

Evidence-based Practices in Sleep, Toilet Training, and Screen Use in the First Two Years

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ABSTRACT

The first two years of life are considered a critical period for the physical and cognitive development of children. During this period, it is crucial for parents and caregivers to manage these processes using accurate information and effective methods. Sleep regulation is a fundamental element for healthy growth and development; therefore, it is essential to instill healthy sleep habits from an early age. Toilet training represents an important developmental milestone in a child's journey toward independence, and the application of appropriate timing and effective techniques can significantly enhance the success of this process. Moreover, screen time should be appropriately limited according to the child's age to avoid negative impacts on physical, social, and cognitive development. This review aims to provide evidence-based practice recommendations for parents and healthcare professionals based on scientific research in these three key areas.

Keywords: First two years, sleep, screen time, toilet training

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INTRODUCTION

The first two years of life are a pivotal period for a child's physical, cognitive, emotional, and social development. During this time, the foundation for lifelong health and well-being is established, and the caregiving environment plays a critical role in shaping developmental outcomes. Parenting practices related to sleep regulation, toilet training, and screen use are particularly influential in the early years. These aspects of daily life are not only vital for ensuring a child's immediate well-being but also for fostering healthy habits that contribute to long-term developmental success.

Sleep, an essential biological process, supports neurological growth, emotional regulation, and physical health. Research emphasizes that disruptions in sleep patterns during early childhood can have lasting effects on cognitive, social, and emotional development.^[1] Similarly, toilet training is a milestone in a child's journey toward independence, with its timing and methodology significantly influencing the process's success and emotional impact.^[2] Meanwhile, the advent of digital technology has introduced new challenges in parenting, particularly in

managing screen exposure. Excessive or inappropriate screen use in young children has been linked to developmental delays, sleep disturbances, and impaired parent-child interactions.^[3]

Despite the importance of these domains, many parents and caregivers face challenges in implementing evidence-based practices. They may encounter conflicting information, cultural expectations, or practical barriers that hinder effective caregiving. This review aims to provide comprehensive, evidence-based recommendations to support parents and healthcare professionals in promoting healthy sleep, effective toilet training, and minimal screen use during the first two years of life. By addressing these critical areas, this study seeks to contribute to the development of healthy practices that optimize child development and parental well-being.

SLEEP

Sleep is a dynamic neurophysiological process. It is analyzed in two phases, Rapid Eye Movement (REM) and Non-REM (N-REM), based on electroencephalogram (EEG) activity, eye movements, and muscle tone. The N-REM phase is a period in



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which energy and nutritional imbalances are regulated after wakefulness, and it is a phase that develops during the first six months. In contrast, REM sleep is crucial for neurological and emotional development, memory formation, and learning.^[4] In full-term infants, the cyclical repetition of N-REM and REM phases lasts approximately 50 minutes, gradually increasing to 90–110 minutes during school-age years.^[5] At birth, infants lack a stable circadian rhythm; as a result, they experience frequent short periods of sleep throughout the day and night, often influenced by feeding needs.^[6] By approximately 10–12 weeks, the circadian rhythm begins to develop.^[7]

Total sleep duration changes continuously with age. Newborns sleep for 16–17 hours, which decreases to 14–15 hours at 16 weeks, 13–14 hours at six months, and further reduces to 12–13 hours during early childhood (1–3 years).^[8] While the need for daytime naps decreases, the duration of nighttime sleep increases during the first year, leading to a shift toward more consolidated nighttime sleep.^[9] Continuous sleep throughout the night becomes possible with the maturation of the circadian system between 3–6 months.^[5] Sleep exhibits significant inter-individual variability, particularly during the first two years of life. The infant period is a critical time for establishing sleep patterns. Sleep problems, which are known to significantly impact children's growth and development, can persist for years if untreated, leading to issues in psychological, cognitive, and social skills.^[10]

Developing Healthy Sleep Habits in the First Two Years

Sleep hygiene is defined as the principles and practices that enhance sleep quality. Daily practices, habits, and environmental adjustments that improve sleep quality at night are part of sleep hygiene.^[11] Environmental factors that are effective for falling asleep and maintaining sleep include noise, room temperature, the presence of stimuli, and lighting.^[12] The bedroom should be dark (dimly lit) and quiet, with a comfortable room temperature (below 24°C). Additionally, the room should be well-ventilated, and light, sound, and fresh air should enter to maintain the day-night cycle.^[13]

The American Academy of Pediatrics (AAP) and the World Health Organization (WHO) recommend that children under two years of age should not be exposed to screens. A study conducted on children under two years old, particularly those aged six months and younger, showed that those with higher screen exposure had a greater reduction in sleep duration.^[14]

To establish healthy sleep habits, age-appropriate sleep durations must be followed. The WHO recommends 14–17 hours of sleep (including naps) for infants under one year (0–3 months), 12–16 hours for those aged 4–11 months, and 11–14 hours for

1–2-year-olds, with regular sleep and wake times, including naps.^[15] Methods such as rocking and sucking should not be used for sleep onset. After six months, transitional objects like blankets or toys can be used as sleep companions.^[5]

Melatonin in breast milk is secreted in a circadian rhythm and helps infants establish their own circadian rhythm. Babies who share a bed with their mothers tend to breast-feed more frequently, benefiting from the melatonin in the mother's milk and achieving quicker transitions into sleep. Exclusive breastfeeding and co-sleeping during the first six months are beneficial for establishing circadian rhythms and extending nighttime sleep.^[16] A study investigating the relationship between breastfeeding (exclusive breast milk feeding) and infant sleep patterns found that breastfed infants in the first three months were more likely to experience longer and better sleep patterns during the first two years of life.^[17]

By around six months, parents should start establishing a regular bedtime routine (lasting 30–45 minutes), which includes calming activities such as a warm bath, reading a book, and singing a lullaby before sleep. In addition to these regular pre-sleep events, consistent sleep and wake times help synchronize sleep patterns. Naps should be scheduled earlier in the day to prevent children from becoming overly drowsy at bedtime. Stimulating activities and foods should be avoided close to bedtime.^[18] Parents should be attuned to the child's sleep-wake signals and adapt their parenting accordingly, being sensitive to the child's cues rather than adhering strictly to clock times.^[19]

Sleep training is contraindicated during the first six months, and it is not recommended during the first year. In babies older than six months, a physiological care program that results in reinforced sleep, does not negatively affect breastfeeding, and incorporates baby-centered cues can be used.^[16]

Safety in the First Two Years

The first two years are a critical period for infants to develop healthy sleep patterns and sleep in a safe environment. Ensuring sleep safety during this time can reduce risks such as Sudden Infant Death Syndrome (SIDS) and support healthy development. Infants should always be placed on their backs to sleep on a firm and flat mattress. According to the American Academy of Pediatrics (AAP), the supine sleeping position is the safest. Side or prone sleeping positions, especially during the first year, are considered risky in terms of SIDS. Pillows, blankets, and plush toys should not be present in the crib.^[19]

A study conducted in Türkiye found that 47.0% of parents were unaware of sleep safety, and 63.1% lacked knowledge

Table 1. Bed-sharing situations that increase the risk of SIDS^[19]

1. Bed sharing with someone impaired by fatigue, sedating medications, alcohol, or illicit drugs.
2. Bed sharing is risky if a current smoker is involved or if the parent smoked during pregnancy.
3. Bed sharing on soft surfaces like a waterbed, old mattress, sofa, couch, or armchair.
4. Bed sharing is risky for term, normal-weight infants under 4 months, even if breastfed and non-smokers are present.
5. Bed sharing with anyone other than the infant's parent.
6. Preterm or low birth weight infant, even if neither parent smokes
7. Bed sharing with soft bedding accessories, such as pillows or blankets.

SIDS: Sudden Infant Death Syndrome

about SIDS. It was also observed that 63.1% of parents placed their babies in a side-lying position, 48.0% shared a bed with their infants, and 72.7% used pillows during sleep.^[20]

The room temperature should be maintained between 20–22°C, and overdressing the infant should be avoided.^[21] It is recommended that infants sleep in the parents' room but on a separate sleep surface, such as a crib or bassinet, for the first six months.^[22] This arrangement reduces the risk of SIDS and allows parents quick access to the baby. While bed-sharing is common in some cultures, it is advised to approach this practice cautiously.^[23] The American Academy of Pediatrics (AAP) does not recommend bed-sharing under any circumstances. Parents, pediatricians, and other health-care professionals need to be aware of the factors that increase the risk during parent-infant bed-sharing^[19] (Table 1).

Healthcare professionals should provide recommendations to families to ensure sleep safety during the first two years of life (Fig. 1).

Evidence-Based Sleep Training Methods

Behavioral interventions for sleep problems in children are typically recommended after six months of age.^[5] Various sleep training methods exist to help children learn to sleep independently without their parents. These methods are suggested and debated by various experts in the field. Some methods are widely accepted, while others are criticized, or alternative views are proposed. Experts such as Ferber, Kim-West, Sears, Mindell, and Hogg-Blau have provided sleep training recommendations and popularized these methods worldwide through their books.^[23]

The Ferber Sleep Method (“controlled crying”) is named after Dr. Richard Ferber, a pediatrician. In this method, the baby is placed in the crib while awake and left to fall asleep independently. If the baby cries and cannot settle, parents gradually increase the time between checks while keeping their interventions short and focused. Over time, visits to the crib are delayed, and the baby learns to self-soothe.^[24]

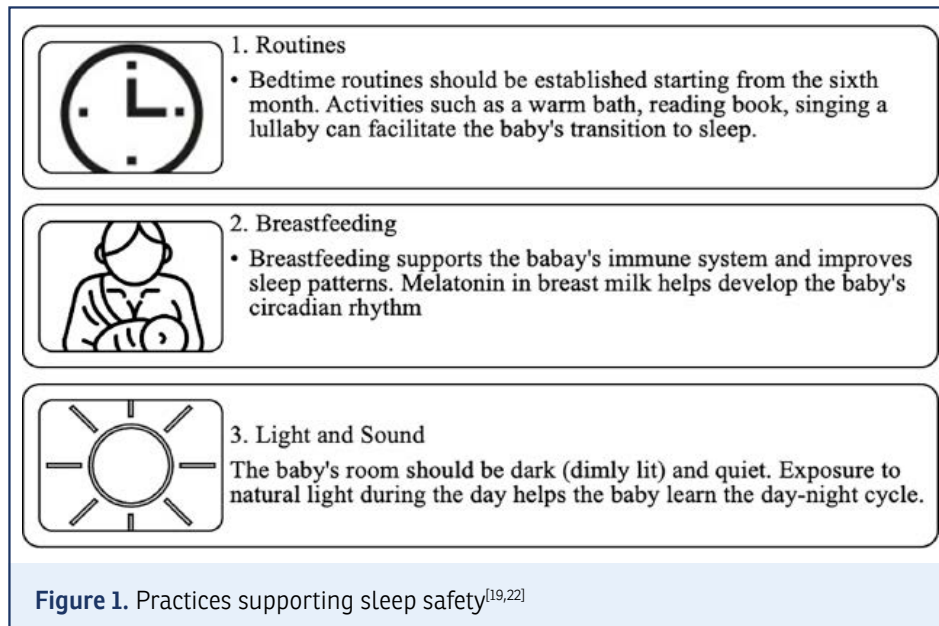


Table 2. Signs that a child is ready for toilet training^[32]

- The ability to take off and put on clothes
- The ability to understand and follow simple instructions
- Imitating parental behavior
- Showing interest in using the toilet
- Indicating the need to urinate or defecate through facial expressions, postures, or words
- Feeling uncomfortable with dirty diapers and requesting a change
- Being able to express the need to urinate or defecate

The sensitive crying method involves parents sitting by their baby's crib, soothing them to sleep with gentle touch, and gradually reducing the amount of physical interaction. Over time, parents slowly move further away from the crib, eventually leaving the room while offering verbal cues and extending the time between responses.^[25] A study comparing sensitive crying and controlled crying methods in infants aged 4–12 months found no difference in sleep duration between the groups, suggesting both methods are equally effective in improving sleep patterns, with fewer night awakenings in the sensitive group.^[26]

The “Cry it Out/Extinction” method encourages parents to allow their babies to cry at night in order to learn to sleep independently. Despite debates about the potential psychological impact and risks to secure attachment, it remains a recommended method for helping infants sleep without assistance.^[24] A study conducted in the UK found that leaving babies to cry during the first six months had no negative effects on mother–infant attachment or behavioral development by 18 months.^[27] In a Canadian study, babies using the cry-it-out method showed fewer negative temperaments, fewer night awakenings, and better sleep at 12 months compared to those who did not use the method.^[28]

The “Camping Out” or “The Chair Method,” recommended by Kim West, is considered the most interactive sleep training method. In this approach, parents sit in a chair beside their baby's crib, gradually reducing their presence over time until the baby can sleep independently. This method emphasizes parental presence while promoting independent sleep.^[29]

Hogg and Blau advocate for the “Pick Up–Put Down Method,” where babies are picked up when they cry, soothed, and then placed back in the crib. This method requires patience and discourages talking or rocking.^[24] Ohmura et al.^[30] suggested a behavioral intervention involving “5 minutes of carrying, 5–8 minutes of sitting with the baby in the crib, followed by placing the baby back in the crib and rocking,” which resulted in reduced crying and shorter sleep onset times.

TOILET TRAINING

Toilet training is one of the essential milestones in child development, influenced by numerous psychological, physiological, social, and cultural factors. A review has shown that many parents have unrealistic expectations regarding their children's transition from diapers without considering their developmental stage.^[31] To begin toilet training, the child must show readiness signs, such as the ability to walk, dress and undress, understand and follow simple instructions, imitate toilet behaviors, and express the desire to use the toilet^[32] (Table 2).

Several factors influence toilet training, including gender, age of initiation, cultural reasons, previous training attempts, and physical or mental disabilities.^[33] A study investigating these factors observed delayed toilet training completion in premature children and children of working mothers.^[34] Current guidelines from the Canadian and American Pediatric Academies suggest a child-centered approach, acknowledging that children are not physically ready for toilet training until around 18 months. During the training process, children should be supported.^[35]

Toilet Training Methods in the First Two Years

Brazelton's Child-Centered Toilet Training Method suggests that training should begin when the child is both ready and interested. Typically, this training starts after the 18th month, using positive terms and rewarding the child's success. This method is also recommended by the American Academy of Pediatrics and the Canadian Pediatric Society.^[36] In this approach, equipment such as a potty and rewards like snacks are used. The child first sits on the potty clothed for 1–2 weeks, followed by sitting without a diaper. No pressure is applied during this phase. When the child soils their diaper, the parents empty it into the potty in the child's sight. Once the child begins to gain confidence, they are allowed to move around without a diaper, and the potty is kept nearby. The child is encouraged to use the potty independently.^[37] A recent study in Iran, involving 18–24-month-old children who showed signs of readiness (child-centered), found that a video modeling-based approach effectively shortened the duration of toilet training.^[38]

Table 3. Key recommendations for toilet training^[32]

Clinical recommendation	Evidence rating	Comments
Toilet training in children is more successful when initiated at a developmentally appropriate time.	A	High-quality evidence supports this recommendation; randomized controlled trials and systematic reviews confirm the effectiveness of readiness-based toilet training.
The Brazelton child-oriented approach and the Azrin and Foxx intensive training method are successful methods for toilet training developmentally normal children	B	No studies have compared the effectiveness of the two methods. Toilet training in children is more successful when initiated at a developmentally appropriate time.
Parental Guidance and Counseling: Parents should be provided guidance and counseling during the 18–24 month period, before the child shows developmental readiness signs.	C	Expert opinion and consensus guidelines.
Child-Centered Approach: The American Academy of Pediatrics and the Canadian Pediatric Society support a child-centered approach to toilet training.	C	Expert opinion and consensus guidelines.
Special Needs Children: For children with developmental or physical issues (e.g., Down syndrome, autism, cerebral palsy), collaboration with an occupational therapist or specialist physician is recommended for toilet training.	C	Expert opinion and consensus guidelines.

A: Consistent, good-quality patient-oriented evidence; B: Inconsistent or limited-quality patient-oriented evidence; C: Consensus, disease-oriented evidence, usual practice, expert opinion, or case series.

Azrin and Foxx's "One-Day Toilet Training" method, a family-centered approach, increases the child's daily fluid intake, ensures regular toilet visits, praises the child when they succeed, and reprimands them verbally or denies positive reinforcement in case of accidents. At around 20 months, the child begins the training.^[39] A cross-sectional study conducted in three different socio-cultural regions of Türkiye on children under five found that families using punishment methods completed toilet training earlier, while families using rewards had children who completed toilet training later.^[40]

Assisted infant toilet training starts when the baby is 2–3 weeks old, typically around 4–6 months of age. In this approach, when the baby appears to need to urinate, they are placed in the caregiver's arms, and a sound is made to help the baby associate it with urination. The baby is typically rewarded with food or affection after urinating with a particular sound.^[41]

Elimination communication begins at birth. Parents must learn to recognize the baby's body language, bowel and bladder sounds, and rhythms to predict when the baby needs to urinate. The baby is then placed on a toilet or miniature potty, and the parent makes a sound similar to running water. This strategy has several benefits, including reduced diaper usage, less environmental pollution from disposable diapers, improved bonding between parents and children, and increased comfort for the baby.^[41] A systematic review has concluded that observable visual, auditory, and tactile cues are beneficial in simplifying and shortening the toilet training process.^[42]

The daytime wetting alarm system is a device attached to the diaper, which sounds when it becomes wet. Although this method is widely accepted for treating bedwetting, it is rarely used in toilet training. This approach begins in children aged 18–36 months. When the device sounds, parents should immediately place the child on the toilet or potty. With proper explanation of the alarm, good parental involvement, and positive reinforcement, successful toilet training can be achieved within days in daycare settings.^[41]

Although different approaches to toilet training exist, guidance and parental counseling on toilet training should fundamentally be provided, as explained in Table 3.

Screen Use in the First Two Years of Life

Screen time refers to the duration spent on any screen, including television, computers, and gaming or mobile devices (smartphones, tablets). The World Health Organization and the Canadian Pediatric Society do not recommend screen exposure for children under two years of age, while the American Academy of Pediatrics (AAP) advises against screen exposure for children under 18 months. The AAP strongly advises against screen time (except for video chatting) for children under 18 months; for children aged 18–24 months, it recommends that parents select high-quality programs and co-view with their children.^[22,43,44]

Screen use in children has been associated with various issues, including musculoskeletal problems, eating disorders and obe-

sity, vision-related issues, headaches, sleep disorders, anxiety disorders (anxiety-depression), tendencies toward self-harm, hyperactivity, attention deficits, and developmental delays.^[45] A meta-analysis revealed that increased screen use correlates with lower language skills, while a later onset of screen exposure is linked to stronger language abilities in children.^[46] A study examining the relationship between screen time and child development found that higher screen time levels at 24 and 36 months were significantly associated with lower performance on developmental screening tests at 36 and 60 months.^[47]

Children can also be exposed to screens in the background, which is referred to as "background screen exposure." This type of exposure involves the child being in an environment where a screen is on, even if they are not actively watching it.^[44] Content viewed in the background is often incomprehensible for young children, and it can disrupt their focus on exploration and play. This exposure can negatively affect language development, cognitive development, and executive function skills. When screens are on, both the quantity and quality of parent-child interaction decrease.^[48]

In addition to the convenience that devices such as computers, tablets, mobile phones, and smartphones bring to daily life, they also introduce certain problems. One of these issues is "technoferece" or "sociotetism." "Technoferece," derived from the words "technological" and "interference," refers to situations where electronic devices interrupt or weaken communication between individuals.^[49] In an interview with mothers of children under three years of age (average age =11.74 months), it was reported that technological devices disrupted their interactions with children in various parenting areas such as play, reading, mealtime, and sleep time.^[50] A study conducted with 25 breastfeeding mothers found that when digital media was used during breastfeeding, mothers spoke less to their children, which negatively impacted the feeding interaction.^[51]

CONCLUSION

The first two years of life are a critical period for a child's healthy development, and parenting practices such as sleep regulation, toilet training, and screen use play a vital role during this time. These three areas not only support a child's physical, cognitive, and emotional development but also lay the foundation for long-term healthy habits. However, managing these practices correctly and based on evidence requires parents to overcome various challenges.

Raising awareness among parents and caregivers and promoting evidence-based practices in these critical areas are essential to ensure a healthy developmental process for children

and to help parents provide more informed guidance during this period. Healthcare professionals play an important role in providing knowledge and support in these areas, thereby enhancing the well-being of both children and families.

Providing information and guidance on sleep regulation, toilet training, and screen use is not merely a convenience for parents but also an investment in securing the long-term development and well-being of children. Therefore, disseminating comprehensive and evidence-based recommendations for parents, caregivers, and healthcare professionals is crucial for fostering the development of healthy future generations.

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