

Parental Experiences of Infant Sleep:  
A Comprehensive Review and Critical Analysis of the Literature

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### Dedication

The completion of this project and the requirements for this Master's program would not have been possible without the encouragement and belief of my family, friends and teachers that I can be more than what I believe of myself. Also, to all of the families who have ever approached me for support and guidance regarding their sleepless infant; I have written this for you. Lastly, to my ever benevolent and optimistic husband: Je t'aimais, je t'aime et je t'aimerai.

**Abstract**

The aim of this critical literature review is to identify parental experiences of infant sleep in the first two years. Infant sleep is a common topic in new parent groups and is an issue frequently addressed at public health nurse contacts and physician visits. However, parental experiences of infant sleep from a qualitative perspective are not well known in the literature. I have completed a comprehensive review and critical analysis of the literature in order to identify sleep and parental experiences. My comprehensive literature search identifies that there is very little qualitative literature exploring parental experiences of infant sleep. Upon critical analysis, I discovered that the topic of parental experiences of infant sleep is a complex phenomenon that is under researched. The results of my review indicate that parents can feel judged; and that there is too much of a focus on the baby. Additionally, social location, knowledge and resources influence parents' experiences, values and beliefs.

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## **Part 1: Area of Interest**

### **Sarah's Story**

I met Sarah and her baby Mica<sup>1</sup> one sunny afternoon while I was leading a Public Health Nursing (PHN) parent's group held in the local community center. For the majority of the parent group that day, Sarah and Mica chose to sit and play at the periphery of the circle of parents and babies. Sarah seemed to be listening intently to the conversation all the while keeping her eyes on Mica. Near the end of the session, a parent mentioned how her infant had not slept very much the previous week. Sarah suddenly perked up to join in on the dialogue. "What has everyone tried to get their baby to sleep? I think I need to try something..." The remainder of the meeting revolved around parents sharing their stories and suggestions surrounding infant sleep; which eventually dissolved into parents attempting to get home before the next feeding, diaper change, and/or nap was due. Sarah waited to ask me if the local health unit had any resources on infant sleep. As I spoke with Sarah about this, she appeared pale and defeated. I now noticed two dark half moon shadows under her eyes. I encouraged her to keep coming back to the weekly parent group for the opportunity to meet with parents who may be experiencing the same challenges. Sarah did come back weekly, with each time she looked more fatigued than the previous meeting. A colleague of mine saw Sarah and her baby in an immunization clinic where Sarah filled out an Edinburgh Postnatal Depression Scale (EPDS). The EPDS identified symptoms of depression and indicated the need for a PHN referral

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<sup>1</sup> The names in this story have been changed for confidentiality

to the community postpartum depression group and her physician for further assessment.

Sarah decided to attend the PPD group and her presentation in the group was raw and emotional as she disclosed in detail her struggles with Mica's frequent waking and feeding demands. At the age of 7 months, nothing was soothing Mica outside of frequent breastfeeding at an age where he should no longer need hourly feeds. As the weeks went on, Sarah spiraled downward to a state that was distressing to all involved in the group. Unlike the other mothers in the PPD group, whose stories involved deep conversations about their innermost thoughts and feelings, Sarah's story consistently revolved around Mica not settling to sleep...ever.

### **Introduction**

As a Public Health Nurse (PHN), I have had the opportunity to engage with many families regarding their successes and challenges with parenting an infant. In my experience, one of the most common and emotional issues is that of infant sleep. Expert recommendations around infant sleep practices often appear in tension within the bigger context of parental lives. A multitude of factors influence a parents' motivation to follow expert recommendations such as: parent's social influences (Rowe, 2003), parenting style (Tse & Hall, 2007), confidence (Hauck, Hall, Dhaliwal, Bennett & Wells, 2011), and preference to access familial supports for information (Cronin, 2003). Navigating the complexities of these factors is difficult for parents, and dilemmas ensue as parents negotiate between discourses on infant sleep weighing the many expert recommendations against their own instincts and knowledge.

PHNs are uniquely positioned to be an accessible resource for parents seeking to engage in the topic of infant sleep. PHN contact through home visits, child health clinics and new parent groups provide ideal opportunities to discuss the discourses regarding infant sleep. As caring and advocating professionals, nurses also have a responsibility to aid parents in their journey of discovering their own voice in parenting.

Therefore, the purpose of this literature review is to search for the voices of parents regarding the topic of infant sleep. I will focus my search on phenomenological and other forms of qualitative research with the intent of illuminating understandings of parent's experiences with and concerns about infant sleep. I will critique the literature through a feminist poststructuralist lens as I look for answers to the following seven questions: What does the body of literature about infant sleep tell us about parental or family experiences over the first two years? How do parents identify infant sleep challenges? How do parents describe or talk about infant sleep challenges? How do parents describe or experience infant sleep behaviors? What strategies have parents identified as helpful or unhelpful? How does the family's social location influence parent's experiences of infant sleep challenges? Who has power in influencing a families' experience with infant sleep challenges?

The knowledge and information that I uncover in this literature review will be discussed with the intent of further informing the PHN role. Additionally, research opportunities regarding families' experiences of infant sleep will be posited.

## **Background**

Twentieth century researchers such as Dr. Kathryn Barnard and Dr. Thomas Berry Brazelton revolutionized the way the medical community regards the infant and its environment (Kennedy, 2002). The work of Barnard involving newborn behavior led to discoveries of how nurses can help babies develop better sleep regulation (Kennedy, 2002). Her work also led to the development of the widely used Keys to Caregiving, a program to support caregivers in learning the language of their newborn in order to positively support feeding, sleep and behavior states (Kennedy, 2002). Dr. Berry Brazelton's work notably substantiated the infant as a complex, highly regulated being that consistently responds to environmental stimuli; this led to the development of the well known tool: The Brazelton Neonatal Behavioral Assessment Scale (Als, Tronick, Lester & Brazelton, 1977; Brazelton, 1984; Nugent, Lester & Brazelton, 1989).

There are multiple references in the literature suggesting that parents lack the knowledge that is required to take care of their infant and that it is the expert's job to "educate them" (Tse & Hall, 2007; Aston, 2008; Hiscock, 2010; Sadeh, Tikotzky & Scher, 2010). In their study of parents' perceptions of a behavioral sleep intervention, Tse & Hall (2007) write: "many parents in this study had minimal understanding about normal infant sleep and sleep problems; some had incomplete or incorrect information" (p. 168). In a commentary entitled "Why care about sleep of infants and their parents?" Sadeh, Mindell & Owens (2011) clarify that "behavioral [sleep] interventions were developed in the first place to fill a clear clinical need" (p. 335). The sheer number of parents who approach medical and

childcare professionals with concerns regarding infant sleep disturbances has indicated the clinical need (Sadeh et al., 2010). Tse & Hall (2007) conducted a qualitative study where parents' relayed their thoughts about their experience of taking part in a behavioral sleep intervention study. One parent indicated their disappointment in the lack of access they had to the nurses who conducted the study by saying: "I thought a nurse would sit down and say 'do you have any questions and concerns?' If I had some, she would talk about that with me, about the next step or the next feed. It just get (sic) home that the study is more for them, than it is for us" (p.167).

Although it seems to be recognized in the literature that parenting is a complex process involving cultural, situational and other contextual factors (Sadeh et al., 2010), there remains an overarching discourse that parents, due to their lack of education and parenting skills, are the root cause of infant sleep problems (Hiscock, 2010). Interestingly, in their commentary titled: "Considering sleep in a family context: Introduction to the special issue" Dahl & El-Sheikh (2007) posit that scholarly literature is only beginning to address sleep in a family context and the next ten years of research will enlighten us on our knowledge of sleep as a family concern.

The conception that parents lack knowledge and that infant sleep challenges are their own fault can unfortunately be portrayed in a patriarchal manner that is oppressive; particularity because women remain the primary caregivers of infants. In an already vulnerable state, women approach health care professionals with their distress about infant sleep challenges and may feel judged by nurses and other

health care providers as being the source of their baby's problems. For example, Sadeh et al. (2010) note that increased parental intervention is correlated with increased sleep disturbances in infants. Interestingly, "clinicians tend to interpret these correlations as evidence that parental behaviors determine infant sleep, however, the alternative interpretation, that infants with more difficult sleep patterns require more parental involvement, is also a very viable interpretation" (Sadeh et al., 2010, p. 90). This statement reminds health care providers that they might undermine parental confidence in their directions around infant sleep practices. Parental advice given by health care professionals can or might ignore the context in which families live and how that context affects their ability to make changes and decisions. Aston (2008) suggests that it is prudent for health care providers, particularly PHNs, to transcend discourses related to the care of infants and encourages parents to focus on their own lived experience. In my practice as a PHN, this would motivate me to encourage parents to live their authentic journey and walk alongside them, instead of contributing to the discourses that undermine their parenting. Therefore, I posit that a parents' lived experience of the tensions involved with caring for an infant with sleep challenges can inform their management of it and PHN practices.

### **Tensions in the Current Literature**

Tensions associated with caring for an infant with sleep challenges are diverse and range from evolutionary perspectives to current cultural influences. These various viewpoints cause confusion and duress for caregivers as they navigate through seemingly opposing positions. As a PHN, I have noticed that

tensions associated with infant sleep typically revolve around the topics of infant feeding, safety, parental fatigue and postpartum depression.

It is well known that breastfeeding is the recommended first choice for infant feeding. The World Health Organization (WHO) advises exclusive breastfeeding from birth to six months and continued breastfeeding as a supplement to solid foods into the second year of life and beyond (WHO, 2012). It is also encouraged by both Unicef (2012) and WHO (2012) for mothers to practice co-sleeping or baby sleeping in the same room as mother as a method to establish and maintain prolonged breastfeeding. Mohrbacher (2010) writes, “rooming in is associated with greater breastfeeding frequency and better weight gain” (p. 66). Greater breastfeeding frequency is supported by the stance that humans are “carry mammals”; meaning that infants are in constant need of being carried and fed by their mothers in order to sustain their life (Mohrbacher, p. 66). However, within the context of infant sleep literature, there exists a position that both breastfeeding and rooming-in interferes with infant sleep initiation and duration. In their study, Touchette et al. (2005) found that room sharing is correlated with “fragmented sleep” (p. 242). While Sadeh et al. (2010) note that breastfeeding is reciprocally related with increased night waking and an increased inability for infants to self-soothe; contributing to current or future sleep disturbances.

Discourses about safety and infant sleep also create tension that, as of late, have received much attention in the medical and anthropological literature. McKenna, Ball & Gettler (2007) argue that a parent's desire to sleep with their baby is: “instinctive” (p. 157), “a fundamental component of breastfeeding behavior, and

an important mechanism for modulating infant sleep development” (p. 157). From my experience as a PHN, there are many parents who firmly believe in bed sharing (sleeping in the same bed as baby) as a way to manage breastfeeding and infant sleep. However, it is strongly advised by the Canadian Pediatric Society (2004) and Perinatal Services BC (2012) that bed sharing is not recommended due to its association with various sleep related deaths in infants including sudden infant death syndrome (SIDS).

Lastly, parental fatigue may also be a driving force behind a parent's request for advice about infant sleep. Although fatigue is associated with depression, it is usually accepted that fatigue does not always progress to depression. Nonetheless, health care providers including PHNs are charged with the responsibility for screening and referring appropriately if the potential for depression exists (Runquist, 2007). Recommendations about routine screening for postpartum depression impacts the context in which infant sleep is viewed. Depression has been correlated with infant sleep disturbances (Hall, Clauson, Carty, Janssen & Saunders, 2006), but there are varying conclusions drawn from the research as to whether infant sleep disturbances contribute to depressive symptoms in parents or visa versa. Lam, Hiscock & Wake (2003) argue that “depressive symptoms are a result rather than a cause of sleep problems” (p. e203) while Goyal, Gay & Lee’s (2009) research indicates that infant states affect maternal sleep, but do not predict depressive symptoms.

**Purpose of Project**

There is an abundance of literature that provides advice to parents about modifying their parenting behaviors in order to help their babies to sleep. Much of it has focused on infant sleep as an individual (infant) problem, rather than as a family concern that is aggravated by poor parenting practice. However, this research may also result in blaming women and caregivers for their infant's sleep problems. Although research on infant sleep is valuable, it also behooves us as health care providers, to understand the context in which families who have infants with sleep disturbances live. Tse & Hall (2007) state: "despite many studies about children's behavioral sleep problems, interventions, and outcomes, parent's perceptions about interventions have seldom been explored"; "nor well understood" (p.162). Rowe (2003) writes: "The social context of caregiving is a significant if somewhat neglected perspective" (p. 184). Therefore, the purpose of this literature review is to explore the body of literature on infant sleep to discover what is currently known about parental and family experiences in the first two years with the final aim of informing PHN nursing practice and nursing research.

**Part 2: Inquiry****Methodology: Critical Literature Review**

The goal of my project is to explore the phenomena of infant sleep as it is reported in published research studies about the lived experiences of women and parental caregivers; therefore, a literature review is an appropriate choice. In deciding specifically about the kind of literature review that is most suited to my topic, experience and resources, I have considered both an integrated literature

review and a critical literature review. My final intent is to describe and critically analyze this literature to inform PHN nursing practice with evidence informed knowledge of parents' experience. I expect the information I gather will not only inform my nursing practice; but may also influence nursing policy and research.

Parental experiences of the phenomena of infant sleep problems have not been well addressed in the literature (Hanna & Rolls, 2001; Kennedy, Gardiner, Gay & Lee, 2007; Tse & Hall, 2007; Rolls & Hanna, 2001; Rowe, 2003); therefore it is possible that I may need to reach out to a variety of sources in order to capture the essence of the phenomena. In consideration of this, I thought long and hard about completing an integrative literature review on my chosen topic. Integrative reviews can include a variety of literature from qualitative or quantitative, theoretical and methodological sources (Whittemore, 2005). An integrative literature review is appropriate for my project because it is a comprehensive and systematic method for identifying themes in research (Whittemore & Knafl, 2005). Findings are culminated from many sources in order to: 1) come to an understanding of the topic at stake; 2) identify further areas for research; and 3) translate knowledge (Sparbel & Anderson, 2000; Whittemore & Knafl, 2005). However, integrated literature reviews require advanced understanding about combining studies from disparate research paradigms (having different assumptions about knowledge construction), including knowledge of meta-synthesis of qualitative findings, so are not appropriate for a novice researcher (Whittemore & Knafl, 2005).

Furthermore, there exists contention in the literature that research evaluation methods continue to be philosophically based in positivist paradigms

(Cutcliffe & McKenna, 1999; Rolfe, 2006; Stige, Malterud & Midtgarden, 2009). I have no prior research experience and methods for critiquing qualitative research are conflicting. While guides for critiquing qualitative research exist (Beck, 2009; Ryan, Coughlan & Cronin, 2007), “no gold standard exists” (Whittemore, 2005 p. 58). Additionally, the philosophical assumptions of some forms of qualitative research are at odds with the notion of evaluation (Cutcliffe & McKenna, 1999; Rolfe, 2006 & Whittemore, 2005).

A comprehensive review (search and description of findings) and critical analysis of the literature seems to be an appropriate choice for my project as the phenomena of infant sleep is complex and both context and social location may influence parents’ experiences and concerns (Rowe, 2003). Although literature reviews are commonly a collation of published and unpublished documents at various levels of evidence (Krainovich-Miller & Cameron, 2009), I will be focusing my search on scholarly qualitative literature. My reasons for this are twofold: 1) I am interested in exploring the current availability of literature in my chosen topic area to make a case for further research and 2) I am interested in hearing the voices of parents, to identify the implications for evidenced informed nursing practice. As discussed by McSherry, Simmons & Pearce (2002) it is imperative that nurses be accountable for their knowledge; particularly for ways in which they acquire, reflect, appraise and evaluate it. Nurses’ accountability for their knowledge is not only a personal endeavor, but also a professional one, whereas they are answerable to their patients, professional discipline and body, community and other professions (McSherry et al., 2002). The Canadian Nurses Association (2010) posits that

evidence informed decision making has the potential to positively transform the healthcare system and, like McSherry, Simmons & Pearce (2002) believe, it resides at the intersection of professional expertise, best evidence, healthcare resources and client preferences.

### **Philosophical Location**

I will analyze and present my findings in this critical review of the literature through the lens of feminist poststructuralist theory. As I have mentioned previously, there are a multitude of studies based in a medical model, which aim to give advice to parents regarding infant sleep. Historically, medicine has been rooted in patriarchal practices due to the predominance of men in the profession, the medicalization of childbirth and rearing, and the overall pursuit and value of medicine. As women remain the predominant caregivers for babies, I believe it would only be responsible for me to be cognizant of these influences in the literature.

According to Arslanian-Engoren (2001) there are three aspects to feminist poststructuralist theory: language, subjectivity and power. Language influences what is deemed to be legitimate and dominant discourses can create an interpretation of a situation. A feminist poststructuralist lens can give voice to silence and identify the discursive structures that uphold dominant discourses. Subjectivity includes being mindful of the social influences that create perceived images of self and the assumed value of particular roles and behaviors (Arslanian-Engoren, 2001). For example: everyday experiences and interactions between parents, their communities and health care providers have implications for how

people view themselves as parents. Power refers to the iterative process of “power generating knowledge and knowledge initiating power” (Arslanian-Engoren, 2001, p. 513). In other words, knowledge is a social construction and it becomes a modality for power; those who have power to influence research priorities and make truth claims (Arslanian-Engoren, 2001).

Feminist theory also values women’s experiences from different social locations and feminism was the first movement towards social justice for all including the consciousness for children’s rights and that children are not “property of parents” (hooks, 2000). In my practice as a PHN, I have witnessed how social location can influence parent’s access to knowledge, resources and choices. This is one of the reasons I am curious how social locations affect the dialogue around infant sleep challenges and parent experience of it. A feminist poststructuralist lens, can make visible power dynamics and some of the contextual resources that affect women’s/ parent’s experiences with an infant who has sleep disturbances.

### **Questions to Guide Inquiry**

In the results section of this paper, part one and two; I will apply seven questions of inquiry to the final articles deemed relevant as per inclusion and exclusion criteria. Please refer to Appendix B for a listing of these seven questions.

### **Literature Search**

The literature search for this project has been both methodical and extensive. As mentioned previously, I am interested in examining the qualitative literature regarding parent’s experiences with an infant who is exhibiting sleeping disturbances. My preliminary search for literature resulted in very little success.

This indicated to me that I would need to be patient, deliberate and thorough in my search. I also became aware of the importance of accessing guidance from both my advisors and the University of Victoria (U Vic) librarian.

My literature search began with the careful consideration of accessing a wide range of databases and took place at various times between the months of April 2012 - August 2012. Upon consultation with my supervisors and the University of Victoria librarian for Nursing, Kathryn Paul, my search of the literature included the following six databases: Cumulative Index to Nursing and Allied Health Index (CINAHL), Summon (a search engine specific to the University of Victoria library system), Google Scholar, OVID, PubMed and Psych Abstracts. My original plan for my literature search also included the database: Sociological Abstracts, but a preliminary search yielded no useful results. Additionally, I considered searching Midwifery Journals, but was assured that they would be covered in CINAHL. Initially, I considered searching for literature from the year 2000-present, however, as I quickly encountered a lack of applicable hits, I expanded my search to 1990- present. My search was also limited to English due to my language competency. The overall goal of this literature search was to retrieve research reports published in peer-reviewed journals. As an emerging scholar, I am mindful of my capacity and of the resources available to me; therefore, I am not conducting a systematic literature review. This means I will not be translating non-English research and will not be including grey literature or books in this literature review.

Finally, as a method to inform and document my literature search, I kept a journal of terms used, number of hits and general progress. The following is a compiled narrative of my search progress.

### **Cumulative Index to Nursing and Allied Health Index**

I began my search in the Cumulative Index to Nursing and Allied Health Index (CINAHL) with anticipation of it leading to a successful search as it contains literature specific to nursing from a wide range of journals. On two separate attempts, I searched the following terms in numerous combinations: parent experience, phenomenology, infant sleep behavior, infant sleep, infant state\*, parent\*, family, mother, sleep state\*, parent infant synch\*, women\*, infant sleep challenge\*. With many of the results yielding: 12, 60, 24, 5, 42, 14, 179, 88, 30, and 155 hits; I scoured all of the abstracts. I then ended up with 11 final articles possibly applicable to my project. However, upon closer examination, I discovered that only 3 out of the 11 articles were qualitative in nature. The 8 articles I filtered out were of the following descriptions: 2 were non-participant, 4 were survey research and 2 were intervention research. In a second attempt to ensure a comprehensive search, I once again consulted with the librarian, Kathryn. Kathryn suggested that I also utilize subject-heading searching with controlled vocabulary through the thesaurus function as well as the limiter for qualitative research only. The benefit of subject heading searching is that it gives the researcher the ability to search for literature in a database without the restriction of needing to know specific words. For example: in my earlier searches, I was attempting to find literature through the method of many variations of the word parent. Searching with subject heading and controlled

vocabulary, I can type in the word infant and the database will search all of its records with not only the word infant, but also all of its registered variances of the word infant. Therefore, for the second CINAHL search, I searched utilizing subject headings with the final limitation of qualitative research under the query best balance. The final query resulted in 8 hits; 2 of which were relevant to my topic. The other 6 articles were deemed irrelevant as 2 explored SIDS, 1 was a systematic review, 1 regarded plagiocephaly and 2 were comparative. A table outlining further details of my CINAHL searches is displayed in Appendix B.

### **Summon**

Summon, a search engine specific to the University of Victoria, was my next choice for finding articles for my literature review. I utilized many different variations of the search terms regarding infant, parent and sleep. Again, my search was limited to English, 1990-present and peer/scholarly reviewed literature. With low yielding hits I was able to scan all of the abstracts of the articles. Unfortunately, none deemed to be relevant to my project. An additional attempt at collecting data from Summon occurred in late August 2012 along with the aid of librarian Kathryn Paul. Even with Kathryn's assistance, I found no applicable results. A table outlining further details of my Summon searches is displayed in Appendix C.

### **Google Scholar**

Upon embarking on this journey with Google scholar, I knew that finding relevant articles in Google scholar would be challenging. In Google scholar, I am unable to specify my searches outside of limiting the years of publication and to the English language. I am also unable to complete advanced searches by combining

search results, or search for articles specifically related to nursing. Therefore, my search terms need to be specific and meaningful due to the multitude of hits that can result from a non-specific word. For example: the search term “sleep” resulted in 2,350,000 hits, the term “infant sleep” resulted in 463,000 hits and the terms “parent experience and infant sleep” resulted in 34, 500 hits. Out of optimism, I reviewed the initial 200 hits, and found no applicable hits. I persevered again by searching “qualitative” + “infant” + “sleep” + “parent” for a total of 14, 000 hits. Again, I scanned through the initial 200 hits looking at titles and reading through the abstracts of possible applicable articles with no success. Finally, my search with the terms “infant sleep”+“parent”+“qualitative research” yielded 116 results. Reading through all 116 results, three articles were found to be relevant. Unfortunately, two of the three articles were not new as I had previously found them in CINAHL and are listed above. A table outlining further details of my Google Scholar searches is displayed in Appendix D.

### **OID Medline (R)**

OID Medline R is a comprehensive health sciences database that also had the potential to yield results on my topic of parent’s experiences of infant sleep. My initial search utilized a combination and variation of the following terms around infant, sleep and parent. Unfortunately, after close examination of the titles and abstracts, the only article relevant to my topic of parent’s experiences of infant sleep was one I already collected from my CINAHL search. In a last attempt with my search through OID Medline R, I consulted the librarian. Again, I utilized the technique of subject heading searching with the terms. This combined search

yielded 28 results with the final limiter of “qualitative best balance of sensitivity and specificity”. A review of all 28 hits resulted in the following: 15 studies on SIDS, 2 studies applicable to my project in which I already retrieved from CINAHL, 4 quantitative studies that did not get screened from the qualitative limiter and 7 articles on specific medical conditions in infants and children. Unfortunately, OVID did not produce any new results in my search for literature. A table outlining further details of my OVID Medline searches is displayed in Appendix E.

### **Psych info**

I completed three separate searches of the Psych info databases. Terms such as infant states, infant sleep behavior and infant sleep all yielded results with less than 30 hits making it possible for me to read through all of the abstracts to determine preliminary relevancy. Unfortunately, there were no relevant results from those 3 searches. In my second search attempt, I tried different search terms. Again, I scoured the yields reading through titles and abstracts with no results. Finally, I conducted a last search of Psych info with the librarian. With her guidance, I utilized the thesaurus search term function to be sure to include every possible word combination for each of my subject search terms. With all of the search results combined and the qualitative limiter applied, I was left with 6 results. Upon reading through the abstracts of the 6 results, one was relevant, which I have included in Table 3. A table outlining further details of my Psych info searches is displayed in Appendix F.

**PubMed**

My initial search resulted in 1069 hits but when I added the limiter term of “qualitative” the hits revised to 22. Of the 22 hits: 6 referred to safe sleep, 1 to GERD, 1 to preemies, 4 to other non applicable topics, 3 of which I already pulled from previous searches and finally 1 of relevance to my topic. In my final attempt at a searching PubMed, I asked the engine to search all of the terms with the possible variations and then combined them. This final result ended with 39 hits. I read through all of the abstract results to find 4 articles that I had pulled from previous searches and no new articles of relevance. The one article of possible relevance that I found in my original search is listed below in Appendix G: Table 5.

**Hand Searching**

In order to ensure a final extensive and careful search for qualitative research on parents’ experiences with infant sleep, I completed a hand search. This hand search involved the following processes: reviewing all articles I previously collected throughout my Masters program in anticipation of this project, reviewing all reference lists of my collected literature for additional applicable research and independently searching each article through summon or other databases to look for “cited by” articles. The articles listed in Appendix G are a result of this hand search.

**Reflection on Literature Search**

As a result of my search, I have discovered an abundance of literature that provides advice to parents about modifying their parenting behaviors in order to help their babies sleep. Much of it focused on infant sleep as an individual (infant)

problem, rather than a family concern that is aggravated by poor parenting practice (Dahl & El-Sheikh, 2007). During my literature search, I read through many abstracts and articles on survey and intervention research on infant sleep. At first glance, some of the research also appeared to be correlational exploring the relationship between variables such as maternal depression and infant sleep problems; however, upon closer inspection these articles were actually surveys. Unfortunately, as I have demonstrated above, I found very little qualitative data regarding parents' experience of infant sleep.

Surveys dominated the hits in my literature search and there is no question as to why. Surveys are economical in that they can reach a wide variety of the population for sampling and, in doing so, can result in a large amount of data; therefore creating the possibility for generalizable results (Abbott , 2002; Coughlan, Cronin & Ryan, 2009; LoBiondo-Wood, Haber & Singh, 2009).

Many survey studies I found during my literature search were comparative. In comparative surveys, the researchers study variables and the differences between them (LoBiondo-Wood, Haber & Singh, 2009). For example, Hiscock & Wake (2001) conducted a cross sectional survey study through a partnership with community health centers. A total of 674 surveys on depression and infant sleep were filled out by mothers who attended the health center for their babies health check-up (Hiscock & Wake, 2001). Two screens were utilized in the survey: the Edinburgh Postnatal Depression Scale and the study's own 7 point scale for severity of sleep problem in their baby (Hiscock & Wake, 2001). Upon the researchers' interpretation of the data from the two screens, the study concluded:

“maternal report of infant sleep problems and depression symptoms are common in middle-class Australian communities. There is a strong association between the two” (Hiscock & Wake, 2001).

When I first began my literature search, I believed that I could find survey research that would be relevant to my topic so long as it contained more descriptive or exploratory data. Survey research is very important in our understanding of infant sleep and parental experience and the expertise that is required to develop, test, and analyze results from survey research is demanding. However, while reading the results from survey research I could not help but think that the data might be *information* on parental experience, not a *reflection* of the experience. Additionally, the research is still quantitative and evaluative in nature and the exercise of assigning values to contextual factors such as depression, fatigue, or marital satisfaction does not meet the inclusion criteria for this project.

From personal experience as a PHN, parents commonly ask for advice on interventions to help get their baby to sleep. Specialized interventions are highly valued by physicians, nurses and many individuals (Beck et al., 2010). During my literature search, I came across many intervention studies attempting to solve the concerns parents have about infant sleep. Adachi et al. (2009) designed a study to discover the effectiveness of a behavioral intervention (provision of an educational booklet) in the influence on parenting and infant sleep behaviors in 4 month olds (p. 85). One hundred and thirty-six mothers participated in the research study assessed at a local health clinic; 66 in the control group and 70 in the intervention group (p. 88). The results concluded that the control group had significantly higher incidences

of night waking (p. 90). As someone who is in a caring profession, I directly feel the parent's desire that I give advice, as parents indicate that they are willing to try anything. Daws (1993) writes: "Sleeplessness, which can spread through a whole family, actually stops useful thinking by parents about what is going on in the family" (p. 20). This is indicative to the extent that families will go to seek and attempt advice from others.

Qualitative research is a form of naturalistic inquiry that takes place in people's familiar or home settings (Liehr, LoBiondo-Wood & Cameron, 2009). Qualitative research includes the act of people telling their own stories (Abbott, 2002) in their own words and the interpretation of these words by researchers. It is often used for theory development (Liehr et al., 2009) and as a way to offer grounding for positivist research (Liehr, Smith & Cameron, 2009). Qualitative research on my project topic was extremely difficult to find. After numerous attempts over several months of searching, I came up with very little research. The several articles I did find also validated that little research that has been done in the area (Hanna & Rolls, 2001; Kennedy et al. 2007; Tse & Hall, 2007; Rolls & Hanna, 2001; Rowe, 2003). General impressions that I initially gleaned from the qualitative literature are that parents can become extremely fatigued (Kennedy, 2007) and lose confidence in their parenting skills (Tse & Hall, 2007) when their baby has disturbed sleep or trouble getting to sleep. Although there is a multitude of resources giving advice to parents about infant sleep, parents experience difficulty with navigating through all of the information (Tse & Hall, 2007). The cumulative listing of the articles selected for review is provided in Appendix I.

### **Part 3: Relevance and Critical Analysis of the Literature**

#### **Relevance of articles to PHN practice from literature search**

As demonstrated in Appendix I, I identified a total of eleven articles as possibly applicable to this project. As a method of judging relevance, I firstly reviewed each article according to the study purpose, setting, participants and approach. I then applied inclusion and exclusion criteria to each article, which is summarized in Appendix: J. Inclusion criteria for this project consists of: qualitative or naturalistic approach to research, home or community setting, time of study includes any time in the two years postpartum, focus of study is on parents' experiences of their infant's sleep patterns & behaviors and/or sleep intervention programs. Exclusion criterion for my project is: research focused on behavioral sleep intervention techniques. Articles that contribute to the purpose of this project and that are applicable to PHN practice will then undergo a critical analysis and be a part of the final discussion in this paper.

Carol Bolton's (1999) article is entitled: *Dark nights and desert places: Working with sleepless babies and their parents*. Bolton (1999) is an adult psychotherapist who has an interest in helping parents who have a baby that is not sleeping. Bolton made it very clear that the purpose of her study was to help parents who personally identified that their child has a sleep problem. Her study was conducted in Australia by using "The Scientist Practitioner Model" (Bolton, 1999, p. 35). This model was developed for clinical psychologists with the intent of promoting research based clinical work. The participants in Bolton's study were

referred to her by a medical practitioner and the babies ranged in age from seven to twenty four months. The sessions took place in Bolton's professional office.

This paper was not written to directly inform nursing knowledge, nor is it nursing research, however, I feel that it could contribute to PHN practice. Bolton's article promotes thoughtful, reflective practice and sparks consideration in how to approach helping families who experience sleeplessness with their babies.

Cronin's (2003) article is titled: *First-time mothers-Identifying their needs, perceptions and experiences*. The researcher took a qualitative approach to fulfill the purpose of inquiring about the needs, perceptions and experiences of first time mothers aged eighteen to twenty-five years. Cronin was especially interested in gathering data about the initial days at home up to and including nine months after birth. To gather her data, Cronin conducted focus groups and in-depth interviews at a community family center in Southern Ireland.

Cronin's research is very applicable to PHN practice as it discusses a group of mothers who may not be getting their needs met by health professionals. It additionally adds insight into possible reasons why their needs may not be met; as well as contextual information about their interests and influences.

In their study entitled: *Strategies used by parents of twins to obtain sleep*, Damato & Zupancic (2009) report there is no current empirical data on the strategies used by parents of twins to obtain sleep. Therefore, the purpose of their study was to ask parents of twins what strategies they used in order to get the sleep they need in the first six months postnatally. Their study took place in a Midwestern United States city and data was gathered from mothers and fathers of twins while

they were at home during structured telephone interviews. The researchers focused their data collection on strategies and behavioral techniques that were most successful for the parents. The data was then organized into previously developed categories of: strategies related to self, infant and environment.

This research study contains information that is helpful to PHN practice particularly because it highlights the lack of information in the literature about parents with twins and the strategies they use for sleeplessness.

In her article titled: *A change in life as experienced by first-time fathers*, Fägerskiöld's (2008) purpose was to look at the overall life experience of first time fathers during the initial months after birth. Her study took place in the fathers' homes in southern Sweden and consisted of an interview including open-ended questions. Qualitative grounded theory method was applied to the twenty to forty-eight year old fathers' interview responses.

This article is applicable to PHN practice as it highlights changes that fathers encounter with the birth of their infant. PHNs nurse the whole family in the community and increased knowledge about fathers' adjustment has the ability to impact the care provided by PHNs.

Hanna & Rolls (2001) conducted a study titled: *How do early parenting centers support women with an infant who has a sleep problem?* The authors were curious as to how early parenting centers support women with an infant who has a sleep problem? Their purpose was to explore how infant/toddler sleeplessness influences the family and the ways in which a parenting center supported the family. The research took place in a community family center located in Australia and

consisted of focus groups. The participants consisted of twenty-eight parents of infants and toddlers. The data was analyzed using an inductive content analysis approach.

This research is applicable to PHN practice as it illuminates the significance of parental concerns about coping with an infant or toddler who is not settling or sleeping how the parents believe s/he should.

Kennedy, Gardiner, Gay & Lee (2007) completed a study entitled: *Negotiating sleep: A qualitative study of new mothers*. The study took place on the West coast of the United States. The authors' purpose was to discover mothers' experience of sleep during pregnancy and up to three months postpartum. The authors were interested in learning about mothers' experience of sleep during this time in order to learn how to improve sleep and general welfare in expecting and postpartum women. The authors gathered information through semi-structured interviews on 20 women that took place in their own homes. An interpretive hermeneutical approach was applied to data collection and analysis.

PHNs have opportunities in their practice to speak with women during pregnancy and postpartum and it is likely that women will be reporting sleep changes to a PHN. This article is helpful in that it can inform PHNs on sleep changes women may experience and education around the topic.

Kurth, Spichiger, Zemp Stutz, Biedermann, Hösli & Kennedy (2010) conducted a study called: *Crying babies, tired mothers – challenges of the postnatal hospital stay: An interpretive phenomenological study*. The authors report that the primary aim of the study was to investigate how women experience caring for a

crying baby and themselves during the initial postpartum period in hospital. The secondary aim was to explore how the initial experience of the mother in hospital affects the family in the first few months postpartum. The research took place both in hospital as well as the mothers' homes and consisted of participant observation and interviews. The research took place in the country of Switzerland.

This research is applicable to PHNs because it offers some qualitative data on infant crying, its effects on maternal sleep in the initial postpartum period and how mother's perceive the 'help and advice' of others.

Megel, Wilson, Bravo, McMahon, & Towne (2011) wrote an article entitled: *Baby lost and found: Mother's experiences of infants who cry persistently*. This research study was conducted with the intent of describing mothers' experience with an infant who cries persistently. The research took place in the Midwestern United States utilizing a grounded theory approach. Participants consisted of twelve mothers and the data was collected using an open-ended question interview guide. The average age of the infants described as 'colicky' in this study was thirteen and a half months of age. The location of the interviews was not mentioned in the study.

This research is applicable to PHN practice as PHNs are often speaking with families who describe their infant as 'colicky'. Additionally, care of an infant who is irritable is often a topic discussed by PHNs especially in relation to injury prevention around shaken baby syndrome.

In their paper: *What about the mother and family when as infant does not sleep?* Rolls & Hanna (2001) utilized focus groups to collect data, which was then

analyzed using a thematic analysis process. The focus groups consisted of between five and ten individuals with a total of twenty-eight women, two men, and one grandmother. The focus groups took place in an early parenting center in Australia. The purpose of their research was to understand the women's experience of having an infant with a sleep problem and if admission to an early parenting center for support was of benefit to the family. The infants of the mothers were aged six weeks to eighteen months.

This research is of relevance to PHN practice as it is a discussion of the range of experiences women have in relation to their infant's sleeplessness. The data from this research has the potential of informing PHN practice around women's experiences of having a sleepless infant and what kind of support they are looking for.

In Rowe's (2003) qualitative research study entitled: *A room of their own: the social landscape of infant sleep*, social perspectives on infant sleep were explored. The purpose of the study was to explore and theorize how new and experienced mothers view and make choices within the context of infant sleep. The study took place in Australia and the participants included twenty-one mothers of infants aged one to twelve months. The research was conducted utilizing a qualitative approach using interpretive narrative principles and data was gathered using in-depth interviews and reflective journals. The location of the interview was not mentioned in the study.

This research, I believe, should be of special interest to PHN practice, because it addresses the larger picture of infant sleep. PHNs have a special understanding of

how communities and social location influence individual health. This article contributes to knowledge of how community practices around infant sleep may have an impact on the choices individual families make.

Tse & Hall (2008) completed a descriptive qualitative study titled: *A qualitative study of parents' perceptions of a behavioral sleep intervention*. The purpose of this study was to describe parent's experiences of a behavioral sleep intervention for infants six to twelve months of age. The researcher's aims for this study was to gain information from the parents in order to learn how to improve their current program including the behavioral sleep intervention design, delivery and effectiveness. The study took place on the West Coast of Canada and consisted of fourteen families. The participants were interviewed in their own home using a semi-structured approach. The content was analyzed using inductive analysis.

Although this study was completed with the intent to inform a specific behavioral sleep intervention, I believe it contains beneficial information for PHNs regarding parent's experiences of infant sleep. It is quite common for parents to attempt behavioral sleep interventions on the advice of health professionals, friends or family members. Therefore, their experience of attempting a sleep strategy is certainly part of the larger context in which families experience infant sleep challenges.

### **Criteria for inclusion and exclusion**

Upon application of the inclusion and exclusion criteria to the eleven articles listed on page 29, five remain: Hanna & Rolls (2001), Kennedy et al. (2007), Rolls & Hanna (2001), Rowe (2003) & Tse & Hall (2008). All of these listed articles contain

parental experiences with an infant who is not sleeping how the parents think s/he should. Although I approached this project with the intent of exploring parental experience with their infant one year of age or less, the limited amount of literature available caused me to revise the inclusion to the second year postpartum. The remaining 6 articles were excluded either because their approach did not fit into the inclusion criteria or because they do not inquire specifically about parental experiences with infant sleep (Bolton, 1999; Cronin, 2003; Damato & Zupancic, 2009; Fägerskiöld, 2008; Kurth et al., 2010; Megel et al., 2011). Although, at first glance, Damato & Zupancic (2009) and Bolton (1999) seemed to address parental experiences of infant sleep, it became apparent that their methods were not naturalistic as their intent was to measure strategies for infant sleep or mothers' coping. The articles by Kurth et al. (2010) and Megal et al. (2011) explored the phenomenon of infant crying while Cronin (2003) explored overall experiences of first time mothers and Fägerskiöld (2008) of first time fathers.

### **Final Listing of Articles for review**

See Appendix K for a table format listing the final articles for review.

### **Description and Critical Analysis of Final Articles**

As a developing nurse scholar, I am acquainted with the importance of ensuring that I include quality research in my literature review. However, in consideration of the limited research in my topic of interest, I must be cognizant that any qualitative research completed in the area of parental experiences of infant sleep problems is of value. Therefore, although it is judicious of me to evaluate the

research I find, it is prudent that I acknowledge that I may need to include research that otherwise would be excluded if the base of scholarly literature is abundant.

For this section, I have summarized each article that met my inclusion criteria based on the authors' findings that are applicable to this project. Additionally, I have critiqued each article through a lens of feminist poststructuralist theory by applying the following questions: Who is excluded/included in the study? Whose position is privileged? What power dynamic influences the research? A summary of the critiques is listed in table format in Appendix L.

Hanna, B. & Rolls, C. (2001). How do early parenting centers support women with an infant who has a sleep problem? *Contemporary Nurse, 11*(2-3), 153-62.

In this qualitative study completed in Australia, the participants had sought a stay at an early parenting center because of infant sleep problems. At the end of the five-day stay, the researchers conducted focus groups to ask parents about their experiences with a sleepless infant and information about how admission to the early parenting center helped.

The researchers found that the majority of participants attended the early parenting center for support from nurses because their infant did not settle and sleep. Overall, the researchers found that when handling a sleepless infant, mothers reported feeling alone, vulnerable, isolated and overwhelmed with the household workload. The families tried everything to manage on their own and the mothers felt like failures when they then found they could not manage. The fathers became resentful about coming home from work. Some parents experienced great difficulty hearing their baby cry persistently and several mothers were experiencing

postnatal depression. During their stay at the early parenting center, mothers developed supportive relationships with one another and felt that the information shared between one another beneficial. Upon leaving the facility the mothers felt “empowered” (p. 160) and able to make some new changes at home. The researchers posited that a child’s sleep problem could be a symptom of a larger family dynamic such as family functioning and simply focusing on behavioral techniques for getting baby to sleep is therefore not effective.

Out of the twenty-eight participants in the study, only two were fathers. The researchers included numerous quotes from the mothers and the two fathers in their results section showing evidence of their voice throughout the findings. However, the researchers generalized many of their findings to being the ‘parents view’ and I wonder if that is a fair generalization to make when, in many cases, both partners were not present. There was also no mention of same sex partners, which made me believe that it is assumed by the researchers that the family unit includes only a male, female and their children. The participant sample was convenience as it consisted only of people who accessed the center over the research study timeline. All twenty-eight of the mothers were “admitted” (p. 158) to the early parenting center, which was staffed by nurses. The language used to describe this activity seems to medicalize the experience. Women having to leave their home to seek help from ‘professionals’ may contribute to their feelings of incompetency and powerlessness. The power was being held by the parenting center as the ‘keepers of knowledge’. It was concluded by the researchers that the mothers benefited from their stay at the early parenting center because they left feeling “empowered” (p.

160) due to the connections they made with other parents, the support they received from nurses and the relief from household duties. I am left wondering if this support could be provided in the parents' home instead of institutionalizing the program?

This study illuminates several implications for PHNs and nursing research. When parents reach out for assistance or suggestions about getting their baby to sleep, it is because they have exhausted their current options and are asking for help. PHNs can inquire and listen about current strategies the parents have tried and how they are managing baby, the family unit and household duties. The PHN can also inquire about current supports and offer referrals to further community supports and services, such as respite care and parent groups, as per the parents' identified needs. If parents are identifying symptoms of depression, screening and appropriate referrals is prudent due to the general increased incidence of depression in new parents. Further research could include the fathers' or partners' voice about the experience of having a sleepless baby.

Kennedy, H., Gardiner, A., Gay, C., & Lee, K. (2007). Negotiating sleep: a qualitative study of new mothers. *Journal of Perinatal & Neonatal Nursing*, 21(2), 114-122.

The authors completed this phenomenological interpretive hermeneutic study of mothers and their experience of sleep during pregnancy and up to three months postpartum. The authors were interested in learning about mothers' experience of sleep during this time in order to learn how to improve sleep and general welfare. The interviews took place in women's homes in California, USA.

Authors' findings that are applicable to this project are that sleep is a significant concern for mothers postnatally and that changes occur that require mothers' adjustment. Most significantly, the authors write: "Sleep became a negotiated behavior that revolved around the infant's needs and the mother's needs; it took practice and a realization that sleep was important for her to function" (Kennedy et al., 2007, p. 119). The authors found that the mothers identified many events that interfered with their ability to find rest including: residual fatigue from a long labor and the hospital stay, breastfeeding, location of sleep for mother and baby and general concern for baby. Lastly, the authors found that the incidence of depression for the mothers participating in their study was no greater than general expected incidence pre and postpartum. However, this finding is specific to this study because the study is qualitative in nature, includes only a small sample size, and must not be mistaken for generalizability.

This study was set up to specifically explore mothers' experience with sleep and their voices were evident throughout the researchers' descriptions of the findings. It is unknown if particular socioeconomic groups were excluded or not as income levels of the participants were not disclosed. The authors did show representation of different cultural groups in their American sample. The interviews took place in the participants' homes, which gives power to their voice with the assumption that they are able to speak in a setting that is comfortable to them. The researchers' position remains privileged in that they are interpreting the mothers' responses, but the presence of quotes the authors utilized supports their interpretation. Because social location in regards to income level was not disclosed,

it is difficult to determine in this study how mothers' access to information, knowledge and support influenced their ability to adjust and cope with "negotiating sleep" (p. 114).

An implication for PHNs in regards to this research is the information it provides about sleep changes that occur in women postpartum, and that women often enter the postpartum period with a sleep deficit. The knowledge that mothers face numerous challenges in caring for infant and themselves is something PHNs can discuss with new mothers and explore what strategies might work for them as well as providing referrals to respite services and peer support. Further research could include inquiry into how women and families' social location affects their access to knowledge and resources around sleep in the postpartum period.

Rolls, C. & Hanna, B. (2001). What about the mother and family when an infant doesn't sleep? *Australian Journal of Primary Health*, 7(3), 49 - 53. doi 10.1071/py01046

This research study is the second of two written by the authors in relation to parental experience of having an infant with sleeping difficulties. The purpose of this study was to understand the experiences of mothers and families in coping with an infant with sleep problems at home and how it affected their family.

The researchers conducted focus groups with the participants during their five-day stay at an early parenting center in Australia. The authors uncovered four themes using a thematic analysis process. These themes included: "motherhood role confusion", "a good mother does it all", "motherhood as entrapment" and "partners opt out of the scene" (Rolls & Hanna, 2001, p. 51). The authors conclude that

communities have a responsibility to provide positive support for mothers to counteract the negative feelings mothers place on themselves. Additionally, some mothers need professional support to develop a healthy self-image of mothering.

The study included twenty-eight women, two men and one grandmother. The study reportedly was seeking the experience of women and families, but the lack of participation of partners and the family unit in the data collection shows how only the effect on mothers is portrayed. Two thirds of the mothers reported to have older children at home. The researchers' position is privileged in that the study took place in their environment and the women perceived themselves as being incompetent because of their asking for help. The results indicate the amount of pressure mothers place on themselves to manage all of the caregiving and housekeeping duties. The researchers attribute the mothers' expectations to societal views on motherhood and that the community has a responsibility to change their view on motherhood expectations.

Implications for PHN practice include PHNs being aware of motherhood myths that contribute to mother's feeling as though they need to manage it all. PHNs have the capacity to develop community groups for women to seek out support and to refer mothers to respite services. PHNs can advocate at a government level to lobby for increased community services, such as respite care, for families and provide education around the topic of infant sleep challenges through prenatal classes, telephone and home visits. Since there is very little research in the area of parental experience of having a baby with sleep difficulties, further research is needed to build on the body of knowledge.

Rowe, J. (2003). A room of their own: the social landscape of infant sleep. *Nursing Inquiry*, 10(3), 184-192.

Rowe (2003) conducted interpretive research for theorizing the social perspective on infant sleep. Her method for data collection included in-depth interviews and reflective journals. Twenty-one Anglo-Saxon Australian mothers volunteered through purposive sampling.

The author found that the context of infant sleep was interwoven with tensions between: mother's encouraging their infant's independence whilst meeting both needs of mother and infant, protecting other members of the households sleep needs as well as her own and creating a "locale" (p. 189) for baby. The author posits that there is a social context that influences parents' choices for infant sleep. In her conclusion, Rowe (2003) states: "Infant sleep arrangements emerge as a place rich with social meaning, and in which tensions between child and adult centered interest are both expressed and reconciled" (p. 190).

All of the participants in this study were mothers of babies therefore, other caregivers were excluded. The location of where the research took place was not divulged. The participants' quotes are evident throughout the analysis demonstrating their voice. The researcher holds power in interpreting the data for the research and there was no mention of the researcher checking back with the participants to validate the findings.

PHN practice implications include being aware that their teaching about the prevention of Sudden Infant Death Syndrome has the potential to impact not only the safety of the baby, but the parents' experience with social tensions

associated with whom, and where the baby's sleeps. These tensions may contribute to parents seeking further dialogue on the topic as they search out how to balance competing priorities. The research was completed in "middle class" (p. 186) families and further research should be done with other socioeconomic groups and cultural groups to gain a better understanding how access to resources and information affects their adjustments around caring for baby.

Tse, L. & Hall, W. (2008). A qualitative study of parents' perceptions of a behavioral sleep intervention. *Child: Care, Health & Development*, 34(2), 162-172.

The purpose of this descriptive qualitative study was to describe parents' experiences of a behavioral sleep intervention study. The researcher's aim for this study was to gain information from the parents in order to learn how to improve their current program including a behavioral sleep intervention's design, delivery and effectiveness. Data was gathered via selective sampling from fourteen of the thirty-five families that participated in the second researchers' quantitative study.

Upon analyzing the data, the researchers discovered nine themes including: "changes in parents' perspective about sleep, gaining a framework to tackle sleep problems, unanticipated changes resulting from using the strategies in the study, challenges for parents, fitting interventions strategies into the parents' realities, factors interfering with successful interventions, parents' support systems, parents' expectations of the study and inadvertent benefits of the study" (p. 164). The researchers concluded that the parents had knowledge deficits in the areas of infant sleep cycles and behavioral sleep problems.

Included in the study were fourteen well-educated, middle class and mixed-ethnicity families in a large Western Canadian city. Of the families participating, both parents were involved in the interview apart from three fathers as they were travelling or working late. Good representation of family caregivers appeared in this study. The interviews took place in the participants' homes by a researcher that was not a part of the original study the parents took part in, hopefully contributing to the parents freely speaking about the experience. However, the second researcher was involved in both studies, which could have lead to some influence with the interpretations of the parents' experience. Parents' voices were heard through their quotes that were a part of the data interpretation. There was no mention in the study of the researchers checking back with the parents about the data interpretation.

Implications for PHN practice include PHNs having up to date knowledge on behavioral sleep interventions so as to be a support with relaying knowledge about sleep interventions. The researchers concluded that the families had limited knowledge about infant sleep strategies. PHNs have opportunity to provide this teaching at home visits, over the phone, during parent community groups and at well child clinics. Further research can be completed on where and how families access information on infant sleep strategies as well as research inquiring about the effectiveness of PHN education on the topic.

## **Part 4: Results**

### **Part One: Synthesis of relevant study findings**

In this section, I will discuss what I found in the literature in relation to the first five of the seven questions guiding my inquiry. This review of literature on infant sleep identifies that parental experiences with infant sleep problems are a family concern and adjustments need to be made at that level as opposed to focusing exclusively on the baby. Exceptions to this would be if the infant has a diagnosed sleep disorder or if the infant is unwell.

In the literature selected for this review, it is accepted that infant sleep is a common concern for which parents approach health care providers and the problem affects not only the health and wellness of the infant, but the whole family (Tse & Hall, 2007; Rolls & Hanna, 2001; Rowe, 2003). This indicates that infant sleep is a family issue and it therefore must be viewed within the larger context of family.

Hanna & Rolls (2001) reported that families in their study attempted many different ways of managing infant sleep problems but suggest that parents should consider making adjustments to their overall family unit instead of focusing on behavioral sleep techniques for baby. Kennedy et al. (2007) only studied mothers, but found that they had to make significant changes postpartum. Both Rolls & Hanna (2001) and Rowe (2003) found that infant sleep, and the discussions around *where* and *how* the infant 'should' sleep appear to be socially driven and parents' relationship can be challenged if there are disagreements between the two. In

particular, Rowe (2007) found that parents place value on the baby becoming independent and able to self-soothe.

While reading through the literature, I am surprised to find that I found very little, if nothing, about how parents identify infant sleep challenges. Rolls & Hanna (2001) are the only authors to explicitly mention that infant sleep challenges include anything that the parents identify as a problem. However, how parents describe or talk about infant sleep challenges was better addressed and included details about the mothers' and fathers' individual experiences as well as their experiences as a couple.

In this review, parents talked and experienced infant sleep challenges in the following ways: they felt overwhelmed, fathers digressed, parents looked for ways of balancing everyone's needs, looked for solutions, and then worried that the behavioral techniques they attempted would cause harm to their baby.

Mothers described their experience of caring for an infant with sleeping difficulties as overwhelming (Rolls & Hanna, 2001; Tse & Hall, 2007). These feelings of being overwhelmed caused them to isolate themselves from others, including their partners (Rolls & Hanna, 2001). The mothers would choose to stay at home despite opportunities to get out; and this isolation and extreme exhaustion affected their maternal adjustment and self-concept (Hanna & Rolls, 2001; Kennedy, et al., 2007). One the whole, couples appeared defeated as they voiced feeling "hopeless", "weak", and "guilty" (Rolls & Hanna, 2001, p. 52). Tse and Hall (2007) described the parents as "desolate and vulnerable" (p. 167). The lost confidence came from

feelings that they could not do anything right (Rolls & Hanna, 2001; Tse & Hall, 2007).

Fathers' described their experience of caring for an infant with sleeping difficulties as one where they chose to avoid the situation. They would "dread" (Hanna & Rolls, 2001, p. 157) coming home from work and even slept in a different area of the house (Rolls & Hanna, 2001).

In her study, Rowe (2003) found that parent's have a "paradoxical" (p. 186) experience of infant sleep. On one end, parent and infant are disturbing each other when in the same room together (infant being disturbed by the smell of mom's milk and mother being disturbed by the infant's noises and movements). On the other end, mothers enjoyed the closeness of their baby in the room and the baby seemed happier to be with people as opposed to being alone in his/her own room (Rowe, 2003). Kennedy et al. (2007) described sleep as a "negotiated behavior that revolved around the infant's needs and the mothers' needs" (p. 119). Rowe (2003) described this as "sustaining self", "preserving or sustaining family", and "personal boundaries" (p. 198).

Overwhelmingly, the parents talked about infant sleep difficulties in a way that indicated they wanted "the problem" solved. Tse and Hall (2007) reported that parents were hopeful for a quick fix, or a fix that accommodates their schedule (Tse & Hall, 2007). In her research, Rowe (2003) found that parents seemed to be looking for the baby to become independent, sleeping in his or her own space in the most efficient and routine way.

Furthermore, parents talked about infant sleep issues within the context of worry; in that behavioral sleep strategies and letting babies cry causes harm. Parents would talk about doing just about anything to stop the crying (Hanna & Rolls, 2001; Rolls & Hanna, 2001).

The literature identified many strategies as helpful and several strategies as unhelpful in regards to behavioral sleep interventions. Tse & Hall (2007) found that helpful strategies include: information and education around self-soothing and sleep hygiene as per their babies developmental level, a clear guide of do's and don'ts in regards to behavioral sleep training, and keeping a diary to track baby's responses to behavioral methods. Tse & Hall (2007) noted success when parents committed to modifying their own parenting styles and behaviors. Hanna & Rolls (2001) identified that parents benefited from an admission to an early parenting center for support, establishing relationships with other parents and being free of domestic duties such as cleaning and food preparation. Unhelpful strategies for parents included theories around resolving sleep problems that lacked practicality and life circumstances that required travelling or changes in routine that led to inability to follow routine bedtime practices (Tse & Hall, 2007).

Alternatively, although practical approaches to solving infant sleep problems seem to be what parents are asking for, Rolls and Hanna (2001) identified that some parents are just looking for someone to listen to them.

**Part Two: Critical analysis of relevant study findings**

In this section, I will discuss what I found in the literature in relation to the final two of the seven questions guiding my inquiry.

It is difficult to compare and contrast how a family's social location influences parental experiences of infant sleep challenges. Two of the articles in this literature review on parents' experiences was completed on middle to high-income families (Rowe, 2003; Tse & Hall, 2007). Other research made no mention of their demographic characteristics of participants (Hanna & Rolls, 2001; Kennedy et al., 2010; Rolls & Hanna, 2001). In the literature I obtained for this project, only one researcher obtained economically diverse or low-income representation (Kennedy et al., 2007). Out of all of the above studies, only two addressed the concept of social location and its influence on experience and decisions around infant sleep (Rowe, 2003; Tse & Hall, 2007). Furthermore, cultural considerations seem to be absent from these studies.

Typically, a middle to high-income family has greater access to education and resources (Rowe, 2003). In the study completed by Tse and Hall (2007) twelve of the twenty-eight participants held postgraduate degrees; and the remaining twelve participants held either university or college degrees. This particular group of parents has accessed education opportunities beyond the average parent. These parents are therefore more likely to be affluent and possess resources (transportation, Internet and library passes) to access a wide variety of written and professional support. Interestingly, Tse and Hall (2007) still determined that parents lack knowledge on infant sleep and behavioral techniques for sleep. Rowe

(2003) posited that middle to high income families' practices tend to become normalized into the 'right way' to parent; therefore their cultural practices have an effect on influencing lower income parenting practices.

In consideration of social contexts, both Tse and Hall (2007) and Rowe (2003) found that lifestyle, experience, values and beliefs played into parenting practices and decision making around infant sleep. Therefore, a family's resources, culture and access to knowledge appear to influence a parent's ability to adjust and modify their behaviors in order to suit family and individual needs.

Rolls & Hanna (2001) conclude that communities have a responsibility to provide positive support and practical assistance for mothers to counteract the negative feelings mothers place on themselves. Additionally, some mothers need professional support to develop a healthy self-image of mothering (Rolls & Hanna, 2001).

In reading through the literature selected for this project, it seems that an overall focus on the baby, the act of giving advice and fear of judgment has power over a family's experience with infant sleep challenges. Additionally, cultural values (focus on individualism) may affect community, family and mothers' views on who is responsible for when a baby is not sleeping.

Rowe (2003) describes circumstances where a focus on the baby undermines the parent's role. She conceives that recommendations around infant sleep are influenced by three contexts: information on sudden infant death syndrome, sudden unexplained death in infants and infant development (Rowe, 2003). Tse & Hall

(2008) found that although parents were well read about sleep interventions, they had difficulty initiating them due to feeling defeated by their infants' cries.

The act of advice plays a role in how parents view themselves and their decisions. Tse & Hall (2007) posit that advice seems to be driven by the belief that parents have a knowledge deficit regarding infant sleep issues and incorrect information about what helps good infant sleep hygiene (Tse & Hall, 2007). Both Rolls & Hanna (2001) and Rowe (2003) found that community and societal expectations played into mothers' perceptions of themselves and their parenting decisions. Health professionals were viewed as authorities on the subject of infant behaviors (Hanna & Rolls, 2001; Kennedy et al., 2007; Rolls & Hanna, 2001; Rowe, 2003; Tse & Hall, 2008). Therefore, parents were left feeling that their baby's sleep problem reflected their failure as parents.

Lastly, parents are terrified of being judged by others, including: friends, family, acquaintances and by healthcare practitioners. Hanna & Rolls (2001) found that the mothers in their study were adverse to the idea of going to the parenting center for help for fear of being judged as an incompetent mother. Tse & Hall (2007) found that fear of being judged by their families, friends, healthcare providers interfered with the parents following through with their behavioral sleep intervention plan.

### **Limitations**

This review of the literature contains several limitations. Firstly, there exists a lack of qualitative literature available regarding the topic of parental experiences of infant sleep. Of the five studies that met my inclusion and exclusion criteria, two

were almost indistinguishable as the same researchers in the same setting performed them (Hanna & Rolls, 2001; Rolls & Hanna, 2001). However, they involved a different number and selection of participants and data was gathered utilizing different open-ended questions. Secondly, the complexity of the issue of parental experiences with infant sleep intersects with infant crying, infant temperament, parental resources, societal and cultural views on infant sleep and parental depression and fatigue. The complexities involved with these intersections surely influence how research can be completed in the area of parental experiences with infant sleep. Thirdly, all of the studies in this review contain a western perspective on infant sleep due to the geographic location of their study and participant base (Hanna & Rolls, 2001; Kennedy et al., 2007; Rolls & Hanna, 2001; Rowe, 2003; Tse & Hall, 2008). Western views potentially favor individualistic perspectives such as parents not asking for help and babies becoming independent as soon as possible and sleeping in their own room. Lastly, definitions of infant sleep challenges; disturbances or problems were not delineated in the literature further clouding the issue.

## **Discussion**

In this review, it became apparent that parents see physicians and nurses as knowledgeable in the area of infant sleep (Hanna & Rolls, 2001; Rolls & Hanna, 2001, Rowe, 2003, Tse & Hall, 2008). PHNs are situated as being a frequent resource for families regarding the topic of infant sleep because of contacts at immunization clinics, home visits, community groups and when on telephone duty at the health unit. From a feminist poststructuralist perspective, PHNs must be cognizant of the

power this implies. It is therefore important for PHNs to avoid the hegemonic practice of discounting or ignoring parents' perspectives on infant sleep. PHNs can begin by reflecting on their personal knowledge and assumptions about infant sleep and the effects on the family in order to understand any biases they may have. Being careful to not approach parents with advice involving the topic of infant sleep, PHNs can concentrate on listening to parents' stories and perspectives and aim to connect with parents about their experiences. The exercise of listening creates an environment for parents to explore their values, beliefs and influences around infant sleep and its effect on the family. Aston (2008) believes that the cultivation of these connections and listening moments provides opportunity for parents to feel and become empowered.

The critique of the literature also portrayed, on the whole, more voices from mothers than fathers in regards to experiences with infant sleep (Hanna & Rolls, 2001; Kennedy et al., 2007; Rolls & Hanna, 2001, Rowe, 2003). Although four out of the five studies in this literature review included men, the number of fathers as participants was underrepresented. Interestingly, two of the studies (Hanna & Rolls, 2001; Rolls & Hanna, 2001) found that the fathers felt disdain with the situation of having an infant with sleep problems and wished to remove themselves from the situation. Examples given by the fathers were them sleeping in a different room, or to coming home late after work (Hanna & Rolls, 2001; Rolls & Hanna, 2001). From a feminist poststructuralist lens, I am curious if any of the fathers' feelings are a result of their lack of voice or power in the situation? Do the fathers feel as though their parenting voice is not as important as the mothers' who is

assumed to be the primary caregiver? Or is the lack of fathers' as participants in the studies due to the values and beliefs of the researchers? Implications for PHN practice include being conscious of the fathers' or partners' involvement and voice by being inclusive in the discussions around infant sleep. This inclusion has the potential to provide space for the father or partner to find a place for his/her voice in the issue.

The influence of community, societal and cultural values and beliefs was implicit in the findings of this literature review. All of the studies were completed in western influenced countries (Hanna & Rolls, 2001; Kennedy et al., 2007; Rolls & Hanna, 2001, Rowe, 2003; Tse & Hall, 2008) with some including affluent participants (Rowe, 2003; Tse & Hall, 2007). Therefore, the literature contained references to western beliefs of mothers "doing it all" (Hanna & Rolls, 2001; Rolls & Hanna, 2001) and baby becoming independent as early as possible (Rowe, 2003). In the case of this literature review, western perspectives have power over parental experiences with infant sleep. The western idea that babies should learn to self soothe as early as possible is at odds with some mothers' instinct to keep her baby close. In fact, the work of McKenna et al. (2007) illuminates the discourse between the medical model of infant sleep and mothers' natural instincts. Additionally, societal expectations of the 'super mother' who has a spotless house and makes supper every night all the while having a baby who sleeps through the night, influences mothers' self concept. This literature review identified mothers feeling like failures because they could not complete the housework and or find success with getting their baby to sleep (Hanna & Rolls, 2001; Rolls & Hanna, 2001; Tse &

Hall, 2008). In Hanna & Rolls' study, (2001) one father mentioned how difficult it was to come home to a house that needed cleaning, a fatigued wife and sleepless baby. It is clear that his experience with the fallout of having an unsettled infant is located within the context of how he views his role and responsibilities as a father. PHNs are therefore charged with the responsibility of being reflective and aware of current western values and beliefs that influence parenting practices. PHNs have the ability to engage with parents around these influences in a way that they are able to come to their own understanding of what is important and meaningful for them as they parent their baby.

Upon reflection of the influence of western views on infant sleep, the lack of fathers' and other partners' voices and the power health providers' advice has over parents, PHNs have the additional role of advocacy. PHNs can, along with providing support and way finding for parents, become proponents for further resources for families who want extra support. Examples of these resources include mobilizing extended family supports and referring to: respite, homemaking services, parent groups and physicians to rule out medical conditions that may affect mom or baby. As per this literature review, parents benefit from connections with other parents and homemaking services (Hanna & Rolls, 2001). Where there is a lack of programs and services available to parents, PHNs can advocate on a local and provincial level for more resources for families.

The literature gathered for this review suggests that very little research has been completed in the area of parents' experiences of infant sleep (Hanna & Rolls, 2001; Rolls & Hanna, 2001) and behavioral sleep interventions (Tse & Hall, 2007;

Hanna & Rolls, 2001; Rolls & Hanna, 2001), or of mothers' experience of sleep changes in the postpartum period (Kennedy et al., 2007). Additionally, it is posited that there has been little research completed on the social influences on parent's decisions and behaviors around infant sleep practices (Rowe, 2003). Therefore, further research that is qualitative in nature is needed in the areas of parental experience of infant sleep problems, behavioral sleep interventions and cultural and social contexts influencing infant sleep practices. However, the challenges of completing such research is apparent due to the complex nature of the issue as infant sleep intersects with fatigue, depression, cultural beliefs and personal resources. This complexity does not make the issue unfit for research, but one that may need numerous inquiries in many different settings to adequately create an understanding of the multiple discourses related to it. Additionally, further delineation of the definitions related to sleep problems and challenges would aid in the understanding of the issue.

### **Conclusion**

Upon completion of this project, there appears to be a lack of naturalistic inquiry into the topic of parental experiences in having a sleepless infant, which is dutifully noted in the literature as being an important and common concern for parents. This review has revealed that along with the lack of naturalistic inquiry on the topic, there is even less representation of the father's and partner's voices and the voices of differing socioeconomic and cultural groups. Health care professionals are seen as experts on the topic, and PHNs have frequent opportunities to engage with parents in the first two years postpartum. Implications for PHN practice

include: increasing awareness and knowledge on the topic, listening, referring, mobilizing family and community resources and advocating for further funding for homemaking services. Further research is recommended in the areas of families' experiences with having an infant that does not sleep, parents' experiences with behavioral sleep interventions, and research on this topic that includes fathers, partners and with people from differing social and cultural locations.

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**Appendix A:****Questions to Guide Inquiry**

1. What does that body of literature about infant sleep tell us about parental or family experiences over the first two years?
2. How do parents identify infant sleep challenges?
3. How do parents describe or talk about infant sleep challenges?
4. How do parents describe or experience infant sleep behaviors?
5. What strategies have parents identified as helpful or unhelpful?
6. How does the family's social location influence parent's experiences of infant sleep challenges?
7. Who has power in influencing a families' experience with infant sleep challenges?

**Appendix B: Cumulative Index to Nursing and Allied Health Index**

Table 1

Search Terms	Search Limiters	Number of Hits	Articles
Search Terms sleep*, parent* or mother* or maternal* or father* and experiences*or narrative* or interview* or survey* parent experience, phenomenology, infant sleep behavior, infant sleep, infant state*, family, sleep state*, parent infant synch*, women*, infant sleep challenge* Subject heading search: mother, parent, father, infant, sleep	English, 1990- current, Infants between 1- 23 months of age, scholarly (peer reviewed) literature, qualitative	12, 60, 24, 5, 6,7,10,20, 30,42, 14, 179, 88, 30, 155, 8	Damato & Zupancic, (2009); Fägerskiöld (2008); Kennedy, Gardiner, Gay & Lee, (2007); Rowe, (2003); Tse & Hall, (2008)

**Appendix C: Summon**

Table 2

Search Terms	Search Limiters	Number of Hits	Articles
Infant sleep behavior, parent, experience, infant sleep, phenomenology, infant sleep and parent experience	English, 1990- present and peer/scholarly reviewed literature.	5, 35, 31	nil

**Appendix D: Google Scholar**

Table 3

Search Terms	Search Limiters	Number of Hits	Articles
Sleep, infant sleep, parent experience and infant sleep, qualitative + infant + sleep + parent, infant sleep + parent + qualitative research	English, 1990-present	2,350,000,463,000, 34, 500, 14, 000, 116	Rolls & Hanna (2001)

**Appendix E: OVID Medline (R)**

Table 4

Search Terms	Search Limiters	Number of Hits	Articles
parent*, mother*, father*, infant sleep, infant, sleep, experience, narrative, interview, qualitative, infant sleep states , infant sleep behavior, parent experience, infant sleep, parent experience Subject heading search: infant, sleep, parent, mother, and father	English, 1990-present, Qualitative	182, 150, 50, 28	nil

**Appendix F: Psych Info**

Table 5

Search Terms	Search Limiters	Number of Hits	Articles
Parent experience, phenomenology, infant sleep behavior, infant sleep, infant states and parent, infant sleep patterns, sleeplessness, qualitative, father and mother  Thesaurus search: parent, father, mother, infant and sleep		49,1,1,122,12,14,27 6	Bolton, (1999)

**Appendix G: Pub Med**

Table 6

Search Terms	Search Limiters	Number of Hits	Articles
infant, sleep, parent, infant, sleep, parent, qualitative, mother and father	English, 1990-present, qualitative	1069, 22, 39	Hanna & Rolls (2001)

**Appendix H: Hand Searching**

Table 7

Search Terms	Search Limiters	Number of Hits	Articles
Hand search through: existing articles reference lists, articles previously pulled in preparation of this project, "cited by" sources	NA	NA	Cronin (2003); Kurth, Spichiger, Zemp Stutz, Biedermann, Hösli, Kennedy, (2010); Megel, Wilson, Bravo, McMahon, & Towne, (2011)

**Appendix I: Cumulative Listing of Articles from Literature search**

Table 8

Reference
Bolton, C. (1999). Dark nights and desert places: Working with sleepless babies and their parents. <i>Australian Journal of Psychotherapy</i> , 18(2), 30-55.
Cronin, C. (2003). First-time mothers-identifying their needs, perceptions and experiences. <i>Journal of Clinical Nursing</i> , 12, 260-267.
Damato, E., & Zupancic, J. (2009). Strategies used by parents of twins to obtain sleep. <i>Applied Nursing Research</i> , 22(3), 216-220. doi:10.1016/j.apnr.2007.07.004
Fägerskiöld, A. (2008). A change in life as experienced by first-time fathers. <i>Scandinavian Journal of Caring Sciences</i> , 22(1), 64-71.
Hanna, B. & Rolls, C. (2001). How do early parenting centers support women with an infant who has a sleep problem? <i>Contemporary Nurse</i> , 11(2-3), 153-62.
Kennedy, H., Gardiner, A., Gay, C., & Lee, K. (2007). Negotiating sleep: a qualitative study of new mothers. <i>Journal of Perinatal &amp; Neonatal Nursing</i> , 21(2), 114-122.
Kurth, E., Spichiger, E., Zemp Stutz, E., Biedermann, J., Hösli, I., Kennedy, H. P. (2010). Crying babies, tired mothers - challenges of the postnatal hospital stay: An interpretive phenomenological study. <i>Journal of Perinatal &amp; Neonatal Nursing</i> , 10(1), 21-21. doi:10.1186/1471-2393-10-21
Megel, M. E., Wilson, M., Bravo, K., McMahon, N. & Towne, A. (2011). Baby lost and found: Mother's experiences of infants who cry persistently. <i>Journal of Perinatal &amp; Neonatal Nursing</i> , 25(3), 144-152. doi: 10.1016/j.pedhc.2009.10.005
Rolls, C. & Hanna, B. (2001). What about the mother and family when an infant doesn't sleep? <i>Australian Journal of Primary Health</i> , 7(3), 49 - 53. doi 10.1071/py01046
Rowe, J. (2003). A room of their own: the social landscape of infant sleep. <i>Nursing Inquiry</i> , 10(3), 184-192.
Tse, L. & Hall, W. (2008). A qualitative study of parents' perceptions of a behavioral sleep intervention. <i>Child: Care, Health &amp; Development</i> , 34(2), 162-172.

**Appendix J: Table for determination of inclusion and exclusion**

Table 9

Title	Qualitative or Naturalistic approach	Context: home or community	First two years postpartum	Focuses on parents' experiences of infant's sleep	Exclusion: Focus on behavioral sleep interventions	Accepted for project: Y/N
Bolton, C. (1999). Dark nights and desert places: Working with sleepless babies and their parents. <i>Australian Journal of Psychotherapy</i> , 18(2), 30-55.	N	Y	Y	Y	N	N
Cronin, C. (2003). First-time mothers-identifying their needs, perceptions and experiences. <i>Journal of Clinical Nursing</i> , 12, 260-267.	Y	Y	Y	N	N	N
Damato, E., & Zupancic, J. (2009). Strategies used by parents of twins to obtain sleep. <i>Applied Nursing Research</i> , 22(3), 216-220. doi:10.1016/j.apnr.2007.07.004	N	Y	Y	N	Y	N
Fägerskiöld, A. (2008). A change in life as experienced by first-time fathers. <i>Scandinavian Journal of Caring Sciences</i> , 22(1), 64-71.	Y	Y	Y	N	N	N
Hanna, B. & Rolls, C. (2001). How do early parenting centers	Y	Y	Y	Y	N	Y

support women with an infant who has a sleep problem? <i>Contemporary Nurse, 11(2-3), 153-62.</i>						
Kennedy, H., Gardiner, A., Gay, C., & Lee, K. (2007). Negotiating sleep: a qualitative study of new mothers. <i>Journal of Perinatal &amp; Neonatal Nursing, 21(2), 114-122.</i>	Y	Y	Y	Y	N	Y
Kurth, E., Spichiger, E., Zemp Stutz, E., Biedermann, J., Hösli, I., Kennedy, H. P. (2010). Crying babies, tired mothers - challenges of the postnatal hospital stay: An interpretive phenomenological study. <i>Journal of Perinatal &amp; Neonatal Nursing, 10(1), 21-21.</i> doi:10.1186/1471-2393-10-21	Y	N	Y	N	N	N
Megel, M. E., Wilson, M., Bravo, K., McMahon, N. & Towne, A. (2011). Baby lost and found: Mother's experiences of infants who cry persistently. <i>Journal of Perinatal &amp; Neonatal</i>	Y	unknown	N	N	N	N

<i>Nursing</i> , 25(3), 144-152. doi: 10.1016/j.pedhc.2009.10.005						
Rolls, C. & Hanna, B. (2001). What about the mother and family when an infant doesn't sleep? <i>Australian Journal of Primary Health</i> , 7(3), 49 - 53. doi 10.1071/py01046	Y	Y	Y	Y	N	Y
Rowe, J. (2003). A room of their own: the social landscape of infant sleep. <i>Nursing Inquiry</i> , 10(3), 184-192.	Y	Y	Y	Y	N	Y
Tse, L. & Hall, W. (2008). A qualitative study of parents' perceptions of a behavioral sleep intervention. <i>Child: Care, Health &amp; Development</i> , 34(2), 162-172.	Y	Y	Y	Y	N	Y

### Appendix K: Final Listing of articles for review

Table 10

Author	Year	Journal
Hanna, B. & Rolls, C	2001	<i>Contemporary Nurse</i>
Kennedy, H., Gardiner, A., Gay, C. & Lee, K.	2007	<i>Journal of Perinatal &amp; Neonatal Nursing</i>
Rolls, C. & Hanna, B.	2001	<i>Australian Journal of Primary Health</i>
Rowe, J.	2003	<i>Nursing Inquiry</i>
Tse, L., & Hall, W.	2008	<i>Child: Care, Health &amp; Development</i>

**Appendix L: Feminist poststructuralist critique of articles**

Table 11

Title	Who is excluded/included in the study	Who's position is privileged	What power dynamic influence the research?
Hanna, B. & Rolls, C. (2001). How do early parenting centers support women with an infant who has a sleep problem? <i>Contemporary Nurse, 11</i> (2-3), 153-62.	Included: 26 mothers, 2 fathers  Excluded: other caregivers, same sex parents	The early parenting center and the professionals that work there  Mothers' view over fathers' or partner's view	The professionals at the early parenting center are the experts  The researchers are supporting the inpatient program at the early parenting center
Kennedy, H., Gardiner, A., Gay, C., & Lee, K. (2007). Negotiating sleep: a qualitative study of new mothers. <i>Journal of Perinatal &amp; Neonatal Nursing, 21</i> (2), 114-122.	Included: pregnant and postpartum women  Excluded: Possibly varied socioeconomic groups	Possibly higher socioeconomic groups as they are often the participants of phenomenological research	Possibly middle to high socioeconomic groups  The mothers' views as data was collected in their own home  The researchers interpretation
Rolls, C. & Hanna, B. (2001). What about the mother and family when an infant doesn't sleep? <i>Australian Journal of Primary Health, 7</i> (3), 49 - 53. doi 10.1071/py01046	Included: 28 mothers, 2 fathers, 1 grandmother Excluded: other caregivers, same sex parents	Mothers' view over fathers' or partner's view  The early parenting center and the professionals that work there	Community expectations  The professionals at the early parenting center are the experts  The researchers are supporting the inpatient program at the early parenting center
Rowe, J. (2003). A room of their own: the social landscape of infant sleep. <i>Nursing Inquiry, 10</i> (3), 184-192.	Included: Mothers Excluded: Fathers or partners, varied socioeconomic and cultural groups	Middle to high socioeconomic groups	Middle to high socioeconomic groups  The researchers interpretation  Community expectations

			PHN recommendations around SIDS
Tse, L. & Hall, W. (2008). A qualitative study of parents' perceptions of a behavioral sleep intervention. <i>Child: Care, Health &amp; Development</i> , 34(2), 162-172.	Included: Mothers and fathers Excluded: varied socioeconomic groups	Middle to high socioeconomic groups	<p>Researchers agenda</p> <p>Infant sleep program has information on behavioral sleep techniques, parents lack knowledge</p> <p>Middle to high socioeconomic groups</p> <p>The parents' views as data was taken in their own homes</p>