Parent–Infant Co-Sleeping: Fathers’ Roles and Perspectives

Helen L. Ball a,*, Elaine Hooker a and Peter J. Kelly b

a Infancy and Childhood Research Group and Department of Anthropology, University of Durham, 43 Old Elvet, Durham, DH1 3HN, UK
b Centre for Health and Medical Research, University of Teesside, Middlesbrough, UK

Dyadic co-sleeping (mother–baby) is a common strategy for night-time infant care in the majority of world cultures. Triadic co-sleeping (mother–father–baby) is less common, although still widely practised cross-culturally. This paper examines triadic co-sleeping in an opportunistic sample of parents from the North Tees region of England, and explores fathers’ expectations and experiences of sleeping with their babies. Using a prospective study design, 36 sets of parents, pre- and post-natally, were interviewed about infant care strategies, particularly at night. Although they did not anticipate sleeping with their infants at the pre-natal interview, the majority of fathers (81%) had done so by the time of the second interview. First-time fathers were afraid that they would squash or suffocate the baby in their sleep, and some were concerned that the infant’s presence would adversely affect their own sleep. Fathers used a variety of strategies to help overcome their initial fears of co-sleeping. Among those for whom triadic co-sleeping became a regular night-time infant care strategy, the pleasures of prolonged intimate contact with their infant were clearly apparent. It is suggested that the experience of sleeping with their infant ameliorates some of the distancing effects felt by fathers outside the breast-feeding relationship, and helps encourage paternal involvement in night-time infant care-giving. Copyright © 2000 John Wiley & Sons, Ltd.

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This paper addresses parent–infant co-sleeping as practised in the UK with respect to its impact on fathers and the fathers’ perspectives. In light of the current debate over whether parent (or mother)–infant co-sleeping is harmful or beneficial for an infant (American Academy of Pediatrics, 1997; Stein, 1997; Hauck and Kemp, 1998; Scragg and Mitchell, 1998), the aim of this paper was to explore parents’ attitudes towards sleeping arrangements for their infants, and to document night-time parenting behaviour in a post-industrial region of the north-east of England (Ball et al., 1999). Here, fathers’ attitudes and practices
regarding night-time care-giving and their new-born infant are discussed, and qualitative anthropological data on parent–infant triadic co-sleeping are presented.

The custom of mother–infant co-sleeping as cultural convention is firmly grounded in human evolutionary biology, and the physiological, psychological and developmental needs of human new-borns (McKenna et al., 1993; Mosko et al., 1993, 1996, 1997; Trevathan and McKenna, 1994; McKenna, 1995). In Euro-American cultures, the practice of sleeping with new-born infants has been generally believed to be an uncommon parental strategy for night-time care-giving (Davies, 1994), in some cases even being cast in the light of aberrant parenting behaviour (e.g. see Rath and Okum, 1995). A century or more of warnings from baby-care ‘experts’ that it is dangerous for infants to sleep in the parental bed has exerted a considerable influence upon popular consciousness (e.g. Spock, 1946; Wright, 1972; Leach, 1997). The prevalence of mother–infant co-sleeping in the industrial and post-industrial west has been poorly studied, and those investigations that have sought to survey the practice of co-sleeping have suffered from several flaws (for a critique see Ball et al., 1999). Given the dearth of information on how commonly mothers co-sleep with their new-borns it is not surprising that data on the prevalence of triadic co-sleeping, or of fathers’ experiences are non-existent.

Anthropological data on the interactions of fathers in Western cultures with their infants are also sparse. With the exception of ethnographers like Hewlett (1987, 1992) and Munroe and Munroe (1992), anthropologists generally have overlooked, or considered unimportant, the nature and extent of interactions between fathers and their small infants. Psychologists, psychiatrists and nursing professionals have devoted more attention to father–infant interactions, but much of this literature addresses paternal attitudes towards infant (and child) care (e.g. Jackson, 1987; Lamb, 1987), or controlled observations on the effects of father–infant interaction on psychological outcomes (e.g. see Zaslow et al., 1985; Nickel and Kocher, 1987). Yet father–infant interaction reflects enormous cross-cultural variation. Among Aka pygmies (extant hunter–gatherers) infant holding is an important activity for fathers (Hewlett, 1987, 1992), while among the Newar (a Nepali caste), fathers are the sole holders of infants and the most frequent caretakers (Munroe and Munroe, 1992, p. 218). A new-born infant of the Cagayan Agta (Philippines) joins an intimate family unit in which the father is, from the first day, sleeping beside his children at night and eating from the same pot during the day (Griffin and Griffin, 1992). In some societies, then, fathers appear to interact and engage in close physical contact with their infants during both the day and the night. The association between the intensity of father–infant relationships and sleeping proximity was considered in a cross-cultural analysis by Whiting and Whiting (1975), who determined that a close father–infant relationship existed in the majority (26/49) of societies where infants slept in close proximity to both their parents, whereas this was the case in only a quarter (5/20) of societies where fathers slept apart from their wives and infants.

The practice of infants co-sleeping with both their parents is not as pervasive, world-wide, as mother–infant co-sleeping, but it is still culturally widespread. Barry and Paxson (1971) coded mother–infant co-sleeping from ethnographies of 80 societies drawn from the ‘Standard Cross-Cultural Sample’ of Murdock and White (1969). Fathers slept in a separate room or building in 25 cases (31%); in the same room as the mother–infant co-sleeping pair in a further 25 cases (31%); and co-slept (in the same bed or sleeping surface) with the mother and
infant pair in 23 cases (29%). The sleeping proximity of the father was unknown in seven cases (9%). Thus, although triadic co-sleeping (mother–father–infant) is not as ubiquitous as dyadic co-sleeping (mother–infant), world-wide it is not an uncommon form of father–infant contact.

METHODS

A prospective interview study was conducted in North Tees, UK, in 1995–1996, where subjects were asked about their intentions and practices for night-time care-giving before the birth of their baby (during the last trimester of pregnancy) and 3–5 months following their baby’s birth. Ethics approval was obtained from North Tees Health and participants were contacted at North Tees Hospital. Parents-to-be were approached personally by one of the investigators (EH), the purpose of the study was explained in general terms (no specific mention was made of co-sleeping), and confidentiality of all information obtained was assured. Parents who agreed to participate signed a consent form and an initial, semi-structured interview was conducted. At the first interview, background data on the parents and household were obtained (e.g. ages, marital status, occupations, educational qualifications, medical problems, smoking, family composition, etc.), together with information on the current pregnancy, and parents’ expectations and intentions regarding infant feeding, sleep arrangements, infant illness, and sources of parenting information. Follow-up interviews were arranged when the infant was 3–5 months old and were conducted by the original interviewer. Recontact interviews were conducted in parents’ own homes and parents were asked about the birth, feeding arrangements, sleeping arrangements, baby’s environment (e.g. smoking, etc.), temperament, illnesses, advice received from health professionals, changes instigated in infant care, and the effect of the baby on the parents’ relationship and family.

RESULTS

Forty mothers of 42 babies (two sets of twins) participated in both interviews. Mean maternal age was 28 years (range 15–42), mean paternal age was 30 years (range 19–42), 17 mothers were multi-parous (parity range 1–10). Four women were without partners, three being teenage mothers living with their own parents. Subsequent data specifically refer, therefore, to the 36 families where fathers were present. Fathers’ occupations ranged from unemployed, and farm labourer, to civil servant and accountant. Educational background was equally varied (‘no qualifications’ to PhD’s) and the opportunistic sample is not obviously biased towards any particular socio-economic class.

Prior to the birth of their baby, most parents (75%) anticipated the infant would sleep in its own crib or cot, in close proximity to the parent’s bed. This was rationalized in terms of parental anxiety, infant safety and psychological security, and ease of attending to the infant in the night. Parents were divided in their reactions to our prenatal query of whether the expected baby would ever sleep in the parental bed (‘No’, 33%; ‘Yes’, 20%; ‘Maybe’, 47%). Several prospective fathers (30%) were fearful of squashing or suffocating the baby, especially if they considered themselves to be large. Three fathers were less
concerned with their infant’s wellbeing, interpreting the question in relation to themselves and anticipating that the presence of an infant in the bed might disrupt their own sleep. Two others anticipated that even having the baby in the parents’ bedroom would be too disruptive. The remaining fathers, some of whom had already experienced co-sleeping with previous offspring (6/36), indicated that the baby’s presence in the bed would not bother them. Interestingly, none of the fathers spontaneously anticipated positive outcomes from co-sleeping with their new-born.

By the recontact interview (mean infant age = 10 weeks), 29 sets of parents (81%) had already slept in the same bed as their infants at least occasionally, with 22 (76% of these) bringing their infant into bed to sleep with them on a regular basis for several hours each night, usually in conjunction with the early morning feed between 02:00 and 05:00 h. Ninety-three percent of the co-sleeping infants were brought into bed with both parents. In only two cases the father regularly slept elsewhere. No infants routinely slept with the father only, although one 5-week old infant had done so on a temporary basis when the mother was in hospital—the father commenting that co-sleeping with his baby made him ‘feel much happier’ while his wife was absent, and that a ‘close bond’ had developed between the infant and himself. Generally, night-time caregiving was the primary responsibility of the mothers, however, a couple of fathers were considered by their partners to be more ‘in tune’ with the baby during the night.

Co-sleeping was usually initiated by the mother, especially if she was breastfeeding—80% of breast-fed infants co-slept (Hooker et al., in press), however, two fathers reported being the instigators of the practice. First-time fathers sometimes devised elaborate strategies to cope with having the baby in the bed at the outset. One father slept for the first few weeks on a mattress on the floor next to the bed, sometimes with the baby; another spent the first few nights with his foot on the floor until he was sure he would not roll on his baby in his sleep; a third insisted that his wife wake him whenever she brought the baby into the bed. All of the fathers of regularly co-sleeping infants found that they soon adjusted to the baby’s presence, reporting that they slept well with the baby in the bed, and found it rewarding, cuddling the baby while they slept. One father rhapsodized about the pleasure of waking to be greeted by his infant’s happy smile. Babies who co-slept oriented towards the mother in most instances, but a couple of infants snuggled to their fathers preferentially, sleeping in the crook of their father’s arm or on their father’s chest. One pair of habitually co-sleeping twins alternated between parents during the night, one sleeping next to his mothers’ breasts and the other atop his father’s chest. Although recent articles in the popular press (e.g. Craig, 1998, 1999) have warned parents that co-sleeping with infants will lead to the break-up of their marriages, fathers in this sample, did not appear to consider their co-sleeping infants to be intruders in the marital bed. That many of the infants in our sample were 12 weeks old or younger probably affects this result, as the parents of some of these infants (47%) had not yet attempted sex. Furthermore, the majority (81%) of infants who co-slept with their parents did so for part, not all, of the night, so it is possible that co-sleeping had not become a ‘barrier’ to sex. Conversely, in two cases where babies slept in the parental bed all-night every night, the parents had resumed regular intercourse. No statistical associations emerged from this small sample with respect to sex and co-sleeping.
DISCUSSION

The study of Newson and Newson (1966) of the care-giving practices of parents of 1-year-old infants in Nottingham 35 years ago found that for half of the families interviewed, the fathers never attended to the baby if it cried during the night, attributing much of this to the attitude that ‘men doing heavy manual work during the day do not wake easily at night’ (p. 136). Although not heavy labourers, their role as ‘provider’ seemed to afford some fathers in our sample (even co-sleeping fathers) exemption from baby-related sleep disturbance. ‘After all’, one commented, ‘I’m the one who has to go out and earn a crust’. In a family where the baby’s birth had coincided with the father beginning a new (and demanding) job, he was ‘permitted’ to ignore the baby during the night in order that he might ‘prove himself’ at work—an arrangement that was a considerable strain to the mother who experienced extreme tiredness, tearfulness and lack of interest in the baby signifying (to us) possible post-natal depression.

For 1990s parents, the previous situation seems extreme. Amongst the sample, some parents (25%) had developed a rota system, either alternating nights of being the primary caregiver (i.e. the parent who had to get out of bed), or splitting the night and attending to the baby in shifts. In the latter scenario, it was common to find the father taking responsibility for the infant in the early morning hours—a time when many babies were brought into their parents’ bed to feed then sleep. It is speculated that in these cases, mothers (particularly mothers who plan on resuming employment following a 3–4 month maternity leave) utilize both co-sleeping and rota systems as strategies to involve fathers in night-time infant care in preparation for the mother’s return to work. Like Aka, Newar and Agta fathers, almost two-thirds (61%) of the fathers in this limited sample spent some portion of most nights in close physical contact with their infants during sleep, while a further 20% did so occasionally. Although some fathers merely tolerated their infant’s presence in the ‘parental bed’, others, despite initial misgivings, found that once they had tried it they derived satisfaction from sleeping with their baby, and actively encouraged the practice. This relates, perhaps, to the way in which father–infant relationships develop in the initial weeks. Several factors delay the development of the father–infant relationship, including (among others) feelings of being excluded from the infant during breast-feeding—causing fathers of breast-fed infants to postpone, or feel alienated from, intimate involvement with their infants until weaning (Jordan and Wall, 1983; Gamble and Morse, 1993; Anderson, 1996). Triadic co-sleeping arrangements may serve to ameliorate this effect, and provide fathers who are motivated to do so the opportunity to experience intimate contact and prolonged close interaction with their new-born baby. Given the potential benefits to fathers of a close physical relationship with their newborns, it is not surprising to find that many fathers enjoyed the experience of triadic co-sleeping.

Why, then, were fathers initially wary of having their baby in the bed? Pre-natally, fathers’ concerns revolved around disruption to their own sleep, and fear of rolling on or ‘squashing’ the baby. Sleep-deprived parents of new-borns, however, frequently discovered that bringing their baby into bed was an easy way of obtaining sleep—and subsequently found they were aware of their infant’s presence even when asleep. None of the fathers explicitly anticipated that co-sleeping might have ramifications for their normal behaviour patterns, nor viewed potential modification of their behaviour as a negative
corollary of co-sleeping (e.g. stopping smoking, not drinking alcohol, etc.). In post-natal interviews the issue of behavioural modification in ‘deference’ to triadic co-sleeping was raised by parents only once, and illustrates the fact that some fathers are conscientious about not putting their infants in risky situations. A larger study that is presently being conducted (examining night-time parenting of new-borns in the first month at home) has already revealed, however, that not all parents are safety-minded. It is anticipated that the ongoing research will be able to provide further illumination into issues such as parental behaviour and potential co-sleeping risk factors.

CONCLUSION

The practice of parent–infant triadic co-sleeping is a form of night-time caregiving, which affords fathers the opportunity for close physical contact with their new-borns. Among nineties parents in the UK, some fathers contribute a considerable amount of night-time care-giving towards their infants, and triadic co-sleeping is not uncommon (recent estimates ranging from 31%, Blair et al., in press, to 63%, Hooker et al., in press). Although the fathers in the sample initially had reservations about co-sleeping, they found it overall more enjoyable than disruptive. The authors suspect that mothers who are trying to engage their partners in night-time infant care, particularly those who plan to return to work, may use triadic co-sleeping as a strategy to encourage paternal contact and involvement with the infant.

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