



Sleepwalking

Sleepwalking (somnambulism) is when a child partly wakes from their sleep and walks around, yet they are still asleep. Almost one third of children will sleepwalk at some stage. Sleepwalking commonly occurs between the ages of four and eight years, and children usually outgrow it.

Sleepwalking occurs in healthy children, and it is not usually related to significant emotional or psychological problems. It most commonly occurs in the late evening (the first stages of sleep).

If your child sleepwalks, make sure that your home is safe and secure and that your child has a regular sleep routine.

Signs and symptoms of sleep walking

If your child sleepwalks, they get up out of bed and walk around their room or the house. Younger children tend to walk towards a parent or light source. A very young child may wander around their cot. Occasionally, children can let themselves out of the house and can wander around outside.

Even though your child is really asleep, they can carry out simple tasks such as changing clothes or rearranging furniture. Some children may urinate (wee) in strange places, such as cupboards or on the floor.

Your child's eyes will be open, but they will usually have a glazed appearance. When your child is sleepwalking, they won't recognise you. They may have a conversation, although it usually doesn't make much sense.

Occasionally, children can become quite agitated and upset during a sleepwalking episode. Your child will have no memory of the sleepwalking episode in the morning.

What causes sleep walking?

If your child is sleepwalking, they are essentially stuck halfway between being asleep and awake. A few hours after falling asleep, children move from a deep sleep to light sleep. It is at this stage your child can get stuck. They wake up enough to get out of bed, talk and have their eyes open, but they are asleep in that they do not respond to you trying to interact with them.

Sleepwalking episodes may become worse with illness and fevers, or if your child becomes very worried about something. If your child is overtired, they may be more likely to sleepwalk. Often there is a family history of night terrors or sleepwalking. Significant emotional or psychological problems do not usually cause sleepwalking.

Care at home

Sleepwalking does not have any long-term effects. Most children grow out of it as their sleep patterns mature. To safely manage your child's sleepwalking:

- Do not hold them down or try to wake them up. Stay calm and gently redirect your child back to bed when they have finished what they are doing.
- Maintain a regular sleep schedule with a good bedtime routine to avoid your child becoming overtired.
- Keep the house safe and secure – lock windows and doors, and clear the bedroom of objects your child might step on or trip over.
- Don't allow your child to sleep on the top bunk of a bunk bed.
- Don't make a big fuss about the sleepwalking the next day. Your child may be upset by your reaction and may become anxious about going to bed.

If your child is going away overnight on camp or to a friend's place, tell the caregivers that your child might sleepwalk so they can be prepared. Give them a copy of this fact sheet. Try to make sure your child has had plenty of sleep before going away, to reduce the chance of them sleepwalking due to being overtired.

When to see a doctor

You may need to see your GP for advice or treatment if:

- the sleepwalking is disturbing the sleep of other members of the household
- your child is very sleepy during the day
- there are features of your child's sleep that appear very unusual to you
- your child sleepwalks more than two times each night
- the sleepwalking is associated with loud snoring or gasping for breath
- your child wets their bed or pyjamas during an episode.

Key points to remember

- Sleepwalking is common and most children outgrow it.
- Make sure that your home is safe and secure.
- Your child won't recognise you and won't remember what happened the next morning.
- Make sure that your child has a good sleep routine and has enough sleep.

For more information

- Kids Health Info fact sheet: [Night terrors](https://www.rch.org.au/kidsinfo/fact_sheets/Night_Terrors_night_time_wakings/) (https://www.rch.org.au/kidsinfo/fact_sheets/Night_Terrors_night_time_wakings/)
- The Royal Children's Hospital: [Sleep clinic](https://www.rch.org.au/ccch/services/clinics/Sleep_clinic/) (https://www.rch.org.au/ccch/services/clinics/Sleep_clinic/)

Common questions our doctors are asked

Should I wake my child when they are sleepwalking?

Do not try to wake your child while they are sleepwalking – or sleeptalking. Don't try to hold them down or restrict them in any way, unless they are in danger. The best way to manage sleepwalking is to gently guide them back to their own bed.

I'm worried about my child sleepwalking on school camp. Would sleeping tablets help him sleep better and avoid him sleepwalking?

There are better treatment options than sleeping medications. One very effective treatment is called 'scheduled awakening' which works in a similar way to treating night terrors (see our Night terrors fact sheet). You should wake your child during their normal sleep, at pre-determined times to try to 'break the cycle' of sleepwalking. If you're very worried and your child's sleep is a big problem, and your child's sleep hygiene and bedtime routines are as good as they can be, melatonin may be a suitable option for your child. Discuss these treatment options with your child's doctor.

Developed in consultation with the Melbourne Children's Sleep Unit. We acknowledge the input of RCH consumers and carers.

Reviewed May 2018.

This information is awaiting routine review. Please always seek the most recent advice from a registered and practising clinician.

Kids Health Info is supported by The Royal Children's Hospital Foundation. To donate, visit www.rchfoundation.org.au (<http://www.rchfoundation.org.au/>).

Kids Health Info is funded thanks to the support of the Good Friday Appeal



(<https://www.goodfridayappeal.com.au/>)

Disclaimer

This information is intended to support, not replace, discussion with your doctor or healthcare professionals. The authors of these consumer health information handouts have made a considerable effort to ensure the information is accurate, up to date and easy to understand. The Royal Children's Hospital Melbourne accepts no responsibility for any inaccuracies, information perceived as misleading, or the success of any treatment regimen detailed in these handouts. Information contained in the handouts is updated regularly and therefore you should always check you are referring to the most recent version of the handout. The onus is on you, the user, to ensure that you have downloaded the most up-to-date version of a consumer health information handout.

Updated July 2025