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RESEARCH ARTICLE / *ARAŞTIRMA MAKALESİ*

Investigating the Factors Affecting the Sleep of Babies Between 0-2 Years of Age

0-2 Yaş Aralığındaki Bebeklerin Uyku Düzenini Etkileyen Faktörlerin İncelenmesi

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ABSTRACT

Objective: This research has been carried out to investigate the factors affecting the sleep of babies between 0-2 years of age.
Materials and Method: The participants of the study are composed of 60 mothers with babies between the ages of 0-2 years who applied to a family health center in the Beykoz district of Istanbul Provincial Health Directorate to have their children or themselves examined or treated. The research is a descriptive study that uses the convenience sampling technique. The researcher and advisor prepared two forms for use in the study. The questions on the Parent-Baby Information Form are intended for learning the parents' and babies' sociodemographic information, and the Mother Interview Form contains qualitative and quantitative questions that were prepared to collect information about the factors affecting their babies' sleep patterns. The research findings were obtained using mixed methods and analyzed using the program SPSS. Frequency analyses and chi-squared tests were also used to analyze the data. The analysis results consider p values less than 0.05 ($p \leq 0.05$) to be statistically significant.
Results: The mothers were mostly determined to simultaneously regulate the environmental sounds and lights in their babies' sleep environment, with the majority of them putting their babies in their cribs in the same room as them. The study learned that the majority of mothers accompany their babies when they go to sleep, and most of the babies have difficulty falling asleep at night. Most of the babies were determined to fall asleep at night by suckling on their mother's breast and to prefer a pacifier as a sleeping aid after falling asleep at night. According to the research results, when comparing the babies' sleeping positions at monthly intervals, a statistically significant difference was seen to occur between them ($p=0.025$).
Conclusion: The study results reflect the perceptions of the mothers in the sample group regarding their babies' sleep patterns, sleep routines, sleep environments, and sleep hygiene. In addition, the chi-squared results showed the monthly intervals to affect the babies' sleep positions.

Keywords: Infants, Sleeping Habits, Sleep Patterns

ÖZ

Amaç: Bu araştırma, 0-2 yaş aralığındaki bebeklerin uyku düzenini etkileyen faktörleri incelemek amacıyla yapılmıştır.
Gereç ve Yöntem: Araştırmaya, İstanbul İl Sağlık Müdürlüğüne bağlı Beykoz ilçesindeki bir Aile Sağlığı Merkezine "çocuğunu ya da kendisini muayene veya tedavi ettirmek amacıyla başvuran" ve "0-2 yaş aralığında bebeğe sahip 60 anne" katılmıştır. Örnekleme, "kolaylı örnekleme tekniği" kullanılarak ulaşılmıştır. Betimleyici bir çalışmadır. Araştırmada iki adet form kullanılmıştır. Bu formlar araştırmacı ve danışmanı tarafından hazırlanmıştır. "Ebeveyn-Bebek Bilgi Formu"nda ebeveynlerin ve bebeklerin sosyo-demografik bilgilerini öğrenebilmek için sorulara yer verilmiştir. "Anne Görüşme Formu" nitel ve nicel sorulardan oluşmaktadır. Bebeklerin uyku düzenlerini etkileyen faktörler hakkında bilgi toplayabilmek için hazırlanmıştır. Karma yöntem ile hazırlanan araştırmanın bulguları "SPSS for Windows 22.0" ile analiz edilmiş; verilerin analizinde frekans analizi ve ki-kare testi kullanılmıştır. Analizler sonucunda 0,05'ten küçük bir p değeri ($p\leq 0,05$) istatistiksel olarak anlamlı kabul edilmiştir.
Bulgular: Annelerin %38,3'ünün bebeklerinin uyku ortamında "ortamdaki ses ve ışığı aynı anda" düzenlediği; %65'inin bebeğini kendileriyle aynı odada beşiğinde yatırdığı; bebeklerin %95'ine uykuya geçerken annenin eşlik ettiği; %55'inin gece uykuya dalmada zorluk yaşadığı; %43,3'ünün gece uykusuna annesinin memesini emerek daldığı; %71,9'unun gece uykusuna geçerken uyku objesi olarak "emzik" tercih ettiği görülmüştür. Çalışmada "bebeklerin ay aralıkları ile uyku pozisyonları karşılaştırıldığında, aralarında istatistiksel açıdan anlamlı farklılık olduğu ($p=0,025$)" görülmüştür.
Sonuç: Çalışma sonucu, örneklem grubundaki annelerin bebeklerinin uyku düzenleri, uyku rutinleri, uyku ortamları ve uyku hijyenleri konusundaki algılarını yansıtmaktadır. Bunun yanı sıra yapılan ki-kare sonucuyla bebeklerin ay aralıklarının uyku pozisyonları üzerinde etkili olduğuna ulaşılmıştır.

Anahtar Kelimeler: Bebek, Uyku Alışkanlıkları, Uyku Düzeni

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INTRODUCTION

Sleep, which is a process that continues from birth to death, is very important physiologically and psychologically for both children and adults (1). Sleep is a passive behavior and is related to the electrical movements of the brain. Approximately one-third of the circadian rhythm is spent in sleep (2). Compared to adults, in newborns and early childhood, a large part of the time is spent in sleep (3, 4). For this reason, it is important to establish sleep patterns in order for babies to sleep more efficiently. However, in the established process of the order and distribution of day and night sleep time, babies are unique. There are many factors that affect the establishment of sleep patterns (5). Factors affecting sleep patterns include age, health status, temperament, emotional state (worries, sibling jealousy, watching a horror or violent film, family arguments and unrest, a fear-inducing storybook, etc.), physical conditions (noise in the house and proximity of the child's room to the place where the sound is intense, parental factors like frequently entering the child's room, light, room temperature, bed quality, etc.), foods eaten before sleep (6), the location of other individuals sharing the same house, the home environment, and screen exposure (5). The establishment of sleep patterns in infants occurs at approximately 6 months (7). While the newborn spends most of the day (16-20 hours) in sleep without interruption between day and night, this period decreases to 14-15 hours towards 4 months, and to 13-14 hours at 6 months. The sleep periods within these hours are as follows. While it is 3-4 hours in the first 3 months, it increases up to 6-8 hours around 4-6 months. By 9 months, 70-80% of children can sleep "all night" (3, 8, 9). These periods differ with brain development and maturation and evolve into an adult-like shape over time. Sleep-wake periods are regulated by the circadian rhythm according to daylight in adults. In infants (especially in the first 2-3 months of life), it is mostly regulated by the timing of feeding (10). According to the literature, it is argued that healthy sleep habits in the future are associated with well-formed sleep patterns in the early stages of life (11). Therefore, the effect of healthy sleep on all aspects of the developmental physiology of infants and children is of great importance. It is known that cultural and social practices (sleeping location, bed sharing, etc.) have effects on children's healthy sleep habits (12). Since infancy is a period in which important growth and development occur, it is critical to meet basic physiological needs in a timely and appropriate manner (6). Since the place of sleep in these basic physiological needs affects general health, the existence of a sleep schedule is important for healthy development (9). Parents' methods and practices that support children's natural and healthy sleep processes after 3-4 months (perhaps up to 6 months) affect the acquisition of sleep habits, sleep patterns, and behaviors (10). When the pre-sleep routines of babies and children, who are largely dependent on their parents in the formation of sleep patterns, are consistent, the formation of positive sleep behavior is also supported (14).

The literature review and the research examined reveal the importance of informing and supporting parents in the establishment of babies' and children's sleep patterns, sleep routines, and sleep health and hygiene. In order to be able to provide this support, the primary purpose should be to analyze the needs of parents and to see their knowledge levels and practices on the subject. It has been observed that studies on sleep in the literature generally focus on adolescents, adults, and geriatric patients. Therefore, the aim of this descriptive study was to examine the factors affecting the sleep patterns of infants aged 0-2 in order to determine the existence of sleep patterns, which is of critical importance in infancy, and the conditions that affect these patterns.

MATERIALS AND METHODS

Participants: This is a descriptive study according to its purpose, and a cross-sectional study according to its time, using the embedded method from the mixed method types. The universe of the research consists of mothers with babies between the ages of 0-2 who visited a family health center in the Beykoz district to have their children or themselves examined. Using the easy sampling method from improbable sampling methods, 60 mothers who visited the family health center, had babies between the ages of 0-2, and volunteered to participate in the study constituted the research sample. The interviews were terminated when the answers from the mothers started to be repeated while the data were being collected, and thus the sample group was limited to 60 mothers.

Collection of Research Data: An Informed Consent Form was filled out by mothers who had babies between the ages of 0-2, whose babies did not have any sleep disorders, and who voluntarily participated in the study. Data were collected using the Parent-Baby Information Form and Mother Interview Form. The research was conducted using the face-to-face interview technique, and the answers to the qualitative-quantitative questions were recorded by voice recording (with permission) or through the researcher taking notes. Interviews lasted about 10-30 minutes; after filling out the forms, questions asked by mothers about their babies' sleep patterns were answered and suggestions were given.

Data Collection Tools: The Parent-Baby Information Form and Mother Interview form were used for data collection. These forms were prepared by the researcher and his advisor after a literature review, and then the forms were finalized with expert opinions and a pilot study. The Parent-Baby Information Form, which consists of 11 questions, includes questions about the demographic information of mothers and their babies. In the Mother Interview Form, consisting of 23 questions, closed and open-ended questions were asked to learn about the sleeping patterns, sleep hygiene, and sleeping environment of babies, and care was taken not to direct the questions.

Statistical Analysis: Research data were analyzed using the SPSS for Windows 22.0 program. In the analysis of open-ended questions, the answers were categorized using content analysis. The suitability and significance of the categorized themes were finalized through the literature review and

expert opinions. In the evaluation of the variables, frequency distribution, which gives data as numbers and percentages in order to describe the characteristics of the values of one or more variables or the distribution of scores, was used. In order to obtain information about whether there is a relationship between the variables, chi-square analysis was used and $p<0.05$ was taken as the significance level (15).

Ethical Aspect of the Study: Permission dated 16.07.2019 and numbered 5070 was obtained from the Istanbul Medipol University Non-Interventional Clinical Research Ethics Committee, and permission dated 17.10.2019 and numbered 16867222-604.01.02 was obtained from the Provincial Health Directorate.

RESULTS

The demographic characteristics of the mothers and babies participating in the study were as follows. 65% of the mothers were between the ages of 31-40, and 5% were aged 41 and over. 53.3% were literate primary, secondary or high school graduates. 85% of them were housewives or not working (including those who worked and went on maternity leave. 71.7% of them described their income as medium. 43.3% had only one child. 56.7% of them had other children older than their 0-2-year-old babies. 90% of the mothers stated that there was no other person living in the house (other than parents and children), and 96.7% of them stated that they had not attended any training or course related to sleep training or sleep patterns before. 40% of the babies were in the range of 0-3 months, 53.3% were girls, 85% of them were born on time, 73.3% of them were born by cesarean section, and 43.3% were the first child of the mother. It was observed that 61.7% of them did not have a room of their own. The care of 86.7% of babies was provided by their mothers.

Information about the babies' sleeping environment is presented in Table 1.

The rate of mothers who prepare the sleeping environment for their babies before they go to sleep is 88.3%. It was determined that 38.3% of the mothers who prepared the environment in advance adjusted both the light and sound in the environment. Examples of the answers given by the mothers are as follows:

"...I have a small night light, a dim light on. Night sleep is in a quiet environment. I sleep with music on during the day."

"...I make sure it is dark and I also put on music to make it relaxing."

The rate of mothers who do not have electronic devices in the room where their babies sleep is 66.7%. Examples of the answers given by the mothers who stated that there are electronic devices in their rooms are as follows:

"…we are getting our phones."

"…Television."

It was determined that 65% of the babies slept in their own cribs in the same room as their mothers. Examples of the answers given by the mothers are as follows:

"…I sleep in his room because he is very small; he wakes up all the time and I breastfeed him."

"…If he coughs or cries, I change his diaper and breastfeed him, so I'm with him all the time."

"…He sleeps in his crib; I make myself a bed on the floor."

It was observed that 91.7% of babies wake up where they

Table 1: Baby's Sleep Environment

Baby's Sleep Environment	Number (n)	Percentage (%)
Preparation of physical environment before sleep		
I adjust the light and the sound.	23	38,3
I only adjust the light.	14	23,3
I only adjust the sound.	8	13,3
I do not prepare the environment.	7	11,7
Other	3	5
I adjust the temperature and the light.	2	3,3
I adjust the heat, light, and sound.	2	3,3
I only adjust the temperature.	1	1,7
Presence of electronic devices in the room where the baby sleeps		
Yes	20	33,3
No.	40	66,7
Baby's sleeping place		
In the same bed with mom	14	23,3
In his own crib in the same room as his mother	39	65
In his own bed in his own room	7	11,7
Waking up where the baby sleeps		
Yes	55	91,7
No.	5	8,3
Total	**60**	**100**

Table 2: Information on Babies' Transition to Night Sleep

Information on Babies' Transition to Night Sleep	Number (n)	Percentage (%)
Parent staying with the baby throughout the night's sleep		
Mother		
Father	57	95
Both mother and father	2	3,3
	1	1,7
Time needed for the baby to fall asleep at night		
0-15 min.	40	66,7
16-30 min.	16	26,7
31 min. and longer	4	6,7
Difficulty falling asleep at night		
Yes		
Every night	33	55
3 nights a week or less	12	36,4
4-5 nights a week	15	45,5
No	6	18,2
The way the baby is put to sleep	27	45
Feeding		
Standing and swaying	26	43,3
Cuddling/rocking on the lap	14	23,3
By itself	5	8,3
Rocking in a cradle/stroller	5	8,3
While being carried on the shoulder / lying on the shoulder	3	5
With a slow pat on the back	3	5
Watching TV	3	5
Baby's Use of a Sleep Buddy or Sleep Object	1	1,7
Yes		
Pacifier		
Pacifier and plush toy	32	53,3
Blanket	23	71,9
Plush toy	4	12,5
Pacifier and blanket	2	6,3
Bottle	1	3,1
No	1	3,1
	1	3,1
	28	46,7
Total	**60**	**100**

sleep. Examples of the answers given by the mothers of babies who did not wake up in the same place are as follows:

"…She wakes up next to me in the mornings because she nurses."

"…She wakes up next to me."

Information about the transition of babies to sleep is presented in Table 2.

According to the table, it is seen that 95% of the parents stay with their babies when they go to sleep at night. 66.7% of babies fall asleep in 0-15 minutes. Examples of the answers given by the mothers are as follows:

"…Immediately; in 15 minutes he sucks and falls asleep"

"…He falls asleep immediately while breastfeeding; he falls asleep immediately when he smells mom. But it's a problem when he's gassy."

55% of babies have difficulty falling asleep at night. According to the mothers, 45.5% of infants with difficulty falling asleep experience this 3 nights a week or less. It was found that 43.3% of the babies fell asleep while nursing. Examples of the answers given by mothers about the way they put their babies to sleep are as follows:

"...I breastfeed and let her sleep on her own."

"...smelling the smell of mom while breastfeeding. Sometimes I rock him gently on my feet, but only gently. I often put him to sleep on my chest while breastfeeding."

"…I rock him on my feet in the evenings."

"…I take him in my arms, feed him, and he sleeps by himself. I give him the bottle; I put a pillow on my leg, and he falls asleep while drinking."

"...I rock him standing up and in his crib, but I rock him in his crib the most."

It was observed that 53.3% of the babies used a sleep buddy or a sleep object while falling asleep. Examples of the answers given by the mothers are as follows:

"...She has a sleeping buddy; she likes her music. But to be honest, she has never slept with it in her hand yet."

"...She has a plush toy in her bed, but she's not used to it yet."

"...I tried, but she didn't want to."

"...He just cuddles with me; he sleeps better that way."

It was found that 71.9% of the infants used a pacifier when going to sleep. Examples of the answers given by the mothers are as follows:

"...Only pacifier."

"...He just doesn't sleep without a bottle."

"...Teddy bear."

"...He has a blanket; he notices when it's not there and he gets restless."

The findings comparing babies' age and sleeping positions are presented in Table 3.

Table 3: Baby's Sleep Position

Baby's Sleep Position										
	Face down		Side		On back		Total		χ^2	p
Baby's age	n	%	n	%	n	%	n	%		
0-3 months	2	25	19	52,8	3	18,8	24	40		
4-6 months	2	25	3	8,3	6	37,5	11	18,3	12,955	0,025
7-12 months	0	0	7	19,4	4	25	11	18,3		
13-24 months	4	50	7	19,4	3	18,8	14	23,3		
Total	8	100	36	100	16	100	60	100		

60% of babies were laid on their sides. It was observed that 52.8% of infants in the 0-3-months range were placed on their sides. 37.5% of babies in the supine position are babies between 4-6 months. 50% of babies lying in the prone position are between 13-24 months. When the month intervals and sleeping positions of the babies were compared, it was observed that there was a statistically significant difference between them (p= 0.025) (Table 3).

DISCUSSION

In this study, which aimed to examine the factors affecting the sleep patterns of babies aged 0-2, it was found that the majority of mothers prepared a sleep environment for their babies beforehand. It was observed that mothers who prepared a sleeping environment mostly arranged both light and sound in the room (Table 1). In the study conducted by Karaçal (2010), mothers mostly preferred that their babies sleep in a dim environment (16). In Agile's study (2014), the majority preferred a dark and dim environment (17). Zeren (2019), on the other hand, showed that babies mostly slept in a dark and quiet environment (18). It is known that preparing the environment for babies before sleep is important for healthy sleep (19). In this way, the fact that the mothers in our study paid the most attention to the light when adjusting the sleep environment is similar to other studies. Another factor that was noted in our study was the noise in the room, which is thought to be supported by Kahn et al.'s study (1989) which "associated the unsuitable conditions of sound and light with the findings of insomnia in children" (20).

In our study, the rate of not having an electronic device in the room where the babies slept was higher (Table 1). Karaçal (2010) emphasized in his study that the rate of having electronic devices in the rooms of babies between 0-12 months was almost 50%, and found that this rate increases as the age range gets older. Another finding shows that the presence of electronic devices in babies' rooms increases their complaints about insomnia (16), which explains why children should not have electronic devices in their sleep environments in order to promote good sleep quality and sleep hygiene. Our study findings show similar results to the literature; this suggests that parents should be informed about the negative effects of electronic devices on infants' sleep processes.

It was found that the babies mostly slept in the same room as their mothers but in their own cribs (Table 1). In line with the answers received from the mothers, it is thought that this finding may be due to the fact that mothers do not find it appropriate to be separated from their babies due to their very young age, that they want to be able to reach them more easily so that they can be fed when they share the same room with their babies, that they can fall asleep more easily when they wake up, and that it provides convenience for their own sleep patterns. Boran et al. (2014) and Boita et al. (2019) revealed in their studies that most babies sleep in the same room with their parents but on another sleeping surface (21, 22). This finding about sleep location, which is thought to be

protective against the risk of Sudden Infant Death Syndrome (SIDS), is similar to the results of other studies.

In our study, it was found that the rate of waking up in the place where babies slept was higher (Table 1). This finding is important in terms of infants' adoption of their sleep environments and establishment of sleep patterns. In the literature review, the studies of other researchers investigating similar findings could not be accessed by the researcher, but it was seen that mothers care about their babies waking up in their sleeping place for the sake of both their own and their babies' sleep patterns.

Mothers were found to stay with their babies to a large extent when they went to sleep at night (Table 2). This may be due to reasons such as the majority of mothers not working and the majority of babies falling asleep while breastfeeding. Stearns et. al (1996) argued that the responsibility of providing primary care to infants was generally left to mothers throughout history, and it is seen that this practice continues today (23).

In the study, it was found that babies who fell asleep within 0-15 minutes were in the majority (Table 2). Daşdemir (2012) and Başkale and Turan (2017) found in their studies that the rate of children who can fall asleep within 0-15 minutes is high (24,25). Another finding in the study was that most infants had difficulty falling asleep at night, and the majority of these infants had difficulty 3 nights a week or less. Simola et al. (2012) and Calhaun et al. (2014) found the proportion of children who had difficulty falling asleep at night to be similar to this study (22,23). In the study by Daşdemir (2012), the situation of children having difficulty falling asleep and experiencing this difficulty 3-4 times a week is similar to this study (24). The differences among the findings are affected by the following factors: each mother perceives the situation of difficulty differently; the number of children they have varies; whether or not they receive support for baby care; their expectations about their babies' sleep; sleep education; etc. It is thought that it may change according to the circumstances, such as whether or not they take it. In order to clearly understand the differences between the studies, the sample group, the technology, the level of knowledge, etc. between the historical processes. differences are thought to be influential.

According to the findings of the study, it was determined that babies were put to sleep mostly by feeding and standing, respectively. The fact that feeding is a need of babies at this age and that it makes it easier for babies who are relaxed and calm to fall asleep suggests that babies are put to sleep while being fed. In the study by Arısoy, Canbulat, and Ayhan (2014), infants were mostly but to sleep in the cradle or swing and by standing and swinging (28). Gözün, Kahraman, and Ceylan (2018) found that mothers mostly use swaying, feeding, or a pacifier (29). Zeren (2019), on the other hand, found that babies were put to sleep by breastfeeding and standing/ hugging (18). In their study, Anuntaseree et al. (2008) showed that letting babies fall sleep while breastfeeding and then standing up increases the frequency of their waking up at night, and that these practices are still maintained by mothers today (30). At the same time, it is seen that standing rocking, which is known to be a traditional method, is still preferred by mothers.

In the study, the rate of infants who used sleep buddies or sleep objects while falling asleep was found to be higher. It was determined that these babies preferred the pacifier the most. It is thought that pacifiers have a role in comforting babies when their parents are not around, giving confidence, and helping them to establish a sleep routine, and that this has an impact on their use. Due to the small age range of the sample group of the study, the fact that infants maintain oral satisfaction and the feeling of sucking suggests that pacifiers may be preferred most. In the interviews with mothers, we learned that the pacifier is seen as a "rescue object" in the transition to sleep, and they try to get babies accustomed to the pacifier even if they do not want it. In the study conducted by Kondolot et al. (2009), in the transition of babies to sleep, the pacifier was the most common, followed by the bottle (31). Uğurlu, Çakal, and Avşar (2017) found that babies use pacifiers the most (32). While the common points of the studies were that the use of pacifiers was intensely preferred for the 0-2 years age group, it was observed that studies were conducted on pacifier use which generally did not include other sleep objects or sleep buddies in the research questions.

In this study, we found that 0-3-month-old babies mostly lie on their sides, 4-6-month-old babies lie on their backs, and at other ages, babies mostly lie on their sides. It has been observed that there is a statistically significant relationship between age and sleep position. In line with the interviews with the mothers, we learned that the majority of mothers who had babies less than 6 months old did not have information about the correct sleeping position or did not put their babies to sleep in the supine position, for reasons such as aspiration and maintaining proper head shape. Hunt et al. (2003) and Sadeh et al. (2009) found that most babies were put to sleep in the supine position (33, 34). Koturoğlu et al. (2004) stated that most babies were placed in the side or supine position (35). Çelik et al. (2010) stated that most infants younger than six months are placed in the lateral position and there is a significant relationship between age and sleeping position (36). Shicby et al. (2013) found that children 0-36 months mostly sleep in the side position (37). Aşkan et al. (2018) found that babies sleep mostly in the side position (38). Hirai et al. (2019) found that the majority were placed in the supine position (39). Studies conducted abroad indicate that babies younger than 6 months are mostly placed in the supine or side position, and in recent studies, this tendency increases more towards the supine position. In studies carried out in Turkey, it is seen that the tendency is mostly on tilting in the side position. After the interviews with the mothers, the reason why babies younger than 3 months were mostly placed in the side position in our study. This suggests that mothers still act based on inaccurate information or in line with the recommendations of older adults around them.

Limitations of the Research

The study was conducted in only one Family Health Center (FHC), which was selected due to its large number of patients and physical size. Not reaching a wider socioeconomic and sociocultural population is a limitation of the scope of the study.

CONCLUSION

This study was conducted to examine the factors affecting the sleep patterns of infants aged 0-2 years. When the frequency analyses were examined, it was found that the majority of mothers arranged the sleep environment for their babies before sleep, and these mothers mostly arranged the sound and light in the environment at the same time; the vast majority of them tried not to have any electronic devices in their baby's sleeping room; the vast majority of them put their baby in their crib in the same room with them; the vast majority of babies wake up where they sleep; the majority of them are accompanied by the mother when they go to sleep; most of them have difficulty falling asleep at night, and babies who have difficulty sleeping at most 3 nights a week or less; and most babies go to sleep at night by nursing. It has been observed that most of them use a sleeping buddy or sleep object when they go to sleep at night, while babies who use them mostly prefer pacifiers. Our study observed that there was a statistically significant difference (p=0.025) between the month intervals of the babies and their sleeping positions; most of the babies were laid in the side position, and the majority of the babies laid in the side position were in the 0-3-month range.

In light of these results, it is thought that parents should have more information about sleep training, and they need guidance in order to access the right information on this subject. It is seen that parents need appropriate courses and training prepared by experts in order to confirm the correctness or inaccuracy of the information they have obtained from internet resources or from adults older than themselves. In addition, the family and the child should be supported by encouraging them to track sleep history, encouraging them to establish a sleep routine in the context of environmental conditions and the characteristics of the child, and giving them developmental suggestions about sleep. It is important to enrich the literature by multiplying the studies on the subject by all experts who have a role, especially child development experts.

Ethics Committee Approval: This study was approved by the ethics committee of Istanbul Medipol University (10840098-604-01.01-E.29885).

Informed Consent: Written consent was obtained from the participants.

Peer Review: Externally peer-reviewed.

Author Contributions: Conception/Design of Study- A.S.T., İ.H.Y.; Data Acquisition- A.S.T.; Data Analysis/Interpretation- A.S.T., İ.H.Y.; Drafting Manuscript- A.S.T., İ.H.Y.; Critical Revision of Manuscript- A.S.T., İ.H.Y.; Final Approval and Accountability- A.S.T., İ.H.Y.

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