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FROM THE CRIB TO THE COUPLE

A SYSTEMATIC REVIEW ON COPARENTING, MARITAL SATISFACTION, INFANT SLEEP, AND COSLEEPING

Dissertação no âmbito do Mestrado em Psicologia Clínica Sistémica e da Saúde orientada pela Professora Doutora Alda Patrícia Marques Portugal e pela Professora Doutora Maria Isabel Almeida da Costa Pinto Lisboa e apresentada à Faculdade de Psicologia e de Ciências da Educação da Universidade de Coimbra

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Abstract

The transition to parenthood is a critical period marked by significant adjustments and challenges. It is during this time that the coparenting relationship emerges, and some couples report a decline in the marital satisfaction due to the profound physical, emotional, and social changes that accompany the arrival of a new baby. Infant sleep patterns and cosleeping arrangements are two variables that may explain part of the distress experienced by new parents. This systematic review aims to aggregate and systematize scientific evidence on how infant sleep patterns and cosleeping practices relate to coparenting and/or marital satisfaction during the transition to parenthood in the infant's first year. Following PRISMA guidelines, we reviewed the literature on coparenting, marital satisfaction, infant sleep, and cosleeping across four databases: Scopus, PubMed, PsycNet, and Web of Science, resulting in the selection of 13 studies. The results suggest that disrupted sleep patterns in infants are associated with increased parental fatigue and depressive symptoms; bed sharing with the baby, whether chosen or circumstantial, can become an additional stress factor related to personal space, intimacy, and differing parental expectations about parenting practices. This review underscores the need for further research in this area, considering the influences of baby-related variables on the development of the marital and coparenting relationships. Understanding these dynamics can provide a basis for interventions aimed at promoting healthier marital and coparenting relationships during this crucial phase of the family life.

Key-words: Transition to parenthood, Coparenting, Marital satisfaction, Infant sleep, Cosleeping

Resumo

A transição para a parentalidade é um período crítico marcado por ajustes e desafios significativos. É durante este período que a relação de coparentalidade emerge, e alguns casais relatam uma diminuição na satisfação conjugal, devido às profundas mudanças físicas, emocionais e sociais que acompanham a chegada de um novo bebé. O sono do bebé e os arranjos de *cosleeping* são duas variáveis que podem explicar parte do mal-estar sentido pelos novos pais. A presente revisão sistemática tem como objetivo agregar e sistematizar a evidência científica sobre como os padrões de sono dos bebés e as práticas de *cosleeping* se relacionam com a coparentalidade e/ou a satisfação conjugal durante a transição para a parentalidade, no primeiro ano do bebé. Seguindo as diretrizes PRISMA, revimos a literatura sobre a coparentalidade, a satisfação conjugal, o sono do bebé e o *cosleeping* em quatro bases de dados*: Scopus, PubMed, PsycNet* e *Web of Science,* tendo sido selecionados 13 estudos. Os resultados sugerem que os padrões de sono interrompido nos bebés estão associados a um aumento da fadiga parental e sintomas depressivos; a partilha de cama com o bebé, seja escolhida ou circunstancial, pode tornar-se um fator de stresse adicional relacionado com o espaço pessoal, intimidade e diferentes expectativas parentais sobre o desempenho da própria parentalidade. Esta revisão reforça a necessidade de promover mais estudos na área, tendo em consideração as influências das variáveis relacionadas com o bebé no desenvolvimento da relação conjugal e coparental. Compreender estas dinâmicas pode servir de base a intervenções destinadas a promover relações conjugais e coparentais mais saudáveis durante esta fase crucial da vida familiar.

Palavras-chave: Transição para a parentalidade, Coparentalidade, Satisfação conjugal, Sono do bebé, *Cosleeping*

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Introduction

The transition to parenthood is an area of research that has gained significant prominence over the past few decades, as evidenced by the number of studies conducted on the subject. These studies have involved different populations (e.g., cohabiting couples, same-sex couples, single-parent families, and adoptive families) and have included multiple variables (e.g., economic, physical, psychological, relational, and social).

The transition to parenthood corresponds to the initial phase in the family life cycle of the family with young children. In this phase, there is a change in the structure of the family system, functioning, roles, and functions due to the inclusion of a new member, the baby (Relvas, 1996; McGoldrick et al., 2015). Despite the satisfaction and joy that the birth of a first child brings, new parents are faced with an additional set of new roles and tasks to perform, which makes this period somewhat stressful and anxiety-provoking (Parfitt & Ayers, 2014).

The potential for change that comes with the birth of a first child is reflected not only in the overall family functioning, but also in the marital relationships. Marital satisfaction can be defined as a state of contentment, satisfaction, and pleasure that each member of a couple experiences when considering all aspects (e.g., adjustment, happiness, integrity, and commitment) of their relationship (Bilal & Rasool, 2020; Sayehmiri et al., 2020). Although the passage of time defies relationships in general, the high demands and challenges of the transition to parenthood can lead to declines in marital satisfaction (Trillingsgaard et al., 2014). This is a period where sexual satisfaction tends to decrease, intimacy and communication patterns change, and there can be an increase in conflicts and disagreements compared to the period before the infant's birth (Gallegos et al., 2020).

Associated with marital satisfaction is the concept of coparenting, which refers to how parents coordinate their efforts to fulfil their new parenting role (Feinberg, 2002). The literature suggests a bidirectional relationship between the two concepts, due to their dyadic and interdependent nature (Le et al., 2016). In this sense, if one partner perceives high marital satisfaction, he/she is more likely to be supportive and to not compromise coparenting. Similarly, if one partner perceives that the other provides support in coparenting, he/she tends to be more affectionate, which increases positive feelings about the marital relationship (Le et al., 2016).

Furthermore, variables such as infant sleep and cosleeping can influence both coparenting and marital satisfaction (Meijer & van den Wittenboer, 2007), due to their impact on parents' rest and daytime functioning (Parade et al., 2019). Cosleeping is a practice in which parents and infant sleep together in the same bed or room (Buswell & Spatz, 2007). Like coparenting and marital satisfaction, infant sleep and cosleeping also appear to be interdependent concepts: cosleeping can affect the quality of the infant’s sleep, and at the same time, parents with infants who have sleeping problems are more likely to resort into cosleeping practices (Volkovich et al., 2015).

The extensive and dispersed literature on the topic of the transition to parenthood, coparenting, marital satisfaction, infant sleep, and cosleeping, underscores the necessity of integrating this research into a single study. Thus, in the present study we conducted a systematic review aimed at aggregating and systematizing scientific evidence on coparenting, marital satisfaction, infant sleep, and cosleeping, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. This approach allowed us to meticulously gather, evaluate, and synthesize existing research, providing a comprehensive overview of how these interconnected factors are related and influence each other.

We will begin by presenting the state-of-the-art to frame this study within the existing scientific evidence. Subsequently, the objectives, the methodology, the results, and the discussion of the present study will be described.

Theoretical background

Transition to parenthood

The transition to parenthood corresponds to an initial phase of a new stage of the family system, characterized by specific needs and changes that will alter the functioning and structure of the family (Welch et al., 2018). According to the Family Life Cycle Model proposed by Relvas (1996), this transition concerns the passage from the couple formation stage to the stage of the family with young children.

Although the birth of the first child is a clearly identifiable event in a family's life, the transition to parenthood involves a process that begins long before the newborn's birth and possibly even before conception. During pregnancy, the couple begins to prepare for their new roles and for a new triadic family structure, forming mental representations of their future triadic relationships with the infant (Kuersten-Hogan, 2017). Several authors argue that the birth of the baby is not necessary for the emergence of the parental subsystem; rather, the prenatal representations of parents about future interactions with the infant are sufficient to initiate parenthood (Kuersten-Hogan, 2017).

The transition to parenthood continues after the baby's birth and it is difficult to determine its end. However, some authors suggest that this period may end after the infant's first year of life (Adamsons, 2013; Gillis et al., 2019). This hypothesis is related to the adjustment period that the new parents undergo, transitioning from a predominantly romantic relationship to a partnership where the goal is to coordinate their efforts to raise a child (Sheedy & Gambrel, 2019). Parenthood is one of the most significant transitions that can occur in an individual's life throughout their developmental process, with McGoldrick et al. (2015) stating that "parenthood seems to provide the final ticket for acceptance into adulthood" (p. 284).

In this new stage, termed “family with young children” (Relvas, 1996), it is essential for new parents to go through a series of steps, such as: adjusting the couple to make room for the infant within the family; collaborating together in caring for the infant and household tasks; readjusting relationships with the extended family to include new roles (e.g., parents and grandparents); and realigning relationships with the community in which the family is embedded to include the new family structure and its constituent relationships (McGoldrick et al., 2015; Relvas, 1996).

Although considered a period of great joy and happiness, the literature also defines this phase as a period that could be of high family stress for new parents (Doss & Rhoades, 2017), due to increased responsibilities, new roles, possible feelings of anxiety and uncertainty about decisions made, and fatigue (McDaniel & Teti, 2012; Relvas, 1996).

Learning to co-parent

It is during the transition to parenthood that the concept of coparenting first emerges. Coparenting can be defined by how parents interact with each other in performing their roles as parents and how they coordinate parental activity to meet the needs of their children (Campbell, 2022). According to Feinberg's ecological model (2003), coparenting consists of four components: (1) agreement/disagreement (degree of understanding between the parental dyad on child-related matters), (2) support/sabotage (quality and degree of reciprocal support between the dyad, which can be divided into two poles: appreciation and cooperation or criticism and competition), (3) division of labor (not only how parents divide tasks related to the child and home, but also satisfaction with this division), and (4) joint family management (related to the exercise of parental control over communication, interactions, and boundaries established within the family) (Lamela et al., 2010).

The quality of the coparenting relationship has implications for the personal development of each parental figure, the socioemotional development of the infant, and the evolution of the parental and marital relationship (Schoppe-Sullivan et al., 2016). For example, a study by Brown et al. (2010) suggests that supportive coparenting is associated with parents' perception of themselves as consistent caregivers which, in turn, relates to a higher quality relationship with their children. Engaging in supportive coparenting involves recognizing and appreciating each partner's contributions in their parental roles, providing emotional support to each other, and practicing effective communication.

Engaging in supportive coparenting also has an impact on parents' perception of their own self-efficacy. Parental self-efficacy is defined as the parents' belief of their competence to perform parental tasks, such as: feeding, soothing, and playing with their baby (Črnčec et al., 2008). Bandura (1989) proposes four dimensions that shape parental self-efficacy development, namely: (1) enactive mastery experiences (situations where parents succeed in dealing with parenting challenges, which increases their confidence in their parenting abilities), (2) vicarious experiences (observing other parents deal with parenting situations effectively and learning from those observations), (3) verbal persuasion (receiving words of support or encouragement from partners, family, and friends, which help reinforce parents' confidence), and (4) physiological and emotional states (e.g., levels of energy, fatigue, stress, anxiety, happiness or sadness that can affect how parents perceive their ability to deal with the challenges and demands of parenthood) (Pinto et al., 2016).

Finally, studies also show that a couple's ability to develop a supportive coparental relationship is related to the experience of each member of the couple in their family of origin (van Eregen, 2003). Individuals who have had the opportunity to experience a supportive coparenting relationship between their parents, may have a more functional and robust framework to promote their own supportive coparenting relationship.

In summary, coparenting relationships are an essential part of the transition to parenthood with great implications on the infant's course of development and on the trajectory of the parental and marital relationship (Schoppe-Sullivan et al., 2016). Coparenting may also serve as a haven of psychological safety for new parents who are experiencing a profound and life-changing transformation of roles and relationships (Schoppe-Sullivan et al., 2016). Parental self-efficacy is associated with better parenting, better child development, and is largely influenced by the support received from the partner (Pinto et al., 2016), which is related to the perception of greater marital satisfaction (McClain & Brown, 2017).

Marital satisfaction

Marital satisfaction is perceived as an indicator of the quality of the marital relationship, particularly when the couple perceives a genuine feeling of pleasure, satisfaction, and joy when considering aspects of their relationship (Taghani et al., 2019). Overall, studies indicate that having someone with whom to share the responsibilities of parenthood buffers some of the stress related to becoming parents and caring for an infant, resulting in higher levels of marital satisfaction between the parental pair (McClain & Brown, 2016).

The literature shows that a set of multiple stressors can affect the quality of the marital relationship, such as: the age of marriage or the start of the relationship, mutual support between spouses, communication strategies between the couple, time spent together, forgiveness, respect, intentionality behind each action, self-differentiation, happiness, the education each member of the couple received throughout their development, the change from a system of spouses without children to a system of parents with a child, the stress generated by childcare, responsiveness, as well as multiple activities performed simultaneously (Bogdan et al., 2022; Khezri et al. 2020).

When a couple has their first child, several studies suggest a concomitant increase in marital conflict, a reduction in the time spent together, lower satisfaction with the division of household chores, and a decline in sexual satisfaction and intimacy (Bogdan et al., 2022; Cummings et al., 2003; Gottman & Notarius, 2000; Kluwer & Johnson, 2007; Lawrence et al. 2008). Gottman and Notarius' study (2000) suggests that 40 to 70% of new parents experience a decline in the quality of the marital relationship during the transition to parenthood. This decline might presuppose the development of health problems in parents (e.g., cardiovascular, endocrine, immune, and neurosensory), less effective parenting, harm to children, and a higher likelihood of divorce (Cummings et al., 2003). According to Bogdan et al. (2022) once the partners become parents, they experience more marital conflicts and more dissatisfaction towards the marriage. This result seems to support the idea that marital satisfaction's decline is significant and quite abrupt for up to one year postpartum (Bogdan et al., 2022). Lawrence et al. (2008) assessed satisfaction levels among couples before and after the birth of their first child. The authors hypothesized that the negative associations between the transition to parenthood and marital satisfaction would be moderated by satisfaction levels before pregnancy, meaning that couples who were more satisfied before pregnancy would experience smaller declines in marital satisfaction during the transition to parenthood. However, the authors found the opposite: couples who were more satisfied before pregnancy experienced steeper declines in marital satisfaction during the transition to parenthood, compared to parents with lower levels of satisfaction before pregnancy. This result seems to be related to the fact that, during this period, individual and couple needs tend to take a back seat, as the couple has to deal not only with the immense pressures of taking care of a baby, but also (and usually) with maintaining a professional activity and with all the tasks of a household, which becomes increasingly complex (McGoldrick et al., 2015).

However, it is important to highlight that not all couples perceive marital satisfaction during the transition to parenthood as something negative that constantly poses challenges to the couple. The study by Delicate et al. (2018) mentions that as couples become parents, there appears to be a period of change during which the new parents adapt to their new roles. This period of change is not necessarily seen as negative, with some couples reporting a sense of completeness, new affinity, and the creation of a new way of closeness, undiscovered before the birth of their child (Delicate et al., 2018).

Gender issues also become more prominent at this stage. In the 1970s and 1980s, the roles each parental figure played were conditioned by gender issues. Mothers were associated with a more active role in infant care, while fathers were responsible for providing financially for the family (Jackson et al., 2014). These gender roles were associated with lower marital satisfaction (Nurhayati et al., 2019). However, over the years, a change has been observed, largely due to women's emancipation and their entry into the workforce (McClain & Brown, 2016). Currently, it is observed that men are more involved in infant care matters. In this sense, if fathers are more involved in caring for their children and work together with mothers, parental roles tend to be less traditional, ultimately benefiting the quality of the marital relationship in the transition to parenthood (McClain & DeMaris, 2013). The study by Holmes et al. (2007) suggests that women feel cared for when their partners take an active role in raising their children. Since infant care is typically a central part of women's roles and responsibilities, men's involvement is perceived by women as an act of sensitivity and responsiveness to their needs, which presents itself as an essential component of marital satisfaction (Lemay et al., 2007).

Infant's sleep and cosleep

Infant sleep is widely recognized in the literature as an essential component of healthy development in early childhood (Bernier et al., 2010). In the family context, how the infant sleeps at night (e.g., whether the infant sleeps through the night, wakes up a few times or wakes up many

times) influences the quality of the parents' sleep and, consequently, their daytime functioning and beliefs/cognitions about infant sleep (Parade et al., 2019). This influence can lead to feelings of distress that, in turn, affect the quality of coparental relationship (McDaniel & Teti, 2012) and marital satisfaction (Meijer & van den Wittenboer, 2007). Given the consequences that the infant's deficient sleep can have on the family functioning, on the physical and mental health of the parents, and on the infant's development, studying this characteristic of the infant becomes a priority.

Reader et al. (2017) investigated parents' cognitions about infant sleep and suggested that, when parents disagree about certain parenting practices (e.g., if, when, and how to respond to the infant's nighttime awakenings), they are at greater risk of developing coparental distress. Coparental distress refers to a specific type of stress experienced directly in relation to parenthood and can occur when parents feel they have insufficient resources to meet the demands of parenthood. The greater the difference between perceived resources and demands, the higher the level of coparental distress (Turgeon et al., 2023).

However, recent studies suggest that mothers' and fathers' distress experienced during the transition to parenthood are neither different nor separate, as the parental couple functions as a dyad (Galdiolo & Roskam, 2014; Galdiolo & Roskam, 2017). Dyadic coping refers to how partners support each other in times of stress and how they deal together with daily stressors (Bodenmann, 2006). This concept can also be applied to parenting issues. The reason mothers and fathers may experience similar distress during the transition to parenthood may be related to the fact that the issues causing distress concern both. The birth of a first child can be an example of a dyadic stressor, as it directly concerns both members of the couple (McGoldrick & Carter, 2003). Both partners' efforts to cope with this stressor are activated not only to manage their own stress, but also to respond to each other's needs (partner-oriented behaviors) and shared concerns (couple-oriented behaviors) (Alves et al., 2019).

Cosleeping can emerge as a solution to sleep problems evidenced in infants (Peng et al., 2019). Cosleeping refers to sharing a bed or room with the infant (Voltaire & Teti, 2018). The scientific literature on the topic is complex and sometimes contradictory, as on one hand, there is scientific evidence proving the benefits of cosleeping on the emotional and psychosocial development of the infant (Barry, 2019) and, on the other hand, some studies suggest that parent-infant cosleeping is a questionable practice that should be discouraged, due to concerns regarding risk of Sudden Infant Death Syndrome (SIDS) and/or accidental death (Ateah & Hamelin, 2008; Byard, 1994; Byard et al., 2011).

Warmth, protection, and a sense of well-being are factors suspected of being incentives to cosleep (Goldberg, & Keller, 2007). Benefits of bedsharing between parents and infants include: promotion of breastfeeding, encouragement of a non-prone sleeping position of infants, enhancement of maternal monitoring, and the creation of more frequent infant arousals (Sobralske & Gruber, 2009). Contrary to the hypothesis that cosleeping would interfere with children's independence, Keller and Goldberg's study (2004) concluded that there are positive associations between cosleeping practices and early childhood autonomy. The authors suggest that early cosleeping infants were more self-reliant (e.g., ability to dress oneself) and exhibited more social independence (e.g., more likely to make friends by oneself), compared to solitary sleepers.

Ball (2010) concluded that mothers are more likely to sleep with their infants than fathers, particularly breastfeeding mothers. In an earlier study, Ball (2003) reported that 72% of babies who were breastfed for a month or more were at least occasional bed-sharers, compared to 38% of babies who had never breastfed. Mothers identified 'ease and convenience of breastfeeding' as their overwhelming reason for keeping their infants in bed. Other reasons included: the enjoyment of close contact with their infant, anxiety regarding their infant's health, ease of settling a fractious infant, and a family bed parenting philosophy (Ball, 2003).

A study on the effects of cosleeping on coparenting concluded that parental distress during the infant's first month of life predicts the persistence of cosleeping for the following six months (Teti et al., 2015). However, positive coparenting in the infant's first month of life predicts a change in cosleeping arrangements, with the infant sleeping alone at six months, also called solitary sleep (Teti et al., 2015).

Messmer et al. (2012) investigated the relationship between marital satisfaction and the time parents spent sleeping with their infants. In this study, women who cohabitated with their husbands and whose first child was born between six to twelve months before the study's start were included. Mothers were divided into two groups: intentional bed sharers and reactive bed sharers. The former supported the ideology of bed sharing with the infant and the latter were defined as those who did not plan to share the bed but, in reaction to a nighttime problem with the infant (e.g., crying or not being able to fall asleep alone) ended up doing so. It is worth noting that in both groups, the couple shared a bed with the infant, only the intentionality of sharing was different between the two groups. It was found that the relationship between the time spent bed sharing and marital satisfaction was different depending on the mothers' identification; that is, the group of reactive bed sharers showed a significant decrease in marital satisfaction as the time spent bed sharing increased. In contrast, the group of mothers who intentionally shared the bed did not show significant changes in marital satisfaction as the time spent bed sharing increased.

The current study

The literature about coparenting and marital satisfaction in the transition to parenthood is extensive, presenting diverse and even contradictory conclusions. For example, Huss and Pollmann-Schult (2019) reported that during the transition to parenthood, parents may not only experience an increase in conflict but also engage in different conflict behavior than before they became parents. However, there is growing evidence suggesting that parenthood is associated with greater marital stability, with first-time parents generally being more satisfied with their relationship than childless couples (Guttmann, & Lazar, 2004; Delicate et al., 2018).

On the other hand, only a limited set of studies considered variables related to the infant (namely infant sleep and cosleeping) and how these individual infant variables can influence coparenting and marital satisfaction in the first year of life. In this sense, it becomes pertinent to investigate how coparenting, marital satisfaction, infant sleep, and cosleeping are related in the transition to parenthood, specifically during the infant's first year of life. Thus, we posed two research questions: (1) how does coparenting and/or marital satisfaction relate to infant's sleep?; and (2) how does coparenting and/or marital satisfaction relate to cosleeping arrangements?

To answer these research questions, we conducted a systematic review, based on the PRISMA method (Page et al., 2021), aiming to aggregate and systematize scientific evidence on how infant sleep and cosleeping can influence coparenting and/or marital satisfaction, during the transition to parenthood.

A systematic review allows for a more comprehensive analysis of these concepts, promoting a broader and more integrated understanding of the relationship between them (Donato & Donato, 2019). It also enables clarification and identification of patterns and trends, contributing to a deeper understanding of the factors that promote a more positive coparenting and marital satisfaction during the transition to parenthood. Moreover, this systematic review also aims to identify gaps in scientific knowledge, intending to guide future studies on the topic. Ultimately, by consolidating and systematizing scientific knowledge on the topic, this review will help inform best practices and support families navigating the challenges of early parenthood.

Method

To understand the relationship between coparenting, marital satisfaction, infant sleep and cosleeping during the transition to parenthood, we conducted a systematic review of the literature following PRISMA guidelines.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Page et al., 2021) statement consists of a checklist composed of 27 items, used to improve transparency and neutrality when drafting systematic reviews (Page et al., 2021). This checklist assists authors in preparing a complete report of their systematic review (Paul & Criado, 2020; Page et al., 2021). The PRISMA 2020 checklist ensures that all sections of the review, from the introduction to the methodology, and the results, are meticulously covered, promoting a complete and accurate depiction of the research findings (Donato & Donato 2019; Page et al., 2021).

Search methods

We conducted our search on June 16th 2024 on four databases, namely: Scopus, PubMed, PsycNet, and Web of Science.

The search string created was as follows: (("baby sleep" OR "infant sleep" OR "newborn sleep" OR "child sleep") OR ("co-sleeping" OR "co-sleep" OR "cosleep" OR "cosleeping" OR "bed sharing" OR "sleep arrangements")) AND (("co-parenting" OR "coparenting" OR "parental cooperation" OR "shared parenting") OR ("marital satisfaction" OR "couple satisfaction" OR "spousal satisfaction" OR "relationship satisfaction" OR "marriage satisfaction" OR "conjugal satisfaction").

The search was limited to articles title, abstracts and key-words, enabling the exclusion of studies unrelated to the main theme from the outset. The search was limited to studies published between the years of 2012 and 2024. This initial search yielded 7 152 studies in total.

Eligibility criteria

To assess the articles' inclusion onto the content analysis stage of this review, the title and abstracts of all 7 152 records were manually screened considering the inclusion and exclusion criteria described next.

Studies would be included if they: (a) were quantitative or qualitative; (b) addressed infant sleep and/or cosleeping and coparenting; addressed infant sleep and/or cosleeping and marital satisfaction; addressed the anterior two; (c) were published in scientific journals from 2012 to 2024; (d) were written in Portuguese, Spanish or English; and (e) were conducted with couples with a first biological child up to 12 months of age, with typical development (as an experimental or control group). Studies would be excluded if they: (a) focused on LGBTQ+ families and single-parent families; (b) were related to the birth of twins or triplets; (c) involved couples with a high-risk pregnancy; (d) focused only on families with an atypical infant's developmental trajectory (e.g., premature birth or severe congenital malformation); (e) were conducted with families that underwent in vitro fertilization, that went through an adoption process or used surrogacy; and (f) were published in the format of master's or doctoral thesis, systematic reviews, meta-analysis, scoping reviews, books, and book chapters.

Selection process

We began by uploading the data extracted from the four databases into EndNote (The EndNote Team, 2013) and then to Rayyan (Ouzzani et al., 2016). Rayyan is a web application designed to facilitate the screening process for researchers working on systematic reviews, scoping reviews, and other literature review projects (Ouzzani et al., 2016).

In Rayyan, we first screened and eliminated duplicate articles (*n* = 100 articles). After handling the duplicates, the total number of articles was reduced to 7 052.

Secondly, we reviewed titles and abstracts of the remaining 7 052 publications to assess their eligibility based on the established inclusion and exclusion criteria. To meet the inclusion criteria, only articles written in Portuguese, English, and Spanish were considered. Consequently, 16 articles written in French (*n* = 4), German (*n* = 6), Hungarian (*n* = 1), Arabic (*n* = 1), Croatian (*n* = 1), Serbian (*n* = 1), and Turkish (*n* = 2) were excluded.

Out of the remaining 7 036 entries, 367 were eliminated as their publication type did not match the selected criteria - e.g., books (*n* = 66), master's thesis (*n* = 1), book chapters (*n* = 19), systematic reviews (*n* = 190), meta-analysis (*n* = 78), and scoping reviews (*n* = 13). This resulted in a total of 6 669 articles. Of those 6 669 articles, 1 173 articles did not evaluate the intended sample: infant older than 12 months of age (*n* = 546), LGBTQ+ couples (*n* = 250), assisted reproductive technologies (*n* = 106), adoption process (*n* = 12), infants on the autism spectrum (*n* = 87), atypical infant's development (*n* = 98), couples with more than one child (*n* = 54), stillbirth (*n* = 13), and pets (*n* = 7). Additionally, 5 455 articles did not study the selected variables: 1 987 just studied marital satisfaction, 21 articles just studied coparenting, two articles only evaluated infant sleep and cosleeping, 16 papers focused on marital satisfaction and coparenting, and 3 429 studies evaluated variables that were not included in our analysis.

Finally, we read the full text of the remaining 41 articles and excluded 28 studies that did not meet the inclusion criteria – i.e., just addressed marital satisfaction (*n* = 10), foreign language (*n* = 5), infant older than 12 months of age (*n* = 13). The present review ended up with a total of 13 articles.

Results

Review process

Figure 1 summarizes the flow of information of the present systematic review as required by PRISMA guidelines. The search queries yielded 7 152 potentially eligible publications. After removing duplicates, 7 052 publications remained. Following a screening of the titles and abstracts, 41 publications were selected for full-text review. Out of these, only 13 publications were included as addressing marital satisfaction and infant sleep and/or cosleeping; coparenting and infant sleep and/or cosleeping; and marital satisfaction, coparenting and infant sleep and/or cosleeping, during the transition to parenthood – see Table 1 for a description of each publication.

Characteristics of the included publications

The temporal distribution of the publications spanned from 2012 to 2023, with a notable concentration of studies published in 2022 and 2023 (30.8%, *n* = 4) - see Figure 2. All papers included in our analysis were written in English; therefore, no papers written in Portuguese or Spanish (our other considered languages) were found.

The articles included in our study drew upon samples sourced from five countries across three continents. Specifically, these countries encompassed regions in Europe, Asia, and North America. Predominantly, the studies originated from the United States of America (*n* = 8, 61.5%), followed by Canada (*n* = 2, 15.4%), Taiwan (*n* = 1, 7.7%), Norway (*n* = 1, 7.7%), and Italy (*n* = 1, 7.7%) - see Figure 3.

The *Journal of Family Psychology* was the scientific journal where most of the studies were published (*n* = 6, 46%). All other articles were published in different scientific journals, such as: *Monographs of the Society for Research in Child Development* (*n* = 1, 7.7%), *BMC - Pregnancy and Childbirth* (*n* = 1, 7.7%), *Infant Behavior and Development* (*n* = 1, 7.7%), *Children's Health Care* (*n* = 1, 7.7%), *Journal of Nursing Scholarship* (*n* = 1, 7.7%), *Developmental Psychology* (*n* = 1, 7.7%), *and Family Relations* (*n* = 1, 7.7%).

Sample characteristics of the included studies

Sample size

A total of 88 597 mothers and 1 182 fathers were represented across the 13 studies. The large difference between the two parents is due to the fact that five studies (Kim & Teti, 2014; Ko et al., 2013; Messmer et al., 2012; Teti et al., 2015, Valla et al., 2022) only reported data related to mothers and excluded fathers - see Table 2.1.

Participants and gender

Across the 13 final papers, fathers were slightly older than mothers, with the mean age of mothers being around 30.23 years and that of fathers around 32.80 years. Two articles (Messmer et al., 2012; Teti et al., 2016) did not provide data on the parents' age, and six articles (Kim & Teti, 2014; Ko et al., 2013; Messmer et al., 2012; Teti et al., 2015, Teti et al., 2016; Valla et al., 2022) did not include fathers in their study - see Table 2.1.

In four studies (MacKenzie et al., 2023; Kim et al., 2021; McDaniel & Teti, 2012; Whitesell et al., 2018), mothers had higher educational qualifications than fathers, with most of them having completed a bachelor's degree or higher. In two studies (Reader et al., 2017; Teti et al., 2022), fathers had completed more years of education than mothers. Five studies did not include data about fathers' educational level - see Table 2.1.

Figure 1

PRISMA Systematic Review Flow Diagram

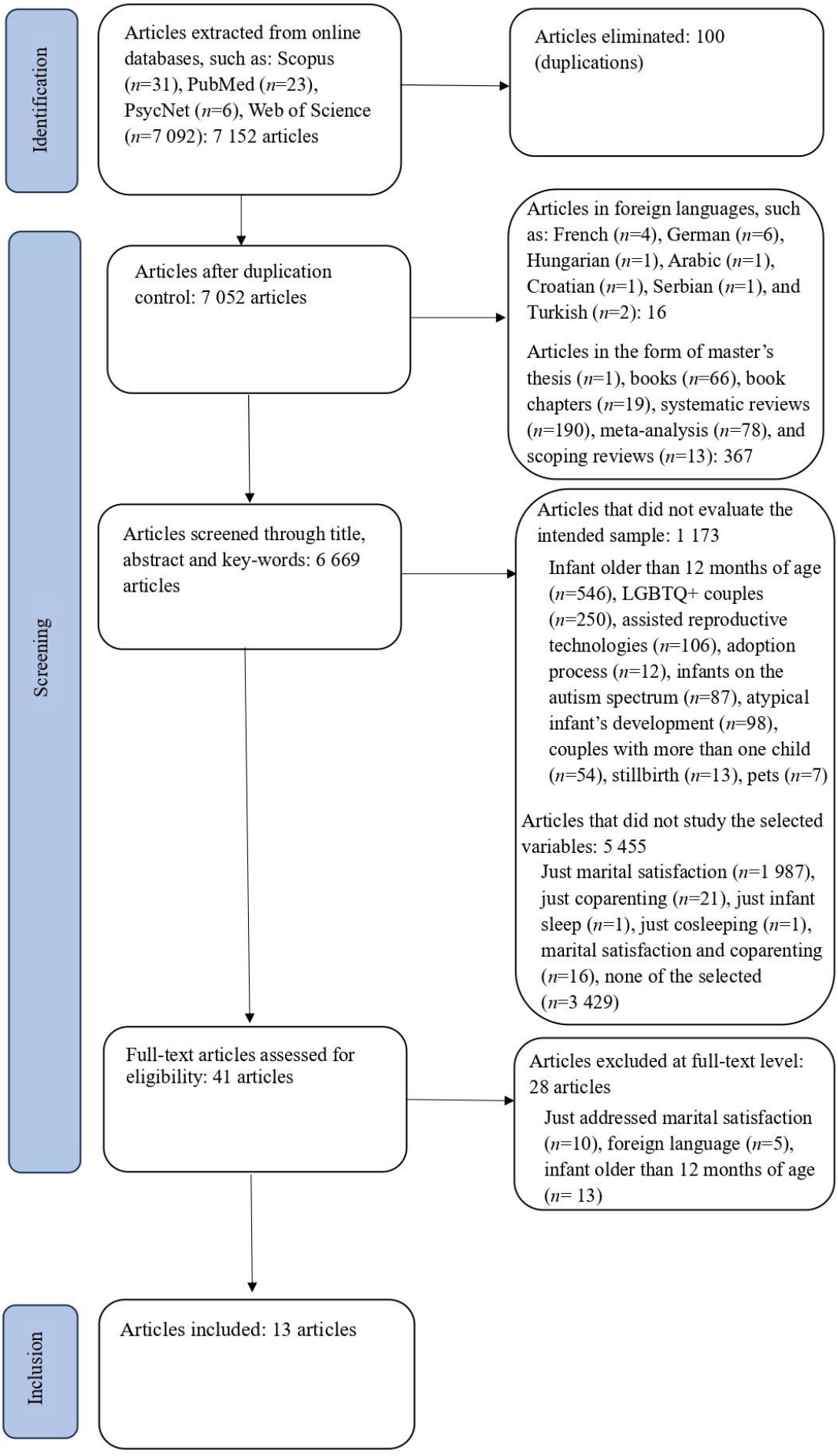


Table 1

General Characterization of the Included Studies

Authors and year	Title	Country	Type of study/study design	Sample	Assessment moments
MacKenzie et al. (2023)	Indirect associations between infant sleep, parental sleep, and sexual well-being in new parent couples	Canada	Quantitative Dyadic longitudinal	203 mothers and partners	3, 6, 9, and 12 months postpartum
Ragni et al. (2022)	Post-partum depressive dimensions, co-parenting, infant's health, and sleep quality: how are they related in the first year postpartum?	Italy	Quantitative Correlational	95 families	8 and 12 months postpartum
Reader et al. (2017)	Cognitions about infant sleep: Interparental differences, trajectories across the first year, and coparenting quality	USA	Quantitative Longitudinal	322 parents	1, 3, 6, 9, and 12 months postpartum
Teti et al. (2015)	Marital and emotional adjustment in mothers and infant sleep arrangements during the first six months	USA	Quantitative Longitudinal	149 families	1 and 6 months postpartum
Teti et al. (2016)	Sleep arrangements, parent-infant sleep during the first year, and family functioning	USA	Quantitative Longitudinal	139 families	1, 3, 6, 9, and 12 months postpartum
Teti et al. (2022)	Infant sleep arrangements, infant-parent sleep, and parenting during the first six months post-partum	USA	Quantitative Longitudinal	124 families	1, 3, and 6 months postpartum
Kim & Teti (2014)	Maternal emotional availability during infant bedtime: An ecological framework	USA	Quantitative Correlational	106 mothers and their infants	1, 3, 6, and 9 months postpartum
Kim et al. (2021)	Quality of coparenting and infant-mother attachment: The mediating role of maternal emotional availability	USA	Quantitative Longitudinal	167 families	1, 3, 6, 9, and 12 months postpartum
McDaniel & Teti (2012)	Coparenting quality during the first three months after birth: The role of infant sleep quality	USA	Quantitative Correlational	150 families	1 and 3 months postpartum
Ko et al. (2013)	Postpartum women's sleep quality and its predictors in Taiwan	Taiwan	Quantitative Cross-sectional	327 mothers	6 weeks postpartum
Valla et al. (2022)	Factors associated with maternal overall quality of life six months postpartum: a cross sectional study from The Norwegian Mother, Father and Child Cohort Study	Norway	Quantitative Cross-sectional	86 724 mothers	6 months postpartum

Authors and year	Title	Country	Type of study/study design	Sample	Assessment moments
Messmer et al. (2012)	The relationship between parent-infant bed sharing and marital satisfaction for mothers of infants	Canada	Quantitative Correlational	81 mothers	6 and 12 months postpartum
Whitesell et al. (2018)	Household chaos and family sleep during infants' first year	USA	Quantitative Longitudinal	167 families	1, 3, 6, 9, and 12 months postpartum

Figure 2

Number of Publications over the Years

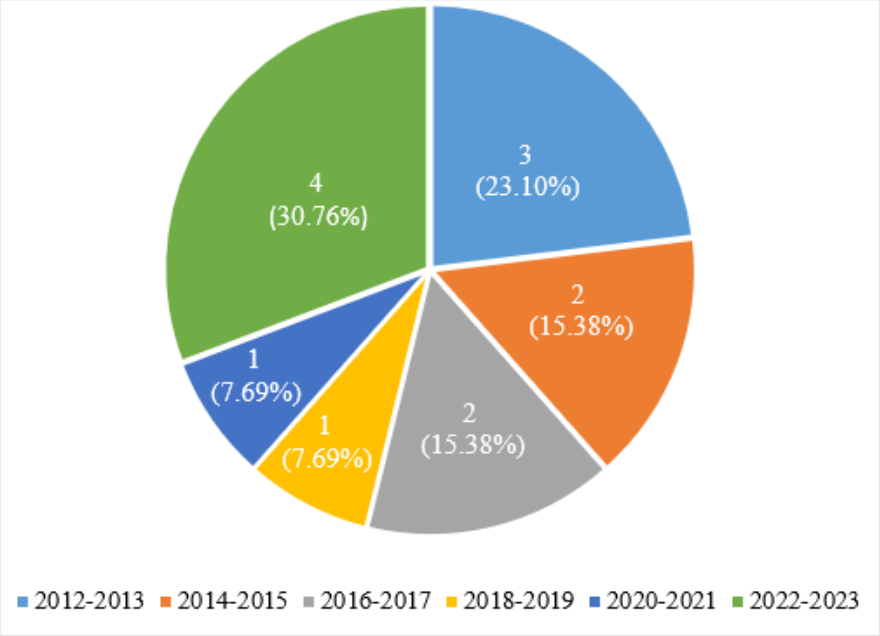
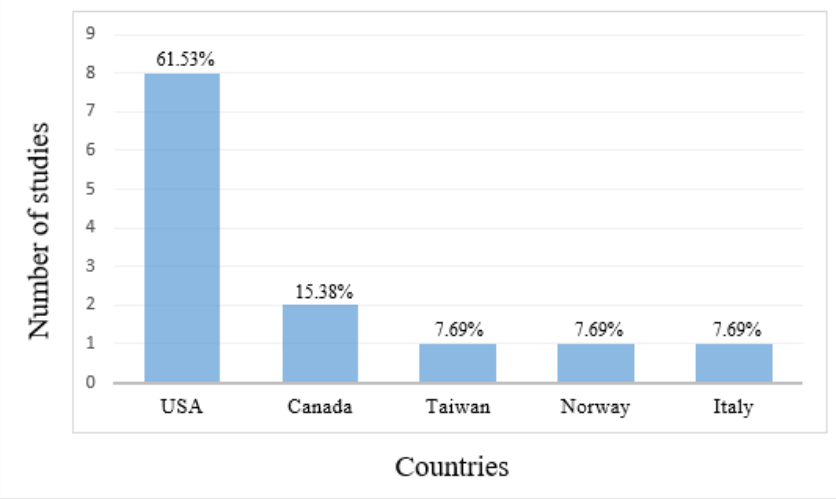


Figure 3

Distribution of Studies per Country



Across nine studies (Kim & Teti, 2014; Kim et al., 2021; MacKenzie et al., 2023; McDaniel & Teti, 2012; Reader et al., 2017; Teti et al., 2015; Teti et al., 2016; Teti et al., 2022; Whitesell et al., 2018) a median of 83.8% of mothers identified as "White" and across seven studies (Kim et al., 2021; MacKenzie et al., 2023; McDaniel et al., 2012; Reader et al., 2017; Teti et al., 2016; Teti et al., 2022; Whitesell et al., 2018) a median of 83.3% of fathers identified as "White". Four studies (Ko et al., 2013; Messmer et al., 2012; Ragni et al., 2022; Valla et al., 2022) did not report definitive data for mothers or fathers in terms of race/ethnicity - see Table 2.1.

Although in some studies (n = 6), the number of responses from mothers matched the number of responses from fathers, it was the mothers who responded more frequently to the instruments and scales used.

Regarding the demographic characteristics of the samples of our reviewed studies, it is important to highlight that all data were derived from non-clinical samples, except for one study (Ragni et al., 2022) that compared a non-clinical sample to a clinical sample (infants with congenital malformations).

Age of the infants

All infants included in our final sample of articles were less than one year old. Most studies (n = 11 studies) conducted multiple evaluations during the infant's first year, with most evaluations being conducted when the infants were one (n = 7 articles), three (n = 7 articles), six (n = 10 articles), nine (n = 6 articles), and 12 (n = 7 articles) months old. None of the studies conducted evaluations at two, four, five, seven, ten, and 11 months postpartum. Only two studies conducted one single evaluation at six weeks (Ko et al., 2013) and at six months (Valla et al., 2022) postpartum - see Table 1.

Socioeconomic status (SES)

The socioeconomic status (SES) of the majority of the families fell within the middle to high range (n = 8 studies). Only two studies (Reader et al., 2017; Whitesell et al., 2018) explicitly addressed families from a more diverse socioeconomic background. Out of the 13 articles included, three did not provide information about socioeconomic status (Kim et al., 2021; Ko et al., 2013; Valla et al., 2022) – see Table 2.1.

Research methodologies

Study design

Although the inclusion criteria specified that studies both of quantitative and qualitative nature could be included, all 13 studies included in our review were quantitative. These studies, however, employed different methodological designs: longitudinal (n = 7), correlational (n = 4), and cross-sectional (n = 2) studies - see Table 1.

Instruments and measures

Table 2.2 provides information about which scales each study used in their analysis. Among the various instruments employed in our reviewed studies, the Dyadic Adjustment Scale (DAS; Spanier, 1976) emerged as the predominant scale utilized for evaluating marital satisfaction (n = 4 studies; Messmer et al., 2012; Teti et al., 2015; Teti et al., 2016; Whitesell et al., 2018), followed by the Marital Adjustment Test (MAT; Locke & Wallace, 1959) (n = 3 studies; Teti et al., 2015; Teti et al., 2016; Whitesell et al., 2018). Only one study (Valla et al., 2022) employed the Relationship Satisfaction Scale (RS; Røysamb et al., 2014) to measure relationship satisfaction.

The Coparenting Relationship Scale (CRS; Feinberg et al., 2012) was the only instrument used for assessing the quality and dynamics of the coparental relationship (*n* = 8 studies; Kim & Teti, 2014; Kim et al., 2021; McDaniel & Teti, 2012; Ragni et al., 2022; Reader et al., 2017; Teti et al., 2015; Teti et al., 2016; Teti et al., 2022).

The Sleep Practices Questionnaire (SPQ; Goldberg & Keller, 2007) and the 24-Hour Sleep Patterns Interview (24-HSPI; Meltzer et al., 2007) were the measures used to assess infant sleep patterns and sleep arrangements. These instruments were used in five studies (Kim & Teti, 2014; Teti et al., 2015; Teti et al., 2016; Teti et al., 2022; Whitesell et al., 2018). Furthermore, two studies (Teti et al., 2016; Whitesell et al., 2018) used actigraphy measures (i.e., for seven consecutive days at each age point, infants, mothers, and fathers wore a Respironics/Mini Mitter actiwatch to assess sleep-wake activity across each night), three studies (Kim & Teti, 2014; McDaniel & Teti, 2012; Teti et al., 2016) used infant sleep diaries, one study (Ragni et al., 2022) used the Brief Infant Sleep Questionnaire (BISQ; Sadeh et al., 2009), one study (Reader et al., 2017) used the Maternal Cognitions about Infant Sleep (MCISQ; Morrell, 1999), and one study (Messmer et al., 2012) used the Sleep Arrangements Questionnaire (Messmer et al., 2012).

In terms of other variables that were not considered in our study, The Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987) and The Symptoms Checklist-90-Revised (SCL-90-R; Derogatis, 1994) were the two measures used to evaluate depressive symptoms *(n* = 7 studies; Kim & Teti, 2014; McDaniel & Teti, 2012; Ragni et al., 2022; Reader et al., 2017; Teti et al., 2015; Teti et al., 2022; Valla et al., 2022). The Emotional Availability Scale (EAS; Biringen et al., 1998) was the only scale used to measure the quality of parent-child interactions (*n* = 4 studies; Kim et al., 2021; Teti et al., 2016; Teti et al., 2022; Whitesell et al., 2018). One study (MacKenzie et al., 2023) measured sexual frequency, sexual desire, and pain during sexual intercourse and utilized the Sexual Frequency Questionnaire (Rosen et al., 2021) and the Female Sexual Function Index (FSFI; Rosen et al., 2000). For measuring maternal sleep quality, one study (Ko et al., 2013) used the Chinese version of the Pittsburgh Sleep Quality Index (PSQI; Wang, 2004).

Kim et al. (2021) used the Attachment Q-Set (AQS; Waters et al., 1995) for evaluating infant attachment security and McDaniel and Teti (2012) used the Infant Behavior Questionnaire (IBQ; Rothbart, 1981) for assessing infant temperament. Ko et al. (2013) used the Postpartum Physical Symptoms Checklist (PPSC; Huang, 2003) for measuring physical symptoms, the Chinese version of the Perceived Stress Scale (PSS-10; Chen, 1994) and the Postpartum Social Support Scale (PSSS; Chen, 2002). Finally, Whitesell et al. (2018) used the Descriptive In-Home Survey of Chaos-Observer Reported (DISCORD; Whitesell et al., 2015) to assess household chaos.

Main topics researched

In Figure 4, we present a comprehensive depiction of the distribution of the four key variables under investigation within our study, namely: coparenting, marital satisfaction, infant sleep, and cosleeping. This visualization offers a detailed insight into how these variables are represented across the spectrum of the final papers, providing a deep understanding of their respective prevalence and interrelationships within the research corpus.

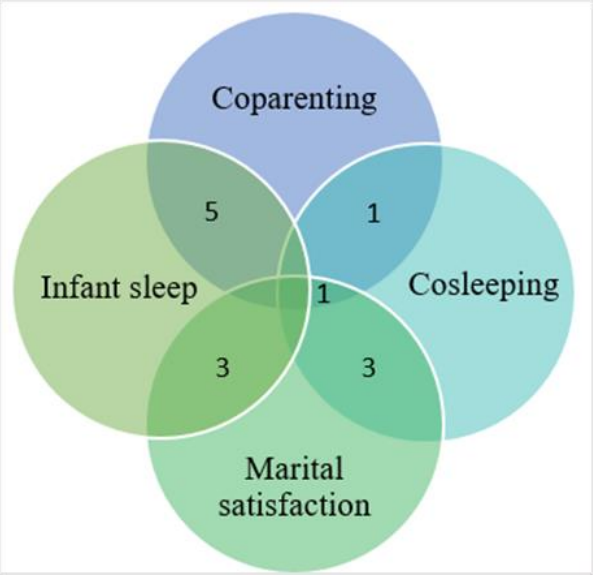
Coparenting

All the articles that assessed coparenting quality (*n* = 8 studies) used the Coparenting Relationship Scale (CRS; Feinberg et al., 2012). Three studies (Teti et al., 2015; Teti et al., 2016; Teti et al., 2022) reported negative associations between coparenting quality and sleeping arrangements. That is, mothers of infants in consistent cosleeping arrangements reported higher levels of negative coparenting than mothers of infants in consistent solitary sleep. Two studies

(Reader et al., 2017; Teti et al., 2022) reported that parents' perceptions of positive coparenting decreased over time, more specifically from three to six months postpartum.

Figure 4

Distribution of the Four Variables Across the Final Papers



Reader et al. (2017) reported a negative association between responding to infant's night wakings and coparenting quality. This association was higher for mothers than for fathers. Two studies (Kim & Teti, 2014; McDaniel & Teti, 2012) reported that higher negative affectivity in infants was negatively related to positive coparenting. That is, higher negative affectivity (i.e., a component of infant temperament, described by the tendency to experience negative emotions) in infants was significantly related to higher maternal depressive symptoms, and more negative coparenting. Kim et al. (2021) reported that how a mother perceives the couple's coparenting quality during the first year of the infants' life does not directly predict the security of her infant's attachment at 12 months.

Marital satisfaction

The five articles that assessed marital satisfaction (Messmer et al., 2012; Teti et al., 2015; Teti et al., 2016; Valla et al., 2022; Whitesell et al., 2018) utilized different instruments. Three studies (Teti et al., 2015; Teti et al., 2016; Whitesell) used a combination of the Marital Adjustment Test (MAT; Locke & Wallace, 1959) and the Dyadic Adjustment Scale (DAS; Spanier, 1976). One study (Messmer et al., 2012) only used the Dyadic Adjustment Scale (DAS; Spanier, 1976) and one study (Valla et al., 2022) used the Relationship Satisfaction Scale (RS; Røysamb et al., 2014).

Three studies (Messmer et al., 2012; Teti et al., 2015; Teti et al., 2016) reported a negative correlation between time spent bed sharing and marital satisfaction. Teti et al. (2015) concluded that maternal emotional and marital functioning was highest among mothers of infants in solitary sleeping arrangements at one and six months. Teti et al. (2016) reported that mothers of consistently cosleeping infants had significantly lower marital adjustment scores than mothers of infants in consistent solitary sleep. However, there is no data for fathers' marital adjustment scores.

One study (Valla et al., 2022) suggests that high levels of relationship satisfaction, as well as having a baby with normal sleep, are factors associated with higher maternal overall quality of life, critical for their dyadic relationship and for the well-being of the new parents.

Infant sleep

Infant sleep was measured using different instruments and scales. Two studies (MacKenzie et al., 2023; Valla et al., 2022) used a single item/question (e.g., participants rated the quality of their infants' sleep over the preceding four weeks on a scale from 0 to 10; "How many hours does your child sleep per day?"). Ragni et al. (2022) used the Brief Infant Sleep Questionnaire (BISQ; Sadeh et al., 2009) and Reader et al. (2017) used the Maternal Cognitions about Infant Sleep Questionnaire (MCISQ; Morrell, 1999). McDaniel and Teti (2012) employed infant sleep diaries (parents reported data on the number of times the infant woke up during the previous night) to help identify the patterns of infants' sleep. Kim and Teti (2014) used a combination of the 24-Hour Sleep Patterns Interview (24-HrSPI; Meltzer et al., 2007) and infant sleep diaries. Teti et al. (2016) used actigraphy measures and infant sleep diaries.

Four articles (Kim & Teti, 2014; Teti et al., 2016; Teti et al., 2022; Whitesell et al., 2018) reported that infant sleep tends to improve over the course of the infant's first year and that, from one to six months, infant sleep is more consolidated, with a decrease in the frequency and duration of infant night wakings. Valla et al. (2022) reported that more consolidated infant sleep predicted mother's quality of life and marital satisfaction.

Two studies (MacKenzie et al., 2023; McDaniel & Teti, 2012) reported that infant night wakings were positively related to parent night wakings, negatively related to parental sleep quality, and positively related to fatigue and depressive symptoms. Two articles (Kim & Teti, 2014; McDaniel & Teti, 2012) reported that the negative consequences of infant night wakings (e.g., parental night wakings and poorer sleep quality) were more prominent for mothers than for fathers.

Whitesell et al. (2018) reported that household chaos (e.g., high amounts of household clutter and the absence of structured, stable routines) has a dysregulatory impact on infant and parental sleep. Infants in higher chaos homes have longer sleep duration and more fragmented sleep than infants in lower chaos homes. Furthermore, infants in higher chaos homes tend to wake up later than infants in low chaos homes.

Given the results mentioned in terms of infant sleep, it is important to highlight that one result stands out. One study (Teti et al., 2016) concluded that, when using actigraphy-derived indices of infant sleep, infant sleep quality did not appear compromised in cosleeping relative to solitary sleeping arrangements.

Cosleeping arrangements

Cosleeping arrangements were evaluated with different measures. Three studies (Teti et al., 2015; Teti et al., 2016; Teti et al., 2022) used the Sleep Practices Questionnaire (SPQ; Keller & Goldberg, 2004). In addition to the SPQ, Teti et al. (2022) also used video recordings of the infants' sleep environment, which allowed the research team to view multiple potential sleep arrangement locations simultaneously such as both the infant crib and parent bed. The night chosen for the video was discussed with the family to occur during a typical night of sleep for the infant and when both parents were at home. One study (Ko et al., 2013) used the Chinese version of the Pittsburgh Sleep Quality Index (PSQI; Wang, 2004) and Messmer et al. (2012) used the Sleeping Arrangements Questionnaire (SAQ; Messmer et al., 2012).

Two studies (Teti et al., 2015; Teti et al., 2022) reported that minority, non-White families were more likely than European Americans to adopt cosleeping practices and less likely to move infants from non-solitary to solitary sleeping arrangements. They also reported that mothers who

coslept with their infants completed fewer years of education, were at significantly higher socioeconomic risk, and reported less space for sleeping in the home.

Three studies (Ko et al., 2013; Teti et al., 2016; Teti et al., 2022) reported negative associations between parental sleep quality and cosleeping arrangements. Teti et al. (2016, 2022) reported that mothers and fathers of infants in cosleeping arrangements were more likely to experience sleep disruptions and sleep fragmentation, compared to mothers of infants in consistent solitary arrangements and mothers whose infants switched into solitary sleep.

Messmer et al. (2012) reported that the relationship between time spent bed sharing and marital satisfaction is moderated by classification as an intentional or reactive bed sharer (the first group of mothers endorses cosleeping arrangements, while the second group resorts to cosleeping arrangements as a response to an infant's sleep problem). That is, an increase in time spent bed sharing predicted a decrease in marital satisfaction for reactive bed sharers only.

Research question 1: How does coparenting and/or marital satisfaction relate to infant's sleep?

We found no study examining coparenting, marital satisfaction, and infant's sleep. Two studies (Kim & Teti, 2014; McDaniel & Teti, 2012) examined the relationship between coparenting and infant's sleep and they concluded that there is a negative association between the two variables. McDaniel and Teti (2012) reported that the frequency of infant night wakings predicted father and mother night wakings, which in turn predicted poorer parent sleep quality, elevated depressive symptoms, and poorer coparenting quality. Kim and Teti (2014) concluded that frequent infant night wakings compromise parental sleep quality which, in turn, affects reports of positive coparenting.

Marital satisfaction is another dimension that is also affected by infant sleep. Mackenzie et al. (2023) reported that there is an indirect effect of infant sleep on mothers' marital satisfaction, more specifically, on mother's sexual desire. This means that poor infant sleep affects the quality of maternal sleep, which poses obstacles for sexual frequency and desire, two central components of marital satisfaction.

Reader et al. (2017) evaluated the effects that discrepancies in response to infant night wakings had on coparenting quality. The authors concluded that parents reported worse coparenting quality when a large discrepancy in beliefs existed, particularly in the early months. For families in which mothers endorsed stronger beliefs about responding to infant night wakings than fathers and there was a large discrepancy in those beliefs, coparenting quality was perceived by mothers as worse.

Research question 2: How does coparenting and/or marital satisfaction relate to infant's cosleeping arrangements?

Only one study (Teti et al., 2015) analysed the relationship between coparenting, marital satisfaction, and cosleeping arrangements. This study found statistically significant associations between mothers' marital adjustment and positive coparenting at one and at six months. The authors also concluded that mothers who bed shared with their infants had significantly higher negative coparenting scores (i.e., more undermining-competition and exposure to conflict) than mothers whose infants slept in separate rooms. Maternal emotional and marital functioning was highest among mothers of infants in solitary sleep arrangements at one and six months and high levels of personal and marital functioning were associated both with consistent use of infant solitary sleep arrangements and movement from non-solitary to solitary sleeping arrangements.

Three studies (Teti et al., 2015; Teti et al., 2016; Teti et al., 2022) concluded that parents that adopt cosleeping arrangements report higher levels of negative coparenting when compared to parents whose infants sleep in separate rooms. Teti et al. (2016) refers that mothers of infants

in consistent cosleeping arrangements report higher levels of negative coparenting than mothers of infants in consistent solitary sleep and Teti et al. (2022) reported that mothers of infants in cosleeping-to-solitary sleep arrangements report significantly lower positive coparenting than mothers of infants in solitary sleep arrangements.

This result is similar when we take into account marital satisfaction. Three studies reported that marital functioning was highest among mothers of infants in solitary sleeping arrangements. Ko et al. (2013) reported that some of the best predictors of postpartum women's sleep quality were cosleeper disturbance (i.e., when mothers bed share with their infants, they tend to compromise their sleep quality), and marital satisfaction, due to their interdependent nature. Messmer et al. (2012) divided mothers in two groups: reactive bed sharers and intentional bed sharers, and concluded that for reactive bed sharers (i.e., mothers that do not endorse cosleeping practices but cosleep with their infants), marital satisfaction significantly decreases as hours spent in bed sharing increases. Teti et al. (2015) reported that maternal emotional and marital satisfaction was highest among mothers of infants in solitary sleep arrangements. High levels of personal and marital functioning were associated both with consistent use of infant solitary sleeping arrangements and movement from non-solitary to solitary sleeping arrangements.

Finally, it is worth mentioning that our review did not find any articles that simultaneously investigated all our four variables of interest, namely: coparenting, marital satisfaction, infant sleep, and infant's cosleeping arrangements.

Discussion

The transition to parenthood represents a significant and intense event in the family life cycle, profoundly impacting the structure and organization of the family unit (Martins, 2019). The accumulation of different identities (e.g., self, parent, and partner) can be hard to handle, and it can take time to feel comfortable and competent as a parent (Doss & Rhoades, 2017).

Couples who successfully work together as a team, supporting each other's interactions with their children, do not contradict the other parent's directives to the child or compete for the infant's love and attention. Not surprisingly, marital satisfaction is positively related to coparenting quality (Mangelsdorf et al., 2011). When mothers and fathers report a stronger sense of feeling cared for and loved by their partner, a central component of marital adjustment, the coparenting interactions they co-construct are more likely to be marked by more levels of warmth and involvement (Mangelsdorf et al., 2011).

Infant sleep is a complex and multifaceted aspect that profoundly affects parental well-being, parent-infant bonding, couple relationship dynamics, and overall family functioning during the transition to parenthood (Ramos et al., 2007; Sadeh et al., 2010). For most families, the choice to cosleep differs in duration per night, frequency, and motivation for cosleeping (Ball, 2007). Some children sleep in the parental bed every night, all night, some cosleep one night a week, while others spend the first half of the night in their own bed, only to wander into their parents' bed later into the night (Tyler, 2011).

Our systematic review thus sought to synthesise the current evidence on how infant sleep patterns and cosleeping arrangements relate to coparenting and/or marital satisfaction during the transition to parenthood, more specifically during the infant's first year of life. We identified 13 studies covering our four major variables. The findings suggest that poorer infant sleep quality and cosleeping arrangements have negative implications on parental perceptions of coparenting and marital satisfaction. Most studies were conducted in Western cultures, all of them were confined to heterosexual partnered families, and many lacked socioeconomic and cultural diversity. However, it is important to highlight that there is a growing body of evidence on the topic of the transition to parenthood, with 30.8% of our included studies being published in the years of 2022 and 2023.

Our results indicated that infants' disrupted sleep and infant night wakings predict poorer parental sleep and negative perceptions of coparental and marital quality. However, throughout the first year of the infant's life, their sleep becomes increasingly consolidated (i.e., the infants do not wake up as often during the night) (Tikotzky & Sadeh, 2009). In this sense, we can assume that the consequences of disruptive sleep patterns are more significant in the first few months. If the infant's sleep improves and they wake up fewer times during the night, then the perception of coparenting quality and marital satisfaction will be higher.

Also, according to our results, cosleeping arrangements appeared to be related to lower levels of positive coparenting and a decline in marital satisfaction. In fact, there is scientific evidence associating persistent cosleeping with heightened family stress (e.g., greater marital discord, coparenting distress, criticism from others, and reduced emotional availability with the infant at bedtime) (Cortesi et al., 2008). Countermine and Teti (2010) concluded that fathers may feel that there is less opportunity for intimacy with their wives when there is an infant in their room or bed, which may affect the satisfaction with the marital relationship. Okami (1995) was one of the first authors to suggest a link between cosleeping and marital satisfaction, arguing that cosleeping infringed on marital privacy. Other investigators (Stein et al., 2001) have also proposed that having a child in the marital bed could significantly impede sexual intimacy, interfere with marital closeness, and compete for the couple's attention and affection. In conclusion, persistent cosleeping heightens family stress, spilling-over into marital, coparental, and parent-infant relationships, and interfering with the couple relationship and intimacy.

One study (Reader et al., 2017) concluded that parental discrepancies about responding to infant night wakings predicted negative parental perceptions of coparenting quality. McHale and Rotman (2007) argued that even before the birth of their first child, couples set the stage for the quality of their subsequent coparenting relationship. Understanding parents' beliefs and representations about the family before the birth of a child can help predict later, and even long-term coparenting adjustment. The degree of difference between spouses' beliefs about parenting before infants are born predicts postpartum coparental adjustment; that is, larger differences in parental beliefs predict lower coparenting solidarity and adjustment (McHale & Rotman, 2007).

Teti et al. (2022) suggested that mothers who placed their infants in solitary sleeping arrangements were significantly more likely to express a stronger preference for that arrangement than mothers whose infants were in cosleeping and cosleeping-to-solitary sleeping arrangements. This might happen because adopting solitary sleeping arrangements meets the parents' expectations of what should be happening during the night, contributing to parents' well-being, contentment, and coparenting quality (Ramos et al. 2007). Considering these results, we need to understand the complexities of infant sleep and implement supportive strategies, promoting a positive and nurturing environment for parents and infants during this transformative and challenging period.

An evolutionary perspective on human infant sleep physiology suggests that parent-infant cosleeping practiced under safe physical and social circumstances might provide a variety of benefits (e.g., bonding, close contact, and attachment) to both parents and infants (Ball et al., 1999). Nonetheless, major controversies exist regarding the physical (e.g., Sudden Infant Death Syndrome) and psychological (e.g., dependency and separation anxiety) risks of adopting cosleeping practices (Volkovich et al., 2015). In terms of choosing to bed share or putting the infant in a solitary sleeping arrangement, it is important to note that most of the studies included did not consider the effects that birth-related variables (e.g., cesarean section or natural birth) and feeding methods (e.g., breastfeeding, formula, or both) can have on the decision to cosleep with the infants. The literature indicates that mothers who breastfeed their infants may adopt cosleeping practices for convenience (McCoy et al., 2004; McKenna & McDade, 2005). Similarly, mothers that underwent cesarean sections need more time to recover and may therefore choose to cosleep with their infants (Hooker et al., 2001). Thus, future research should consider and evaluate variables related to birth and feeding methods, as they can help understand why parents choose one sleeping arrangement over another.

Limitations of the evidence included in the review

Given the fact that five studies only included and reported data about mothers, future research should take into account the effects that variables like infant sleep and cosleeping can have on fathers' well-being. Studies focusing on fathers would help reduce the difference seen between the two gender groups in terms of representation in the literature. Additionally, in most of the studies (n = 12), the majority of the population identified as "White". Conducting studies on "non-Western" cultures (e.g., African, Asian, Latino, and mixed race) would help understand the complexities characteristic of different populations and contribute to the knowledge of how different cultures perceive the coparenting and marital relationship, given the specific influences of infant sleep and cosleeping, also subject to the influence of cultural issues. Furthermore, only two studies (Reader et al., 2017; Whitesell et al., 2018) explicitly addressed families from a more diverse socioeconomic background. This highlights a significant gap in the literature, indicating an underrepresentation of a broader spectrum of socioeconomic diversity.

As mentioned earlier, none of the studies examined coparenting quality, marital satisfaction, and infant sleep simultaneously. This gap in the literature highlights a critical need

for research that explores how the quality of the marital relationship and the cooperative parenting efforts of couples influence sleep behaviors and overall well-being of infants.

Limitations of the review processes

The current body of research reveals several notable limitations. One of the primary limitations of this systematic review is the low number of studies included. The small sample size may affect the robustness of the findings and may not fully capture the diversity of research on this topic, potentially overlooking important variations and nuances. Future research with a higher number of studies is needed to validate and extend our findings.

Moreover, none of the studies within our review specifically focused on LGBTQ+ families, nor did they examine the unique challenges related to the birth of twins or triplets, or couples who experienced high-risk pregnancies. Additionally, only one study (Ragni et al., 2022) examined families navigating atypical trajectories in infant development, and none investigated those centered on families who had pursued assisted reproductive technologies, such as in vitro fertilization, adoption processes, or surrogacy.

The absence of research addressing these specific demographics and circumstances underscores the critical need for future studies to explore and understand the dynamics and experiences within these diverse family structures and reproductive contexts. Addressing these gaps will provide a more comprehensive understanding of the varied familial experiences and challenges, thereby enriching the field of the transition to parenthood.

Implications of the study

To our knowledge, this is the first systematic review of the literature that synthetises results from studies that evaluate coparenting, marital satisfaction, infant sleep, and cosleeping.

This study revealed significant insights into how infant sleep and cosleeping practices influence coparenting and marital satisfaction during the transition to parenthood. These findings challenge current theoretical frameworks that predominantly overlook the intricate dynamics of sleep-related practices in shaping family relationships, suggesting the need for more nuanced models that consider the impact of infant sleep patterns and cosleeping arrangements on parental interactions and relationship well-being.

Adopting effective coparenting strategies, characterized by shared responsibilities and supportive interactions, can mitigate some of the negative impacts of poor infant sleep on the marital relationship. Additionally, cosleeping practices, while sometimes a source of tension, can also foster closer family bonds and improve parental perceptions of support when managed with mutual agreement and clear communication between partners.

Overall, the transition to parenthood is a pivotal period that demands adaptive strategies to balance the demands of infant care with the maintenance of a healthy marital relationship. Future research should continue to explore the nuanced effects of different sleep arrangements and parental coping mechanisms to provide clearer guidelines for new parents. Interventions aimed at improving infant sleep, enhancing coparenting cooperation, and supporting marital satisfaction are essential for fostering positive family outcomes during this transformative, yet rewarding stage.

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Appendix

Table 2.1

Detailed Characterization of the Included Studies

Authors and year	Title	Gender sample	Mean age of the parents	Parental education	Relationship age	Race/ethnicity	Socioeconomic level
MacKenzie et al. (2023)	Indirect associations between infant sleep, parental sleep, and sexual well-being in new parent couples	203 mothers and 203 partners	Mothers' mean age was 30.04 (SD = 3.49) and partners' mean age was 31.58 (SD = 4.51)	Mothers' mean years of education was 17.33 (SD = 2.79) and partners' mean years of education was 17.00 (SD = 3.07)	Average of 6.5 years of relationship	78.8% of mothers and 80.8% of partners identified as White; 9.4% of mothers and 4.9% of partners identified as Asian/Asian American; 4.4% of mothers and 3.4% of partners identified as Multiracial; 3.0% of mothers and 2.5% of partners identified as East Indian; 1.5% of mothers and 3.4% of partners identified as Middle Eastern/Central or South Asian; 3.0% of mothers and 5.0% of partners identified as "Other"	80.7% of the couples' average income was more than $60,000
Ragni et al. (2022)	Post-partum depressive dimensions, co-parenting, infant's health, and sleep quality: how are they related in the first year postpartum?	95 mothers and 95 fathers	In the clinical sample, mothers mean age was 34 (SD = 5.06) and fathers mean age was 37 (SD = 6.14). In the healthy sample, mothers mean age was 35 (SD = 4.42) and fathers mean age was 38 (SD = 5.71)	In the clinical sample, 42.9% of mothers obtained a college degree or higher. In the healthy sample, 49.1% of mothers obtained a college degree or higher. No data available for fathers	Missing information	Missing information	71.4% of families in the clinical sample and 62.1% of families in the healthy sample's income ranged from 15.001€ to 28.000€

Authors and year	Title	Gender sample	Mean age of the parents	Parental education	Relationship age	Race/ethnicity	Socioeconomic level
Reader et al. (2017)	Cognitions about infant sleep: Interparental differences, trajectories across the first year, and coparenting quality	167 mothers and 155 fathers	Mothers ranged in age from 18–43 years (M = 29.43, SD = 5.29) and fathers ranged in age from 21–49 (M = 32.10, SD = 5.86)	63.2% of mothers and 68.8% of fathers had at least a bachelor's degree	Missing information	83.6% of mothers and 84.1% of fathers identified as White, 3.6% of mothers and 3.3% of fathers identified as African American, 3.6% of mothers and 4.0% of fathers identified as Asian American, 5.5% of mothers and 4.6% of fathers identified as Hispanic and 3.8% of parents identified as "Other"	Annual incomes ranged from $0 – $300,000
Teti et al. (2015)	Marital and emotional adjustment in mothers and infant sleep arrangements during the first six months	149 mothers; 53% of infants were girls	Mothers ranged in age from 18–43 years (M = 29.42, SD = 5.35)	Approximately 99% of the mothers had completed high school, 61% had at least a bachelor’s degree, and 32% had completed a post-baccalaureate degree (master’s degree or higher)	Missing information	86% of the sample was European American, with the remaining 14% African American, Asian, Latino, or “Other”	Median family income was $65,000/year
Teti et al. (2016)	Sleep arrangements, parent-infant sleep during the first year, and family functioning	149 families; 80 female and 69 male infants	Missing information	99% of mothers had completed high school, and 60% of mothers had a bachelor’s degree or higher; 86% of fathers had completed high school, with 61% completing a bachelor’s degree or higher	Missing information	86% of mothers and 85% of fathers were White, with the remaining evenly split between African American, Asian American, Latino or “Other"	Median yearly family income was $60,000

Authors and year	Title	Gender sample	Mean age of the parents	Parental education	Relationship age	Race/ethnicity	Socioeconomic level
Teti et al. (2022)	Infant sleep arrangements, infant-parent sleep, and parenting during the first six months post-partum	124 mothers and 124 fathers; 71 infants were females	Mothers' mean age was 29.9 years (range 19-to-43) at birth, and fathers' mean age was 32.4 years (range 22-to-49) at birth	99% of mothers had completed high school, and 60% of mothers had a bachelor's degree or higher; 99% of fathers had completed high school, with 66% completing a bachelor's degree or higher	Missing information	85% of mothers and 86% of fathers were white, with the remaining evenly split between African American, Asian American, Latino, or "other"	Median yearly family income was $65,000
Kim & Teti (2014)	Maternal emotional availability during infant bedtime: An ecological framework	106 mothers	Mothers' mean age was 30.0 years (SD = 5.17)	7.5% of mothers were high-school graduates, 50.0% attended or graduated from college, and 34.0% obtained graduate or professional degrees	Missing information	84.0% of mothers identified as "White", 4.7% identified as "African American", 2.8% identified as "Asian", 5.7% identified as "Latino", and 2.8% identified as "Other"	The mean family income was $69,423.15, the range being $0 to $300,000
Kim et al. (2021)	Quality of coparenting and infant-mother attachment: The mediating role of maternal emotional availability	167 mothers and 167 fathers	Mothers ranged in age from 18 to 43, with a mean age of 29.43 years (SD = 5.27). Fathers had a mean age of 32.10 years (SD = 5.87), ranging from 21 to 49 years of age	98.2% had completed a high school degree or more, with 68.2% having completed an associate's degree or higher. 90.4% of fathers completed high school or had at least an associate's degree (62.8%)	Missing information	138 mothers (82.6%) were White, 6 (3.6%) were Black, 6 (3.6%) Asian, 9 (5.4%) Hispanic/Latinx, 6 (3.6%) identified as "Other", and 2 (1.2%) did not report. 127 fathers (76.0%) were White, 5 (3.0%) were Black, 6 (3.6%) identified as Asian, 7 (4.2%) were Hispanic/Latinx, 6 (3.6%) identified as "Other", and 16 (9.6%) did not report	Missing information

Authors and year	Title	Gender sample	Mean age of the parents	Parental education	Relationship age	Race/ethnicity	Socioeconomic level
McDaniel & Teti (2012)	Coparenting quality during the first three months after birth: The role of infant sleep quality	148 mothers and 132 fathers	Mothers' average age was 29.6 years old (SD = 5.3), ranging in age from 18 to 43. Fathers' average age was 32.1 years old (SD = 5.6), ranging in age from 21 to 48	86% of mothers and fathers completed some postsecondary education	Missing information	84% of mothers were White, 3% were Asian American, 3% were African American, 6% were Latino, and 3% identified themselves as "Other". A total of 87% of fathers were White, 4% were Asian American, 3% were Latino, 4% were African American, and 2% identified themselves as "Other"	Average annual family income was $71,550 (SD = $48,815)
Ko et al. (2013)	Postpartum women's sleep quality and its predictors in Taiwan	327 mothers	Mothers' age ranged from 19 to 41 years and their average age was 30.71 years (SD = 4.07)	162 mothers (49.54%) attended junior college and 165 mothers (50.45%) had a university degree	Missing information	Missing information	Missing information
Valla et al. (2022)	Factors associated with maternal overall quality of life six months postpartum: a cross sectional study from The Norwegian Mother, Father and Child Cohort Study	86 724 mothers; 51% of included babies were boys	The mean age of included mothers was 29.8 years (SD = 4.5)	Two thirds of mothers included had medium to high education	Missing information	Missing information	Missing information
Messmer et al. (2012)	The relationship between parent-infant bed sharing and marital satisfaction for mothers of infants	81 mothers	Missing information	The majority of the families included in this study had obtained a high level of education	Missing information	The majority of the sample in this study was Caucasian. The ethnic distribution of participants in this study is representative of Western Canada	The majority of the sample reported an above average median income

Authors and year	Title	Gender sample	Mean age of the parents	Parental education	Relationship age	Race/ethnicity	Socioeconomic level
Whitesell et al. (2018)	Household chaos and family sleep during infants' first year	167 mothers and 167 fathers; 53% of the infants were female	Mothers ranged in age from 18 to 43 years old (M = 29.43, SD = 5.27). Fathers ranged in age from 21 to 49 years old (M = 32.10, SD = 5.87)	27% of mothers and 24% of fathers attended college without completing a bachelor's degree; 23% of mothers and 30% of fathers graduated with a bachelor's degree, and 37% of mothers and 31% of fathers moved on to a graduate or professional degree (master's degree or higher)	Missing information	84% of mothers and 84% of fathers identified as White, with the remaining 12% of mothers and 15% of fathers identifying as non-White	Annual family income ranged from less than $10,000 to $325,000 (M = $69,504, SD = $47,605)

Table 2.2

Continuation – Detailed Description of the Included Studies

Authors and year	Title	Birth-related variables	Feeding method	Variables	Instruments and scales	Results
MacKenzie et al. (2023)	Indirect associations between infant sleep, parental sleep, and sexual well-being in new parent couples	Missing information	Missing information	Infant sleep, parental sleep, sexual frequency, sexual desire, breastfeeding, and pain during intercourse	Infant sleep quality: single item developed by the study team for prior research (Hipp et al., 2012) - participants rated the quality of their infants' sleep over the preceding four weeks on a scale from 0 (terrible quality of sleep) to 10 (great quality of sleep) Parental sleep: two items used in prior research (Hipp et al., 2012; Rosen et al., 2017) - participants rated their fatigue in the past four weeks on a scale from 1 (extreme fatigue) to 7 (high energy), as well as their average sleep quality on a scale from 0 (terrible sleep quality) to 10 (great sleep quality) Sexual frequency: Sexual Frequency Questionnaire (Rosen et al., 2021) Sexual desire: two validated items from the Female Sexual Function Index (FSFI; Rosen et al., 2000) Breastfeeding: at each time point, mothers reported whether or not they breastfed in the past two weeks Pain during vaginal intercourse: pain subscale of the Female Sexual Function Index (FSFI; Rosen et al., 2000)	Parents reported poorer sleep (i.e., worse sleep quality and greater fatigue) when their infants were sleeping worse than typical, and parents whose infants tended to sleep worse experienced poorer sleep than parents whose infants tended to sleep better. There was a trending significant association between mothers' poorer sleep and couples' lower sexual frequency within-couple. Partners' poorer sleep was significantly associated with couples' lower sexual frequency between-couple (there was no within-couple association). Couples in which partners tended to experience poorer sleep engaged in sexual activity less frequently than couples in which partners tended to have better sleep. There was a significant within-person association between mothers' poorer sleep and their own lower sexual desire; however, this effect was not found at the between-person level. Thus, when mothers experienced poorer sleep than usual, their desire was significantly lower. There was an indirect effect at the within-person level of infant sleep on mothers' own desire via mother's sleep, and an indirect effect at the between-person level of infant sleep on partners' own desire via partner's sleep. Pain during vaginal intercourse was significantly correlated with mothers' sexual desire between-person but not within-person.

Authors and year	Title	Birth-related variables	Feeding method	Variables	Instruments and scales	Results
Ragni et al. (2022)	Post-partum depressive dimensions, co-parenting, infant's health, and sleep quality: how are they related in the first year postpartum?	Infants in the clinical sample stayed in the hospital a median of 28.44 days (SD = 38.84). The hospital stays after birth ranged from 3 to 186 days	Missing information	Infant sleep, depressive symptoms, coparenting, and infant's health	Infant sleep-wake patterns: expanded version of the Brief Infant Sleep Questionnaire (BISQ; Sadeh et al., 2009) Depressive symptoms: Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987) Coparenting quality: Coparenting Relationship Scale (CRS; Feinberg et al., 2012)	Spouses' postpartum depressive dimensions are related to their own perceived infants longest sleep bout. Partners' levels of postpartum depressive dimensions are related to their spouses' perceived infants longest sleep bout. Being a couple with a child born with anomalies requiring surgery and parental similarities in perceiving coparenting quality was not associated with children's sleep longest bout reported by parents. Having a child born with anomalies requiring surgery at birth did not moderate the relationship between parental postpartum depressive dimensions with children's sleep reported by parents. The association between actor postpartum depressive dimensions and children' sleep longest bout reported by parents significantly increased only for lower levels of parental similarity in perceiving coparenting quality but not for high levels.
Reader et al. (2017)	Cognitions about infant sleep: Interparental differences, trajectories across the first year, and coparenting quality	Missing information	Missing information	Infant sleep, coparenting, depression, and anxiety symptoms	Beliefs about responding to infant night wakings: adapted version of the Maternal Cognitions about Infant Sleep Questionnaire (MCISQ; Morrell, 1999) Perceptions of coparenting quality: Coparenting Relationship Scale (CRS; Feinberg et al., 2012) Depressive and anxiety symptoms: Symptoms Checklist-90-Revised (SCL-90–R; Derogatis, 1994)	There was a significant difference between the average mother's and the average father's beliefs about responding to infant night wakings (e.g., mothers endorsed stronger beliefs about responding than fathers). There is a significant linear decline in these beliefs for the average parent across the first year of the infant's life. Parents' perceptions of positive coparenting decreased over time, and fathers reported greater perceived positive coparenting quality than mothers. Individuals with higher education reported lower coparenting quality and those with higher income levels reported better perceived coparenting quality. As expected, individuals with worse psychological well-being reported lower coparenting quality. Between-person differences

Authors and year	Title	Birth-related variables	Feeding method	Variables	Instruments and scales	Results
						in beliefs about responding to infant night wakings significantly predicted perceptions of negative coparenting (exposure to conflict, undermining). The more strongly individuals endorsed immediate response to infant night wakings, the more negatively they perceived coparenting quality. A larger discrepancy between parent's beliefs about responding to infant night wakings predicted worse coparenting in families where mothers endorsed stronger beliefs about responding than fathers. When there was a large discrepancy, mothers perceived coparenting quality to be significantly worse than mothers in families where there was little discrepancy between her and her partner. Parents reported worse coparenting quality when a large discrepancy in beliefs existed, particularly in the early months. For families in which mothers endorsed stronger beliefs about infant night wakings than fathers and there was a large discrepancy in beliefs, coparenting quality was perceived by mothers as worse at the intercept.
Teti et al. (2015)	Marital and emotional adjustment in mothers and infant sleep arrangements during the first six months	Missing information	Missing information	Sleep arrangements, infant sleep, depressive symptoms, marital and emotional	Infant sleep arrangements and maternal preference for sleep arrangements: Sleep Practices Questionnaire (SPQ; Goldberg & Keller, 2007) Maternal depressive symptoms: depression subscale of the Symptoms Checklist-90 Revised (SCL-90-R; Derogatis, 1994)	At one month, mothers who bed shared with infants had significantly higher negative coparenting scores (i.e., more undermining-competition and exposure to conflict) than mothers whose infants slept in separate rooms. Mothers' positive coparenting was lower among bed sharing, compared with mothers whose infants slept

Authors and year	Title	Birth-related variables	Feeding method	Variables	Instruments and scales	Results
					Marital adjustment: Locke-Wallace Marital Adjustment Test (MAT; Locke & Wallace, 1959), Dyadic Adjustment Scale (DAS; Spanier, 1976) Coparenting quality: Coparenting Relationship Scale (CRS; Feinberg et al., 2012)	in separate rooms. Minority families were more likely than European Americans to fall into the stable bed sharing group (6% vs. 3%), less likely than European Americans to move infants from non-solitary to solitary sleeping arrangements (16% vs. 48%), and more likely than European Americans to move their infants from non-bed sharing to bed sharing arrangements (21% vs. 1%). Maternal emotional and marital functioning was highest among mothers of infants in solitary sleep arrangements at one and six months. High levels of personal and marital functioning were associated both with consistent use of infant solitary sleep arrangements and movement from non-solitary to solitary sleep arrangements. Mothers in stable bed sharing arrangements from one to six months had significantly lower one-month positive coparenting scores, and significantly higher one-month negative coparenting scores, than mothers in the combined solitary sleep group.
Teti et al. (2016)	Sleep arrangements, parent-infant sleep during the first year, and family functioning	Missing information	80% of mothers were breastfeeding their infants, either full or part-time, at one month of age. That dropped to 33% by 12 months	Sleep arrangements, marital adjustment, coparenting, emotional availability, and parent-infant sleep	Sociodemographic questionnaire Infant sleep arrangements: Sleep Practices Questionnaire (SPQ; Goldberg & Keller, 2007) Marital adjustment: Locke-Wallace Marital Adjustment Test (MAT; Locke & Wallace, 1959), Dyadic Adjustment Scale (DAS; Spanier, 1976) Coparenting quality: Coparenting Relationship Scale (CRS; Feinberg et al., 2012) Parent emotional availability at	Infant sleep quality did not appear compromised in cosleeping relative to solitary sleeping arrangements when using actigraphy-derived indices of infant sleep. In contrast to results obtained for infants, mothers sleep fragmentation was significantly associated with sleep arrangements (mothers who used consistent solitary sleeping arrangements across the first year had consistently less fragmented sleep compared to mothers of infants in consistent cosleeping arrangements). Mothers' WASO decreased over time, indicating improved sleep throughout the infants' first year. Mothers of infants in consistent solitary sleep arrangements spent significantly fewer minutes awake

Authors and year	Title	Birth-related variables	Feeding method	Variables	Instruments and scales	Results
					bedtime: Emotional Availability Scales (EAS; Biringen et al., 1998) Parent-infant sleep quality: Actigraphy, infant sleep diary (Meltzer et al., 2007)	during the night (M = 62.13) than mothers of infants in consistent cosleeping arrangements (M = 77.19). Mothers of infants in cosleeping arrangements that persisted beyond six months of age were more likely to experience sleep disruptions, compared to mothers of infants in consistent solitary arrangements and mothers whose infants switched into solitary sleep before 6 months. Mothers' perceptions of their infants' sleep quality coincided much more closely with actigraphy measures of mothers' own sleep quality than with actigraphy measures of infants' sleep quality. Objective assessments of mothers' sleep quality were more closely linked with mothers' perceptions of their infants' night awakenings in the consistent solitary sleeping group than in the consistent cosleeping group. Like mothers' and infants' sleep, fathers' sleep quality generally improved across the infants' first year. Mothers of consistently cosleeping infants had significantly lower marital adjustment scores (M = 114.21) than mothers of infants in consistent solitary sleep (M = 138.32). Mothers' reports of negative coparenting were significantly associated with sleep arrangements. Mothers of infants in consistent cosleeping arrangements reported higher levels of negative coparenting than mothers of infants in consistent solitary sleep. Mothers of infants in consistent solitary sleep were more emotionally available with their infants at bedtime than mothers of infants in consistent cosleeping arrangements.
Teti et al. (2022)	Infant sleep arrangements, infant-parent sleep, and parenting during the	Missing information	Missing information	Sleeping arrangements, infant sleep, maternal emotional availability,	Sociodemographics questionnaire Observed infant sleep arrangements: video recorder Mothers' preference for their	Sleep arrangement patterns were significantly associated with maternal education, socioeconomic risk, and space constraints. Mothers who coslept with their infants completed fewer years of education, were at significantly higher socioeconomic risk than mothers of infants in

Authors and year	Title	Birth-related variables	Feeding method	Variables	Instruments and scales	Results
	first six months post-partum			coparenting, depressive, and anxiety symptoms	choice of sleep arrangement: an isolated item from the Sleep Practices Questionnaire (SPQ; Keller & Goldberg, 2004) (e.g., "Is your baby's current sleep location the place that you most prefer for him/her to sleep?") Sleep/wake activity: Respironics/Mini Mitter actiwatch Maternal emotional availability at bedtime: video recorder; Emotional Availability Scale (EAS, Biringen et al., 1998) Coparenting quality: Coparenting Relationship Scale (CRS; Feinberg et al., 2012) Mother reports of depressive and anxiety symptoms: depression and anxiety subscales of the Symptoms Checklist-90-Revised (SCL-90–R; Derogatis, 1994)	solitary sleep and reported less space for sleeping in the home. Cosleepers were also at higher socioeconomic risk than families who coslept at three months but moved their infants into solitary sleep by six months. Analyses also revealed that cosleeping was significantly associated with being non-White. Infant age was a strong predictor of infant sleep, which was found to increase significantly from three-to-six months. Whereas no change in mothers' nighttime sleep minutes from three-to-six months were observed in either the solitary or cosleeping-to-solitary groups, nighttime sleep minutes decreased significantly among mothers in the cosleeping group. Variability in fathers' sleep minutes was significantly predicated by sleep arrangement pattern. There are significantly higher levels of variability in fathers' nighttime sleep minutes in cosleeping families relative to solitary sleeping families. Infant sleep fragmentation decreased significantly from three-to-six months. Mothers in cosleeping arrangements had significantly more fragmented sleep than mothers' sleep in solitary or cosleeping-to-solitary arrangements. For mothers, variability in sleep fragmentation significantly decreased with infant age. Contrasts revealed significantly greater variability in sleep fragmentation in cosleeping mothers compared to mothers in cosleeping-to-solitary sleeping arrangements. Perceptions of positive coparenting significantly decreased from three-to-six months. Mothers of infants in cosleeping-to-solitary sleep arrangements reported significantly lower positive coparenting than mothers of infants in solitary sleep arrangements. Mothers of infants in solitary sleep arrangements reported significantly lower negative coparenting perceptions than mothers of infants in cosleeping-to-solitary sleep arrangements. Mothers of infants in cosleeping arrangements were observed to be

Authors and year	Title	Birth-related variables	Feeding method	Variables	Instruments and scales	Results
						significantly less emotionally available to their infants than mothers of infants in solitary sleep, but not different from mothers in cosleeping-to-solitary arrangements. Mothers who placed their infants in solitary sleeping arrangements were significantly more likely to express a strong preference for that arrangement than mothers whose infants were in cosleeping and cosleeping-to-solitary sleeping arrangements. Maternal preferences for the sleep arrangements they were using mattered for positive coparenting, but not for negative coparenting and mothers' emotional availability.
Kim & Teti (2014)	Maternal emotional availability during infant bedtime: An ecological framework	Missing information	Missing information	Depressive symptoms, coparenting, maternal sleep, infant sleep, infant temperament, and maternal emotional availability	Depressive symptoms: Symptom Checklist-90-Revised (SCL-90–R; Derogatis, 1994) Coparenting quality: Coparenting Relationship Scale (CRS; Feinberg et al., 2012) Maternal and infant sleep: The 24-hr Sleep Patterns Interview (24-Hr SPI; Meltzer et al., 2007), The Infant Sleep Diary (adapted from Burnham et al., 2002) Infant temperament: Infant Behavior Questionnaire–Revised (IBQ-R; Rothbart & Gartstein, 2003) Maternal emotional avaliability: video recordings	Positive coparenting was related to more hours of sleep and higher sleep quality in mothers. More frequent infant night wakings was also significantly related to poorer sleep quality in mothers. Higher negative affectivity in infants was significantly related to higher maternal depressive symptoms, less positive and more negative coparenting, lower sleep quality in mothers and more frequent infant night waking. Child gender, mothers' age, and mothers' marital status were significantly correlated with emotional availability. Emotional availability was significantly higher for male infants than for female infants. Contrary to the hypothesis formulated, mothers' average level of symptoms was not associated with maternal emotional availability. Mothers' coparenting quality during the first six months predicted mothers' emotional availability during infant bedtime at nine months. Averages of mothers' hours of sleep, sleep quality, the frequency of infant night wakings, and the average length of infant night wakings were not significantly associated with mothers' emotional availability. There was a decrease from one to six months in maternal depressive symptoms, decreases from one to three months, and from one to six months in the frequency

Authors and year	Title	Birth-related variables	Feeding method	Variables	Instruments and scales	Results
						and duration of infant night wakings, and increases from one to three months, and from one to six months, in mothers' hours of sleep. Mothers engaged in less emotionally available parenting during bedtime at nine months when they perceived their infants as more surgent and affectively negative at six months. Only mothers with highly surgent infants showed less emotional availability when they experienced an increase in depressive symptoms from one to six months, and more emotional availability when their symptoms decreased. When infants were highly surgent, variation in positive coparenting was positively related to mothers' emotional availability, but not for low-surgent infants. When infants were highly surgent, variation in negative coparenting was inversely related to mothers' emotional availability, but not for low-surgent infants.
Kim et al. (2021)	Quality of coparenting and infant-mother attachment: The mediating role of maternal emotional availability	Missing information	Missing information	Coparenting, maternal emotional availability, mother-infant attachment	Coparenting quality: Coparenting Relationship Scale (CRS; Feinberg et al., 2012) Maternal emotional availability: video recorded-home observations; Emotional Availability Scales (EAS; Biringen et al., 1998) Infant attachment security: Attachment Q-Set (AQS; Waters et al., 1995)	Infant-mother attachment at 12 months was significantly correlated with mother-reported positive coparenting across the first year, father-reported negative coparenting across the first year, and maternal emotional availability across the first year. There was no significant direct effect of mother-reported positive coparenting quality on infant-mother attachment security. How a mother perceives the couple's coparenting quality to be during the first year of infants' life does not directly predict the security of her infant's attachment at 12 months. A mother's greater bedtime emotional availability across the first year of the infant's life was linked to more secure infant-mother attachment at 12 months. Mothers who regarded the coparenting relationship as highly

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						positive across the year were more likely to be emotionally available to their infants across the first year, which was, in turn, associated with more securely attached infants at 12 months. When mothers reported the couple's coparenting quality to be highly negative across the first year, those mothers were less likely to be emotionally available to their infants at bedtime across the first year. Maternal emotional availability significantly mediated the relation between negative coparenting and infant-mother attachment, that is mothers who perceived the couple's coparenting quality to be highly negative throughout the infants' first year were less likely to be emotionally available to their infants across the first year, which, in turn, was linked to less secure infant-mother attachment at infants' 12 months. The paths from fathers' reports of coparenting to maternal emotional availability were not significant for either positive or negative coparenting. Higher mother-reported positive coparenting and lower mother reported negative coparenting at one month were associated with higher maternal emotional availability across the first year. Mothers who were more emotionally available throughout the first year of the infant's life were more likely to have infants who were securely attached to them at 12 months. High quality coparenting from the mothers' perspective early in the infant's life is indirectly linked to secure attachment when the infant is one year old.
McDaniel & Teti (2012)	Coparenting quality during the first three months after birth: The role of infant sleep quality	Missing information	Missing information	Coparenting, infant sleep, parental sleep, depressive symptoms, and infant temperament	Coparenting quality: Coparenting Relationship Scale (CRS; Feinberg et al., 2012) Infant night waking: infant sleep diary (adapted from Burnham et al., 2002)	Mothers reported more frequent night waking, worse sleep quality, more depressive symptoms, and worse perceptions of coparenting than fathers. For both mothers and fathers, infant night waking was positively related to parent night waking, parent night waking was negatively related to parent reports of sleep quality, parent sleep quality was negatively related to distress (i.e., depressive symptoms), and depressive symptoms were negatively related to perceptions of coparenting quality.

Authors and year	Title	Birth-related variables	Feeding method	Variables	Instruments and scales	Results
					Parent night waking and sleep quality: adaptation of 24-Hour Sleep Patterns Interview (Meltzer et al., 2007) Depressive symptoms: depression subscale of the Symptom Checklist-90-Revised (SCL-90–R; Derogatis, 1994) Infant temperament: Infant Behavior Questionnaire (IBQ; Rothbart, 1981)	The frequency of infant night waking predicted father and mother night waking, which in turn predicted parent sleep quality, elevated depressive symptoms, and poorer coparenting quality. More positive coparenting at one month was significantly predictive of decreased depressive symptoms at three months for both mothers and fathers. Coparenting quality was theorized to predict depressive symptoms and depressive symptoms were theorized to predict parent sleep quality. At both one and three months, parent distress (i.e., depressive symptoms) was negatively related to parents' perceptions of positive coparenting and the division of labor, and positively related to perceptions of negative coparenting. The link between infant night waking and parent night waking was stronger for mothers than for fathers at one and at three months, and the link between depressive symptoms at month one and depressive symptoms at month three was stronger for fathers than mothers.
Ko et al. (2013)	Postpartum women's sleep quality and its predictors in Taiwan	238 infants (72.7%) were born vaginally and 89 infants (27.2%) were born through cesarean section	166 infants (50.8%) were breastfed and 161 infants (49.2%) were breastfed and by bottle	Maternal sleep quality, cosleeping disturbance, physical symptoms, and social support from partner	Sleep quality and cosleeping disturbance: Chinese version of the Pittsburgh Sleep Quality Index (PSQI; Wang, 2004) Physical symptoms: Postpartum Physical Symptoms Checklist (PPSC; Huang, 2003) Perceived stress: Chinese version of the Perceived Stress Scale (PSS-10; Chen, 1994) Social support from partner: The Postpartum Social Support Scale (PSSS; Chen, 2002)	Sleep quality did not differ significantly by mothers' demographic or perinatal characteristics (age, education, parity, delivery method, sex of newborn, and feeding method), but did differ significantly by marital satisfaction, nighttime awakening, cosleeper disturbance, and baby sleep status. Participants slept on average 4.84 ± 1.59 hr/night (range = 1–8.5). Most mothers frequently awoke from 10 p.m. to 6 a.m., with 40.1% (n = 131) awaking more than four times. Women's postpartum sleep quality was positively correlated to physical symptoms and perceived stress, and negatively correlated to postpartum social support, indicating that the fewer symptoms, the less stress, and the more social support

Authors and year	Title	Birth-related variables	Feeding method	Variables	Instruments and scales	Results
						the better sleep quality in postpartum women. The best predictors of postpartum women's sleep quality were postpartum physical symptoms, frequency of nighttime awakening, co-sleeper disturbance, marital satisfaction, perceived stress, and baby sleep status. The participants reported poorer global sleep quality if they had more symptoms, more nighttime awakenings, more cosleeper disturbance, dissatisfaction with marriage, greater stress, and worse baby sleep. The authors found that marital satisfaction was a powerful predictor of postpartum sleep quality, and postpartum social support was not a significant predictor.
Valla et al. (2022)	Factors associated with maternal overall quality of life six months postpartum: a cross sectional study from The Norwegian Mother, Father and Child Cohort Study	70815 of the infants (95.0%) had 37 weeks or more of gestation. Medium birth weight was 3600 grams, and it ranged from 500g to 5960g	Missing information	Quality of life, depressive symptoms, infant sleep, infant colic, infant temperament, and relationship satisfaction	Overall quality of life: Satisfaction With Life Scale (SWLS; Diener, 1985) Sociodemographic data Symptoms: The Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987), Differential Emotional Scale (DES; Izard et al., 1993) Feelings related to childbirth: assessed based on the single statement 'I felt safe and in good hands', with the following response options: "applies well", "applies partly", or "does not apply" Infant sleep: assessed using the question "How many hours does your child sleep per day?"	Low depression scores, higher feelings of joy, lower feelings of anger and higher feelings of having been taken care of during birth, were all significantly related to higher life satisfaction. Neither infant colic nor the child's temperament were no longer significantly associated with mothers' life satisfaction, while children sleeping 13hr or more a day remained statistically significant. Higher level with partnership satisfaction scores was significantly associated with higher quality of life.

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					Infant colic: assessed using the question "Has your child had the following illness/health problem? Infant colic?" Infant temperament: Infant Characteristics Questionnaire (ICQ; Bates et al., 1979) Satisfaction with the relationship: Relationship Satisfaction Scale (RS; Røysamb et al., 2014)	
Messmer et al. (2012)	The relationship between parent-infant bed sharing and marital satisfaction for mothers of infants	Missing information	Missing information	Sleeping arrangements, marital satisfaction, fatigue, and sexual satisfaction	Sleeping arrangements: Sleeping Arrangements Questionnaire (SAQ; Messmer et al., 2012) Marital adjustment: Dyadic Adjustment Scale (DAS; Spanier, 1976) Fatigue and functioning: Iowa Fatigue Scale (IFS; Hartz et al., 2003) Sexual satisfaction: measured using one question designed by the research team specifically for this study - assessed sexual relationship with the mothers' partner on a 5-point scale, from very dissatisfied to very satisfied	There was a statistically significant and negative correlation between time spent bed sharing and marital satisfaction. There was a statistically significant and positive correlation between marital satisfaction and sexual satisfaction. There was a statistically significant and negative correlation between marital satisfaction and fatigue. For the intentional bed sharers there was a statistically significant and positive correlation between marital satisfaction and sexual satisfaction. For intentional bed sharers, time spent bed sharing was not significantly correlated with any of the psychological variables. For the reactive bed sharers, there was a statistically significant and negative correlation between time spent bed sharing and marital satisfaction. Group classification as an intentional or reactive bed sharer was a significant moderator of the relationship between time spent bed sharing and marital satisfaction. That is, for reactive bed sharers, marital satisfaction significantly decreases as hours spent bed sharing increases. However, for intentional bed sharers, marital satisfaction does not

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						significantly change as hours spent bed sharing increases. The relationship between time spent bed sharing and marital satisfaction is moderated by classification as an intentional or reactive bed sharer. Time spent bed sharing interacted with group classification such that an increase in time spent bed sharing predicted a decrease in marital satisfaction for reactive bed sharers only.
Whitesell et al. (2018)	Household chaos and family sleep during infants' first year	Missing information	Missing information	Household chaos, parental sleep, infant sleep, marital adjustment, and maternal emotional availability	Sociodemographic questionnaire Household chaos: Descriptive In-Home Survey of Chaos—Observer Reported (DISCORD; Whitesell et al., 2015) Sleep-wake activity: Actigraphy Bedtime, sleep onset, and wake times: 24-Hour Sleep Patterns Interview (24-HSPI; Meltzer et al., 2007) Marital adjustment: Marital Adjustment Test (MAT; Locke & Wallace, 1959), Dyadic Adjustment Scale (DAS; Spanier, 1976) Maternal bedtime emotional availability: Emotional Availability Scale (Biringen et al., 1998)	Household chaos has a dysregulatory impact on infant and parent sleep. Infants in higher chaos homes had longer sleep duration than infants in lower chaos homes. Mothers' sleep decreased across infant age overall and fathers' sleep duration decreased significantly across infant age in lower chaos families. Individuals living in higher chaos homes had greater nightly variability in their sleep duration than those living in lower chaos homes. Higher bedtime emotional avaliability was predictive of less variability in sleep duration overall. Mothers, fathers, and infants in higher chaos homes had more fragmented sleep compared to those in lower chaos homes. Variability in infant sleep fragmentation decreased significantly across the infants' first year, especially during the first six months of life, after which it levelled off. Fathers' variability in sleep fragmentation was higher in high chaos homes than in

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						low chaos homes. At one, three, six, and nine months of age, household chaos was positively associated with later infant bedtimes. Household chaos was positively associated with later reported sleep onset times for mothers. Infants in higher chaos homes woke up later than infants in low chaos homes.