

Pediatric Sleep Studies: What Parents Should Know

A pediatric sleep study is an overnight in-lab polysomnography for children, often ordered for snoring, pauses in breathing or restless sleep; a parent stays overnight and home tests are not recommended for kids.

Updated October 28, 2026

Kids who snore loudly most nights, stop breathing in their sleep or wake up tired may need a sleep study. The American Academy of Pediatrics recommends evaluation for habitual snoring with symptoms such as labored breathing, behavior problems or poor growth.

Common reasons for a pediatric study

- Snoring three or more nights a week
- Witnessed pauses, gasping or mouth breathing
- Bedwetting that returns after being dry
- Attention, behavior or school problems
- Daytime sleepiness
- Night terrors, sleepwalking or unusual movements
- Planning before tonsil surgery in high-risk children

What happens on the night

A parent or caregiver stays in the room, usually on a cot or recliner. The technologist places the same sensors used for adults, sized for children, and often uses stickers, videos or a favorite toy to help. Setup takes longer than for adults, so plan to arrive close to your child's bedtime routine.

How to prepare your child

- Explain the sensors as "stickers and bracelets"; show pictures if the lab offers them.
- Bring favorite pajamas, a pillow, a stuffed animal and a bedtime book.
- Keep the usual routine and avoid naps late in the day.
- Bring snacks and any medications.

Understanding results

Pediatric scoring uses stricter thresholds than adult scoring. An obstructive AHI of 1 or more is abnormal, with roughly 1–5 mild, 5–10 moderate and over 10 severe. Ask for a pediatric sleep specialist or pediatric ENT to review the findings and discuss treatment.

Cost note

Children under 6 are billed with dedicated codes (CPT 95782 and 95783). Confirm prior authorization and choose a lab accredited for pediatric testing.

Frequently asked questions

Can my child do a home sleep test instead?

Current pediatric guidance does not recommend home sleep apnea tests for children. An attended in-lab study is the standard.

Will my child need surgery if sleep apnea is found?

Removal of the tonsils and adenoids is the most common first treatment for children with obstructive sleep apnea and enlarged tonsils. Other options include CPAP, allergy treatment, orthodontic care and weight management.

What AHI is abnormal in a child?

In children, an obstructive AHI of 1 or more per hour is generally considered abnormal, and above 10 is usually considered severe.