Ensuring Restful Sleep In Kids: Pediatric Sleep Disorders Transcript

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Introduction to Pediatric Sleep Disorders

Welcome back to The Sleep Deep summit. New approaches for treating insomnia and sleep apnea. I'm your host, Dr. Audrey Wells, and I'm super excited about the next speaker.

Dr. Funke Afolabi-Brown is a pediatric pulmonologist and sleep specialist. She's boarded and treats both adult and pediatric kids sleep disorders. And we had so much in common.

So I think we could probably talk for an hour and a half that we're going to try to keep it concentrated. Today, what we're addressing is Pediatric sleep disorders.

And the way I think of this is kind of in three buckets. There's the kids who are like young toddlers. There's the young school age kids. And then there's teens.

And all of these are a little bit different now. Dr. Afolabi-Brown is the founder of Restful Sleep MD, where she sees patients with sleep disorders and she does one on one coaching for busy moms.

Dr. Afolabi-Brown, it's great to see you. How are you today? Thank you. Is so good to be here. Thanks for having me, Dr. Wells. Great. I'm so happy to get to speak to you.

And I wonder if we can start out with some basics, like how are pediatric sleep disorders different than adults? You know, that's a great, great question.

So now when it comes to pediatric sleep, right. First of all, the architecture is different. Now, for newborns, for instance, we don't usually talk so much about the you know, the stage one, stage two, stage three and REM sleep.

We talk about active and quiet sleep. And then as they get older, the sleep architecture starts to change. We start to see them start to form those different sleep stages.

And then in terms of the proportion of the amount of, you know, those different levels of sleep and the stages of sleep, there's also a very severe reaction as well.

So we know that newborns, for instance, have predominantly REM or REM sleep, the rapid eye movement sleep about 50%. Then, of course, as they get older, it becomes less up to the time when they are teens and it's like 20%, like 20 to 25% like are adults.

So that's one thing that's completely different. And then even the manifestation of sleep disorders is also different.

How Pediatric Sleep Differs From Adult Sleep

So a lot of adults that might have sleep problem arms or sleep disorders may present with excessive daytime sleepiness and difficulties concentrating.

But our younger age group may present with hyperactivity, which seems like their energy levels is through the roof. So that's also something that really differs as well.

And then another piece I would say is, you know, there's the type of sleep disorders like behavioral sleep disorders tends to be more predominant in our pediatric age group compared to what we would see in adults, too.

So true. And I think sort of underlying this conversation is the backdrop of all of the brain development that takes place in children, which is something that sleep helps to enhance and preserve.

There's lots of important processes that take place in a child's brain right up to the age of 25 or so. So I'm really happy to kind of elevate the discussion for optimizing sleep in kids.

I want to start with some behavioral sleep issues, and typically we're looking at the school age group, you know, toddlers who are kind of learning to sleep.

What can you tell me about how you approach this in your practice? Yeah, you know, when a child when a parent comes with their child to see me, my practice, you know, the what they just say is I'm not sleeping because my child is not sleeping.

Right. Because if the parent was sleeping, you might probably not ever have seen we might never see the child unless, you know, they're showing up in school and they're having learning issues or things like that.

But initially, the parent comes in and says, My child cannot sleep or my child is having sleep issues and it's affecting their daytime function. And so they're really so exhausted.

Everything seems to be chaotic at bedtime. And so really taking a step back to say, okay, where is the problem? And I use three categories typically. So we talk about that behavioral bucket.

And then the second bucket or category would be other medical sleep issues. And then the third would be other things that are present in this child during the day that also has its manifestation at night.

So if you have a child with ADHD or autism, they might also have sleep issues. Now, when we talk about the behavioral sleep issues, I think one of the things that I've found that it's been most helpful to sort of help talk parents down the ledge when they say nothing, it's awful.

It's horrible. There's no sleep at all. My child is up all night. We say, okay, when is this problem a parent? Is it at the sleep onset? And I think that's really important.

Or is it at. Is it with sleep maintenance where they're having issues with staying asleep or is it early morning awakening? So once we can then tease that out.

Then from there, I can then say, okay, what is happening at bedtime? And I can tell you from my experience and even with research, a lot of times when kids have issues, especially those behavioral sleep issues, it's usually around difficulties with sleeping independently or around the fact that they have a lot of what we call bedtime resistance.

And then sometimes you also would see a combination of both. So what does it mean in terms of difficulty? Sleeping independently is when you really start to have those sleep associations.

So like a sleep crutch, right? This child needs a parent to either rub their back or lay in bed with them or give them a bottle before they're able to fall asleep.

And then what happens is that when that when that parental presence is not there in the middle of the night and the child wakes up, like everybody wakes up in the middle of the night, we have this arousal, then your child is going to wake up even more because they're like, Well, what happened?

The last time I was here, a parent was rubbing my back.

Behavioral Sleep Problems in Children

And so they need that parental presence and that specific action to be able to fall back asleep and maintain sleep. So that's really a bulk of the situation that we see.

And then of course, that early arises to you have your child that wakes up at 430 or 5 a.m. and is ready to take on

the day. So that's also another common reason why children tend to have these struggles.

And so most times, again, they will come and say, well, my child wakes up a lot at night, but they will say, you know, the parent will say, but there's no problem falling asleep. He falls asleep. Fine.

And then we have to really delve in and say, okay, he falls asleep. Fine. But how does he fall asleep? Well, there's a bottle and I'm rubbing his back and I'm rocking him, and then he falls asleep. Fine.

But then we have to then say, okay, that situation needs to be recreated. Every time you call wakes up for them to be able to fall back asleep. So really addressing that right at the beginning of the night ends up improving the nighttime weakens.

And I love that because it's sort of an organic approach to asleep problem for a child. And I really want to bring to the surface this idea that when you're treating a child's sleep disorder, you're actually looking at the whole family, you're looking at the whole family dynamic, the whole family sleep.

And parents will really struggle if they are having issues with their children sleeping. In effect, they kind of turn into shift workers, both moms and dads and caregivers.

So how do you address that when the patient is your is the child? Yeah. And you know, and I think that's why that was one of the reasons why I really was so passionate about starting this practice, because, again, it's beyond just handing you a PDF of a list of things to do.

It's really stepping back and saying, what are the things that that matter in your family? How do it how is the family dynamics? Because if we're going to implement any interventions, we have to make sure it works.

So if you have a father that's not going to get home until 8 p.m. and the child hasn't seen them all day, then how are we going to integrate that in this situation where you want your child to go to bed a little bit earlier?

Or if you have a mom who says, you know what? I've heard of Cry It Out and I don't want to have anything to do with it. I can't imagine my child even whimpering.

Right. It's really step in making them where they are. And I think that's the first step and also helping them identify what their goals are, because some parents say, you know what, I don't mind him sleeping in bed with me.

He's older, you know, we're fine. It's just that he's kicking frequently. Okay, then we have to sit and say, okay, maybe that's an area that we need to address first, right.

So I think I think having that really holistic perspective is important and then also seeing where what steps they're willing to take. Because, for instance, if you have a child who has bedtime resistance and also has sleep association or sleep crutches, you know, we're going to be unraveling quite a number of things.

So we have to say, what is the first step that you feel that you can tolerate? Right. Is it saying that we're going to start with a bedtime routine? There's never really been a bedtime routine in this house. Okay.

How about we start with that? What if establish a bedtime routine and evening? Just establishing a bedtime routine. I've seen a large number of sleep issues actually improve just from that strategy, especially in the pediatric population.

So it's really been partnering with the family to see how do we go about it and then making a plan to say, okay, this is where we are, that's where we're going, and these are the steps we're going to take to get there.

And of Crossett, your child gets sick. There's trouble if there's sudden changes in the family. We anticipate that there's going to be road bumps along the way.

Definitely. But you're always collaborating, right? You're collaborating with the family to make a plan that's tailored specifically for them. Fantastic.

You know, one of the questions I always used to get with parents who wanted their children to sleep better was, you know, there's these gummies with melatonin or, you know, my kid can swallow some capsules or tablets of melatonin.

How about that? Is that safe? Is it effective? Tell me your thoughts. So one of the one of the things that I always talk about is melatonin gummies or patches or liquid or tablets is a hormone.

And so the those same way that we wouldn't give our child or our children estrogen without guidance or growth hormone without guidance from a doctor, we really shouldn't be given melatonin without some kind of guidance.

And so we all know that our brains produce it, right? It's produced in, you know, in the pineal gland. So we know that in response to light darkness, melatonin is produced.

Right. And so in the evening, it helps sort of create an environment for us to sleep. It's not a sleep aid. I think a lot of times parents are using it as a sleep aid.

And it's really not a sleep aid. It's and don't our body produces sufficient melatonin that helps us to fall asleep and so many times when people are using it, I think the question is why.

And so a lot of times it's because, yes, my child does not sleep easily or my child is waking up frequently. And so then we have to step back and say, but why is that happening?

Because if you have a child who is in front of a TV screen or on the iPad all the way to bedtime, that melatonin, remember at response to the nighttime.

So once the light is out, the melatonin really starts to calm, like in the evening it starts to emerge. And so your balance in that response with the blue light that the child is being bathed in.

And one thing I would also say is children are actually more susceptible to that blue light because they have a much more transparent cornea. So they're getting that and then they'll have a harder time sleeping.

And so we we might give the melatonin. We're not likely going to see much of a benefit. And also, I mean, while it's been shown in some studies that there may be some side effects, I mean, even though the side effects were reports in are not like, you know, what's an onslaught of life threatening, it still does have some side effects which we want to be aware of.

So really balancing that to see why am I using it, either behavioral strategies I should be using instead that can help this child sleep better before I reach for melatonin.

So that's one thing. The other piece is the the safety profile, like I was just highlighting. And so there's studies and also the fact that it is marketed as a supplement, right.

So it's not been FDA approved. It doesn't go through rigorous pharmaceutical checks like prescription medications would. So studies, in fact, quite a number of studies, including a few published in the in in JAMA, actually have shown that there's such a wide variation in the contents of melatonin that's been said to be on the on the label.

And so you can get anything from as high as almost 400% of what has been reported to be on the bottle. And also all this, although this recent study actually saw that there were many of the preparations in including gummies that also included CBD.

We don't want to be giving our children CBD. I mean, they fuze, you know, very, very rare genetic syndromes where CBD is, you know, could be used but not for sleep issues in children.

So again, that really is an eye opener to say, well, what are we really doing? Are we sure that this is something that's there's also been over just the last ten years, just such a high percentage of children on some of them that I landed in the ICU from melatonin ingestion or melatonin poisoning.

So again, safety is a big, big deal. And that being said, now that I've said all that, there are a few situations where melatonin could be helpful. So when we have children that have, for instance, neurodevelopmental conditions.

So if you have a child with autism or a child with ADHD, angel Man Syndrome, a few other syndromes. We're not really sure of the exact mechanisms, but it seems like their melatonin production may be a bit defective, whether it's in it's the fact that it's released later or it is released in smaller amounts.

And in those children then using melatonin again with a behavioral strategies and with guidance of of of a doctor is really important in implementing it.

So before we decide to move along with melatonin, knowing that it's readily available, you don't need a prescription, I think is to step back and say, why?

Why does this child need it? And are there other ways I can safely get this child to sleep without using using melatonin? Fantastic answer. So complete.

And at the end, I want to kind of highlight the things that you said. The question of melatonin seems to come up because it it's kind of seductive, right, that a pill could take care of the problem.

And I think that a lot of people also underestimate the effect of skills for sleep instead of pills, what sort of techniques you use to recruit parents to the idea that these behavioral interventions work?

You know, that's a great question. I think most to start off, most parents really start to look to supplements or medications when they are desperate.

So that's the first step. It's really helping them understand that. Yes, you've been struggling with this for many months, sometimes a year.

Melatonin Safety and When It Helps

How about if I tell you that we can work on this in over about a period of about 4 to 6 weeks or even shorter, depending on how motivated we are to get your child sleeping better.

And so, again, it's about perspective. Today. They show up, they're tired, they need something to take all the issues away, but then to see step back, we can implement strategies that are that are really going to help your child sleep better.

It's going to take some work, but it can only get better from where you are. You we're feeding, you know, giving milk five times overnight. You were getting out of bed so many times anyway.

So how about we do this and equip you with the right tools? So I think once once parents can see those and then also many parents, even though they say, yes, just give me something down in the heart.

In their heart, they don't want their kids on Medicaid on long term. And that's the other piece I tell them, like, if you do decide I'm willing to support the decisions you make, of course I have to make sure you're safe.

But if you do decide you want to, you know, take this or take that medicine, what's the long term plan? Is this going to be something that your child will be taking even?

I don't know. As they go to college is what's the long term plan. So again, gets into their side and saying, where are we going with this? And how can I make sure that we're doing this in a way that is that is safe for you, that is

sustainable, and that's going to really implement that's going to give your child the skills that they need long term to develop this this sleep, confidence.

And most families are like, yes, let's go for it. I think woven throughout your answer is this desire to establish a relationship built on trust, which is so, so important.

So when you're working with families, I hear you saying that you're really asking them what are their preferences, what is their situation, and how can you work together to create a positive result?

I want to shift gears a little bit and move into that realm of teenagers. So teens are kind of separating from parents a little bit. They're starting to establish their independence, but developmentally they still need some guidance.

They're kind of a different beast, if you will, but there are some some specific issues that are related to teens. And I want to ask you, how is it the perfect storm when you are coming up to be a teenager and having problems with sleep?

Yeah, you know, teens are just one of my favorite group of people. They mean, just listen, I'm in it right now. But I think it's just a it's really understanding where they're coming from.

A lot of times I've teens are so exhausted, they're sleep deprived and they're undergoing so many hormonal changes. So it comes out in their attitude and their perspectives on it.

And then people just like just want to stay away. But I think really helping your child, helping parents understand that your child, your teenager is not just inherently lazy, they're probably just exhausted.

And what happens is that with adolescents, right, as soon as this children getting into puberty, there is a shift in their circadian rhythm. There's just a circadian delay such that melatonin production is a little bit later.

So your school age child, that would go to bed at, I don't know, maybe 8 p.m. and life was good. All of a sudden you're trying to get that 14 year old to go to bed and it's already 10 p.m.

or 1030. And so it is a physiologic shift. So it is actually physiology. It's not them just being defiant. So that's the front end of it. Right. And what would happen is that if you have a child that's going to bed at a time that's not necessarily aligned with their circadian clock, see your your twin goes to bed at 8 p.m.

or 9 p.m.. What are they going to be doing? They're going to be tossing and turning in bed. They're going to be frustrated because they're trying hard to sleep and then insomnia can ensue.

Or the other alternative is because their minds are racing. They can't you know, they can't seem to settle down. They pick up their phones and they're on you know, they're exposed to the blue light on social media.

They're texting. And so that further even delays their sleep onset further. So behavioral issues, the physiology is there and then the possibility of them having what we call psycho physiologic insomnia.

And then on the back end of it is that early school start times are a big issue. So a lot of our teens are being told to wake up really early to catch the bus at 7 a.m. in some situations, even earlier.

And this issue is that because of their the way their circadian rhythms are delayed, they're supposed to go to bed a little bit later and they're supposed to wake up later.

And if they're able to do that, they actually don't have any sleep issues. But we cut it short and they're told to wake up and their circadian nightmare is what I call it.

So think about it. It's just telling our teenagers to wake up at 6 a.m. or 5:30 a.m.. It's just like telling us to wake up at 3 a.m. That's when we're really, really in that really deep, deep level of sleep.

So it's really, really depriving them on both ends. And so they're short on sleep for these reasons and you know, on top of all that, as if it's not hard enough, there's the pressure, there's the social pressure, there's the homework and after school activities and you know, and then on the weekends, what are they trying to do?

They're trying to take naps. They're trying to sleep in. They're trying to, you know, make up for that lost sleep. But then that even delays their rhythms even further for them to start on Monday and we're back to square one.

So there's a whole lot going on. And I just say, you know, approach this from a place of empathy, compassion as well. Of course, you know the boundaries that we need to set.

But this is the thing that happens with their sleep and it impacts their entire day. It impacts their learning, it impacts their mood, it impacts their decision making rate, are significantly.

The other piece I should have added also is now they're so tired and so sleep deprived and they need to push through the day. And then they rely on caffeine and energy drinks and things like that.

So again, they are in the perfect eye of the storm for sleep issues. And it creates friction with the family, right. The parents, the siblings. You know, there's a lot of things going on.

I always was surprised to see how emotionally attached teens could be to their phones, but it makes sense because there's a lot of emotional connection to peers and it can act negatively at night when they're checking text messaging or social media and then having an emotional response and agitated response that also interferes with their sleep on top of what the blue light is doing.

So I want to kind of channel a mom. My kids are quite teens yet, but I think yours are. Is that right? Yes, they are. Okay. Okay. So I'm going to channel I'm going to channel the mom and say, how do I have the discussion with my teen about their screen time at night so that they can sleep better without the phone?

Teen Sleep, Screens, and Circadian Delay

That's an excellent question, and I think it starts with having a conversation with them. I have had teens come to me and they had no idea and it was just a wrestling match every night because they didn't understand.

All they were told was the phone is bad for you. Get off the phone and get into bed. Meanwhile, especially if you have a teen who is maybe anxious, so nervous, you know, with the pandemic, a lot of our kids have a lot of mental health issues.

So now they're using the phone as an escape right from all the pressure. And so taking that away from them is really disempowering. And so that makes them push back.

And then the attitude and all that comes in. But it comes from a place of staying with them and having that conversation to help them understand what's going on with their bodies.

Because all they keep saying, but I'm not sleepy, right? Or they're sneaking the phone in. But if you can sit and have a conversation with them and this may be where your child's physician may also come into play to have that conversation as well.

Right. To say this is what's happening with your body, your inability to sleep is not all your fault. Right. These are the things that are going on. But this is the amount of sleep you need.

And this is how, if you notice and also in these situations, I usually will use motivational interviewing, like how do you feel you how do you feel in the morning?

What does your day feel like? What do you feel like on the weekends when you are able to sleep a little bit more? And so shedding some light into how their sleep impacts their performance and their function and really meeting

them where they are.

So for instance, you might have a child who wants to get all A's. I'm helping them understand how sleep is impacting their grades. You might have a child who enjoys basketball and likes to have those free throws and score as many points, and then you kind of connect that with precision and accuracy.

Or you have a child who wants that driver's license, but he's so drowsy during the day and so finding what motivates them really then takes them along before we then start to say, okay, how is the phone impacting your sleep?

How is screentime affecting your ability to sleep and helping them understand? Like apart from just the blue light, like you said, the increased cognitive arousal, the excitement they're getting from the content that consuming that night is affecting their sleep.

And this is where the magic happens. It's really finding that compromise to say, okay, I know you want to engage with your friends, you're done with your homework, you're done with after school, but you really want that space.

How about we do this up until X and you set a time again? It's really inviting them to the table to have that conversation. And I think when we do that, we're more likely to be successful in getting them to engage in really prioritizing their own sleep health.

Again, you're involving the the patient with their care and that's a really empowering thing to do, especially for this group, which is kind of laying down the foundation of their self esteem, their inner self talk, and really kind of looking for external cues that they're doing okay.

And you're right, sometimes they can't hear it from mom and dad. So finding an experienced and knowledgeable physician like yourself is absolutely key.

Now, I know you've listed some things. I just want to make sure we have a complete list with the consequences of poor sleep in children. Academic problems, mood issues, physical performance, concentration and memory, potentially some brain development, especially for the younger group, but the older group, too.

What if I missed? You know, I would say close at least 80% of the growth hormone that's secreted is secreted at night during sleep. So growth issues is such a big one for children.

And also especially, again, when we talk about teens who maybe they're involved in sports and athletics, the ability to have muscle repair is also occurring during sleep.

So that's another one and then immune function as well. So the ability to even fight the common cold or respond to vaccines appropriately is related to having good quality sleep.

And we've seen this in studies where they have exposed people to certain viruses like the influenza virus and compared those who had sufficient sleep with those who were sleep deprived and those who were sleep deprived had a higher chance.

And so higher susceptibility to those infections. So those are big ones. The other ones are metabolic. So some of our are children to increased risk of obesity is becoming just a major issue even in our, you know, young teens and young adults.

And then with that increased risk of hypertension as well as diabetes. So those are also things that we're seeing a lot of even in our even in our in our children.

And it's surprising, right, because normally a condition like diabetes is considered to be an adult condition. But all of these things overlap and interact.

And I think that really helps us understand the importance of healthy sleep. Now, people complain about sleep studies. People complain about the CPAP.

I like to let adults, no kids go through sleep studies and kids use the CPAP sometimes too. Can you talk about when a sleep study is indicated for a child?

Well, they're different reasons why we would get a sleep study for a child. You know, I would say respiratory indications would be looking for sleep apnea or what we call sleep disordered breathing.

So if your child has snoring and if your child has pauses and breathe in, it is not cute. It might be a sign of sleep apnea. So you should get a sleep study to do that, to check that if you have a child who has significantly restlessly at times having a condition like restless leg syndrome or periodically movement disorder is something that we would see from a sleep study.

And sometimes in some children who maybe have what we call nocturnal seizures, where something is going on at night and you're not really sure sometimes we'll get a sleep study as well to study that in more detail.

And then also in children that we're concerned about, narcolepsy, that's also a group where, you know, you have this uncontrollable urge to sleep. And then you may also have sudden loss of tone with with emotion and things like that.

And so really, you would bring the child into the sleep lab. For most children currently we're still doing in any lab sleep studies, unlike adults where we do the home sleep test.

So they will be brought into the sleep lab to get tested. And in a few, a few sort of older children where there's really not much by way of comorbidity, you might be able to get away from home for with a home sleep test.

But this is still something that we're studying in extensively to see what group of children would we feel safe and feel confident that we'll be able to diagnose this sleep disorder with some success?

Yeah.

Consequences of Poor Sleep in Children

And a lot of times the sleep study is simply needed to get a deeper look at what might be going on beyond what can be observed at home, because presumably the parents are sleeping for the majority of the night to with sleep apnea in children.

There are a few different treatment modalities, some similar to adults, some different can you touch on those? And what people who have a kid with sleep apnea may be offered for treatment?

So the most common reason why children have sleep apnea compared to adults is enlarged tonsils and adenoids. And these are tissues that are behind your throat and behind your nose and so are usually the first line treatment for that is removal, a procedure we called adeno tonsillectomy.

And so really, if that diagnosis has been made, we'll have the child referred to our air nose and through colleagues so they could take a look and then, you know, schedule them for surgery in situations where a, you know, the tonsils and the adenoids are not enlarged or the adenoids and tonsils were enlarged.

They were taken out by the child, still has residual sleep apnea or in a situation where there for some reason or the other surgery is not indicated or based on parental preference, we then start to talk about other modalities, but that's also dependent on, you know, the severity.

You know, the effect it's having on the child, on the family. And so what are some of this other modalities, continuous positive airway pressure, CPAP?

Right. That's one of them. This tends to, you know, involve the you know, the mask interface with the tubing on the compressor that's really just continue to the back of the child's through.

It does take some a period of desensitization, meaning that we're getting the chance to get used to it, you know, similar to adults, we don't expect that your child will put the CPAP on and sleep through the night the first time.

So they really we really work very closely with them to get them to tolerate it. And then we also then talk about a few medication options and I mean, especially if you have more of the milder type.

So sometimes we'll do nasal sprays, especially because some of the adenoids may be swollen. So that might shrink it or other medicine. It's a pill. It's called Montelukast or Singulair.

Again, it also shrinks those tissues a little bit. Usually if you're in the milder category.

When Sleep Studies Are Needed

So that's another one. Another treatment option that we recommend is weight loss, especially we're in an obesity pandemic even with our young children.

So we're recommending weight loss. But that being said, we are offering some kind of treatment as a bridge until they achieve that goal. Weight loss. Now be hypo gloss or nerve stimulator is becoming more and more used frequently in children, especially in children with trisomy 21 or Down's syndrome.

So that's another treatment option where you have this implantable sort of, you know, almost like a pacemaker or that just helps with causing contraction of that upper of those upper airway muscles.

And it's been shown to be effective in our children that are intolerant of of CPAP and things like that. So those are a few of the options. And then I would say there's a few studies that have been done.

One was a really milestone study that was done back in, I believe it was 2013. Now it was called the, the, the, the chat study. So it's really about what we call watchful waiting.

So especially if you have a child who is otherwise doing well, has some mild sleep apnea, you can actually observe them clinically and follow them and some of these children can actually just improve over time.

So quite a number of options for treatment are available for treating sleep apnea in our children totally. And I think that's reassuring for parents because when you have a bunch of choices in front of you, it helps you to kind of understand what is a good fit for me.

And I just want to piggyback on what you said with the idea of palate expansion and really making sure the upper face is growing appropriately and that the gentle arch is maintained for good tongue posture.

That's kind of a fun thing in kids because there can be such a dramatic response and that will carry through to adulthood. So all of these things are really foundational when you're looking at pediatric obstructive sleep apnea and how to proceed with that.

Treating Pediatric Sleep Apnea

As we wrap up here, I want to I want to hear more about your coaching and how that affects sleep, because I think it's such an intimate experience to have a professional like yourself, look at a person's sleep problems, tailor a program and really help somebody to understand and what steps they might take and what mindset they might adopt to get through their sleep problem in an organic way.

Yeah. Thank you. And it's I think this really came from a place of just the conversations I was having with my patients because, you know, there's the 30 minute long visits where sort of hand them a handout and then

hopefully you get to see them back in three months.

Right. But I realized that model was just really not fulfilling for the families and also not for me as a clinician who really went into this profession because of people.

And so really taking that coach sleep coach approach for the family has been helpful because we are walking through everything to see where the issues are.

So beyond just a diagnosis, of course, if there's a clinical diagnosis that impacts in sleep, then we're addressing that. But then if their mindset issues, if they're in the parent issues with setting boundaries, maybe need for some parenting strategies around bedtime where implementing that as well.

And then I'm following them in my program, I usually will tell them, well, you know, your child sleep issues, your sleep issues as a mom did not start overnight.

So usually we'll see over this a course of time. We're going to meet every 1 to 2 weeks. We're going to set goals. And the end of the day, the goal is for you to have your sleep confidence back.

So doing this in a very holistic approach that really resonates and aligns with the family's values then leaves everyone where they should be. And I've seen this really effective and it's really been fulfilling, especially seeing the change where families come in and there's so much chaos and they're really empowering them with the tools they need, with their sleep in bed, their kids are sleeping better, and of course the parents are sleeping better.

And so that's really just majority of the work that I do in this in this regard. You know, I have to say, I coach for the same reason. It's so gratifying.

It makes you feel like you're touching a family or a person just way more effectively than you ever could behind the doors of a clinic.

Sleep Coaching and Where to Find Dr. Afolabi-Brown

And so I'm cheering you on. I know that everybody that you meet with is really benefiting from your expertize and your your awesome care. Dr. Funke Brown, where can people find you?

Thank you so much having me. Dr. Wells, this has been really, really such a fun conversation. So I on my website, you could find me on my website at www.restfulsleepmd.com And there you can learn a lot more about the work I do.

You could schedule a free consultation call, you know, with your family and also if you work as part of an organization. One of the things that I also do is really work with organizations and leaders in bringing sleep as a priority when it comes to the wellness culture too.

So that's another way you can connect with me and also my clinical practice, which is focused care for children and young adults with sleep issues. So you could schedule an appointment through the scheduling link on my website.

So those are ways to work with me and find. That sounds awesome. It was so nice to talk to you today. Pleasure. And I hope you have a fantastic day.