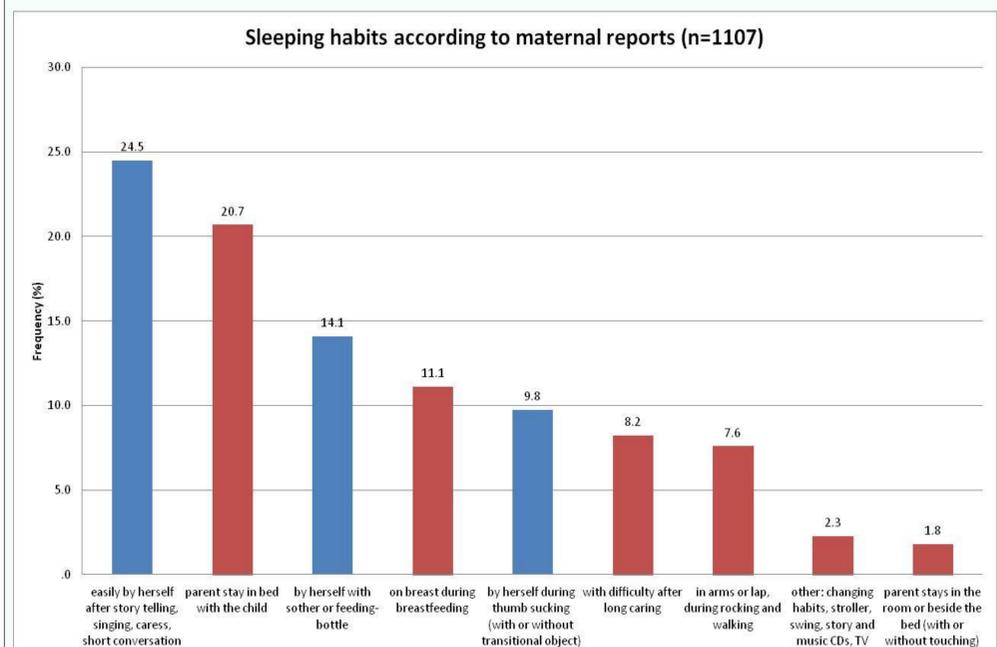


Figure 4

- **Falling asleep and night waking problems are not independent !**
- The number of night awakenings are significantly higher for children who need long routines and/or close body contact (M:1.99) than for those who fall asleep alone without this help (M: 1.15) (Mann-Whitney-test: Z=-9.23, p<0.001).

CONCLUSION

Because long evening routines and frequent night wakings are stressful for both children and parents, promoting continuous, sensitive parental help for finding self-soothing and independent sleeping strategies for their infants is/should be a priority for pediatricians and practitioners in the infant mental health field.

Support: Grant from Budapest City Council, SZUNDI Foundation, Heim Pal Hospital Foundation, Electroxygen Ltd.

Correspondence: Ildikó Danis, ildiko.danis@brightfuture.hu