Parent–Infant Co-Sleeping: Why the Interest and Concern?

Wendy A. Goldberg* and Meret A. Keller
Department of Psychology and Social Behavior, University of California, Irvine, USA

The practice of parents and their young children co-sleeping is a topic of ongoing controversy and debate. Both physical and psychosocial risks and benefits have been attached to this practice. In this introduction to the special issue, we present the prevailing views about early sleep arrangements. We then discuss the organization of the special issue and highlight the contributions of each article. Together, this collection of original articles comprises a body of research that advances our understanding of co-sleeping in the context of social and physical environments. Copyright © 2007 John Wiley & Sons, Ltd.

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The child-rearing practice of bedsharing—defined as infants and young children sharing a bed with their parents for sleep—is highly controversial in the United States and many other Western industrialized countries, despite its historical and worldwide presence as a common and valued practice. A recent survey of over 8000 caregivers in the United States revealed that the rates of regular parent–infant co-sleeping more than doubled between 1993 and 2000, from 5.5% to 12.8% (Willinger, Ko, Hoffman, Kessler, & Corwin, 2003). In contrast to the burgeoning practice of parent–child co-sleeping in Western societies, separate filial arrangements for sleeping continue to be encouraged by clinicians. In fact, it is likely that many parents today feel so unsupported in their choice to share the adult bed with their infants or young children that they feel it necessary to hide their decision from their childcare physicians (McKenna, 2000).

Opponents of co-sleeping argue that the practice is in many ways a danger—one that because of health, developmental, and safety concerns has been and should continue to be abandoned by health professionals and parents (Stein, 2001). The American Academy of Pediatrics (AAP) just recently declared bedsharing to be an unsafe practice (AAP Task Force on Sudden Infant Death Syndrome, 2005a). As this special issue goes to press, the AAP is revising its earlier policies about infant sleep environments. In unequivocal terms, the AAP now stresses ‘the hazards of adults sleeping with an infant in the same bed’—i.e.

*Correspondence to: Wendy A. Goldberg, Department of Psychology and Social Behavior, School of Social Ecology, University of California, Irvine, Irvine, CA 92697, USA. E-mail: wagoldbe@uci.edu.

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no parent–infant bedsharing under any circumstances. At the same time, the AAP endorses ‘the SIDS risk reduction associated with having infants sleep in the same room as adults’—i.e. roomsharing is advised (American Academy of Pediatrics, 2005a, p. 1245). The recommendations emanating from the US are consistent with those expressed in recently revised statements from the United Kingdom’s Department of Health that convey that the safest place for a young baby to sleep is in a cot [crib] in the parents’ room (United Kingdom Department of Health, 2005). Advice about infants’ sleep arrangements is distributed in leaflets at all maternity units in England: ‘While it’s lovely to have your baby with you for a cuddle or a feed, it’s safest to put your baby back in their cot before you go to sleep’ (United Kingdom Department of Health, 2005, p. 9). The leaflet, translated into 10 languages/dialects, accentuates the link between ‘cot death’ and parents’ smoking, drug/alcohol consumption, fatigue, rolling over onto the infant, and the infant getting entrapped between the bed and the wall or falling off of the adult bed.

The prevailing advice from the American and British paediatric communities has met forceful responses both within and outside the medical community. Adding to the controversy, noted paediatric sleep expert Richard Ferber (2006) recently shifted his position on bedsharing. He now allows that the practice can be suitable for some families and that families can reduce or avoid most risk factors for bedsharing by adhering to safety precautions (i.e. avoid smoking in the house/bedroom; avoid alcohol and drug use; move beds away from the walls to avoid infant entrapment; use firm, flat bedding and avoid soft, loose covers) (Ferber, 2006). He does note that the easiest way to ensure that all of these safety precautions are always met while still keeping infants in close proximity is to follow the AAP’s guidelines to roomshare instead of bedshare.

A purported health benefit of bedsharing is that it facilitates increased frequency and duration of breastfeeding (e.g. Ball, 2002; McCoy et al., 2004; McKenna, Mosko, & Richard, 1997; see also Ball, 2007, this issue), which is widely held to be the best method for feeding young infants (American Academy of Pediatrics, 2005b; United Kingdom Department of Health, 2005; World Health Organization, 1990, 2002). Some researchers contend that the practice of bedsharing is only a risk factor for SIDS if parents smoke or engage in other hazardous practices, and argue that studies finding an association between entrapment/suffocation and bedsharing are flawed by failing to take into account contextual factors such as bed safety (soft mattresses, sleeping together on a couch) and parental variables (e.g. intoxication, smoking) (Grossman, 2000; McKenna, 2000; Wailoo, Ball, Fleming, & Platt, 2004; Weimer et al., 2002.) Although the extended article issued by the Task Force of the AAP acknowledged these risks, they contend that bedsharing should be avoided even in non-smoking households (AAP Task Force on Sudden Infant Death Syndrome, 2005a). On the other hand, research indicates that bedsharing may serve as a protective factor in non-smoking families (e.g. McKenna, 1996; Mosko, Richard, & McKenna, 1997; Richard, Mosko, & McKenna, 1998). Possible protective mechanisms include breathing regulation for the infant who is next to the mother, and the proximity of the mother in the event of a breathing problem or other physiological disturbance (McKenna, 1996). Yet other research sees stress associated with mother–infant proximity, citing lower arousal levels in 6-month-olds who have co-slept since birth (Hunsley & Thoman, 2002). While research scientists continue to disagree about the purported physiological costs and benefits of bedsharing, Burnham (2007), in this special issue, brings empirical data on the diurnal rhythms of young bedsharing and solitary sleeping infants.
Although physical safety concerns trump all other considerations when medical recommendations about sleep location are formulated, another controversial issue is the consequences of sleep arrangements for child development. Some researchers see the first year as an opportunity for infants to master sleep consolidation and sleep regulation (Anders, 1994; Anders, Halpern, & Hua, 1992; Benoit, Zeanah, Boucher, & Minde, 1992). However, these expectations for sleep–wake state maturational patterns and sleep consolidation are based on normative data for solitary sleep patterns (Sadeh & Anders, 1993) and come primarily from a clinical sleep disorders perspective in which night wakings are assumed to be problematic. Other research indicates that children’s sleep begins to self-regulate and consolidate on its own as children mature over the course of the first several years of life (McKenna, 2000). Whether falling asleep and staying asleep should be allowed to evolve ‘naturally’ or entail substantial parental involvement continues to reign as an issue for the field.

Associations have been observed between co-sleeping and sleep issues such as night wakings in various samples of children, including those from Italy, China and the US (Cortesi, Giannoti, Sebastiani, & Vagnoni, 2004; Liu, Liu, Owens, & Kaplan, 2005). Some sleep problems appear to have their origins in childhood physiology. For example, night wakings due to night terrors, somnambulism and enuresis are attributable to immature central nervous systems and are often outgrown, or in the case of obstructive sleep apnoea syndrome, treated surgically (Thiedke, 2001). Developmental stage, too, must be taken into consideration: frequent night wakings are expected in 2-month-olds, but not in 2-year-olds (Thiedke, 2001). In Western societies, non-organically based behavioural sleep problems tend to be ascribed to parental actions, such as an inability to set limits with their children, or difficulty maintaining a consistent child bedtime routine (Sadeh & Anders, 1993). Hayes, Fukumizu, Troese, Salline, and Gilles (2007) in this volume, present new data on the likelihood of sleep problems and use of sleep aids during early childhood in relation to type of sleep arrangements in infancy.

Another developmental issue concerns the psychosocial consequences for children and parents of early sleep arrangements. Of prime interest is whether the requisite path towards independence and separation–individuation will be derailed for bedsharing infants (e.g. Brazelton, 1992; Ferber, 1985). Western societies, in particular, assign ‘a high value on early acquisition of independent skills by children. This promotes the belief that ‘self-soothing’ in infants is an important developmental milestone and that co-sleeping or sleeping with a parent or sibling is not an acceptable practice because it prevents the infant from becoming independent’ (Owens, 2000, p. 38). Despite these beliefs, available empirical evidence suggests that co-sleeping children from families who prefer to co-sleep and begin doing so during the infant’s first year are significantly more independent in daily living skills and social relations with peers as preschoolers compared to solitary sleeping children (Keller & Goldberg, 2004). Others warn about the negative effects of co-sleeping on preschool and elementary school children’s daytime behaviour, and relatedly, disruptions in family life due to the fragmented sleep of family members (Sadeh, Gruber, & Raviv, 2002). Concerns have been raised about adverse consequences of bedsharing for family relations, especially the marriage, with some warning that marital intimacy will suffer with prolonged bedsharing arrangements (e.g. Medoff & Schaefer, 1993). Whereas the potential for bedsharing to be an intrusion for the marital dyad may seem self-evident, empirical evidence has been heretofore lacking. One of the articles in this special issue (Germo, Chang, Keller,
Goldberg, 2007) offers data on marital intimacy and partner satisfaction in solitary sleeping and co-sleeping families.

Some parents who co-sleep point to perceived greater bonding opportunities as a reason to share their sleep space with their children (Ball, Hooker, & Kelly, 1999; Morelli, Rogoff, Oppenheim, & Goldsmith, 1992; Yang & Hahn, 2002) and, as Ball (2007) observes in this special issue, bedsharing does promote breastfeeding, which may be an index of bonding. On the other hand, from a psychiatric perspective, prolonged bedsharing may be considered symptomatic of maternal separation anxiety, an inability to set limits, or a disturbed mother–infant relationship (Anders, 1994; Sadeh & Anders, 1993). Jenni and O’Connor (2005) note an apparent inconsistency in American families between a daytime priority of providing children with confidence and emotional security and the nighttime routine of putting young children to sleep in the dark, in their own room. When co-sleeping is in accord with family values, child behavioural difficulties, outside of difficulty getting to sleep alone and night wakings, are not found (Cortesi et al., 2004; Madansky & Edelbrock, 1990), and tolerance for children’s sleep behaviours varies by family and culture (Jenni & O’Connor, 2005). Moreover, in their 18-year longitudinal study of traditional and non-traditional families, Okami and colleagues found that bedsharing during infancy and early childhood was unrelated to long-term problems in sleep, sexual pathology or problems in other areas of behaviour (Okami, Weisner, & Olmstead, 2002).

Some sleep experts describe sleep problems, such as persistent night wakings and excessive dependency on parental assistance for going to sleep and staying asleep, for infants and young children who co-sleep (e.g. Ferber, 1985, 2006; Johnson, 1991; Mindell, 1997; Weissbluth, 1987; Weissbluth, Davis, & Poncher, 1984; Zuckerman, Stevenson, & Bailey, 1987). Yet in many countries around the world where bedsharing is normative, reports of sleep problems are rare (Lee, 1992; Lozoff, Wold, & Davis, 1984; Lozoff, Askew, & Wolf, 1996; Morelli et al., 1992). In one study that compared US and Chinese children in elementary school, the Chinese children were reported to have more sleep problems such as difficulty falling asleep, fear of sleeping in the dark, talk during sleep, and restless sleep (Liu et al., 2005). But do these sleep disturbances constitute ‘problems’ in the eyes of the adults who are providing nighttime care for the young children? Cultural considerations must be included as we evaluate the disruption to the family posed by night wakings and other sleep behaviours. As Owens (2000) summarized, parental perceptions are culturally bound and integral to assessments of what constitutes a sleep problem: ‘it is worth emphasizing that the definitions of sleep onset and night waking problems in young children are, to a certain extent, culturally determined’ (p. 38). The importance of considering the interplay of culture and biology was further underscored by Jenni and O’Connor (2005): ‘We emphasize that both biological determinants of sleep and the ways in which culture and biology interact play a major role in establishing behavioural and developmental norms and expectations regarding normal and problematic children’s sleep’ (p. 204). Sensitivity to cultural norms and individual family differences has applied importance for the advice and care that are delivered in health-care settings and paediatric offices (Jenni & O’Connor, 2005; Owens, 2000).

Two articles in this special issue bring insight into parental views of what is or is not problematic when it comes to children’s sleep. Ramos, Youngclarke, and Anderson (2007) suggest that we need to examine differences within types of co-sleepers and employ measurement tools that take parental judgments into account.
consideration. McKenna and Volpe’s (2007) ethnographic study showcases the variety of physiological and psychological benefits that may accrue in co-sleeping families. These studies make apparent within-culture variation in sleep practices, which is often overlooked in research on co-sleeping. Notable exceptions included the work of Javo, Ronning, and Heyerdahl (2004) in Norway, and Touhy, Small, and Clements (1998) in New Zealand. Within the US, racial, ethnic and regional differences in sleep practices have been found: higher rates of co-sleeping emerged in African-American, Latino and Asian-American compared to Caucasian families, and in Southern as opposed to Midwestern regions (Lozoff et al., 1996; McCoy et al., 2004; Schachter, Fuchs, Bijur, & Stone, 1989; Willinger et al., 2003). Variation by economic status also has been found; for example, Brenner et al. (2003) found adult–infant bedsharing in the first year in half of their sample of low-income, inner-city, mostly unmarried mothers in the US. Lower-income families also are more likely to practice regular, all-night (versus part-night) bedsharing (Schachter et al., 1989; Willinger et al., 2003). However, some studies find that culture and race explain the likelihood of bedsharing independent of socioeconomic status (McCoy et al., 2004; Willinger et al., 2003). Ramos and colleagues (2007) in this special issue, address the issue of race and socioeconomic status as they report on data from their sample of primarily middle-class Caucasian families and lower-income Latino families.

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The myths and realities of parent–infant co-sleeping are still often misrepresented and oversimplified. Co-sleeping continues to be a controversial topic for which cultural ideologies and concerns for morality are mistaken for scientific evidence (McKenna, 2000). In the context of the prevalence and increasing rates of co-sleeping in Western societies, and the conflict between such a practice, some research findings, and the counsel now delivered by the paediatric communities in these countries, it is imperative that research continues in this area. The study of co-sleeping stands to benefit from an empirically based approach that includes a careful examination of the circumstances and populations for which co-sleeping introduces increased physical or psychological risks/benefits (Owens, 2002). In this volume, we bring an empirical focus to this issue by presenting current research by leading investigators. Taken together, the authors provide a multi-level perspective on factors associated with parent–infant and parent–child sleep arrangements. The articles expose variations within largely Western cultures, and together cover physiological, attitudinal, and behavioural antecedents, correlates and consequences of parent–infant co-sleeping in comparison to other sleep arrangements.

The first article in this special issue, by Burnham, presents preliminary data on the development of diurnal rhythmicity in bedsharing versus solitary sleeping infants from 1 to 3 months of age. This study addresses the question of whether solitary sleeping and bedsharing infants differ in the timing and magnitude of their diurnal rhythms. Included are data on whether bedsharers and solitary sleepers differ in the timing of the acrophase for the melatonin and sleep–wake rhythms. Reports focus on group differences as well as individual variability in rhythmicity evident in very young infants. Differences in diurnal rhythmicity were examined by the brightness of the light exposure during the nighttime—when parents were changing diapers or feeding their 1-month-old
infants—compared to infants who were not exposed to bright light during the nighttime hours.

The next article in this special issue introduces rich qualitative data from an internet study. Anthropologists McKenna and Volpe conducted an ethnographic internet-based survey with data investigating, among other things, the possibility that bedsharing saves lives, according to specific events recalled by parents. Their qualitative analysis of parental responses reveals the kinds of reasons that parents give for co-sleeping and parental beliefs about the physiological and psychological benefits of this sleep arrangement. The co-occurrence of breastfeeding and bedsharing is discussed, as are family and lifestyle circumstances that make co-sleeping a preferred arrangement. This article also illuminates many of the issues and implications of the terminology around co-sleeping, bedsharing and related sleep arrangements.

Next in this special issue anthropologist Helen Ball (2007) presents data from a longitudinal study of the relationship between breastfeeding and bedsharing from birth to 6 months. The co-dependent relationship between bedsharing and breastfeeding is addressed by this study of British parents and their young infants. The study is set in the context of the literature regarding infant sleeping and feeding patterns during this early time period in an infant’s life. Ball discusses whether bedsharing is a useful strategy in combating the ‘night-time bottle feed’ and promoting exclusive breastfeeding to 6 months. Length of breastfeeding and length of bedsharing are both examined, as are other possible correlates of early infant sleep arrangements.

The interdisciplinary team of Hayes, Fukumizu, Troese, Sallinen, and Gilles offer data in this special issue relating the history of sleep arrangements during infancy to current sleep habits and problems at preschool age. Parents reported on current and past sleep arrangements and related behaviours. The authors examine whether nighttime proximity to the mother’s bed in infancy when falling asleep, upon feeding and during night wakings is associated with early childhood problems. ‘Outcomes’ of interest include independence in going to sleep, night wakings, and a return to co-sleeping or a late start to co-sleeping. They also examine the relationship between security object use in infancy and sleep behaviours in infancy and at preschool-age.

In the next article, Ramos, Youngclarke, and Anderson examine maternal perceptions of children’s sleep behaviours, comparing mothers of reactive co-sleepers, intentional co-sleepers and solitary sleepers. This study of young children recruited from urban paediatric offices addresses the importance of investigating the context in which co-sleeping occurs. Prior literature has equated co-sleeping with sleep problems by assessing simple frequencies of night awakenings without taking into account subjective accounts of whether mothers themselves experience these wakings as problematic. By incorporating into their assessment the parents’ own judgments about which sleep behaviours are problematic, the authors illustrate the significance of taxonomic distinctions between reactive co-sleepers (who co-sleep because their children have difficulties sleeping alone), and intentional co-sleepers (who believe co-sleeping to be the best sleep arrangement for their family).

Fathers, no longer the ‘forgotten contributors to child development’ (Lamb, 1975), are nonetheless usually overlooked in research on nighttime parenting and family sleep practices. In this special issue, Germo, Chang, Keller, and Goldberg present data from a psychological perspective, collected from both fathers and mothers. This article examines each parent’s role in decision-making about sleep arrangements, reasons for sleep arrangements, parental satisfaction with and
attitudes towards bedsharing and solitary sleep practices, and marital and family factors related to type of sleep arrangements during infancy and early childhood. Relationships between children’s sleep problems and disharmony in marital and parenting domains are discussed.

The concluding article, by the co-editors of this special issue, emphasizes methodological and substantive themes that emerged from the contributions in this collection. Key findings that further our knowledge about parent–child co-sleeping, and avenues for future research based on this volume of articles, also are featured in this final piece. Together, this collection of original articles comprises a body of research that advances our understanding of co-sleeping in the context of social and physical environments. It is our hope that the work presented here may be used as a resource and inspiration for future scientific investigations and clinical work in this field.

REFERENCES


