PRACTICE GUIDE

SLEEPING & EATING ISSUES

INTRODUCTION

The newborn's brain is constantly developing as it adapts to the demands of its new environment. For new parents, anticipating and recognizing these new developments are a constant challenge, one for which few feel well prepared. The pediatrician can help new parents understand the baby's puzzling and frustrating behaviors in the context of adaptation, and can help them assist the child in the vital tasks of adaptation.

This module is intended to help the pediatrician guide parents during the infant's first months. It discusses behaviors related to sleeping and eating, two areas in which the baby's behavior is often at odds with the parents' expectations. By helping caregivers understand the infant, the pediatrician can reduce stress and frustration at this critical time.

SLEEP PATTERNS

2 Weeks to 4 Weeks- Introduce 2 Months-Reinforce 4 Months-Reinforce
6 Months-Reinforce 9 Months-Reinforce

The healthy baby's sleep and waking patterns often prove problematic to parents, and when a child doesn't sleep as expected, the parent-child relationship can start off on the wrong foot. Sleep patterns - and problems - differ as the child ages. As the newborn brain slowly matures, the infant acquires the ability to cope with the stimulus load of the waking world. In early infancy, a child is sleeping between 16-18 hours a day, and may prefer to be wakeful during the peaceful night rather than the hectic daytime hours. If parents understand this, they won't blame themselves or be fearful for the child, and may not make the mistake of trying to stimulate the baby into daytime wakefulness. By two months, many children are staying awake well enough, but have very difficult transitions to sleep. Mothers and fathers often relate two or more hours of crying and irritability in the early evenings as they try unsuccessfully to rock, walk, or sing their babies to sleep. At this age, they can be reminded that these babies are already overstimulated, and that a brief period of under stimulation (swaddling, quiet, dark room) may allow the child to settle to sleep after a little fussing. Parents may be told that babies (like all humans) wake regularly through the night, and often drift back into deep sleep. The almost universal assumption that babies wake because they're hungry may result in parents "training" the child to expect a feeding. Experienced parents often wait a few minutes before responding to a child who is quietly fussing, and find that they will settle themselves. Parents may also face various challenges and stressors related to sleep starting around 4 months, when separation anxiety usually starts. Sleep behaviors associated with separation anxiety include a new reluctance to go to sleep and resurgence in night waking. If these sleep behaviors are not positively addressed during this time, by the time the child is 7-8 months, they will continue to insist on the behaviors that cause stress because it is now habit to them. Therefore, at the four-month visit, it would be beneficial to talk to parents about this upcoming change. Bedtime routines, rituals, transitional objects, consistency and reassurances for the parents should be encouraged during this time. Parents should also be informed that if their baby does begin to cry in the night, once they have begun to sleep through the night, parents should resist feeding them. If they are fed in an effort to quiet their crying, chances are they will soon come to expect this response whenever they wake up in the night.[1]

Assessment

- Do you have a bedtime routine?
- Where does your child sleep?
- Does your child sleep through the night? If not, what do you do when your child wakes up during the night?
- Determine the total number of hours the infant sleeps, day and night cycles, the number of nighttime awakenings and the impact these cycles have on the parents.

Anticipatory Guidance

- Help the parent understand that most sleep difficulties are self-limited, usually not their fault, and do not represent an occult disease process.
- Encourage your baby to learn to console himself by putting him to bed awake
- Establish a bedtime routine.
- Consistently provide the child with the same transitional object, such as a favorite toy or stuffed animal, or blanket, so that she can console herself at bedtime.

EATING ROUTINES/ISSUES

12 Months- Introduce	15 Months-Reinforce	18 Months-Reinforce

A parent has no greater responsibility than to make sure his child gets enough to eat. Most of us take that responsibility very seriously; for some, children's normal behaviors can raise significant concerns. Though it's almost inconceivable that a healthy child would allow himself to starve in the presence of food, a child who has strong preferences or is resistant to being fed can lead parents to forget this obvious fact. Children who do not fulfill parental expectations about food intake are often teased, urged, bribed, or made to feel guilty. In extreme cases they are shamed, force fed, or otherwise punished. When a child is stressed and challenged in this fashion, he may refuse food even if hungry, thus appearing to validate the parents' fears and provoking even more extreme measures. By acknowledging parental concerns and partnering with them to monitor growth and weight gain, the pediatrician can make life easier for both parent and child. Parents and other caregivers can encourage young children's independence in eating by serving a nutritionally well-balanced selection of foods and allowing children to choose what and how much to eat.[2] Height and weight should be graphed and discussed at each well child visit to provide perspective (for example, the pediatrician should inform parents that the rate of growth slows around age one and therefore their appetite may as well and therefore they should expect that their child would eat less).

Assessment

- What is the present mealtime experience? Do family members eat together?
- Is there consistency in mealtime routines? Are there distracts (eg: TV, arguments?)
- What is the child's eating history?

Anticipatory Guidance

- Avoid force-feeding or threatening behaviors related to eating.
- Be consistent with timing, attendance and seating at meals. Try to minimize distractions.
- Offer a variety of healthful foods and allow the child to choose from two or three foods at a time.
- Limit the length of meals to a predetermined maximum time. Allow the child to eat with the rest of the family as often as possible.
- Avoid making special meals for older children who are picky; rather, try to include a tolerated food as part of each meal, and work on sampling other parts.

PARENT EDUCATIONAL MATERIALS

Sleep Problems in Children brochure

This brochure, created by the American Academy of Pediatrics, address some common sleep problems that parents face with their children. The brochure covers children's problems from infants to preschoolers. It offers tips on how parents can help their children (and themselves) sleep better at night. It also gives suggestions on how to handle such issues as nightmares, night terrors, sleep walking and bedwetting. (Available in English & Spanish)

Feeding Kids Isn't Always Easy brochure

This brochure, created as part of the HEALTHY START...Food to Grow On program, gives parents tips on how to make a mealtime experience a pleasant experience. It picks six common problems that parents have with feeding children and offers strategies on how to reduce the stress and fighting that can be associated with the issue.

OFFICE MARKETING TOOLS

Four R's Poster

This focuses on the 4 R's of healthy development: Reading, Routines, Rewards and Relationships. For this module, Routines should be highlighted to stress the importance in healthy sleeping and feeding schedules for children.

STAFF TOOLS

Growth Chart

Pediatricians can use their growth chart to show parents that their child is growing normally, and teach them to pay attention to the correlation between weight and height. Growth charts can also illustrate graphically how the two-month-old's rate of growth results in frequent nursing, or how the child's growth (and thus their need for food) slows around age one. Growth charts can be purchased through the American Academy of Pediatrics or downloaded for free from the Center for Disease Control at: http://www.cdc.gov/nchs/data/nhanes/growthcharts/set1/all.pdf.

MODERATE INTERACTIVES/TANGIBLES

" Kids don't come with instructions" - Magnet/Notepad

Give parents a notepad that will stick around. This magnet/notepad is designed for parents to write down questions they have for their child's pediatrician. In between well-child visit questions may come up about their child's health encourage parents to use this notepad as a tool to jot down those questions to be addressed by the pediatrician at their next visit.

ISSUES MANAGEMENT

Uncovering Expectations:

In this module, pediatricians are reminded that when parents have developmentally inappropriate expectations these are "red flags" for parental stress, dysfunctional family interaction, and even abuse. Once detected and understood, these misapprehensions can be addressed, but evaluating the parent's set of expectations can be a challenge. The practitioner should approach each family with an open mind, realizing that what may be obvious to her may not be so clear to the family in her office. Most experienced doctors have evolved a variety of questions that help to elicit the parents' expectations of the child, and try to refrain from reacting or advising until these expectations are clear. During a well-child visit, these often take the form of open-ended inquiries, such as "How's Jimmy eating these days?" When a specific problem area is identified, the questions become more specific until the physician has a clear picture not only of the behavior, but of the parents' feelings about the behavior and their response to it.

For example, the mother might tell us that her baby Jimmy is feeding frequently through the night. We would then ask specific questions to help understand what she meant: how often he woke, for instance, and at what hours of the night (Mom might have a different idea of what "frequently" meant). It might help to know if this was a recent or a long-standing behavior of the baby's. These questions help to place doctor and parent on the same page, as it were, and avoid misunderstandings. Before offering advice, though, it is important to ask two more broad questions: "What did you do then?" and "How did that make you feel?"

Sleeping issues are often not resolved with simple reassurances, leaving the practitioner falsely reassured. By taking a moment to be sure you truly understand the problem, and by following up on the parents response to and feelings about the identified problem behavior, the provider gains a much clearer understanding of the family's life. The provider might determine that normal sleep patterns are occurring but the family's other life stressors are over shadowing normal nightly waking. In this case, helping the child might require following up with the mother on other issues (e.g. her safety, mental health, etc.)

Tips for dealing with eating problems in the office:

- How do you recognize and manage eating problems so severe that the child is failing to thrive?

  Realize that most children who fail to gain adequately despite being physically healthy do so because the infant is a difficult feeder and the parent/child interaction may have become entangled. However, a small but important percentage of these non-organic failure to thrive children will come from homes where the failure to thrive is a physical manifestation of overall neglect.

- In that case there are other issues that should be considered, such as:

  1. Is the family socially isolated with little help from the extended family and friends?
  2. Is the family unable to follow suggestions for a more consistent and higher caloric daily intake?
  3. Are poverty and unstable housing compounding the problems?
  4. Are there other concerns about the family or their capacity to nurture the child?

- Recommendations:

  1. Document each interaction and the specific plans for the family in your charts in the event that the poor weight gain demands a report to child protection.

2. Refer to early intervention or home visiting early in the course so that they might provide more regular management and also provide an assessment of the home environment.
3. Attempt to expand the caregivers for the child, whether with extended family, day care, or respite supports.

Tips for dealing with sleeping problems in the office:

- How do you identify sleeping problems and its undue effect on the family?

- The child whose sleep problems are creating major stress in the family:

1. Set up a specific plan with the family. Make calls (you or your office staff) to the family to follow up and add support and encouragement.
2. See the family back regularly to reassess, support, and consider other alternatives.
3. Make sure there is back up help from the other spouse, a family, or close friend.
4. Consider a referral to a sleep center for help if the plan is not working or being sabotaged by one or more members of the family
5. Make sure those steps to prevent sleep problems are discussed in first four to six months of life as a regular part of anticipatory guidance to ward off many of these problem situations.

Final note: When we assume too soon that we know about our patients' lives, our advice is offered too quickly, and may go wide of the mark. By taking the time to be sure we understand how the parent views the problem, how they respond, and how they feel, we can address their concerns much more accurately – and ultimately, more efficiently.

[1] Shelov SP, ed., American Academy of Pediatrics. *Caring For Your Baby and Young Child Birth To Age 5*. Rev trade pbk ed. New York, NY: Bantam Books; 1998:213-214

[2] Green M, Palfrey JS, eds. 2002. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* (2nd ed., rev.). Arlington, VA: National Center for Education in Maternal and Child Health.