

Infant-Mother Attachment Facilitation in the Neonatal Intensive Care Unit

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Introduction

- Premature infants have a fragile, immature central nervous system and are easily over-stimulated, making it difficult for them to have alert interactions with their caretakers (Brazelton, 1992). Premature infants struggle with physiologic regulation and efforts must be made to modify interactions.
- The mother of the premature infant has to cope with feelings of guilt, anxiety, grief, as well as being overwhelmed as their child's condition betters or worsens (Wyly, 1995). This can cause the mother to distance herself from her infant putting normal parent-infant interactions at risk.
- An intervention must be created to help healthy mother-child relationship and interactions develop in order to encourage future secure attachments.

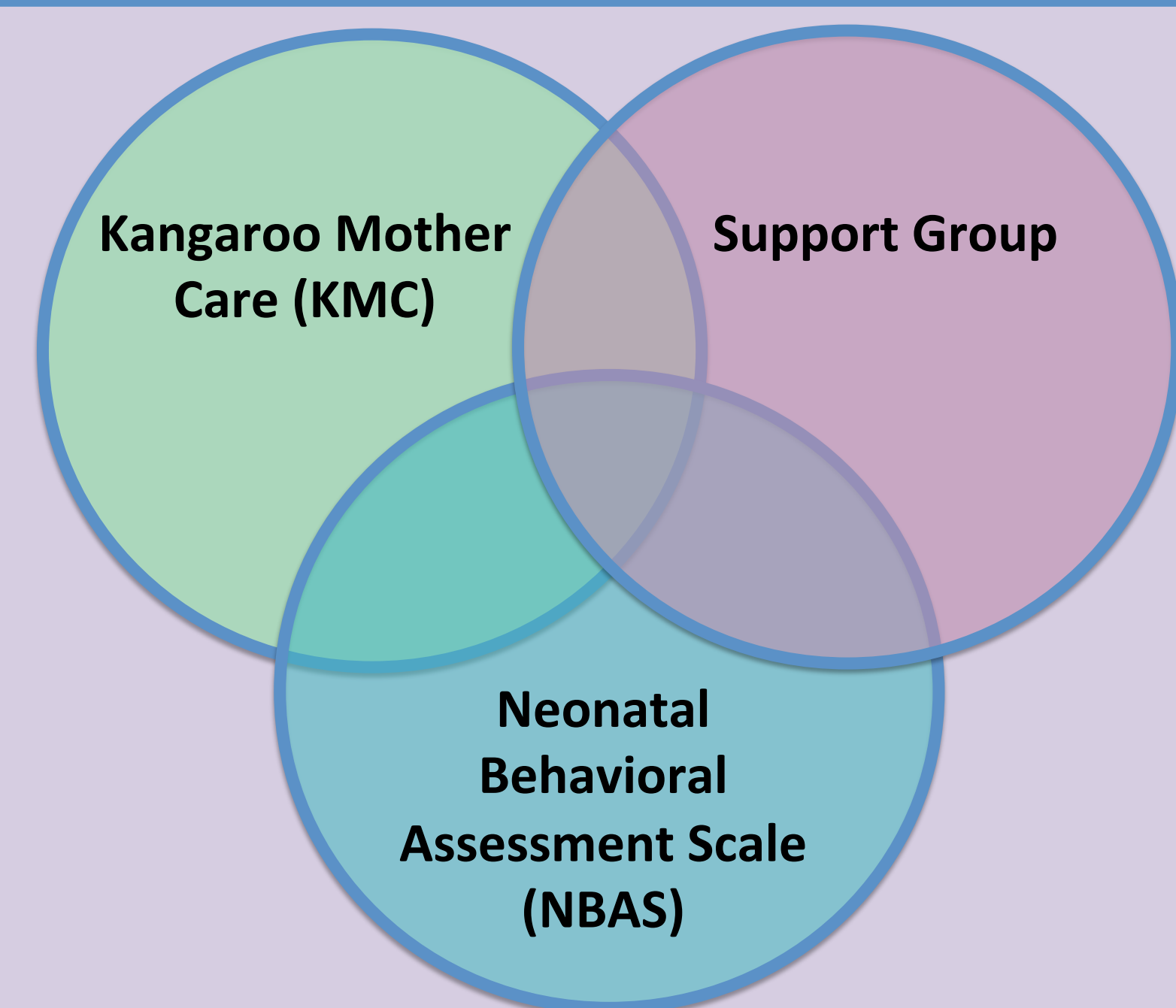


Participants

- Mothers of premature infants born between 25-36 weeks of gestation.

Procedure

- The integrated intervention lead by an early interventionist consists of three-parts including Kangaroo Mother Care (KMC), support groups, and the Brazelton Neonatal Behavioral Assessment Scale (NBAS).
- Kangaroo mother care (KMC) or skin-to-skin involves the mother placing her naked infant on her bare chest. It has been empirically proven to heighten the maternal sense of competency in caring for her pre-term infant as well as enhancing the mother's perception of her infant (Tessier, et al., 1998). KMC should begin as soon as the infant's condition and mother stabilizes and implemented for an hour per day.
- There will be an open support group for mothers of premature infants in a private room next to the NICU. The support group aims to alleviate feelings of isolation by uniting mothers in the NICU as well as providing basic education about premature infants. The support group will lead by a social worker and a NICU mother graduate and will include 12 sessions 3 times per week.
- The Neonatal Behavior Assessment Scale (NBAS) (Brazelton & Nugget, 2011) is an interactive neuro-behavioral assessment with a structured set of observations led by an interventionist that encourages parents to discover their infant's competencies, strengths, and weaknesses. The NBAS helps parents become more skilled caregivers, leading to better attachment outcomes (Brazelton, 1995; Hawthorn & Hutcheon, 2009, Bigsby, 2010). The NBAS should be conducted by the early interventionist upon anticipated discharge from the NICU.



Measures and Assessments

- In order to test the efficiency of the program, a control group that will receive regular NICU care and an intervention group will receive the three part intervention will be randomly assigned.
- Mothers in the control and intervention group will be given the Reaction to Preterm Birth Interview (RPBI) (Shah, Clements, & Poehlmann, 2011) to assess the mother's feelings about the diagnostic process, the child's condition, and their reactions to the diagnoses at 9 months post-partum.
- At 15 months corrected age, the infant's attachment classification will be assessed using the Strange Situation procedure (Ainsworth et al., 1978) to see if there is a difference between the control and intervention group.

Strengths

- All three interventions have been empirically proven as effective and beneficial in previous studies.
- This intervention could be applied across cultures.
- The intervention is relatively cost effective.

Limitations

- This intervention is designed only for mothers. Fathers also need attachment facilitation in the NICU and should be considered in future revisions of this intervention.
- The support group is open allowing mothers to enter at any time during their stay in the NICU. This may cause difficulties with the group dynamics as well as the mother's ability to experience the entire program from beginning to end.
- The three interventions have not been empirically tested to be efficient when used together sequentially.

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