



Mott Poll Report

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Getting Young Children to Bed: Sweet Dreams or Nightmare?

Young children need adequate sleep to support their growth and development. However, parents sometimes find it challenging to get their child to fall asleep, and to stay asleep once they do. The C.S. Mott Children's Hospital National Poll on Children's Health asked a national sample of parents of children 1-6 years about sleep and bedtime routines.

Most parents (90%) report having a bedtime routine for their child, which may include brushing teeth (90%), reading bedtime stories (67%), bathing (54%), having a drink of water (47%) or snack (23%), turning off devices (41%), praying (31%), and talking about their day (23%). Parents say their child's bedtime habits include holding a blanket or stuffed animal (47%), sucking a pacifier (7%), or sucking their thumb or fingers (6%).

Parents say their child sleeps in their own bedroom (47%), in a bedroom with siblings (21%), in the parents' bedroom (22%), or sleeps for part of the night in their own bedroom and part of the night with parents (10%). When it's time for their child to go to sleep, 61% of parents say they leave on a night light, 14% crack open the door to let in light, and 25% keep the room dark. Although 39% of parents say they keep the room quiet, others put on white noise (33%), soft music (15%), or a video or TV show (13%) while their child goes to sleep. Parents say they often (31%) or sometimes (19%) stay in the room until their child falls asleep.

One-quarter of parents (27%) describe getting their child to bed as difficult. Parents who report bedtime difficulty are less likely to have a bedtime routine, more likely to leave on a video or TV show, and more likely to stay in the room until the child falls asleep.

Parents say their child is *often* or *occasionally* delayed from getting to sleep due to the child staying up to play (65%), noise from other rooms (43%), and their child being worried or anxious (23%). Parents report their child *often* or *occasionally* wakes up upset or crying (36%), moves to their parents' bed (43%), or insists that the parent sleep in the child's room (31%). Nineteen percent of parents say they *often* or *sometimes* give their child melatonin to help with sleep, and 15% have talked with their child's health care provider about sleep problems.

Bedtime routines

% of parents reporting activity is part of bedtime routine

Brushing teeth 90%

Bedtime story 67%

Bath 54%

Drink water 47%

Turn off devices 41%



Source: C.S. Mott Children's Hospital National Poll on Children's Health, 2024

Report Highlights

1 in 4 parents say their young child can't go to sleep because of being worried or anxious.

1 in 5 parents give their young child melatonin to help with sleep.

1 in 3 parents stay in the room until their child goes to sleep.

Data Source & Methods

This report presents findings from a nationally representative household survey conducted exclusively by Ipsos Public Affairs, LLC (Ipsos) for C.S. Mott Children's Hospital. The survey was administered in February 2024 to a randomly selected, stratified group of adults who were parents of at least one child age 1-18 years living in their household (n=2,057). Adults were selected from Ipsos's web-enabled KnowledgePanel® that closely resembles the U.S. population. The sample was subsequently weighted to reflect population figures from the Census Bureau. The survey completion rate was 61% among panel members contacted to participate. This report is based on responses from 781 parents with at least one child age 1-6. The margin of error for results presented in this report is ± 2 to 4 percentage points.

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C.S. Mott Children's Hospital National Poll on Children's Health

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Implications

Sleep impacts children's mood, brain development, and risk for problems such as excess weight. A child with poor sleep quality can impact whether parents get adequate sleep themselves and their health. For many parents, ensuring adequate sleep for their young child age 1-6 years can be a daunting task. Throughout this age span, children's sleep needs and patterns change substantially; transitions that can affect a child's sleep include discontinuing daytime naps, moving from a crib to a toddler bed, starting school, having a change in their daytime routine, or being outdoors for longer than usual.

Having a consistent bedtime routine has been shown to help children have an easier time getting to sleep. A bedtime routine signals to the child that it's time to slow down; the familiar pattern helps them feel comfortable and secure. A bedtime routine also provides one-on-one time, allowing the child to get their parent's full attention. It also helps children who have a difficult time transitioning from one activity to another, to gradually detach from the things in which they were engaged, to being ready to sleep. Turning off electronics such as tablets or televisions is important, as the blue light emitted by many of these screens interferes with the natural production of melatonin.

The sleep environment can have a major effect on a child's sleep quality, including getting to sleep and staying asleep through the night. When possible, children should have their own bed in a room that is quiet, without a lot of noise from other family members. Many parents use a nightlight or crack the bedroom door so the child isn't in complete darkness; making sure the light does not shine directly at the child's face will help to facilitate sleep. Generally, a completely dark room provides the best environment for healthy sleep, and parents can try to gradually help children feel comfortable sleeping in dark surroundings. Some parents play calming music or stories to help their child go to sleep, while others use a white noise machine or app. However, to prevent unintended damage to the child's hearing, white noise machines should be no more than 50 decibels and should be placed at least 7 feet from the child's bed.

One in five parents in this Mott Poll said they have given their young child melatonin to help with sleep. There are many types of melatonin products advertised as appropriate for children; generally, these products have not undergone rigorous testing for safety and effectiveness, and their long-term impact on a child's growth and development is unknown. Parents who are considering giving melatonin to their young child should consult with the pediatrician, to discuss options and to rule out other causes of sleep problems. Also, parents should start with the lowest dose possible, and ensure that the melatonin is stored out of the child's reach.

Many young children go through stages when they become scared of the dark or worried that something bad might happen, prompting them to delay bedtime or insist that parents stay in the room. Although this is a normal part of a child's development, it can be frustrating, particularly at the end of the day when parents already feel tired and impatient. Allowing extra time to let the child talk about their day might draw out specific worries, to which parents can offer compassion and reassurance. Rather than remaining in the room, parents can offer to check on the child every few minutes, which acknowledge the child's fears, offers a reassuring presence, but still maintains a calm sleep environment.

A particular challenge is how to deal with a child who wakes up in the middle of the night. Some children are prone to vivid dreams or nightmares and may have difficulty getting back to sleep. Parents should decide on their approach to this situation (e.g., if they will take the child back to bed or allow the child to stay in the parents' room). Being consistent in carrying out that approach will help the child adjust and be more likely to return to sleep. Parents may reduce the frequency of their child's nightmares by avoiding exposure to frightening shows/games particularly before bed, having a consistent bedtime routine that encourages positive thoughts, and ensuring that children do not get overtired as this increases the likelihood of having nightmares.