Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.

Factors Affecting the Sleep of One-Year-Olds: A Pilot Study using Objective Monitoring of New Zealand Infants

A thesis presented in partial fulfilment of the requirements for the degree of

> Master of Science in Psychology

at Massey University, Wellington, New Zealand.

Rosemary H. Gibson 2009

Abstract

Sleep takes time to mature and in infancy the structure and cycle of sleep differs greatly to that of adults. Data concerning normative sleep of infants is lacking due to few studies using objective measures. Factors affecting infants' sleep are both intrinsic and extrinsic in nature. The causes of problematic sleep are not well understood. This study aimed to pilot a methodology involving 1 week of actigraphy monitoring of 1-year-olds, as well as collecting normative data concerning sleep and sleep ecology through questionnaires and diaries. Potential factors contributing to sleep quantity, quality and maturation were investigated. Sleeping problems were reported in 35% of the sample of 52 Wellington infants. Current breastfeeding, time awake at night, and poor evening mood were all associated with problem sleep. Short sleep duration and more instances of being put to bed were also significant predictors of reporting problem sleep. Infants were typically rated in a poorer mood and exhibited more bedtime problems at the weekend. Longer sleep onset latencies and poorer sleep efficiency were identified by actigraphy on weekend evenings. The timing of sleep did not differ between genders or between week days and weekends, or childcare and non-childcare days. Mixed model analysis of variance indicated that the maturation and quality of sleep were significantly correlated with age and stages of cognitive and motor development. Sleep duration did not correlate with ponderal index, possibly due to the young age group as well as underrepresentation of short sleeping or overweight infants. Results support previous studies in western societies and autonomous sleeping is common. Potential mechanisms behind reltionships between sleep and feeding, temperament and development are

discussed. Strengths and limitations of methods and procedures are assessed. Actigraphic recording of 1-year-olds is demonstrated to be a useful and reliable tool for studying sleep of infants and the results contribute to normative data. Future studies in NZ should consider recruiting a more representative sample and incorporate a longitudinal design to further assess the relationships highlighted here and in previous research.

(331 words)

Acknowledgements

First and foremost I would like to thank my supervisor, Professor Philippa Gander, for welcoming me into the Sleep/Wake Research Centre and supporting me in my continued study within a field I am so passionate about. Philippa has made my time at Massey and in New Zealand an enjoyable and enlightening one.

I would like to thank Dr Dawn Elder for her invaluable assistance with the study design, procedures and analysis, her expertise in the field of paediatric sleep medicine enabled me to undertake the present research from the most appropriate approach and with confidence.

This study could not have been possible without the infants, and so I would like to thank all of the families who participated, especially those who agreed to repeat data collection at times of equipment malfunction. Collecting the actigraphy data was made possible through the design and manufacture of specialist actigraphy bands, for which I thank Perrine Boy for her design and time.

I would like to extend my thanks to the whole team at Sleep/Wake for welcoming and mentoring me during my year's study: To Sarah-Jane Paine and Margo van den Berg for their statistical wisdom and assistance, Bronwyn Sweeny for being a great office buddy, Allison Clark for helping the recruitment drive and use of baby Dominique for modelling, and to Sarah Jay, Leigh Signal, Karyn O'Keefe, Dee Muller, Jo Fink, Brigid Borlase and Sandy Gardner for listening to my complaints, proof reading and feeding me with encouragement, I couldn't have done it without you!

This project was funded by the Lottery Health Board and the Commonwealth Scholarship and Fellowship Plan to whom I am extremely grateful for providing me with this opportunity to study abroad.

Finally I would like to thank my family in England for encouraging me to reach for my dreams, and to my extended family in New Zealand for supporting me to achieve my goals. I am particularly grateful to Gavin for his editorial assistance and for supporting and caring for me during my return to university.

Table of Contents

A	bstract	i	
A	knoweldg	ementsiii	
T	able of co	ntents v	
L	ist of Tab	lesix	
L	ist of Figu	ıresxiii	
		ms and Abbreviationsxvi	
•	ast of Ter	and Additional Arti	
1.	Introdu	otion 8	1
1.	Introdu	ction	1
	1.1	Overview: Why is the Sleep of Infants Important?	1
	1.2	The Maturation of Sleep	2
	1.2.1	The Development of the Sleep/Wake Cycle: A Two Process Moo	del 2
	1.2.2	Development of Sleep Stages and Architecture	
	1.3	Measuring Infants Sleep	11
	1.3.1	Objective Measures	11
	1.3.2	Subjective Measures of Sleep	16
	1.4	What is 'Normal' Sleep in Infants?	18
	1.5	Sleep Problems in Infancy	23
	1.5.1	Problems of Sleep Onset and Maintenance	25
	1.5.2	Healthcare Gaps in Identifying Sleep Problems in Infancy	27
	1.6	Predictors and Impact of Sleep Problems in Infancy and	
		Childhood	
	1.6.2	The Distal Extrinsic Context: Culture, Environment and Family.	
	1.6.3	Proximal Extrinsic Context: Parental Factors	
	1.0.1	Time	
		Mediating Context: Parent-Infant Interactions and Relationships	
	1.6.6	Conclusions from the Transactional System Model	45
	1.7	Sleep as a Risk Factor for Weight Gain	46
	1.7.1	Rise in the Prevalence of Obesity	
	1.7.2	Weight and Sleep Duration in Children	
	1.7.3 1.7.4	Mechanisms Behind the Sleep/Weight Relationship Conclusions Concerning Sleep and Weight	
	1.8	Aims of this Thesis	53

2.	Methods		
	2.1	Measures	55
	2.1.1	Questionnaire	55
	2.1.2	The Ages and Stages Questionnaire (ASQ)	
	2.1.3	Actigraphy	
	2.1.4	Sleep Diaries	
	2.1.5	Feedback Questionnaire	67
	2.2	Ethics	68
	2.2.1	Recruitment of Participants	68
	2.3	Procedure	69
	2.3.1	Use of the Actigraph	69
	2.3.2	Use of the Daily Diary	
	2.3.3	Use of the Questionnaires and Measurements of Body Size	
	2.3.4	Completion of the Home Visit	
	2.4	Data Analysis	74
	2.4.1	Analysis of Parental Reports	74
	2.4.2	Analysis of Diaries	
	2.4.3	Analysis of the Ages and Stages Questionnaire	
	2.4.4	Analysis of Actigraphy Data	78
	2.4.5	Defining Actigraphy Variables	83
	2.4.6	Statistical Analysis of Actigraphy Data	87
	2.4.7 2.4.8	Mixed ANCOVAs of Actigraphy Variables Analysis of Parental Feedback	
3.	Results		
	3.1	Description of the Sample Based on Questionnaire Data	95
	3.1.1	Sample Characteristics	
	3.1.2	Body Habitus	
	3.1.3	Infants Sleep	
	3.1.4	Problem Sleep	
	3.2	Description of the Sample Based on Sleep Diary Data	108
	3.2.1	Diary Data of Parentally-Defined Problem Sleepers	110
	3.2.2	Diary Data Over Weekends and Childcare Days	
		D. I. I.D.	
	3.3	Developmental Progress	113
	3.3 3.4	Description of the Sample Based on Actigraphy Data	
		*************************************	115

	3.4.4	Actigraphy of Parentally-Defined Problem Sleepers versus Non- Problem Sleepers
	3.4.5 3.4.6	Actigraphic Sleep Measures and Diary Ratings
	3.5	Mixed ANCOVAs for Actigraphy Variables138
	3.6	Parental Feedback on Study Procedures
	3.6.1	Comments
4.	Discussi	on146
	4.1	The Sample of Infants and the Ecology of Sleep: Recruitment and Parental Reports147
	4.1.1 4.1.2	Limitations of Recruitment 147 Sleep Ecology 149
	4.2	How are NZ Infants Sleeping?
	4.2.1 4.2.2	Objective versus Subjective Data
	4.3	Problem Sleep
	4.3.1 4.3.2	Defining Problem Sleep
	4.4	Relationships between Sleep, Mood and Temperament, and Day
		of the Week
	4.4.1 4.4.2 4.4.3	Sleep, Mood and Temperament160Sleep and Mood Changes across the Week162Sleep and Mood Changes with Childcare163
	4.5	Sleep, Age and Developmental progress
	4.5.1 4.5.2	Stage of Development and the Maturation of Sleep
	4.6	Sleep and Body Habitus
	4.7	Piloting a Method: Strengths and Limitations
	4.7.1 4.7.2 4.7.3	Using Actigraphy to Measure the Sleep of One-Year-Olds
	4.0	CI:

References		
Appendix A	Appendix A	
Tools used in Data Collection	197	
A1 Sleep Questionnaire	198	
A2 Ages and Stages Questionnaire		
A3 Sleep Diary		
A4 Feedback Questionnaire	213	
Appendix B		
Ethics, Advertisements, and Information Pack	215	
B1 Letter of Ethical Approval	216	
B2 Information Pack for Parents		
B3 Advertisements		
B4 Actigraph and Sleep Diary Protocol for Parents		
B5 Example of a Feedback Letter and Actigraph Output		
Appendix C		
Analysis and Additional Results	228	
C1 Tests of Normality	229	
C2 Protocol for Manual Scoring of Actigraphy Data		
C3 Additional Figures and Tables of Results		

List of Tables

Table 1.1	Sample Electroencephalographic Tracings Obtained from Adults during Wakefulness, NREM Stages (1-4) and REM sleep 8
Table 1.2	Normative Data Concerning the Sleep Quantity and Quality of Infants (Average and SD or range where available)
Table 2.1	Example for Calculating the Actiware® Definition for the 1 Minute Epoch of 19:00
Table 2.2	Descriptions of the Variables Calculated from the Actigraphy Records and used for Statistical Analysis
Table 2.3	Dependent and Independent Variables for the Mixed Model ANCOVAs Related to Developmental Progress
Table 2.4	Dependent and Independent Variables for the Mixed Model ANCOVAs Related to Ponderal Index ([3\sqrt{weight/length}]100).
Table 3.1	Descriptive Statistics for Body Habitus Results (Questionnaire Data)
Table 3.2	The Distribution of the Usual Place of Sleep (as Reported by Parents)
Table 3.3	Distribution of How Infants were Usually Settled to Sleep (as Reported by Parents)
Table 3.4	Distribution of the Infants' Usual Sleeping Position (as Reported by Parents)
Table 3.5	Descriptive Statistics for Sleep Timing Variables as Reported by Parents in the Sleep Questionnaire
Table 3.6	Variables from the Questionnaire by Normality of Distribution
Table 3.7	Descriptive Statistics of Parentally-Defined Snorers (n = 8) and Non-Snorers (n = 27)
Table 3.8	Categories for Dichotomised Questionnaire Variables 107
Table 3.9	Comparisons of Parentally-Defined Problem Sleepers and Other Infants (Chi-Square Analysis)
Table 3.10	Comparison of Questionnaire Data for Sleep Timings (By Parental Report) Between Problem Sleepers (n = 18) and Non-Problem Sleepers (n = 38, Mann-Whitney Test)
Table 3.11	Frequency Distributions of Answers to Daily Diary Questions.
Table 3.11	Categorisation of Daily Diary Ratings110
Table 3.12	Comparisons of Daily Diary Ratings for Problem Sleepers (Parentally-Defined) And Non-Problem Sleepers (Chi-Square Analysis)

Table 3.13	Percentage of Study Days that were Weekends, or Infants were in Another Person's Care (as Defined by the Sleep Diary) 111
Table 3.14	Changes in Daily Diary Ratings between Days With and Without Childcare (McNemar Test, n = 34 a)
Table 3.15	Changes in Daily Diary Ratings between Week Days (Monday to Friday) and Weekend Days (Saturday and Sunday, McNemar Test, n =52 a)
Table 3.16	Relationships between Age (Months) and ASQ Results (Linear Regression Analysis)
Table 3.17	Developmental Scores on the Five Domains of the ASQ Comparing Boys (n = 33) and Girls (n =19, Mann-Whitney Test).
Table 3.18	Percentage of Infants Falling Below the Developmental Thresholds for Each ASQ Domain
Table 3.19	Actigraphy Variables
Table 3.20	Descriptive Statistics for Actigraphic Sleep Data117
Table 3.21	Comparisons of Actigraphic Sleep Variables for High (n = 27) and Low (n = 25) Ponderal Index Infants (Mann-Whitney Test).
Table 3.22	Comparisons of Actigraphic Sleep Variables for Parentally- defined Problem Sleepers (n = 18) and Non-Problem Sleepers (n = 38, Mann-Whitney Test)
Table 3.23	Comparisons of Actigraphic Sleep Variables for Infants Rated as Very vs. Somewhat Alert (as Rated Daily by Parents, Mann-Whitney Test)
Table 3.24	Comparisons of Actigraphic Sleep Variables for Infants Rated as Good vs. Somewhat-Bad Mood in the Morning (as Rated Daily by Parents, Mann-Whitney Test)
Table 3.25	Comparisons of Actigraphic Sleep Variables for Infants Rated as Very Tired vs. Somewhat-Not Tired at Bedtime (as Rated Daily by Parents, Mann-Whitney Test)
Table 3.26	Comparisons of Actigraphy Data on Childcare (19.5% of Days) to Non-Childcare (80.5% of Days) Days (Wilcoxon Signed-Rank Tests)
Table 3.27	Comparisons of Actigraphy Data on Weekends to Weekdays (Wilcoxon Signed-Rank Tests)
Table 3.28	Relationships between Sleep Variables and Developmental Scores on the ASQ (Spearman's Rank Correlation)
Table 3.29	Comparing Actigraphic Sleep Measures between Infants Above and Below ASQ Thresholds

Table 3.30	Results from the Mixed Model ANCOVAs Examining Rlationships Between Night Sleep Duration and Developmental Progress, Age, and Gender
Table 3.31	Results from the Mixed Model ANCOVAs Examining Relationships Between Sleep Efficiency During the Night Time Sleep Interval, Developmental Stage, Age, and Gender 139
Table 3.32	Results from the Mixed Model ANCOVAs Examining Relationships Between Sleep Duration Per 24-hrs and Developmental stage, Age and Gender
Table 3.33	Results from the Mixed Model ANCOVAs Examining Relationships Between the Percentage of Sleep Occurring at Night and Developmental Stage, Age and Gender142
Table 3.34	Results of the Mixed Model ANCOVAs for Sleep Variables and Ponderal Index ((3\sqrt{weight/length})100)142
Table 3.35	Feedback on Recruitment: "How Did You Hear About This Study?"
Table 3.36	Frequencies and Percentages of How Parents Found Data Collection
C1	Kolmogorov-Smirnov Tests of Normality Results for Questionnaire Data
C2	Kolmogorov-Smirnov test of Normality Results for Actigraphy Variables
C3	A comparison of Ponderal Index Between Girls (n = 18) and Boys (n = 33, Mann-Whitney Test)233
C4	Distribution of Parentally-Defined Problem Sleepers by Gender (Chi-Square Analysis)233
C5	Relationship between being Tired at Bedtime and being Problematic at Bedtime (as Rated in the Daily Diaries, Chi-Square Analysis)
C6	Developmental Scores on the Five Domains of the Ages and Stages Questionnaire Comparing Babies Parentally Defined as Problem Sleepers (n = 18) and Non-Problem Sleepers (n = 38, Mann-Whitney Test)
C7	Comparisons of Boys (n = 33) and Girls (n = 18) Actigraphic Sleep Results (Mann-Whitney Test)238
C8	Relationship between Age (Months) and Sleep Timing and Efficiency (Actigraphy data, Linear Regression Analysis) 239
C9	Relationship between Ponderal Index of Babies and Actigraphic Sleep Variables (Linear Regression Analysis)239
C10	Comparisons of Actigraphic Sleep Variables for Infants Rated as High vs. Typical-Low levels of Activity (as Rated Daily by Parents, Mann-Whitney Test)

C11	Comparisons of Actigraphic Sleep Variables for Infants Rated as having no Bedtime Problems vs. Some to Many Bedtime Problems (as Rated Daily by Parents, Mann-Whitney Test). 241
C12	Comparisons of Actigraphic Sleep Variables for Infants Rated as being in a Good Mood at Bedtime vs. a Moderate to Bad Mood at Bedtime (as Rated Daily by Parents, Mann-Whitney Test).

List of Figures

Figure 1.1.	The circadian wake drive (process C) and the homeostatic sleep drive (process S) working together to produce the sleep/wake cycle of an adult(sleep indicated by the black bars, Fagioli, et al., 2002, p. 109).
Figure 1.2.	The two process model of the sleep/wake cycle in infancy (sleep is indicated by the black bars. The faster decrease of process S (sleep pressure) during sleep allows wake-ups to occur even when the alerting signal (process C) is low at night. Conversely, the more rapid build-up of sleep pressure allows sleep onset to occur even when the alerting signal is high during the day (Fagioli, et al., 2002, p. 109)
Figure 1.3.	The percentage of infants sleeping throughout the 24-hour day: the development of the sleep/wake cycle from newborn to 1 year of age (Sadeh, 2001, p. 21).
Figure 1.4.	Diagram of the adult NREM/REM cycle across the night (Gander, 2003, p. 44)
Figure 1.5.	The slow, irregular frequency of quiet sleep in a newborn infant (M. S. Scher, 2006, p. 495)
Figure 1.6.	The mixed frequency of active sleep in a newborn infant (M. S. Scher, 2006, p. 495)
Figure 1.7.	Infant sleep from a transactional perspective: Intrinsic and extrinsic factors affecting infant sleep (Sadeh & Anders, 1993, p. 20)
Figure 1.8.	The potential mechanisms through which short sleep could cause obesity (Taheri, 2006, p. 883)
Figure 2.1.	The <i>Mini Mitter Actiwatch-64</i> TM (source-www.cpapaustralia.com.au)
Figure 2.2.	Specialist band with bumble bee motif64
Figure 2.3.	Participating infant with actigraph and band in place64
Figure 2.4.	An example of 1 week of actigraphy recording from a participating infant
Figure 2.5.	Actiware® 5 algorithm for calculating the sum of activity counts for a 1 minute sampling epoch in order to score as sleep or wake
Figure 2.6.	A screenshot of 24 hours of infant actigraphy indicating the variables of interest and their relationships to one another 85
Figure 3.1.	Frequency distribution of weeks of gestation of infants ($n = 49$).
Figure 3.2.	Frequency distribution of infants' weight at birth $(n = 49)$ 97

Figure 3.3.	Frequency distribution of infants' weight at the time of study (<i>n</i> = 52)
Figure 3.4.	Ponderal index by gender (boys $n = 33$, girls $n = 18$)
Figure 3.5.	Frequency distribution of bedtime at night (parental report, $N = 52$)
Figure 3.6.	Frequency distribution of time to settle at night (parental report, $n = 51$)
Figure 3.7.	Frequency distribution of time spent awake during the night from 10 p.m6 a.m. (parental report, $n = 50$)
Figure 3.8.	Frequency distribution of nights snoring (parental report, $n = 35$)
Figure 3.9.	Frequency distribution of the amount of childcare (sleep diary data, $N = 52$).
Figure 3.10.	Frequency distribution of the number of days of valid actigraphy per infant $(N = 52)$
Figure 3.11.	Frequency distribution for average number of rest intervals by day (7a.m7p.m.) and night time (7p.m7a.m.)
Figure 3.12.	Frequency distribution for the number of rest intervals per 24-hrs
Figure 3.13.	Frequency distribution for the average time in bed per 24-hrs (total duration of rest intervals, hrs) and time asleep per 24-hrs (total duration of sleep intervals, hrs)
Figure 3.14.	Frequency distribution for average duration of day sleep (hrs, 7a.m.–7p.m.).
Figure 3.15.	Frequency distribution for average duration of night sleep (hrs, 7p.m.–7a.m.)
Figure 3.16.	Frequency distribution for the average bedtime (time infants were put to bed/beginning of rest interval) and the average time of sleep onset (times infants fell asleep at night/beginning of sleep interval)
Figure 3.17.	Frequency distribution for the average sleep onset latency (time between being put to bed and falling asleep) for the first night time sleep
Figure 3.18.	Frequency distribution for the average wake-rise time (the time between when infants' wake and when they are taken out of bed) in the morning
Figure 3.19.	Frequency distribution for the average final wake up time in the morning
Figure 3.20.	Frequency distribution of the average sleep efficiency during night time rest and sleep intervals
Figure 3.21.	Frequency distribution of the percentage of total sleep time (24-hrs) which occurred at night (7p.m-7 a.m.)

Figure 3.22.	Scatterplot illustrating the relationship between age and the percentage of total sleep time occurring at night (7 p.m7 a.m.).
Figure 3.23.	The percentages of infants asleep across the 24-hr day (n = 46).
Figure 3.24.	Scatterplot illustrating the relationship between ponderal index and sleep duration per 24-hrs (hrs)
Figure 3.25.	Scatterplot illustrating the relationship between ponderal index and duration of night time sleep (hrs,7p.m7 a.m.)
Figure 3.26.	Scatterplot illustrating the relationship between ponderal index and the percentage of sleep occurring at night (7 p.m7 a.m.).
Figure 3.27.	Histogram showing the bimodal split of high (n = 27) and low (n = 25) ponderal index

List of Terms and Abbreviations

Active interval Used in actigraphy. The times spent out of bed in active wake,

as defined by sleep diary data

ANOVA Analysis of covariance

ASQ Ages and Stages Questionnaire

AW64 ActiwatchTM MiniMitter 64, brand of actigraph

BISQ Brief Infant Sleep Questionnaire

BMI Body mass index (kg/m²)

Brain Plasticity The capacity to adapt and learn in response to internal and

external needs

Circadian Latin for 'about a day'. Refers to the self sustaining rhythms

that have a periodicity of approximately 24-hours

CPHR Centre for Public Health Research

EEG Electroencephalography

EMG Electromyography

EOG Electrooculography

Excluded interval Used in actigraphy. The times when data is deemed invalid for

analysis

ICSD International Classification of Sleep Disorders

K-complex EEG phenomena characteristic of stage two sleep

Log10 Log to the base 10

NREM Non-rapid eye movement sleep

OSA Obstructive sleep apnoea

Pākehā Person of predominantly European descent; not Māori

Plunket A NZ society set up to support parents of children from 0-5

years of age

Process C The signal of alertness from the internal circadian clock

Process S The homeostatic drive for sleep

PSG Polysomnography, the gold standard measure of sleep using

EEG, EMG and EOG channels

Ponderal index Measurement of body status (³√weight/length)100

REM Rapid eye movement sleep

Rest interval Used in actigraphy. The time spent in bed, as defined by sleep

diary data

CSN Suprachaismatic nuclei

SES Socioeconomic status

SIDS Sudden infant death syndrome

Sleep cycle The cycle of NREM/REM sleep stages throughout the sleep

period

Sleep interval Used in actigraphy. The time spent asleep whilst in bed,

defined by the Actiware software

Sleep spindle EEG phenomena characteristic of stage two sleep

SQRT Square root transformation

Sleep/wake cycle The cycle of sleep and wake throughout the 24 hour day

SWRC Sleep/Wake Research Centre, Massey University, Wellington

SWS Slow wave sleep (stages three and four)

Threshold for wake The number of activity counts per minute of actigraphy

required to define wakefulness