

This information sheet summarises research-based evidence about twin infant sleep, and how it develops over time.

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The first thing to keep in mind when thinking about sleep and how to manage with twins is that they are babies first, and twins second. Their sleep patterns and their needs will change with age. They will always be twins, but for a short year they will be babies. As twins are often born early, they follow a sleep trajectory that more closely matches their gestational age rather than their birth age. Care should therefore be taken to **avoid comparisons with other babies who were born later** in their gestational development.

Are twin sleep patterns different?



Whether twin babies sleep differently from singletons in other ways is **unlikely**. All issues generally relate to their potential prematurity and/or to the amount of time they have spent in an incubator. If babies are coming home following a prolonged stay in a special care baby unit, they are likely to be unsettled in the initial weeks due to their dramatic change in environment. One issue to consider is the environmental temperature which may affect their sleep – you may find that twins sleep better and achieve better thermal stability if placed together.

Also remember that if they were born prematurely, they will have smaller stomachs and require more frequent feeding than babies of the same chronological age, which will affect the frequency of night waking. Many parents find that their twins feeding and sleeping patterns become synchronised if they are fed and slept together.

Twins and parents' sleep

Studies have found that the night-time experiences of mothers - in terms of sleep disruption - were similar, regardless of whether they were caring for one infant or more. Fathers of single infants, however, obtained more sleep than mothers – whereas twins' fathers obtained less sleep than mothers, who were more able to catch up on lost night-time sleep via day-time naps. When it comes to night-time caregiving fathers are minimally affected by one infant but have greater involvement when there are two.

For both fathers and mothers, the effects of prolonged sleep restriction include increased sleepiness, depression and decreased mental performance, together with a higher risk of illness and decreased ability to cope with demands. These contribute to an increased risk of postnatal depression with the mothers of twins known to be at increased risk, especially when coupled with difficulty falling asleep. **Parents of twins should therefore be vigilant for signs of postnatal depression in both mothers and fathers and seek support should PND be suspected.** One way to help avoid PND is for parents to make a special effort to maintain their own normal circadian rhythms.

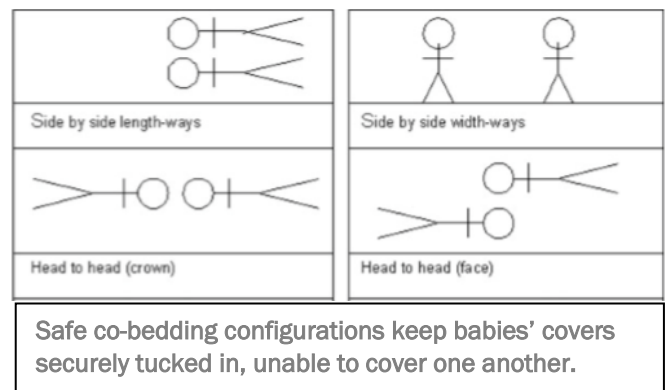
Coping with Tiredness

Two other potential differences in the care of multiples that sets them apart from singletons are that **multiples are more likely to be cared for according to a schedule and are more likely to have several different carers**. Both strategies help parents cope with looking after multiple babies, especially if they have other children to care for as well, but both might also be difficult for babies to adapt to if they have to 'wait their turn' to be fed or comforted, or if they receive inconsistent care from a variety of carers. There is little research upon which to base recommendations, but one suggestion that is consistent with our knowledge of infant attachment and security is to designate helpers to taking care of the household, the laundry, and feeding the parents, rather than handing over the primary care-giving responsibilities for the babies to others.

When coping with new babies (singletons or multiples) development of routines is generally a good thing as they help parents cope, provide structure and an order to do things in, encourage the division of tasks etc. **Routines are not prescriptive, and all families develop different routines. Routines have flexibility and can be varied as necessary. Schedules, on the other hand, can create stress for parents rather than reduce it, as they are often rather rigid, and babies don't stick to the clock.** Schedules can become a source of additional stress and conflict when things don't go according to plan, especially when they constrain family life around the supposed needs of the babies. Parents of multiples are often tempted to implement sleep training to avoid nighttime disruption. Remember that **sleep training is a controversial practice that is often undertaken for the purpose of the parents rather than the infant(s)**. It works under certain conditions, but it breaks the synchrony between parents and baby and causes babies stress. Researchers recommend that **sleep training is not appropriate for babies under 6 months old**.

Co-Bedding Twins

Outcomes of studies conducted in New Zealand shows that co-bedding (sleeping both twins together in the same cot) was practiced among 52% of the twin pairs of 6 weeks of age and reduced to 31% at 4 months and 10% at 8 months of age. Two studies carried out in the USA and UK showed very similar results. That co-bedding becomes less common with increasing age may be connected with the fact that babies become too big to sleep together in an available cot.



In the work done in the UK, no evidence was found to support parents' concerns about co-bedding (twins disturbing each other, risk of overheating and suffocating). On the other hand, some advantages of co-bedding were found. Co-bedded twins had synchronous sleep patterns and were subjectively easier to care for (however neither co-bedding nor separate sleeping resulted in parents obtaining more sleep). This might result in co-bedded infants remaining in the parents' room for longer. Room-sharing (with a parent), which is practised more often when babies are co-bedded, reduces the risk of SIDS. It is worth thinking about how to arrange furniture in the bedroom to enable room-sharing at least for six months from birth. Co-bedding may be one useful option.

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Reviewed Oct 2023