Healthy Sleep in CHILDREN
(Could Your Child Have Obstructive Sleep Apnea?)

Does your child get enough sleep?
Sleep is very important for children. Getting enough sleep is essential for your child's growth and health. Studies show that many children do not get enough sleep. Here are the recommended amounts of sleep, in general, for each age:
• Newborns: 12 to 16 hours total in short sleeping periods. Before 3 months, babies’ sleep patterns may not follow day and night, since they are still developing an internal clock.
• Pre-K: 11 to 14 hours, including naps
• K to 8th: 9 to 10 hours
• 9th-10th: 9.25 hours
• 11th-12th: 8.5 hours

Find out if your child is getting GOOD sleep.
Your child may not be sleeping well if you notice the following:
• Difficulty waking up and getting out of bed in the morning.
• Falling asleep during class, not paying attention, having trouble concentrating.
• Acting-out/hyperactivity/temper tantrums.
• Problems getting along with others, antisocial behavior.
• Poor grades: chronic fatigue impairs memory, concentration, and problem solving. Children's grades often improve when they get proper sleep.
• Height and Weight: children who don't get enough sleep can have problems growing and may have trouble achieving a healthy height and weight.

Your child may have a sleep disorder.
Your child may not be getting enough sleep due to a sleep disorder. One of the most common sleep disorders is Obstructive Sleep Apnea, or OSA, and it is more common in children than previously thought. In OSA, the airway collapses while sleeping. Oxygen flow to the brain is decreased, causing them to gasp for air, which wakes them up multiple times during the night.

Signs of OSA in Children:
• Snoring
• Hyperactivity (ADD/ADHD)
• Mouth-breathing
• Restlessness
• Dark circles under the eyes
• Plus any of those issues mentioned previously

Causes of OSA in Children:
• Enlarged tonsils and/or adenoids
• Being overweight or obese
• Genetic or neuromuscular disorders
• Narrow palate/crossbite/crowding

How is OSA Diagnosed?
The definitive method to confirm OSA is polysomnography, or a sleep study. Typically ordered by an ENT, these are conducted in a sleep lab. The child is directly observed sleeping while brain waves, heart rate, blood oxygen levels, awakenings, etc., are recorded.

How is OSA Treated?
The first defense against OSA due to enlarged tonsils or adenoids is surgery (i.e. T&A). For other children, or for those in which surgery is not effective, Continuous Positive Airway Pressure (C-PAP) via a device that supplies oxygen through a facial mask, is another option. However, as in adults, C-PAP is poorly tolerated, as the masks are uncomfortable and often removed while sleeping.

What is the Orthodontist’s role in OSA?
A high percentage of children with OSA also have narrow constricted palates, crossbites, severe crowding, and other jaw problems, all of which can worsen, or even be the cause of OSA. It is recommended that all children receive an initial orthodontic consultation by age 7 from a certified Orthodontic Specialist.

Tips for helping your child sleep.
Teach your child about the importance of sleep. If they understand sleep is important, you can work together to improve their sleep. Try to model good sleep habits yourself.
• Avoid caffeine: Giving your child caffeinated beverages like soda can negatively affect their sleep. Avoid it late in the day.
• Create a soothing routine: A routine can help your child get ready for bed. Try adding some elements like bath time or reading a story. Studies show children who have a bedtime routine wake up fewer times during the night.
• Keep electronic devices out of the bedroom: The light from televisions, computers, cell phones, and video game devices can prevent your child from sleeping. It’s best to keep these devices out of the bedroom to help your child fall asleep and stay asleep.
• Maintain a consistent bedtime and wake time: Have a regular bedtime and wake time, including weekends and vacations. Make sure bedtime is early enough so your child gets the recommended amount of sleep.

If your child is still having trouble sleeping after trying these tips, talk to your child’s healthcare provider.

About The Author
Dr. Muench is Secretary-Treasurer of the New York State Society of Orthodontists, and Treasurer for the Broome County Dental Society. He is a former Assistant Professor in the Departments of Orthodontics and Pediatric Dentistry at the University of Rochester Eastman Institute of Oral Health. A published author and lecturer, Dr. Muench also maintains a private practice in Vestal, NY.