



Assessing Sleep Health in Families

Sleep changes dramatically over the first few years of life. The quantity, quality, and nature of sleep health information can be overwhelming for caregivers to navigate on their own. Public health nurses are well-positioned to support families in navigating this information and can play a key role in promoting and supporting sleep health in families of young children. This resource provides key information and practical guidance for how public health nurses can assess sleep health when working with families.

Steps to Sleep Health Assessment

Key components and strategies for comprehensively assessing sleep health in families and infants are needed to ascertain if sleep is a concern for the family and which factors are involved. Information may be readily available from the family's chart, however, additional information will need to be collected through non-judgmental, culturally humble, client-focused, discussion with the family.

Step 1: Confirmation of interest:

Sample questions that can be asked when working with a family include:

- Do you have concerns about your baby's sleep? If so, what are they?
- Do you consider your baby's sleep a problem?
- What is working regarding your baby's sleep?
- Is there anything you want to change?
- What have you already tried?

Step 2: Exploration of factors that can interact with sleep for the family:

There are a number of factors to consider when discussing sleep health with families including those related to the individual infant, the caregivers, the family and the culture of the unit and their community. These factors influence sleep on individual and interrelated levels and may change over time.

See the table on the next page or the '[Brief Infant Sleep Questionnaire – Revised, Short Form](#)' (BISQ-R SF) for sample questions to support assessment of these factors.



TIP:

Before implementing any sleep strategies, the public health nurse should assess and address any issues related to the parent-child relationship and/or caregivers' mental health.

Recommended assessments include:

- NCAST Parent-Child Interaction Feeding and/or Teaching Scale(s)
- Edinburgh Postnatal Depression Scale (EPDS) or Patient Health Questionnaire (PHQ-9) or alternative, as per agency protocols

Infant Factors	<ul style="list-style-type: none"> • How old is your baby? • Was your baby born premature? Are there any known special needs or health concerns? • What is your baby's temperament like? For example, flexible, feisty, slow-to-warm-up, active or energetic, adaptable, sensitive or reactive. • Does your primary care provider have concerns regarding the health or development of your baby? For example, feeding difficulties, concerns regarding rate of weight gain, nutritional deficiency, suspected reflux. • Does the baby give clear cues? Refer to PCI Scale subscales 5 & 6 (Clarity of Cues and Responsiveness to Caregiver). • How does your baby usually fall asleep? For example, while being held or rocked, with an adult in the room (but not being held or rocked), on own (without an adult in the room). • Have you noticed that your baby has any snoring or breathing difficulties during sleep?
Parental Factors	<ul style="list-style-type: none"> • Have you had sleep difficulties in the past? For example, insomnia before or during pregnancy, sleep apnea. • How has your mental health been? Is there a history of depression and/or anxiety? Refer to EPDS or PHQ-9 results. • Do you take any medications or supplements? • Does the caregiver respond sensitively and appropriately to the infant's cues? Refer to PCI Scale subscales 1 & 2 (Sensitivity to Cues and Response to Distress).
Familial Factors	<ul style="list-style-type: none"> • Are the infant-caregiver interactions and relationships within age expectations? Refer to PCI Scale results. • Is there support within the family? Are there supportive caregiving partners? • Is there support for the family? Are there additional social supports that can be activated? • Who can you rely on to support you with a sleep plan? • Does your family have daytime and/or nighttime routines? • What does a typical 24-hours look like for your family? • Observe the sleeping space, if possible. Is it quiet, calm, and cool?
Socio-Cultural Factors	<ul style="list-style-type: none"> • Do you have values or beliefs that are important to your family about your baby's sleep (sleep-related beliefs)? • Do you have caregiving values and/or practices about your baby's sleep? • How has sleep been impacted by time zone changes or daylight savings time?

See PHN-PREP professional resource, [Understanding Sleep Health in Families of Infants](#), for additional information about the infant, caregiver, family, culture, and community factors that can impact sleep.

NOTE: Snoring or breathing difficulties during sleep, feeding or weight gain concerns, and/or multiple regulatory concerns (feeding, sleeping and/or crying) are strong indicators of further assessment being required by a health care provider.



Step 3: Introduction of the Sleep, Feed & Play Tracker

Sleep trackers can be used to assess different aspects of sleep health such as timing and duration of sleep and alertness. Tracking patterns can help caregivers understand their baby's typical sleep patterns, sleep-related behaviours, daytime and nighttime routines, and changes in sleep over time. Tracking patterns can also help to inform if these aspects of sleep are within developmentally appropriate ranges.

The [Sleep, Feed & Play Tracker](#) can be explained to the family and offered as a self-completion tool if they are interested. If the family prefers an alternative method to track sleep, such as an app or electronic record (for example, making a note in their phone), this should be supported by the nurse as the best sleep tracker is the one the family will use!

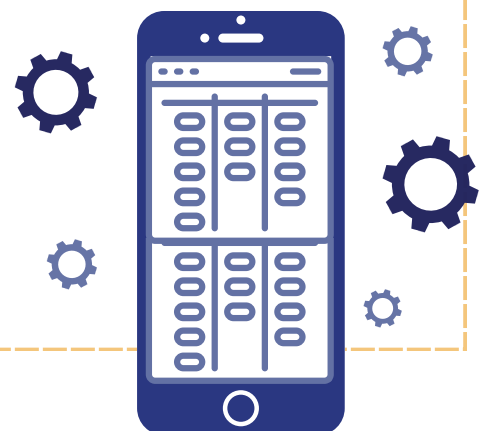
If the family is choosing their own sleep tracker, key considerations and items for recording include:

- A 5-7 day period for tracking
- Start and end times for each sleep period
- Number and length of night wakings and daytime sleep periods
- Length of time it took to settle the baby to fall asleep, or back to sleep
- Description of how, where, and with whom, the baby falls asleep (sleep promoting environment)

In addition, families can be asked to note what the baby is doing before going to sleep (sleep promoting behaviours or sleep associations), and if they are satisfied with how their baby's sleep was during the period of tracking (satisfaction and quality).

Caution should be provided by the nurse regarding the use of apps to track sleep, including that:

- Consumer sleep technologies cannot be used for the diagnosis and/or treatment of sleep disorders
- Some sleep apps may make false claims regarding improved sleep quality with use
- There is little validation data to support the accurate performance of sleep apps
- Sleep apps may not be referencing national guidelines in their healthy sleep information





“Tracking Sleep for five days is helpful in learning more about your baby’s sleep and activity schedule. To get you started, could we spend some time reflecting on your baby’s activity over the last 24 hours? We will start by recording what is most important to you -whether it’s when your baby is awake or asleep, fussy or alert and content!”

Using the family’s recorded information from the ‘Sleep, Feed & Play Tracker’, the nurse can assess:

- **Duration:** How many hours of the activity is the baby getting?
- **Timing:** Is the timing of the activity appropriate?
- **Sleep latency and nocturnal wakefulness:** How long were the longest bouts of sleep?
- **Alertness during waking hours:** How many daytime sleep periods is the baby having? What is the total amount of daytime sleep?
- **Nutrition:** How often is the baby eating? Are nutritional needs being met?



Name: Emily
 Dates: March 3 - 7
 Child's Age: 4 months

Sleep, Feed & Play Tracker

DATE:	Day 1				Day 2				Day 3				Day 4				Day 5			
	Monday, March 3				Tuesday, March 4				Wednesday, March 5				Thursday, March 6				Friday, March 7			
	Sleep	Feed	Play	Carry	Sleep	Feed	Play	Carry	Sleep	Feed	Play	Carry	Sleep	Feed	Play	Carry	Sleep	Feed	Play	Carry
12:00 AM																				
1:00 AM																				
2:00 AM																				
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10:00 PM																				
11:00 PM																				
TOTALS	11	3.5	2	1.5	11.5	4	2	0.5	9.5	4.5	2	1	13	3.5	2.5	0.5	13.5	4	2	0.5

Adapted from the work of Dr. Wendy Hall, and Niagara Region Public Health and Emergency Services with permission.

Using the ‘Sleep, Feed & Play Tracker’, nurses can evaluate the completed record to calculate the following information:

- Frequency of sleep, feed, and play periods
- Total and daily averages of time spent sleeping, feeding, and playing
- Variation between daytime and nighttime activity periods
- Number and length of night wakings
- Number and length of nighttime sleep periods
- Number and length of daytime sleep periods
- Frequency and duration of feedings



See [Appendix A: Nursing instructions for completing and evaluating the ‘Sleep, Feed & Play Tracker’](#) for steps to implementing and evaluating the ‘Sleep, Feed & Play Tracker’ with families, and [Appendix B: Worksheet for nursing evaluation of ‘Sleep, Feed & Play Tracker’ data](#) for support with data organization and analysis.

Following the collection and analysis of information regarding the family’s experience with sleep, review the PHN-PREP Professional Resource: [Interventions to Promote Sleep: Supporting Families in their Management of Sleep Concerns](#) for a sequenced process to provide support to families regarding infant and family sleep health including a variety of intervention suggestions.

References

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