HEALTH BASICS

Bedtime habits for infants and children

Bedtime habits are repeated evening routines that support safe, regular sleep for children

WHAT IT IS
A predictable sequence that helps children settle for sleep

WHERE IT COMES UP
Evening care, night waking, naps, and sleep concerns

WHY IT MATTERS
Supports enough sleep, calmer settling, and safer infant sleep

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
A pediatrician, family clinician, or health visitor

HOW IT IS CHECKED
Sleep history and a one-to-two-week sleep diary

Overview

Bedtime habits are the repeated steps and conditions around a child's sleep. They include when bedtime happens, what your child does beforehand, where they sleep, and how you respond when they wake.

A routine might include washing, putting on sleep clothes, brushing teeth, reading, and saying goodnight. It does not have to be complicated or happen at an exact minute every night. A short sequence that is calm and reasonably consistent is often easier to maintain.

Bedtime habits are not a disease or diagnosis. They are one part of sleep health. They cannot correct every sleep problem, and they do not replace safe sleep practices for infants.

Sleep changes quickly during childhood. Newborns sleep in short periods and wake to feed. Older infants may still wake at night. Toddlers often test limits, while school-age children may delay bedtime because of activities, worries, or screens. Teenagers naturally tend to feel sleepy later, even though they still need regular sleep.

How it works

Two main systems shape sleep. Sleep pressure builds while a child is awake, much like hunger building between meals. The body clock, also called the circadian rhythm, helps set the timing of sleep and wakefulness.

Morning light, daytime activity, meals, naps, and evening light all provide timing signals to the body clock. Bright light and stimulating activities near bedtime can make settling harder for some children.

A repeated routine provides another signal. When the same quiet steps regularly lead to bed, your child can begin to connect those steps with sleep. Predictability may also reduce arguments or uncertainty about what happens next.

Young infants do not have a mature day-and-night rhythm. Their sleep is spread across the day and night, and waking for feeds is expected. Bedtime routines can still provide comfort, but they should remain flexible enough to meet feeding and care needs.

Children differ in how much help they need to settle. Some fall asleep independently. Others need a caregiver nearby, especially during illness, stress, travel, or developmental changes. There is no single bedtime method that suits every family.

Why it matters for your health

Enough sleep supports attention, learning, mood, physical growth, and everyday functioning. A child who regularly sleeps too little may have trouble waking, become irritable, or struggle to concentrate. Some tired children become more active rather than appearing sleepy.

The American Academy of Sleep Medicine recommends the following total sleep amounts within each 24-hour period, including naps:

These are general ranges, not a pass-or-fail test. Sleep needs differ, and the guidance does not set a specific range for babies younger than 4 months.

For infants, the sleep setting matters as much as the routine. Safe sleep practices reduce the risk of sleep-related death. Place an infant on their back for every sleep, on a firm, flat, non-inclined sleep surface designed for infants. Keep pillows, loose blankets, soft toys, and other soft items out of the sleep space.

The American Academy of Pediatrics recommends room sharing without bed sharing, ideally for at least the first 6 months. The infant should have a separate crib, bassinet, or other approved sleep surface.

- Ages 4 to 12 months: 12 to 16 hours
- Ages 1 to 2 years: 11 to 14 hours

- Ages 3 to 5 years: 10 to 13 hours
- Ages 6 to 12 years: 9 to 12 hours
- Ages 13 to 18 years: 8 to 10 hours

What can go wrong

Bedtime can become difficult when the timing does not match the child's sleep needs. A late nap may delay sleep, while a bedtime that is too late can leave a child overtired. Irregular schedules, exciting activities, noise, light, hunger, or worries may also interfere.

Repeated difficulty falling asleep or returning to sleep can be part of behavioral insomnia of childhood . This term describes ongoing bedtime resistance or reliance on particular conditions to fall asleep. A clinician can help assess whether habits, anxiety, development, or another issue is involved.

Some medical conditions can disrupt sleep:

Loud, frequent snoring, repeated breathing pauses, gasping, persistent mouth breathing, or marked daytime sleepiness should be discussed with a pediatrician or primary care clinician. Arrange routine follow-up if sleep problems continue despite a workable routine, affect school or family life, or are linked with mood or behavior changes.

Call emergency services if a child stops breathing, becomes blue, grey, or unusually pale, is struggling to breathe, or cannot be woken normally. These are emergency signs, not routine bedtime difficulties.

- Obstructive sleep apnea , in which the airway repeatedly narrows or closes during sleep
- Restless legs syndrome , an uncomfortable urge to move the legs
- Delayed sleep-wake phase disorder , when the body clock runs much later than required
- Parasomnias , such as sleepwalking, night terrors, or confusional waking
- Pain, itching, reflux, asthma symptoms, or other health problems

What you can do

Choose a bedtime and wake time that allow enough sleep and fit your child's age, naps, school schedule, and usual settling time. Keeping wake time reasonably steady can help anchor the body clock, including on weekends.

Create a short routine that you can repeat most nights. For example:

For babies, feeding may be part of the evening, but do not delay medically needed feeds to enforce a schedule. Ask your child's clinician about overnight feeding if your baby was premature, has growth concerns, or has been given a specific feeding plan.

Some families place an infant down while sleepy but still awake. This may help the infant become familiar with falling asleep in the crib, but it is not required for healthy attachment or good parenting. If your baby falls asleep while feeding or being held, move them to a safe sleep surface before you sleep.

Keep a sleep diary for one or two weeks if you are concerned. Record bedtimes, estimated sleep times, waking, naps, snoring, unusual movements, and daytime behavior. This can help a clinician see patterns that are difficult to remember.

Do not start melatonin or another sleep product without discussing it with a pediatrician or qualified pharmacist. Melatonin is not a replacement for assessing the cause of a sleep problem, and supplement contents may not always match the label. Store all medicines and supplements out of children's reach.

- Finish energetic play and bright screens before the routine
- Wash, change clothes, and brush teeth
- Share a quiet book, song, or conversation
- Dim the lights and move to the usual sleep space
- Use a clear, calm goodnight

Common questions

Does every child need the same routine?

No. The useful parts are predictability, a suitable sleep opportunity, and a safe setting. The exact activities can reflect your child's age, needs, culture, and family schedule.

Is night waking always a problem?

No. Brief waking is normal, and infants commonly wake for feeding and care. It becomes worth discussing when waking is persistent, distressing, linked with breathing concerns, or seriously affects daytime functioning.

Should naps be stopped to improve bedtime?

Not automatically. Naps remain developmentally appropriate for many infants and young children. A nap that is very late or long may delay bedtime, but removing needed sleep can leave a child overtired. Record nap timing before making major changes.

What if my child is afraid at night?

Acknowledge the fear without making bedtime into a long negotiation. A predictable check-in, comfort object for children old enough to use one safely, or dim night-light may help. Nothing soft should be placed in an infant's sleep space.

How long should a routine take?

There is no required length. A routine of a few repeatable steps is usually more practical than a long process. If it regularly expands because of repeated requests, agree on the final steps before starting.

When should I ask for help?

Arrange a routine appointment for ongoing settling problems, frequent nightmares, sleepwalking with injury risk, loud snoring, breathing pauses, unusual leg discomfort, or daytime problems. Seek emergency help for severe breathing difficulty, a prolonged breathing pause, abnormal colour, or difficulty waking your child.

Sources

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