Title:
Toddler Sleep Problems, Co-Sleeping, and Maternal Sleep and Mental Health

Lauren Bentley, MS
University of Maryland School of Nursing, Baltimore, MD, USA

Bridget Armstrong, PhD
Growth & Nutrition Division, University of Maryland School of Medicine, Baltimore, MD, USA

Maureen M. Black, PhD
Growth & Nutrition Division, University of Maryland School of Medicine, Baltimore, MD, USA

Session Title:
Rising Stars of Research and Scholarship Invited Student Posters

Keywords:
Co-sleeping, Maternal Mental Health and Toddler Sleep Problems

References:


Abstract Summary:
A moderated mediation analysis was conducted to examine relations between toddler/maternal sleep, including co-sleeping practices, and maternal mental health, in mothers of low-income toddlers. Results indicated that among co-sleeping families, the relation between toddler sleep problems and maternal mental health may be explained by shortened maternal nighttime sleep.

Learning Activity:

| LEARNING OBJECTIVES | EXPANDED CONTENT OUTLINE |
The learner will be able to define co-sleeping in toddlerhood. Co-sleeping will be defined in the background section of the poster presentation.

The learner will be able to explain how toddler sleep problems may affect maternal sleep duration in the context of co-sleeping. This explanation will be provided in the results section of the poster.

Abstract Text:

Introduction: Sleep problems are common among toddlers, with approximately 20-30% of parents reporting concerns about their infants or toddlers’ sleep. Toddler sleep problems have been associated with increased stress and decreased sense of competence among mothers. Co-sleeping (i.e. bed/room sharing) is often viewed as a solution to sleep problems because it allows mothers to more easily comfort their toddler since they are within close proximity. However, co-sleeping may disrupt maternal sleep, and lead to poor mental health outcomes. The mechanism of how toddler sleep problems affect maternal mental health (i.e. stress and sense of competence) has not been explored in a cohesive model, particularly among low-income families; a population that is at an increased risk of short sleep, co-sleeping and stress. The purpose of this analysis was to examine relations between toddler/maternal sleep, including co-sleeping practices, and maternal mental health, in mothers of low-income toddlers. We hypothesized that mothers who co-slept with their toddlers experiencing sleep problems, would have shorter sleep duration and subsequently increased stress and decreased sense of competence.

Methods: This study utilized baseline data from low-income mothers of toddlers (age 12-32 months) who participated in a parenting intervention. Mothers provided demographic information and completed questionnaires on their toddler’s sleep (Brief Infant Sleep Questionnaire, BISQ), their own sleep (Pittsburgh Sleep Quality Index, PSQI) and their mental health (Perceived Stress Scale, PSS; Parental Sense of Competence, PSOC). Two moderated mediation models were conducted to predict maternal symptoms of stress and sense of competence using the SPSS macro PROCESS, controlling for poverty, maternal age, and marital status.

Results: Sample included 282 mothers, 68% African American, 70% lived below poverty, 15.5% reported toddler sleep problems and 61% co-slept with their toddler. The results showed that toddler sleep arrangement moderated the indirect effects of maternal sleep duration on the relationship between toddler sleep problems and maternal symptoms of stress ($B=0.55$, 95% bootstrapped CI: .06, 1.25) and sense of competence ($B = -1.03$, 95% BCI: -2.96, -.07). Specifically, sleep duration mediated the relation between toddler sleep problems and maternal stress ($B = .41$, BCI: .08-.90) and sense of competence ($B = -.78$ BCI: -2.96 -.07) for mothers of toddlers who co-slept, but not of those who slept by themselves.

Conclusion: Findings support the hypothesis that among co-sleeping families, the relation between toddler sleep problems and maternal mental health may be explained by shortened maternal nighttime sleep. Clinicians should consider toddler sleep problems when discussing co-sleeping with families. Further investigations should examine strategies to help families deal with sleep problems.