

Discourse on co-sleeping – a socialization, health and education dilemma: expert recommendations and mothers' opinions

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Abstract:

Introduction: Several definitions of co-sleeping have been identified in the literature. Most of them include sleeping where parents and their child share the same room (but not the bed) and bed-sharing between at least one parent and a child. Although professional opinions on co-sleeping vary, we should not underestimate its psychosocial aspect. Co-sleeping is also one of the ways parents bond with their children which often puts them in a modern socialization, health and education dilemma. Parents often look for help from various professionals but their opinions may differ. The purpose of the paper is to present forms of sleep of mother and child, with the focus on sleeping in a shared bed, and to explore its advantages and disadvantages.

Methods: The authors of this study conducted a national survey on a sample of 1,048 Slovenian women. The survey was conducted between July and August 2016 and was based on the descriptive and causal nonexperimental method of empirical research. The questionnaires were distributed to the women through an online tool. Validity and reliability of the questionnaire were tested beforehand and proved the research instrument applicable. Only the women who had at least one child were invited to fill in the questionnaire. Participation in the survey was on a voluntary basis and anonymity was assured to all women. Data processing was carried out at the level of descriptive statistics. Statistically significant variables were calculated with Kullbach test.

Results: The most common place of sleep up to the child's six months of age was the child's own bed located right next to the parents' bed (45 %). In 27 %, children shared the same bed with their parents and 15 % slept in a separate bed but in their parents' bedroom. The majority of children aged 6 to 12 months slept in their own bed located right next to their parents' bed (31 %), whereas 30 % shared the bed with their parents. Fifteen percent slept in a separate bed but in their parents' bedroom. The vast majority of mothers (84 %) did not think of co-sleeping before the birth of their child. When the mothers were asked how often they co-slept with their child in the same bed, their answers were: always (29 %), often (22 %), sometimes (17 %), rarely (22 %), never (10 %). The most common advantages of bed-sharing for the mothers were: a settled child (19 %), easier (breast)feeding (16 %) and less crying of the child (13 %). The frequently reported answers for disadvantages were: there are no disadvantages (15 %), reduced sexual activity of parents (15 %), waking up more often (12 %).

Discussion and conclusion: It is very important that parents are educated about the various sleeping possibilities and the advantages and disadvantages associated with co-sleeping. Any form of sleep is unique to each individual family and as such suits them best. It is important that the family adopt a form of sleep that is acceptable to all its members and enables them good quality sleep.

Keywords: co-sleeping, socialization, health education, parenthood

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I. Introduction

Co-sleeping is a broad concept and different professionals attempt to explain and define it in various words and forms. Co-sleeping refers to parents and child who sleep in close proximity and can exchange at least two sensory stimuli such as touch, smell and/or sight (Keller & Goldberg, 2007). The nonspecific description indicates that there are many possible ways and locations of sleep including sleeping with a newborn in the same bedroom but not necessarily in the same bed. Sobralske and Gruber (2009) similarly agree that co-sleeping suggests children and parents share the same bed or at least the same sleeping space. Tully et al. (2015) even define bed-sharing as sleeping of a child in a family bed together with at least one parent. Buswell and Spatz (2007) interpret bed-sharing as parents and a child sleeping together in the same bed for minimally 5 hours per night. Additionally, they set the number of nights to minimally one night per week. On the contrary, McKenna et al. (2007) believe that bed-sharing should occur at least 5 nights per week. It is clear that different

professionals do not share the same definition of co-sleeping of parents and children and that the definition is not clearly established. What professionals agree upon is that co-sleeping encompasses either one parent or both. Many professionals first remind parents of presupposed dangers of sleeping with their child in the same bed while they do not recognize its numerous advantages. They tend to forget the benefits of a tight biological link between breastfeeding and co-sleeping and how closeness and connection with parents positively contribute to a holistic development of a newborn (McDade & McKenna, 2005). Therefore, the psychosocial factor should not be neglected. Within the primary socialization, which happens in the family, also the fundamental process of personality structuring takes place (Haralambos & Holborn, 1999). When parents pass on values such as affection, safety and mutual support to their child, these remain important through to adulthood and create a basis for future healthy family relationships. A newborn and a baby at that age only discern whether their needs have been met; if they are comfortable it means they also feel safe. The whole process is unidirectional from the parents to the child. Nevertheless, the foundations of safe attachment that are created in the first postpartum months have a long-term influence on the ability of creating quality interpersonal relationships in adulthood (McPhail et al., 2012).

Along with the feeling of safety that predisposes the development of trust, a quality sleep is from the physiological perspective crucial for early optimal development of the brain and the nervous system. Physical proximity of mother and child helps maintain constant body temperature of the child, encourages surges of oxytocin in the mother, benefits the child's immune system and colonises the child with the bacteria permanently present on the mother's skin (Anderson, et al., 2003). A night-time contact between mother and child encourages a successful and long-term breastfeeding (Ball, 2003). The author claims that formula-fed children have a longer REM phase and that this phase circulates more frequently over a night's sleep. In breastfed children, the REM phase is shorter due to frequent waking up and breastfeeding. For four months, she observed the night-time sleep of 253 children. She looked at the parent's response to their child's sleep pattern, night-time breastfeeding and the number of nights per week the parents decided for co-sleeping in a shared bed. She found out that newborns are physiologically adapted to 24-hour proximity with the mother which is essential for optimal child development and for maintenance of lactation in the mother. The research confirmed that during the first months of life children who are breastfed at night wake up and feed much more than the children fed with milk formula. When mothers are not willing to get up frequently and breastfeed their child at night, they usually decide for one of the following options: (1) one meal of milk formula per night or adding rice cereal in order to prolong child's sleep time, (2) parents make sure that the child discerns day from night, they do not turn on the lights or (3) sleep in a shared bed which enables the child unlimited and fast access to the mother's breasts and takes away the mother's need for waking and getting up to feed her child. At present, many parents believe their community does not support their decision for co-sleeping and therefore hide their choice and action even before paediatricians and other medical doctors (Keller & Goldberg, 2007). There is a wide range of information and advice on co-sleeping that parents can access in bookshops, professional journals and on the internet.

And it appears that the vastness of information and the controversy of co-sleeping among professionals make some parents confused and unable to decide what is best for them and their child (Sobral & Gruber, 2009).

Certain professionals claim that co-sleeping of mother and child is responsible for risks such as hyperthermia, suffocation, jamming, sudden infant death syndrome (SIDS) and the danger of mother hurting her child while sleeping (Buswell & Spatz, 2007). Some research suggest that an older child who keeps returning into the parents' bed exhibits more problems related to sleep than those who for a long time continually sleep alone. It is recommended that health care professionals together with parents assess the child's sleep patterns and on the basis of findings decide whether the problem is truly connected to sleep (Keller & Goldberg, 2004). There are numerous behavioural problems that aggravate a child's healthy sleep. It is not uncommon that toddlers and pre-schoolers reject sleep because they find it difficult to calm down and settle in a separate bed. Problems also appear during the transition from daily activities to night sleep. In many cultures around the world where parents and children co-sleep no negative effects of psychological dependence have been noted (Sobral & Gruber, 2009). From the mid-30s of the last century, long and independent night-time sleep was a label for "a good child" in many western societies. Early sleep independence of a child was considered a developmental goal and this achievement was a criterion of effective parenting. Nonetheless, the majority of cultures around the world consider the separation of mother and baby during sleeping to be careless parenting. Only in recent decades the contact between mother and child has been promoted anew, whereas less than two centuries ago it was ubiquitous in the western cultures (Ball, 2009). A restless child and a child who frequently wakes up during the night can lead parents into distress due to worries and sleepless nights. Additionally, parents seek help from professionals and different literature. Concerns about the safety and suitability of a particular practice to reduce child's distress and ease sleep as well as parents' problems have also increasingly been exposed by professionals

who work with families and other risk groups (refugees, people with disabilities, etc.) in the fields of healthcare, education and social work (Homer, et al., 2012, Ward & Doering, 2014).

Based on a review of professional and scientific literature, we can conclude that opinions of professionals on co-sleeping are diverse. In continuation, we present the results of a survey conducted on a sample of Slovenian mothers in which we posed the following research questions: (1) What forms/patterns/methods of sleep do parents practice together with children? (2) How often do mothers practice co-sleeping? (3) In the mothers' opinion, do advantages of co-sleeping outweigh its disadvantages? At the same time we wanted to know if there were any statistically significant differences in any of the variables for the mothers who have one child compared to the mothers of multiple children.

II. Participants and Methods

A descriptive and causal nonexperimental method of empirical research was used. Within the descriptive methodology framework, the data were gathered from domestic and foreign, professional and scientific literature and the searches were carried out in the databases: COBISS, ScienceDirect, DiKul, PubMed, Google Scholar, The Cochrane Collaboration and Medline. The keywords looked up in English were: parent-infant co-sleeping, bed-sharing, benefits, mother-infant bonding, breastfeeding; and in Slovene: skupnospanje (*co-sleeping*), novorojenček (*newborn*), dojenje (*breastfeeding*), navezovanje (*bonding*), prednosti (*advantages*), slabosti (*disadvantages*). The selection of articles was based on the following criteria: professionalism, accuracy, meaningfulness, topicality of the source and accessibility. The searches found 564 matches. The causal nonexperimental method was applied during the research part in July and August 2016, when we conducted a survey on a purposive sample of 1,048 mothers. The research instrument was an online survey questionnaire composed of 18 questions. To determine validity (% of variance explained by the first factor) and reliability (% of variance explained by common factors) of the questionnaire, we used the results of factor analysis which showed that our research instrument was within acceptable limits of validity (first factor explained 27.2 % variance) and reliability (results of factor analysis revealed 3 factors that explain 64.7 % variance). We only interviewed women who had already given birth and had at least one child. The sample was representative. The majority, that was 926 questionnaires, were completed correctly, whereas 158 questionnaires were completed partially but were still valid. Accordingly, all 1,084 survey questionnaires were included in the data analysis. Participation in the survey was voluntary and anonymous. The average age of the respondents was between 26 and 30 years, the majority (37 %) achieved a secondary degree of education, slightly fewer women (30 %) completed a university degree or Bologna master's degree. On average, the majority of the women had one child (63 %), one third of the respondents had two children, 5 % of the women had three children and only 1 % of women had four children. None of the women who participated in the research had more than four children. Data processing was carried out at the level of descriptive statistics. In order to determine statistically significant differences, we used χ^2 test. Where the conditions for χ^2 test were not fulfilled, Kullback test was implemented. The differences among variables were confirmed as statistically significant at the value of $p = 0.05$.

III. Results

In continuation, we reveal the part of the survey results that corresponds to the research questions.

Forms and patterns of sleep practiced by parents

Table 1 below reveals the women's answers to the question where their child slept until the 6th month of age. As much as 45 % of the mothers said that their child slept in a separate bed placed next to the parents' bed. Almost one third (27 %) of the respondents answered that their child co-slept with them in a family bed, 18 % of children slept in a separate bed but nevertheless in the same bedroom. Five percent of women stated that their child slept alone in a separate bedroom and the same percentage (5 %) of women said that their child slept alternately in his or her own bed and the mother's bed. There were no statistically significant differences between the mothers that had one child and those with multiple children ($\chi^2 = 26.941$, $g = 1$, $p = 0.389$).

Table 1: Child's sleep during the first 6 months

Answers	Frequency	Percent
In a separate bed next to mine	468	45 %
In the same bedroom but in a separate bed not next to mine	188	18 %
In a separate bedroom alone	48	5 %
In a separate bedroom with siblings	5	0 %
The child slept with me in my bed	277	27 %
The child slept alternately in one's own and in my bed	50	5 %

Table 2 illustrates the results of the children’s sleeping arrangements from the age of six months to one year. In this age group, similarly, the majority of the children sleep in their own bed that is located next to the parents’ bed (31 %). Thirty percent of women continue co-sleeping with their child, 15 % of children share the same bedroom but sleep in a separate bed, 11 % sleep in a separate bedroom. Two percent of children sleep in a separate bedroom with his or her siblings, 3 % of children alternate between their own bed and a family bed. Under *other* the women mostly revealed that their child had recently turned 6 months. For the present question, no statistically significant differences were confirmed between the mothers with one child and those with many children ($\chi^2 = 28.078$, $g = 1$, $p = 0.733$).

Table2: Child’s sleep from the age of 6 months to 1 year

Answers	Frequency	Percent
In a separate bed next to mine	320	31 %
In the same bedroom but in a separate bed not next to mine	141	15 %
In a separate bedroom alone	117	11 %
In a separate bedroom with siblings	19	2 %
The child slept with me in my bed	304	30 %
The child slept alternately in one's own and in my bed	30	3 %
Other	64	8 %

In the survey, the respondents were also asked: *Did you plan co-sleeping before the birth of your child?* Answer analysis revealed that only 15 % of the women planned co-sleeping with their child whereas the rest 84 % did not give any thought to it. We found statistically significant differences ($2\hat{I} = 1.421$, $g = 1$, $p = 0.023$) between the answers of the mothers of one child and those with more children. Co-sleeping was largely planned by mothers who had one child (78 %).

Table3: Did you plan co-sleeping?

Answers	Frequency	Percent
YES	145	15 %
NO	827	84 %
Other	8	1 %

Frequency of representation of co-sleeping as one of the forms of sleep

To the question *How often, in your opinion, do you co-sleep with your child in a shared bed?* 29 % of the women answered always, 22 % chose the answer often, and 17 % said they did sometimes. Twenty-two percent estimated they rarely slept in a shared bed with their child and 10 % never co-slept. There were no statistically significant differences between the mothers of one and multiple children ($\chi^2 = 23.796$, $g = 1$, $p = 0.514$).

Table4: Estimate of co-sleeping

Answers	Frequency	Percent
Always	301	29 %
Often	231	22 %
Sometimes yes, sometimes no	176	17 %
Rarely	231	22 %
Never	101	10 %

Advantages and disadvantages of co-sleeping according to the mothers

The survey questionnaire included a question *What are in your opinion the advantages of co-sleeping with your child in a shared bed?* The surveyed women could choose multiple answers. Table 5 shows that the women most frequently (19 %) selected that their child is more settled if they co-sleep. The second most frequent answers, both represented by a 16 % share, were: effortless feeding of the child and the opinion that co-sleeping is easier because the mother does not need to get out of bed for every feed. Thirteen percent of the women believe that a child co-sleeping with his or her mother in a shared bed cries less and that they establish a special bond. Ten percent estimate that they have quality sleep if they share the bed with their child. The answer

that the child bonds with the mother and the father was selected in 9 % of cases. Two percent of the mothers believe that co-sleeping with a child does not bring any advantages. Under *other*, the women most frequently stated that sleeping next to their child provided them with a feeling of safety and made them calmer. Some felt that was the most natural way to raise a child and paid no extra attention to advantages and disadvantages of co-sleeping. There were no statistically significant differences between the mothers that had one child and those with multiple children ($\chi^2 = 29.972$, $g = 1$, $p = 0.985$).

Table 5: Advantages of co-sleeping

Answers	Frequency	Percent
My child is more settled	448	19 %
My child cries less	301	13 %
Effortless feeding of my child	371	16 %
Quality night-time sleep	244	10 %
I established a special bond with my child	300	13 %
My child bonds with me and my partner	202	9 %
It is easier for me not having to get out of bed	371	16 %
Co-sleeping with my child has no advantages	46	2 %
Other	44	2 %

When we inquired the mothers about the disadvantages of co-sleeping (Table 6), the majority (15 %) estimated that there were no downsides. Nevertheless, the same percentage (15 %) of the women also believed that in case of co-sleeping their sexual activity was diminished. Twelve percent of women agreed with the statement that frequent waking-up bothered them during co-sleeping, 13 % of the women were afraid they would suffocate or otherwise injure their child at night. Some (12 %) were troubled by less privacy at night. Ten percent of the mothers emphasised that they were disturbed by the child’s movements and afraid that co-sleeping would spoil the child. In 4 %, the women stated that co-sleeping started to bother their partner. Five percent thought that co-sleeping hindered the weaning process. Under *other* (4 %), the women most commonly wrote that they adopted uncomfortable sleeping positions during bed-sharing, that they had fewer opportunities to talk to their partner and that they wokeup very tired. We did not note any statistically significant differences between the mothers who had one child and those who had more children ($\chi^2 = 30.367$, $g = 1$, $p = 0.776$).

Table 6: Disadvantages of co-sleeping

Answers	Frequency	Percent
Frequent waking-up	152	12 %
Fear of suffocation and injury of my child	155	13 %
Diminished sexual activity	189	15 %
Co-sleeping started to bother my partner	48	4 %
Less privacy at night	150	12 %
Child’s movements disturb me	129	10 %
Fear of spoiling my child by co-sleeping	129	10 %
Difficulty weaning if me and my child co-sleep	56	5 %
Sleeping with a child in a shared bed has no disadvantages	186	15 %
Other	52	3%

IV. Discussion

The decision of child’s sleeping arrangements depends on each individual family, on their attitudes and beliefs. Some parents practice co-sleeping due to spatial and financial constraints, whereas others desire to be in their child’s immediate proximity 24 hours per day and enable him or her the missing and much needed “fourth trimester”. Some parents, however, consciously opt for a physical separation from the child in the belief that they will achieve his autonomy (Tully et al., 2015). Somehow, this is contrary to the characteristics of newborns who cannot satisfy their needs independently and depend on the adults close by (Handel, 2006). The mothers in our survey reported that during the child’s first 6 months 45 % of them co-slept so that the child’s bed

was located right next to their bed. Twenty-seven percent of respondents answered that the child co-slept in a shared bed. We came to similar conclusions in the period from six months to one year of child's age. The majority of the children still slept in a bed that stood next to their parents' bed (31 %), followed by co-sleeping in a shared bed (30 %).

The proximity of parents or close contact of child and mother have a positive impact on child development. Newborns who co-sleep with their parents breathe regularly, maintain constant body temperature and lower blood pressure and burn energy more efficiently. As a consequence of frequent breastfeeding – also at night, professionals write that levels of the hormones oxytocin and prolactin in the mother's blood rise which is crucial for optimal and full breastfeeding. Co-sleeping in connection with breastfeeding and continuous contact helps build trust between parents and children (McKenna et al., 2007). In our survey, the most common advantages of co-sleeping pointed out by the mothers are that their child is more settled (19 %), that feeding is easier and they do not have to get out of bed (16 %), that the child cries less and that they feel to have established a special bond with the child (13 %). Similarly, professionals McDade and McKenna (2005) in their study came to a conclusion that co-sleeping makes a child cry less and be generally more content. Breastfeeding mothers can maintain lactation more easily for a longer time span.

Professionals do not only call attention to the advantages but also to the disadvantages of co-sleeping. Bed-sharing can be responsible for some risks such as hyperthermia of the child, suffocation, jamming, sudden infant death syndrome and the risk of the mother to cause injury by lying down on the child (Busell&Spatz, 2007). There are also assumptions that the children who co-sleep with their parents develop psychological dependence, psychosexual confusion and sleep problems. But for now there is no evidence to confirm these claims (Sobral&Gruber, 2009). The women in our study reported various drawbacks of co-sleeping. The majority (15 %) answered that they were bothered by diminished sexual activity and by reduced privacy at night. They were afraid their movements could suffocate or injure the child. They also complained of frequent waking up to check on the child. As much as 15 % of the mothers pointed out that they did not see any downsides to co-sleeping with their child, which we believe is an encouraging finding.

The result that as many as 827 women (84 %) answered that they had not considered co-sleeping before the birth of their child but followed the child's needs and later found out what was best for the entire family, is not surprising assuming that parents are not always and sufficiently informed of co-sleeping irrespective of whether they deal with this issue or not. It is important that the professionals working with families give parents information on different forms and locations of sleep of a newborn. Parent education on advantages and disadvantages of co-sleeping with a child will help them make the right decisions for their child.

V. Conclusion

Awareness that there is no single simple explanation of co-sleeping suitable for all families and all circumstances is one of the most important principles that should be followed when advising parents. Nevertheless, such awareness is a crucial starting point for searching and passing on the right information and informed choices for a particular society and family. A pattern of sleep an individual family adopt will always be entirely their own. What counts most is that they adopt the one where all its members will have as calm and quality sleep as possible.

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