



Empowering Children. Supporting Families. Building Brighter Futures.

Resource 083 | Sleep concerns

Persistent sleep difficulties

What it means

Persistent sleep difficulties can involve trouble settling, frequent waking, or insufficient restorative sleep that affects the child or family. Sleep changes with age, and waking is common in infancy. A persistent concern needs assessment in context; it is not automatically a behavioral problem or one sleep diagnosis. [1]

Causes and risk factors

Contributors may include sleep schedules, settling associations, anxiety, sensory needs, illness, pain, medicines, and neurodevelopmental conditions. Snoring or breathing obstruction can indicate sleep apnea. Family circumstances also influence routines. More than one factor may be present, so support should fit the child's age and medical needs. [1,2]

General family education. A concern deserves assessment, but this guide does not diagnose a child or prescribe treatment.



Signs and everyday impact

Families may report long settling times, repeated prolonged waking, difficulty waking in the morning, or daytime tiredness and irritability. Some children show hyperactivity rather than obvious sleepiness. Snoring, gasping, or breathing pauses deserve medical attention. Normal infant waking alone does not establish a disorder. [1,2]

Assessment and diagnosis

A clinician reviews sleep timing, routines, feeding, medicines, health, and daytime functioning. A sleep diary can help. Examination and specialist referral address suspected medical contributors. An overnight sleep study may be indicated for breathing concerns but is not required for every settling difficulty. [1,2]

Treatment and therapy

Treatment addresses the cause. Age-appropriate routines and caregiver-supported behavioral approaches may help settling and waking difficulties. Pain, anxiety, or sleep-disordered breathing need specific care. Medicines, including melatonin, should not be started as a universal solution; a clinician should review indication, formulation, safety, and follow-up, particularly in young children. [1,2,3]

Support at home

Keep a predictable wind-down routine and discuss suitable sleep and wake times. Track patterns and caregiver fatigue. For infants, follow current safe-sleep guidance: back sleeping on a firm, flat, separate sleep surface without soft bedding. Avoid adding unsafe pillows, positioners, or weighted sleep products to address waking.

When to seek help

Seek prompt review for persistent snoring, gasping, or breathing pauses. Severe breathing difficulty, blue coloring, or unresponsiveness requires emergency services. Persistent sleep problems affecting daytime function deserve assessment.

Questions for your care team

- Is this pattern expected for the child's age?
- Could a medical or breathing problem be contributing?
- Which routine or treatment should we try and review?



Podcast preparation

Use this outline to develop a later podcast script.

Suggested opening

Welcome to Mariel Early Intervention. Today we discuss persistent sleep difficulties. Persistent sleep difficulties can involve trouble settling, frequent waking, or insufficient restorative sleep that affects the child or family. This is general education; each child needs individualized care.

Opening: Define the topic and its developmental context.

Understanding: Explain causes and signs without inviting self-diagnosis.

Assessment: Describe evaluation and distinguish screening from diagnosis.

Support: Discuss treatment, therapy, and practical family supports.

Closing: Explain urgent signs and one clear next step.

Misconception to address: Myth: all waking is a behavior problem. Age, health, breathing, and family circumstances can contribute.

Before recording: update clinical references and local service details, arrange clinical review, and use fully consented or fictional examples.

Terms in plain language

- Sleep diary: a record of sleep timing and associated events.
- Sleep association: a condition a child links with falling asleep.
- Sleep-disordered breathing: abnormal breathing during sleep.

Sources and further reading

Sources accessed 3 October 2026. Numbered references support the clinical overview. Treatment availability and referral routes vary by country.

[1] Sleep and young children

<https://www.nhs.uk/baby/health/sleep-and-young-children/>

[2] Sleep Apnea in Children: Detection & Treatment

<https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/Sleep-Apnea-Detection.aspx>

[3] Safe Sleep: 9 Ways to Reduce a Baby's Risk of SIDS & Suffocation

<https://www.healthychildren.org/English/ages-stages/baby/sleep/pages/Preventing-SIDS.aspx>