

## Sleeping and Eating

A sufficient amount of sleep is fundamental to wellbeing and increasing neurodevelopmental potential (Hanlon-Dearman et al., 2017). Good quality sleep is especially important in childhood. Children and youth with FASD experience sleeping difficulties that may impact their functioning and subsequently, impact caregiver or family functioning (Hanlon-Dearman et al., 2017).

Establishing and maintaining a consistent bedtime routine is encouraged including a transition time from wake to sleep – bath, putting pyjamas on, a snack, reading time, good night. The end of the day is not a time for excitement, adequate sleep is important to memory consolidation, learning tasks and forming neural pathways organising visual, auditory and abstract events (Mughal et al., 2020)

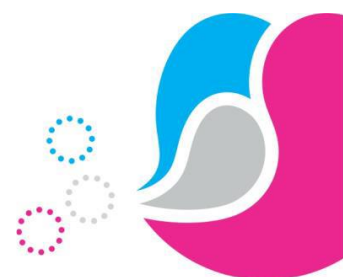
These strategies emphasise regular day and night routines and schedules, control of light exposure during the day and darkness at night, suitably timed activities, and support for selfregulation of arousal and sleep. It is important to consider the sensory needs of children with FASD, responses to sensory stimuli should be assessed and the environment modified to meet the child's needs (Hanlon-Dearman et al., 2017).

### Strategies for Sleeping Infancy

- Use the cradle/cot for sleeping, not as a playpen.
- Remove mobiles from over the cradle, cot, highchair, or car seat.
- Use plain cradle and cot linen and liners.
- A dark room for sleeping is best.
- Keep any night lights away from cradle/cot.
- Transition to bedtime with calming activities, perhaps a bath or a gentle massage.

### In Childhood

- If possible, a bedroom for each child.
- A room with adequate window covers to block out the light.
- Use soft noise – relaxation music or white noise.
- Use bed for sleeping only.
- Avoid napping during the day.
- Visual prompts to remind for sleeplessness – stay in your room, do a quiet activity.
- Avoid screen time before bed.
- Wrap in a blanket, tuck in tightly or use a sleeping bag.



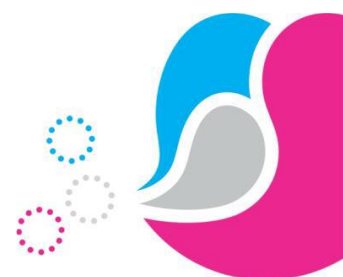
- Limit activities that cause excitement.
- Have a wind-down routine.

Proper eating behaviours are important in all children for proper nutrition for growth and development but are of particular importance in children with disabilities like FASD (Evans, 2015). Children living with FASD are generally poor eaters and may have abnormal patterns of eating which contributes to nutritional inadequacies (Amos-Kroohs et al., 2016). This may be due to pain from missing enamel on teeth or oral sensitivity. It might also be the case that there is an immature gag reflex. For some children, there is a genuine disinterest in food, and it may be that solid food cannot be tolerated. For other children, eating patterns may be diverse with impulsive eating one day followed by refusals for several days.

Acquiring feeding skills is a developmental landmark that children with FASD may experience age-appropriate delays in (Amos-Kroohs et al., 2016). Thus, it is important that mealtime be treated as an opportunity for socialisations, experience of and time to support bonding and relationship patterns. A positive mealtime experience is a priority.

### Strategies for Eating

- Structure is the key during mealtimes to avoid chaos.
- Provide food and liquid with the consistency of honey to avoid aspiration.
- Food texture can be a problem for some children. Modify by changing a steak to a burger, cooked and cooled carrots for a salad.
- Be cautious about spicy foods.
- Serve the meal on the plate rather than a self-serve style.
- Limit choices and portions. Much better to ask for more.
- Remove clutter from the table.
- Serve food warm rather than hot or cold.
- Small, frequent, high kilojoule meals are best (4-6 meals a day) • Finger foods are helpful.
- Turn off all extraneous noise.
- Keep the conversation light and general and allow plenty of time at the table.
- Use chairs with arms if possible.
- Think about the placement of the child at the table to limit distractions from a window or busy kitchen.
- A child who eats better when standing at the table should be supported. Ensure they stand on a designated spot using a mat for example.



- Be cautious about vitamin therapies. Supplements may be useful but check with professional before using.
- Respond to hunger pangs. Try to have small amounts of appropriate food and drink available.
- Experiment with different foods and find out what works for your child.

**Change the environment, not the child.**

### References

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