CO-SLEEPING ASSEMBLAGES

What shapes the co-sleeping practices in mother-baby dyads in New Zealand?

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BACKGROUND

- Co-sleeping-where caregivers and infants share close proximity during sleep-encompasses arrangements from room-sharing to bedsharing[1]. This study focuses on bedsharing, the most contested practice in health guidance. Practiced by over 70% of families worldwide[2], including many Māori and Pacific households in Aotearoa[3], this intimate caregiving practice occupies a contested space in Western societies. While co-sleeping facilitates breastfeeding, bonding, and responsive care[4], public health guidelines often discourage the practice due to SUDI concerns[5].
- Evidence reveals that SUDI risk relates not to bedsharing itself but to specific hazardous conditions (sofa-sharing, substance use, exhaustion) and structural barriers preventing safe sleep implementation[6]. Many families experiencing SUDI possessed strong knowledge of safe sleep guidelines but were unable to implement them due to these structural factors[7]. Despite official discouragement, families increasingly turn to co-sleeping-intentionally or reactively-to manage infant care demands, maintain cultural traditions, or when exhaustion makes separate sleep unsustainable[8].
- Limited research on the complex dynamics of co-sleeping practices, combined with the absence of discourse and guidelines on safe co-sleeping, perpetuates unsafe behaviours and leaves families torn between co-sleeping and adhering to societal and health recommendations. Existing approaches reduce co-sleeping to binary oppositions (safe/unsafe), overlooking how nighttime care emerges through dynamic interactions among bodies, materials, spaces, and sociocultural forces[9]. By examining co-sleeping as an assemblage-a complex system of interacting human and non-human elements-this study provides a nuanced understanding that enriches the literature, informs maternal care and policies, and challenges the stigma surrounding the practice.

OBJECTIVE

- Explore the elements and dynamics of co-sleeping, incl. interactions with people, materials, and spaces, and how these collectively shape co-sleeping practices in mother-baby dyads in Aotearoa New Zealand.

METHODS

- **Purposive sampling:** New Zealand mothers co-sleeping with infants.
- **Recruitment:** Wellington Parents (NZ) Facebook group

Data collection:

- **Interviews:** 1-on-1, semi-structured.
- **Digital diaries:** Two-week journaling (written, audio, visual via WhatsApp).

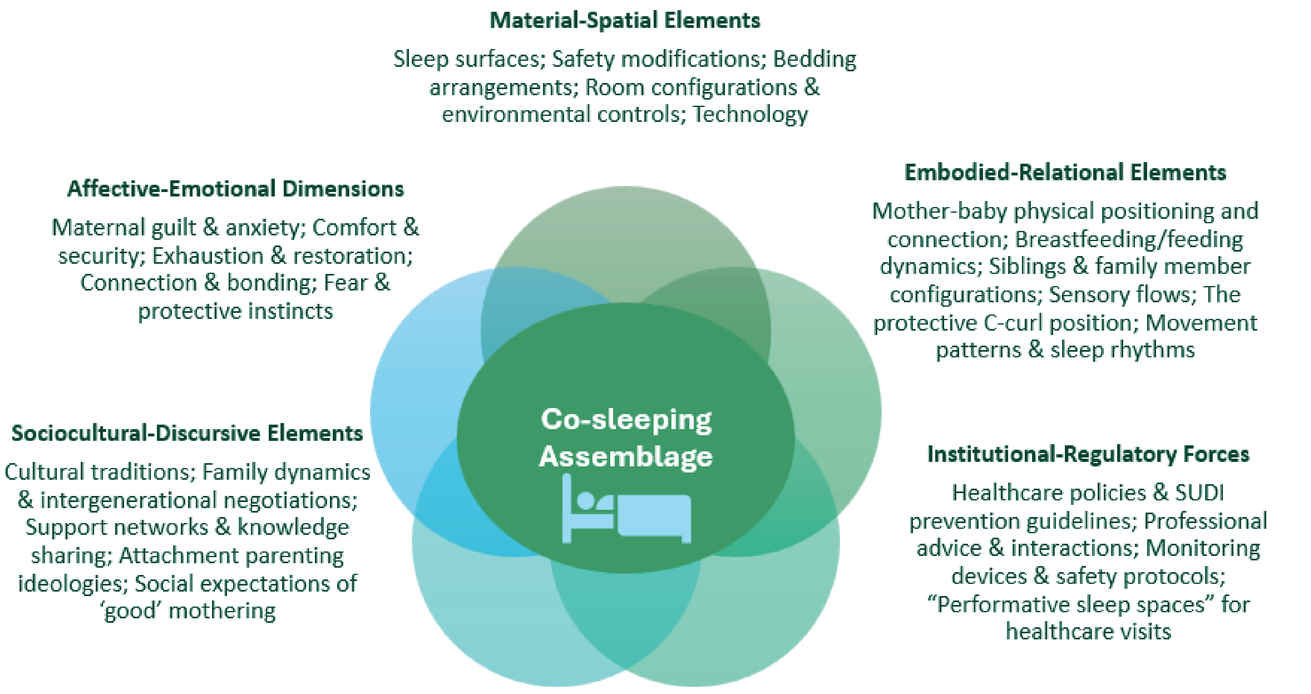
Data analysis: New materialist assemblage mapping: material, affective, spatial, and discursive elements.

SAMPLE

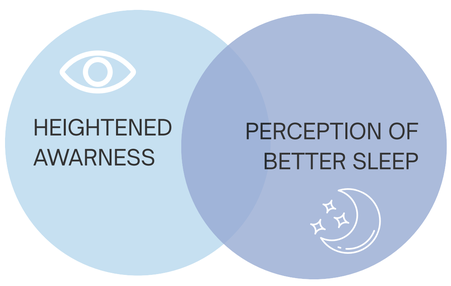
- **16 co-sleeping mother-infant dyads:** Infants aged 6 weeks-16 months (M = 7.9, SD = 4.0); Mothers aged 22-44 years (M = 34.9, SD = 5.0).
- **Diverse experiences and backgrounds:** 7 first-time and 9 experienced mothers; varied co-sleeping configurations (with partners/siblings); mix of intentional and reactive practices; cultural backgrounds including New Zealand European/Pākehā (7), Southeast Asian (3), British (2), New Zealand European/Māori (1), Indian (1), American (1), and Northern European (1).

FINDINGS

- **Co-sleeping as Dynamic Assemblage:** Co-sleeping emerges through continuous interactions among diverse elements-material configurations (beds, safety adaptations), embodied dynamics (mother-infant attunement, breastfeeding), and sociocultural forces (healthcare guidance, sociocultural traditions)-that actively shape and reshape nighttime caregiving practices beyond individual choice.
- **Paradoxical entanglements:** Three paradoxes reveal how opposing forces productively coexist in co-sleeping: mothers achieve restful sleep through heightened awareness (vigilant rest), develop safety expertise despite institutional opposition (safety paradox), and navigate between embodied confidence and social vulnerability (good mother paradox).



VIGILANT REST PARADOX
The Entanglement of Sleep & Awareness

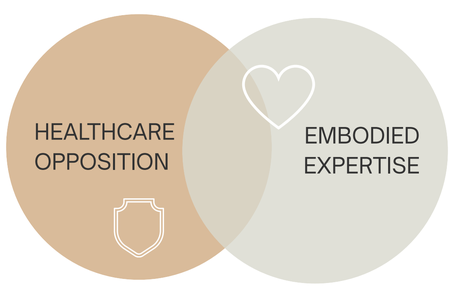


"It's strange because it's better sleep but lighter sleep [...] I can feel his breathing rate, his temperature."
— Kyla, mother of three (youngest 10 months)

"Even though there's multiple wakes, I still feel more rested [...] There's this hyperawareness and immediacy of it which I find really comforting."
— Anna, mother of two (youngest 11 months)


VIGILANT REST

SAFETY PARADOX
The Entanglement of Protection & Risk

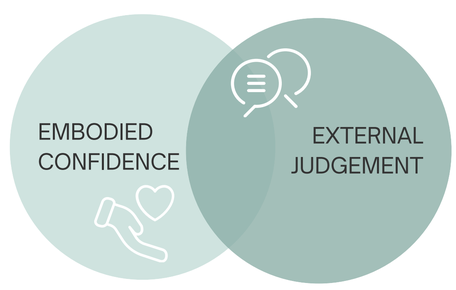


"I felt kind of betrayed from the medical professionals, because I wish they had told me how to do it safely instead of just telling me not to do it."
— Lena, mother of two (youngest 11 months)

"Looking back, I realise there were things I didn't know at first. It took time to learn how to make it [co-sleeping] truly safe."
— Sophie, mother of two (youngest 6 weeks)


SAFETY

GOOD MOTHER PARADOX
The Entanglement of Empowerment & Vulnerability



"It [co-sleeping] makes me attentive and responsive to his physical needs, emotional needs. This makes me feel like a good mum."
— Kyla, mother of three (youngest 10 months)

"I felt like a failure... But they don't tell you what to do when nothing works. Are you supposed to go absolutely insane from the lack of sleep?."
— Holly (first child, 8 months)


GOOD MOTHER

CONCLUSION

- **Support the vulnerability window:** Provide immediate, strength-based guidance when families begin reactive co-sleeping without safety knowledge. This critical period shapes long-term practices and co-sleeping will occur regardless of official discouragement.
- **Validate embodied expertise:** Recognise mothers develop sophisticated protective capacities through co-sleeping assemblages-their embodied knowledge deserves professional respect alongside safety protocols.
- **Redefine restoration:** Acknowledge that maternal wellbeing in co-sleeping may arise through vigilant rest and embodied attunement rather than conventional sleep metrics.
- **Apply assemblage-informed approaches:** Develop strength-based, family-tailored, and culturally responsive infant sleep safety strategies that move beyond one-size-fits-all recommendations to understand how safety and wellbeing emerge dynamically through specific material, spatial, and relational configurations.

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