



Helping your child Sleep problems

It's common for children to develop sleep problems if they've experienced a traumatic medical event or hospital stay. Children are likely to seek out more connection with parents and caregivers during these times.

They may be scared to stay alone in their bed and keep getting up for drinks of water, or 'one more' cuddle or book. They may also have nightmares or wake up more often during the night.



Changes in sleep are normal in the first days and weeks following a medical event or hospital stay. But continued sleep disruption can have negative effects on children's emotions, behaviour, thinking and learning.

Why have these problems started?

- After medical trauma, a young child's sense of safety and security may be threatened. They will seek more connection and closeness during these times.
- Being in hospital or changes at home due to their medical condition might have upset their sleep patterns (e.g. lights on all the time in hospital, lots of noise, different bedtimes).
- Pain, discomfort and ongoing medical treatments (even medication) can impact a child's sleep.
- They might be thinking about scary memories or worrying about the future. Children often feel vulnerable at bedtime and quiet times when they are less distracted.

Five key support areas

There are five key areas you can focus on to support your child's sleep. These are: strengthening connections in their important relationships, re-establishing family routines and expectations, helping your child to identify and communicate their emotions, teaching positive coping strategies and seeking extra support.



Connection: Strengthen relationships to help your child feel safe, secure and loved

This is the most important area that caregivers can focus on to protect their child's mental health and wellbeing. A positive, consistent, nurturing connection supports children's emotional resilience, helps them cope during stressful times, and will reduce the likelihood that anxiety will continue over time. You can strengthen relationships by:

- responding warmly and consistently when your child seeks your attention or expresses a need.
- finding chances to connect throughout the day, even if you only have 5 minutes.
- giving lots of physical comfort in the way your child enjoys and feels comfortable with (e.g. hugs, kisses, hand holding, massage, pat on the back, high five).
- spending special time together including exploration, play and quiet time (e.g. reading books, singing nursery rhymes, doing craft, watching a movie).
- incorporating special time into your routine helps your child know what to expect and gives them something to look forward to.
- engaging in fun activities regularly as a family (e.g. exploring nature, board games, walking the dog).
- providing extra support and connection at bedtime, before and after time apart, and during times of stress.

If your child usually sleeps in their own room, it may help them to be close to someone sometimes. Allow them to sleep in your room for a short time (a few days), and then encourage them to get back to their usual bed.



Resource ID: BK011. Reviewed: November 2024.

Disclaimer: This information has been produced by healthcare professionals as a guideline only and is intended to support, not replace, discussion with your child's doctor or healthcare professionals. Information is updated regularly, so please check you are referring to the most recent version. Seek medical advice, as appropriate, for concerns regarding your child's health.



Queensland
Government



Routine: Maintain or create family routines and clear expectations

Regular and consistent sleep routines help children create healthy sleep habits and will also optimise their recovery following injury or illness.

- Aim to have regular sleep and wake times (i.e. within 30 minutes).
- Establish (or re-establish) a calming bedtime routine. Aim to do the same things in the same order every night (e.g. dinner, bathing, getting dressed, brushing teeth, bedtime story, sing a lullaby, lights out, go to sleep).
- Follow [safe sleeping practices](#).
- Keep your child's sleep environment quiet, dark and at a comfortable temperature. Leave their bedroom door open or use a nightlight or soft lamp if needed.
- Keep the cot or bed for sleeping, not for playing games or watching screens.

- They may like to cuddle a doll, toy, blanket or other comfort item when it's time for bed (if safe for their age).
- Set clear family rules and expectations for going to bed. Be firm but calm and consistent.



Identify emotions: Help your child name their feelings

Recognising and naming feelings can help children build emotional literacy skills, identify body cues, communicate their feelings and needs to others, and learn how to remain calm.

Use feelings cards to help your child learn names for different emotions (try the free [Frankie's feelings cards](#) and [poster](#)).

Recognise that tantrums, procrastinating (e.g. "one more" cuddle or book, "I'm thirsty") at bedtime may be a sign of fear, anxiety and/or seeking extra connection.

Breathe deeply and try to remain calm and confident when helping your child with their sleep difficulties.





Targeted strategies: Teach your child skills to help them cope with emotional distress and encourage positive behaviour

Strategies for children having difficulties falling asleep

- Try to limit high-energy play and excitement in the hour or two before bed.
- Encourage calming activities before bedtime (e.g. listen to music, sing a lullaby, read a story, relaxation exercises or give them a massage).
- Avoid food or drinks with high sugar content or caffeine close to bedtime (e.g. chocolate, soft drink, sports drinks etc.).
- Try to limit screentime and exposure to bright lights in the hour before bedtime. This helps the child's body produce the hormone melatonin, which gets them ready for sleep.
- See the [Sleep with Kip](#) website for strategies to manage anxiety and worries at bedtime (e.g. sleep books, relaxation, putting worries to bed).
- Gradually teach your child to settle themselves:
 - If it works for you and your child, put them into the cot or bed at bedtime while they are drowsy but awake.



- Try to leave the room and go back for brief but regular checks until your child is asleep. If this is too distressing, sit quietly on a chair in their bedroom until they fall asleep. You can gradually move the chair out of the room over time.
- Introducing a reward chart may be a helpful way to motivate your child to follow their bedtime routine.

Strategies for resettling your child

- Respond to your child if they wake in the night – they need to trust you'll be there when they really need you.
- Let them know you're there, give them a cuddle and kiss and reassure them.
 - For a limited time (in the days after the medical event), stay with your child until they fall asleep again.
 - After the first few days, keep the visit to their room short if possible.
 - Speak softly (no tickling, laughing or loud noises).
- If your child is coming into your room, walk them back to their own bed and calm and resettle them if possible.
- If your child has a nightmare, reassure them they are safe and gently distract them (softly tell them all the people who love them, pat their back, sing or hum a lullaby).





Seek extra support: Sometimes no matter how well parents support their child, professional advice is needed to help

Sleep is particularly challenging during hospital admissions. Illness, health conditions and neurodevelopmental disorders can also contribute to specific sleep-related issues in children (e.g. snoring, sleep apnoea, ADHD, autism).

Sleep difficulties may be becoming a problem if they:

- continue or get worse once they are back home (more than four weeks)
- affect their daily activities
- affect the sleep of other family members
- affect your relationship with your child.



For further information, resources and support, visit [Frankie's Clubhouse](#) or scan the QR code.



Here you will find up-to-date evidence-based information, contact details and websites for the following support options and resources:

- Helplines
- Frankie specific resources (e.g. *Frankie feelings* and *coping cards*)
- Websites with information and parenting strategies for behaviour management
- Online parenting programs
- Information about how to access support from mental health professionals.

You know your child best. If you're concerned, you can seek advice from your child's health care team, GP or paediatrician, child health nurse or community health centre, or a specialist health professional (e.g. psychologists, occupational therapists, sleep specialist).