



Infant sleep, parental sleep and parenting stress in families of mothers on maternity leave and in families of working mothers

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ABSTRACT

The purpose of the present study was to investigate the links between infants' sleep and their parents' sleep and to assess the links between infant/parent sleep and parenting stress. Furthermore, we explored whether the links between sleep and parenting stress are moderated by maternal leave status. Participants were 50 families with an infant between the ages of 4–5 months. Half of the mothers were on maternity leave while the others returned to work. Parents completed daily sleep logs about infants' and their own sleep for 4 consecutive nights. Each parent also completed the Parenting Stress Index. Infant sleep was associated with sleep of both mothers and fathers, but the correlations with maternal sleep were stronger. Parental perceptions of their infant's sleep as problematic were associated with higher parenting stress. Poorer infant and maternal sleep patterns were associated with parenting stress only in families with mothers on maternity leave, probably because these mothers need to provide intensive caregiving "around the clock" without sufficient opportunities to rest.

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1. Introduction

During the first months of life, most infants wake up regularly during the night and many of these night-waking require parental intervention (Mindell & Owens, 2003). Many parents consider their child's sleep as problematic at ages as young as 2–4 months (Armstrong, Quinn, & Dadds, 1994) with approximately 15% of parents of 3-months-old infants reporting their infants' sleep as problematic (Thome & Skuladottir, 2005a). Parents may find infant night-wakings to be troublesome because of the direct influence on their own sleep. Indeed, previous studies found parents' sleep patterns to be related to their children's sleep patterns at different ages (Boergers, Hart, Owens, Streisand, & Spirito, 2007; Meltzer & Mindell, 2007) and especially during infancy (Gay, Lee, & Lee, 2004).

Interestingly, though sleep of many parents is dramatically curtailed during the first postpartum months (Chang, Pien, Duntley, & Macones, 2010; Gay et al., 2004; Hunter, Rychnovsky, & Yount, 2009; Swain, O'Hara, Starr, & Gorman, 1997), only a few studies have examined the links between parental sleep loss and parental functioning during this period of child development. Studies conducted in this field have focused mainly on the links between infant/mother sleep and maternal postnatal depression. These studies have demonstrated that infant sleep problems and maternal sleep loss in the postpartum period are significantly associated with higher levels of depressive symptoms (Chang et al., 2010; Dørheim, Bondevik, Eberhard-Gran, & Bjorvatn, 2009; Goyal, Gay, & Lee, 2009). Another important domain of parental functioning is parenting stress. Elevated stress associated with the demands of parenting has been found to be related to many negative parenting characteristics, such as low levels of parental warmth and reciprocity, and use of harsh discipline (Haskett, Ahern,

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Ward, & Allaire, 2006). Though hardly explored in relation to infant/parent sleep, a few studies found that children's sleep problems were associated with parental stress and overload (Eckerberg, 2004; Meltzer & Mindell, 2007). For example, Eckerberg (2004) reported improvement in parenting stress following an infant sleep intervention. In the present study, we were interested in further exploring whether disturbed infant and parent sleep would be associated with higher levels of parenting stress.

Though the role of fathers in infant caregiving is expanding (Coleman & Garfield, 2004; Yeung, Sandberg, Davis-Kean, & Hofferth, 2001) most of the research on infant sleep and parenting has focused on mothers. Nevertheless, sleep loss in the postpartum period is relevant for both parents, as both could be awakened by infants' signals during the night. A few studies have found infants' sleep to be related to fathers' sleep (Gay et al., 2004) and to fathers' psychological functioning (Loutzenhiser & Sevigny, 2008). Fathers whose infants slept for shorter periods reported higher levels of distress (Thome & Skuladottir, 2005a), and fathers have also been found to report fatigue, depressive symptoms and distress similar to those of mothers when their children had a sleep problem requiring a sleep intervention (Thome & Skuladottir, 2005b). Moreover, fathers have shown comparable decreases in depressive symptoms following interventions for infant sleep problems (Durand & Mindell, 1990; Thome & Skuladottir, 2005b).

An important factor influencing the possibility of parents, and especially mothers, to compensate for sleep loss, is the length of maternity leave. In Israel, where this study was conducted, mothers are entitled to 14 weeks of paid postpartum leave, from which up to 8 weeks can be taken by the father. After the initial 14 weeks, mothers may extend their unpaid leave up to 6 months postpartum without losing their job (Israel National Social Security website, retrieved April 2010). Studies focusing on the link between the length of maternity leave and maternal well being found that mothers are likely to benefit from a longer maternity leave (McGovern et al., 1997; Staehelin, Bertera, & Stutz, 2007) with each additional day decreasing the severity of postnatal depression (Dagher, 2007). Because mothers on leave probably have more opportunities to make up for loss of sleep when the infant naps, we were interested in examining whether the links between infant/parent sleep and parenting stress would differ as a function of mothers' maternity leave status.

1.1. Aims and hypotheses

In the present study, we aimed at investigating the links between infants' sleep and their parents' sleep and parenting stress. We hypothesized that: (1) both parents' sleep would be related to their infant's sleep but that the links with maternal sleep would be stronger; (2) more disturbed infant/parent sleep and higher negative parental perceptions of the quality of infant's sleep would be related to more parenting stress. We chose to focus on infants 4–5 months old because at this time part of the mothers are still on maternity leave and others have returned to work, making it possible to examine the role of maternity leave status as a moderator of the links between infant/parent sleep and parenting stress.

2. Material and methods

2.1. Subjects

Fifty couples with infants aged 4–5 months participated in the study. The sample included 25 families with mothers on maternity leave and 25 families with mothers who had returned to work. Parents were recruited via Internet advertising (38%), advertising in playgrounds and near child-supply stores (32%), through personal contacts (24%), and through a local child care clinic (6%). Parents and infants characteristics are presented in Table 1. Parents were eligible to participate if their child was between 4 and 5 months of age, parents were co-habiting, and the child was born in a singleton birth.

2.2. Procedure

The study was approved by the University ethics committee, and by a Hospital Helsinki committee. All families were visited at home by a research assistant. After both parents signed an informed consent, mothers and fathers were asked to complete the study questionnaires separately at home during the sleep assessment period. Parents were asked to complete a background questionnaire, as well as an individual self-report questionnaire assessing parenting stress. In addition, parents completed a daily sleep log for 4 consecutive nights including questions about the infant's sleep and about their own sleep. Questionnaires were posted back by mail or collected in a second home-visit. Parents received a small gift (about 10\$ value) for their participation.

2.3. Measures

2.3.1. Background questionnaire

This questionnaire included questions regarding the number and age of the children in the family, the number of rooms in the house, parents' age, education, current employment/leave status, and whether or not parents took time off work after the birth and, if so, for how long. The questionnaire also asked about pregnancy, delivery and infant development

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