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Review Article

The Experience of a Mother in the Situation of a Preterm Birth

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ABSTRACT

It is a work that explores the world that is created in a family, for the mother in particular, when, instead of the expected natural childbirth, the preterm birth of a child takes place. An event that is often experienced as disappointing and dramatic. This maternal experience, in most cases, is configured as a period of crisis, limited in time, characterized by a certain mental and behavioral imbalance. Faced with a birth of a premature child, the woman mostly becomes a fragile mother, disoriented and particularly vulnerable, dominated by anxiety of death and feelings of guilt. A great contribution to the overcoming of this agonizing and painful experience of the woman, who gives birth to a child before the end of the gestational age, is given by the humanization processes that are applied in the Neonatology and Neonatal Intensive Care Units, which, beyond the stabilization of vital functions, certainly of priority importance, take into account the relational needs of the newborn and of his parents and favor their psyco-emotional bond, appropriately utilizing the resources of the technology and reducing as much as possible the inconveniences and disadvantages associated with the hospitalization.

Keywords: Preterm birth; Gestational age; Newborn

INTRODUCTION

The preterm birth in general occurs in an unexpected time, often as if you were breaking a dream carried forward and exposes the woman to a very hard experiences that she often cannot tell, going to constellate own experiences and emotional experiences, difficult to share and to elaborate. The incidence of premature birth has not changed significantly over the past 30 years, in Italy it is between 6 and 10% of all births. Thanks to the improvement of the obstetric and neonatological treatments, to the increasingly sophisticated technologies, to the greater knowledge of the infinite functional capabilities of the human body and to the greater attention to the intimate perceptions of the fetus and the newborn, the possibility of survival of the children born preterm is greatly increased (Figure 1).

Cases of survival (up to 10%) are reported even for 22 week-old babies, although if there is a high probability of serious permanent damage for such small children. With the increase of the weeks of gestation, the survival percentages increase sharply, going from 10-40% for those born at 23 weeks, up to 95-98% for those born at 34 weeks.

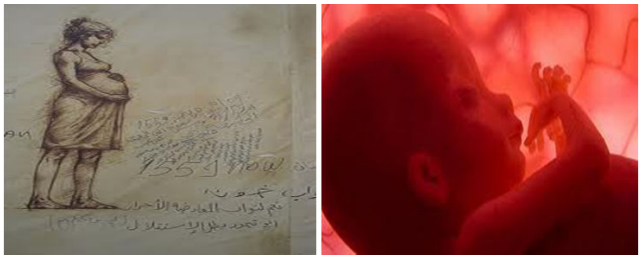

Figure 1: Man is given birth with labour and the same birth is risk of death (from the "Night song of a wandering shepherd in Asia" by Giacomo Leopardi).

Nevertheless, the experience of the preterm birth is something that, from a psychological point of view, goes beyond the biological birth, both for the child and for the parents. The mothers of the preterm babies often present an acute reaction to

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the trauma of this birth: anxiety and high levels of distress and of separation, which still persist also three months after the birth, occur in 30% of premature mothers (Figure 2).

THE PSYCHOLOGY OF THE CHILD AND OF THE MOTHER IN PRETERM BIRTH

The preterm birth touches the whole family psychologically, but it mainly disrupts the child and his mother. In the child there is a disparity, both physical and psychologically. In fact, as far as the physical aspect is concerned, from the first moments of the child's life we witness too sudden changes compared to the maturation of his body, a body that must be confronted with an environment to which the child is not yet ready [1].

Figure 2: No one is responsible for his own birth, but precisely for this reason we all are responsible to let those who are born live well and here is the full dignity to be parents but also that to be Neonatologists and Pediatricians (G. Roberto Burgio).

As far as the psychological aspect is concerned, we are faced with a psychic experience that blends with the bodily one for the experience of this child born preterm and continually subjected to invasive treatments and painful care techniques. In the mother we often see that she shows an internal mismatch, caused by the expectation of a birth at term and by the comparison with a different reality instead. In fact, she can experience the preterm birth as a trauma and may show symptoms of temporal disorientation with respect to the birth of her baby (Figure 3).

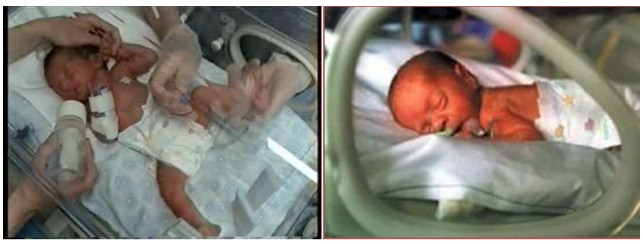

Figure 3: The preterm child, subjected to loving but also painful care, lives a psychic experience that merges with that of the body.

THE PSYCHOLOGICAL VULNERABILITY OF A MOTHER GIVING BIRTH TO A PREMATURE BABY

For any mother who expects a natural birth, the dangerous birth of her child is particularly disappointing. Moreover she finds herself to be separated from this creature of hers for a time that can go from a few days to a few months, depending on the degree of maturity and the health conditions of the newborn. During this time the needs of the child are not met by the parents, but by the doctors, by the nurses and by the equipment that keep him alive, an experience that for new parents is depressing and frustrating [2].

Also the physical fatigue contributes to worsen the degradation: while the mother of a child born normally returns home with him and can rest and recover from the labor of the delivery, the mother of a preterm baby shuttle between home and hospital, getting tired further.

To all this is added the frequent post-natal depression, with symptoms such as the tension, the anxiety and the sadness. These sensations are believed to be due to the abrupt hormonal change following the delivery and the earliness of a birth accentuates this post-partum chemical variation. In fact, the mother of a preterm child, who already has her good reasons for being upset, is even more physically and emotionally tested: she is therefore more vulnerable.

Some authors [1-3], having observed that mothers of premature babies show an acute reaction to the trauma of preterm birth, have described a period of crisis, limited in time, characterized by a mental and behavioral imbalance of the mother, who is unable to respond adequately to the demands of the situation. To overcome this crisis, women must strive to accept the reality and her negative emotions, expressing them rather than denying them. The emotional difficulties of the mother and the faulty evolution of the attachment process can result in rejection and aggression towards the child [4-16].

About the situation of a mother who is faced with a preterm born child, we must also reflect on the fact that, since the newborn is in an environment where loving maternal care is replaced by extraneous hands, what the mother sees is a suffering child, with probes, attached to monitors who often play, subjected to intrusive and painful care [17]. Despite the fact that, in this situation, she still manages to establish a relationship with her child and to structures a dialogue with him, able to create a profound and meaningful language, the image that she takes home is that of an immobilized baby, difficult to imagine and to represent as the beautiful child she had wanted (Figure 4).

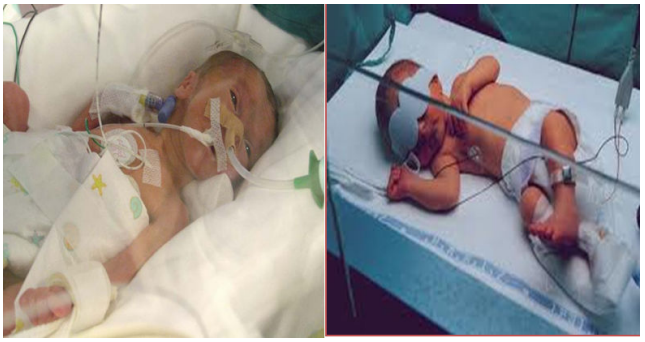

Figure 4: The image which the mother of the preterm child faces is that of an immobilized baby, difficult to imagine and to represent as the beautiful child she had wanted.

The death is present next to the parents of preterm babies and takes on various forms: from the anxiety for the survival of the newborn child to the worries for a possible physical damage that the child may suffer, particularly at the expense of the Central Nervous System. Often the defense mechanisms that prevail in the parents are the emotional distancing and the anticipation of the mourning. These conditions encourage the mother of the premature to have some of the characteristic fantasies during pregnancy, such as: the fantasy of genetic damage and the anxieties of the death.

It is therefore very important to know the different dynamics that upset the psyche of the woman in order to help her to welcome the child who is not the one she had dreamed of and who inflicts a deep wound on her narcissism. We are faced with a premature mother, dominated by the experience of anxiety of death, feelings of guilt, who appears disoriented respect to a time necessary to mature a relationship already present in utero with her child, relationship, however, not yet ready on the level of recognition and therefore unable to provide for a sufficient maternal affective containment to his little creature, affective containment that is strengthened with breastfeeding in an indissoluble and close bond called "mother-child dyad" [1,2,15] (Figure 5).

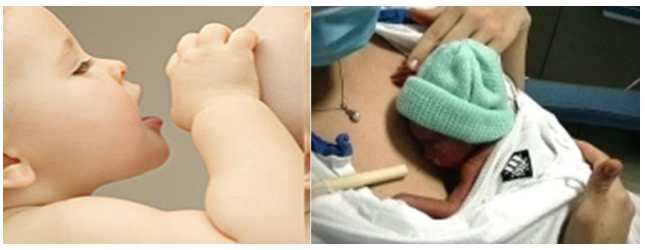

Figure 5: Within the dyad, the central part of mother-child integration is entrusted to breastfeeding.

The mother, through her breast, brings to the child not only her obvious qualities of love and nourishment, but also her mental and emotional states. Therefore, the nourishment is also constituted of loving thoughts, by the emotions and by the hopes. The unexpected event of not being able to attach the child to the breast, due to premature birth, determines in the mother-child dyad the interruption of these sensations and of the process of reciprocal knowledge which, with the passing of time, would acquire significance and thickness [13-15].

HUMANIZATION AS A POSSIBLE SOLUTION TO OVERCOMING THE PSYCHOLOGICAL VULNERABILITY OF A MOTHER WHO HAS GIVEN BIRTH TO A PRETERM BABY

From the awareness of the extreme complexity of the needs of the pathological infant and of his parents, the concept of "humanization" was born: a model of care that takes into account the relational needs of the newborn and the parents favors their affective link and uses the appropriate technology resources [5,7,14,16,17].

The concept of humanization also implies a valid relationship of understanding and communication between the medical and nursing staff and the parents and of mutual trust, relationship that will accompany the path of the child and of his family even after the discharge from the Hospital, in the necessary controls of health and neuro-evolutionary development of the child (follow-up of the newborn "at neurological risk") [7-9] (Figure 6).

Many studies confirm that, thanks to humanization, there are very positive results both in the context of the term newborn and, above all, in that of the preterm infant, results that we have summarized in Table 1.

Table 1: Preterm infant results.

Why humanize?	Term newborn	Preterm newborn
Parent-infant bond	++	+++
Breastfeeding	++	+++
Psycho-physical development of the newborn	+	+++
Effectiveness of care	+	+++

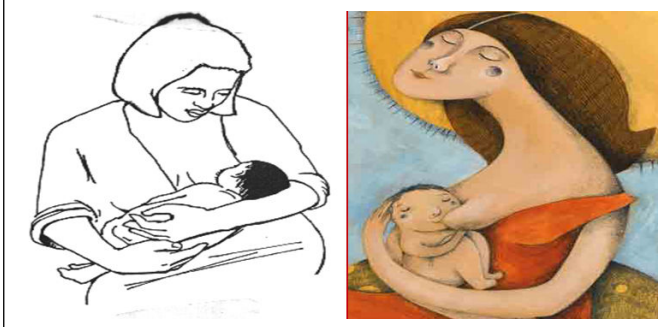

Figure 6: The mother, through her breast, brings to the child not only her obvious qualities of love and nourishment, but also her mental and emotional states.

A fundamental element of the humanization process, which makes a great contribution to its implementation, is the "care". With this term, which means "taking care of", we refer to the set of treatments, care, cautions, solicitudes and precautions that can be offered to the newborn to improve the quality of life and to reduce as much as possible his discomforts and disadvantages related to the hospitalization: to implement therefore all those conditions suitable to promote the well-being and the development of the newborn. Beyond the stabilization of vital functions, which is certainly a priority, the child also needs the attention related the environment that surrounds him in his broadest sense, such as the silence, the rest, the consolation, and the closeness to parents.

Figure 7: Physical contact, especially skin-to-skin, between mother, father and child has enormous physiological and psychological advantages for the child and for his parents.

The medical and nursing team of the Departments of Neonatology and of Neonatal Intensive Care has a privileged and unique role to ensure the maximum comfort and the normal continuation of neuro-evolutionary development to the newborn, through a careful modification of the care environment and the use of a series of strategies to promote and integrate the principles of development within the traditional medical model. Doing "care" means respecting the newborn, pausing to listen, not only to hearing, to what he is communicating to us, the newborn being an active organism capable of reactions and actions [10-12].

In order to best realize the humanization processes towards the newborn, in many Department of Neonatology and of Neonatal Intensive Care a personalized program of care and evaluation of the individual mental development of the newborn is implemented, it is called "NIDCAP" (Newborn Individualized Developmental Care and Assessment Program), that is a program model of "gentle care" [16,17].

The "NIDCAP", which can also be defined as "sweet touch", was set up to provide the best quality of individual assistance, affectionately turned towards the at-risk newborns by the Operators, who are daily responsible for their "care" and for that of their families [16-25].

The concept of care also includes the psychological help that takes into account the relationship of the parental couple and the family triad (parenting-care) and therefore the attention to the parents and the willingness to favor as much as possible the psycho-affective relationship between the newborn and his parents, allowing the them to have a contact with their child, even inside the incubator, through their caresses, their voice, their look [2] (Figure 7).

It is necessary to strive so that the mother-child relationship is favored as much as possible, trying to involve the mother in the care of her child whenever this is possible, bearing in mind that, within the dyad, the central part of mother-child integration is entrusted to breastfeeding. Breastfeeding her child helps the mother to cope with the emotional stress that is associated with the negative experience of the hospitalization [4]. Even the newborn, as part of the dyad, above all if extremely premature, experiences the same stress as the mother and the same anxiety associated with the separation and the assistance practices [11,17]. Many scientific evidences show that physical contact, especially skin-to-skin contact, between the mother and the child produces enormous physiological, psychological and clinical advantages for both mother and baby [18,19]. There is no doubt that all this contributes to greatly mitigating the traumatic experience of the women who is in the face of a preterm birth [8,13] (Figure 8).

Figure 8: Caressing and pampering the little baby so, making him the own voice, offer a wonderful experience to the mother, to the father and to the child and are conditions that can give a big contribution for overcoming the psychological vulnerability of a mother who gave birth to a preterm baby.

CONCLUSION

Create the mother-child bond as soon as possible, encouraging the mother, discreetly, to stay close to her baby, inviting her to caress him and talk to him to make his voice heard, give her the baby to cuddle him, as soon as the clinical conditions allow, and try to attach it to the breast (even if this is often unsuccessful), offering a unique experience, each time, to the mother and the child, they are conditions that, on an operational level, can make a great contribution to overcoming the psychological vulnerability of a mother who has given birth to a premature baby.

Not least a valid help can be given by the closeness of her partner, who is also involved, from the beginning, in the care of his “born preterm child", thus creating that affective emotional and close relationship that we can call” father-mother-child triad.

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