

# Mother-and-Infant Bonding

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Of all the branches of Paediatrics - neonatology has produced a tremendous impact in the life, care and health of the children at large and newborns particularly. During the past decade, intensive research into the various fields of neonatal care has brought out wonderful new knowledge about how a human being begins his life and what really goes on behind the scene to enable him to be born, brought-up and thus transform into adult life.

One of the great things that has often left scientists wondering is what makes a newborn get attached to his or her mother and how it happens. It is still a mystery to some extent but today we have a better knowledge of the *bonding* which has been termed as a "unique relationship between two people that is specific and endures through time" (Klaus & Kennet, 1976)<sup>1</sup>. The biological basis of this attachment process has been postulated on the grounds that early contact between mother and infant may facilitate maternal attachment (Carlsson, Fagerberg, Hornman, Hwang, Larsson, Rodholm, Schaller, Danielsson & Gundewale 1978; De Chateau & Wiberg 1977; Hales, Lozoff, Sosa & Kennell 1977; Klaus, Jerauld, Kreger, McAlpine, Steffa & Kennek 1972) and the suggestion that a rapid process of mother-infant bonding may be set into motion in human mothers in a brief time interval shortly after birth - the *maternal sensitive period* (Kennel, Transe & Klaus 1975; Klaus et al 1972; Klaus & Kennell 1976), as it is in animals (Hersher, Moore & Richmond 1958; Klopfer, Adams & Klopfer 1964). It is now postulated that the period from soon after the birth of the baby until about the first 24 hours is perhaps *the critical period* when most of the bonding takes place and it continues on during the next few days of baby's life. If however, because of any reason, such *close encounter* is impaired or blocked, eg. transfer of the baby to another unit or another hospital for intensive care, etc., considerable difficulties may arise in achieving a *satisfactory bonding* between that mother-and-baby later on.

Survival of high risk infants delivered in community hospitals is increased when neonatal referral centres are utilized fully; survival is greater still when such infants are delivered in hospital with a continuing neonatal intensive care unit. Transfer of critically ill or very small newborn infants from community hospitals to neonatal referral centres is an integral component of regionalized neonatal care system. Mother's emotional reactions to the birth of a premature or otherwise high-risk infant, profound under the best of circumstances, are intensified if the infant must be transferred to another unit away from the mother.

## Normal Pregnancy

First it is essential to consider the mother's psychological adaptation to a normal full-term pregnancy. We can then better understand the impact on the mother of premature interruption of this very dynamic process, which, we assume prepares her to optimally nurture her full-term newborn infant.

Bibring considered pregnancy to be a normal developmental crisis;

"Pregnancy is a crisis that affects all expectant mothers, no matter what their state of psychic health. This crisis is a developmental phenomenon at point of no return between one phase and the next. Pregnancy as a major turning point in the life of the woman represents one such normal crisis especially for the primigravida who faces the impact of this event for the first time. We believe that all women show what look like remarkable, far-reaching psychological changes while they are pregnant. The outcome of this crisis, then, has profound effects on the early mother-and-child relationship".

Bibring also pointed out that pregnancy shares with the maturational crisis of adolescence and menopause, which begin and end the childbearing years, "the quality and inevitability", they noted, "once an adolescent, you cannot become a child again; once menopausal, you cannot bear children again, and once a mother you cannot be single again".

Pregnancy is very different from adolescence and menopausal age in that it takes place over a relatively short period of time, it is impossible to deny, and has a usual outcome, a normal baby in most of the cases.

Many women feel negative or ambivalent about their pregnancy until quickening and then rapidly come to accept it with happy anticipation. Between the time of onset of pregnancy and quickening, the woman makes a major narcissistic investment in which she regards the foetus as an integral part of herself and not as a separate individual. Self-interest and self-absorption continue throughout the pregnancy and it is usually from the time of quickening that she starts regarding the foetus as an individual and this feeling increases as the pregnancy progresses to its final days. Thereafter, the mother shows *nesting behaviour* and starts making practical preparations for the new baby. The woman actively fantasizes about the baby and develops expectations about the new arrival-to-be. Most of the conscious fantasies deal with expected hoped-for infant. Co-existing fantasies about the *feared* infant who may be sick or malformed and who may also die are usually also at conscious level. Concerns about her own

health due to the effects of pregnancy and about being mutilated or dying during childbirth are almost universal yet rarely expressed.

When pregnancy has progressed to about within a month of term, women start actively wishing that the baby would come. The dynamics of these feelings are probably incompletely understood. Mothers usually explain it on the basis of physical discomfort (and that may be sufficient), yet it is intriguing that the onset of the desire to have the pregnancy ended usually coincides with the attaining of that gestational age at which chances for neonatal survival becomes maximal. Prior to that date when the delivery would have been associated with greater risk of neonatal death, women wish to retain the pregnancy. It is speculated that the intensity of the mother's desire to retain pregnancy or *let it go* might effect her attitude towards her delivery and the new infant. Thus she might well construe delivery after onset of the desire to *let the pregnancy go* as active fulfillment of her wish and as an indication that she controlled the timing of the birth. On the other hand, delivery, when she actively wanted to continue the pregnancy could be considered by the pregnant mother as loss of control over a production in which she is the main attraction.

The following figure is a schematic representation inter-relating the time-courses of the main psychologic processes that occur during pregnancy. Usual affective and mood changes such as increase in dependency, passivity, introspectiveness and anxiety have been omitted for simplicity.

### Premature Birth

Mothers loose much when their baby is born prematurely. The psychologic work that goes on during the last trimester must serve an important purpose; hence, it is inferred, the earlier the delivery, the greater the frustration of that purpose. Consider, for example, the maternal emotional preparation that must be completed following delivery at 28 weeks that would have been completed antenatally if the baby had been delivered at term. Failure to produce the expected full-term baby might exacerbate neurotic conflicts with her own mother that the pregnant woman may be reworking and contribute to the grief and depression usually experienced after the birth of a premature infant.

When an infant is delivered prematurely, unexpected realities replace expectations, - and each of these replacements represents a further loss:-

1. A small, unattractive, underweight, *high risk* infant, who is either seriously ill or is likely to become so, replaces the expected, healthy, full-term infant.
2. An unreactive or underreactive infant replaces the responsive and reactive infant with whom the mother had expected to actively interact.
3. Separation of the premature infant from his mother replaces the anticipated frequent close contact between them.
4. An incubator in a sophisticated neonatal intensive care unit replaces the warm little cot beside the mother's bed.
5. Nurses and doctors, strangers, but awesomely knowledgeable and competent, replace the parents as primary caregivers.
6. The mother, especially, has produced the baby; hence her failure and loss of self-esteem replaces the expected success and increase of self-esteem.

From observations of parents of premature infants and discussions with them about their feelings and concerns, it is fairly obvious that in addition to fearing that the infant will die or survive severely handicapped, parents are also guilty, angry, depressed and preoccupied with the infant (Kaplan & Nason et al 1960).

Anticipatory grief is caused by more than early separation, however, since it occurs regularly even when separation is minimized by the mother's delivery in a perinatal centre and with the parents having unrestricted access to the premature infants. Klaus & Kennel confirmed that early bonding of parents to premature infants is enhanced under these circumstances, and the long-term improvement in the quality of the parent-infant relationship that might be expected to result from the earlier development of a secure parent-infant bonding is definitely a high possibility.

### Working for a Good Bonding

1. The aim ultimately is to work for a secure mother-and-infant bonding, however premature and ill her baby is, excluding of course, such cases which might die soon.
2. The parents should be encouraged to express their anger, frustration and grief and the medical staff should be able to genuinely *share* such things with the parents - and only thus a *trusting relationship* will be achieved.
3. It is important that the parents have identified the members of the nursery team with whom they will regularly discuss the infant's condition. The infant's physician and social worker must also be able to give necessary advice and frequent interviews.
4. The team members have the important responsibility of making the parents feel welcome in the nursery, not only as concerned observers but if even in the smallest way, as active participants in their baby's care.
5. We must be supportive, show genuine sympathy and concern for their baby based on understanding of specific problem matters and be comfortable in permitting parents to temporarily develop some degree of dependency on us.

- To help in the bonding the staff must know such basic information about the parents' own health, family history, education, occupation, previous experiences with similar sick infants, any previous deaths in the family, and support available from their friends and relatives.

### Bonding in the Normal Healthy Babies

Vast majority of women having their babies do have them delivered at term and healthy and almost all of them soon start staying with their mothers. And there is no obvious reason why there should be failure-to-bond in some of this group. In a study carried out jointly between the Los Angeles Children's Hospital and Newcastle-upon-Tyne University in 1972, it was shown that some mothers are *predisposed* to not being able to *bond* with their babies. Out of 400 cases of women delivering in the Labour Wards, in this study, who were continuously VIDEO-recorded till the end of their labour, 12% of mothers showed definite dislike for the baby she was giving birth to and as much as 3% of mothers expressed *hatred* towards the yet unborn baby and refused to see their child after birth. Most of the mothers of these two groups were either unmarried or got pregnant accidentally against their wish.

In another study carried out at Boston Children's Hospital it was found that maternal ignorance, poverty and social status were greatly contributory to poor bonding with their children in the black communities and most of these children had already been to the Juvenile Courts for various offences.

Finally, one could only say that the relationship between a mother and her child is truly a divine one and like many things in life, this is a gift from God to His creation - we should respect it and nourish it.

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