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Postpartum Mother-Infant Separation:
Maternal Depression and Maternal Sensitivity in a Preterm Sample

Typically the birth of an infant is a welcome and joyful event. However, each year in the United States approximately 500,000 families experience the preterm (before completing 37 weeks of gestation) birth of their infant resulting in an experience that can be anything but joyful. The preterm delivery of an infant interrupts the third trimester of a pregnancy, a time significantly important for the psychological transition to the maternal role. Even in the case of women who already have a child, the third trimester of a pregnancy has been found to be important in the psychological process of altering one's maternal identity to include this new member of the family. Mothers of preterm infants are less likely to experience a smooth and fluid transition to the happy day when their baby is born, but rather the abrupt often emergency nature of delivering their child weeks or months before the baby is due.

Infants born preterm are treated in hospital Neonatal Intensive Care Units (NICU's) until they reach a weight of approximately five pounds, are able to coordinate their breathing, sucking and swallowing and are able to maintain their body temperature on their own. Preterm infants are typically hospitalized for weeks or even months before their mothers can take them home. Mothers of the smallest and sickest preterm infants may not know for weeks if their baby will even survive to ever come home. The emotional "rollercoaster" associated with the preterm birth of an infant has been considered to be a potential cause of depression in mothers of preterm infants. Mothers of preterm infants are also considered to be potentially less sensitive and skillful in caring for their preterm infant when the baby is discharged from the hospital because of the significant length of time they were separated from and unable to care for their baby while he or she was hospitalized. In addition, mothers of the sickest infants have been thought to keep themselves from "falling in love" with their baby until they know for sure their baby will live. Do mothers allow themselves to completely fall in love with their infant after they are certain their infant will live? This is also an important question associated with how skillfully and sensitively mothers care for their previously very ill preterm infants.

Mothers who are experiencing depression may find it difficult to provide the best kind of environment to support their infants' development. This is a very real problem given that being born preterm carries with it the risk of experiencing behavior problems and developmental delays in the future as well as health problems throughout the life of a former preterm infant. Preterm infants whose mothers are depressed and less able to respond to and care for them in a sensitive way may experience "double jeopardy".

The preterm birth rate among low-income, urban African-American mothers in the United States is currently approximately 17.7%, the highest of any other ethnic group. This study included 82 African-American mothers and their preterm infants from the greater Baltimore, Maryland and Washington, DC metropolitan areas. This study examined how the length of time mothers were separated from their infants; due to hospitalization, might be associated with mothers' experience of depressive symptoms as well as how sensitive mothers would be in responding to and caring for their infants. This study also examined

how the severity of infants' illness at birth might be associated with mothers experience of depressive symptoms and with how sensitive mothers would be in responding to and caring for their infants.

Mothers who were separated from their hospitalized infants for the longest periods of time were not found to have higher levels of depressive symptoms compared to mothers whose infants were hospitalized for shorter periods of time. Mothers whose infants were the most severely ill were not found to have higher levels of depressive symptoms than those mothers whose infants were less severely ill.

Mothers who were separated from their hospitalized infants for the longest periods of time were observed to be no less sensitive in caring for and responding to their infants than mothers whose infants were hospitalized for shorter periods of time. Also, mothers whose infants were more severely ill were not found to be less sensitive in responding to and caring for their infants than mothers whose infants were less severely ill.

Mothers in this sample of low-income, urban African-American women may have experienced the buffering effect of spirituality and social supports from friends and family against the negative life event of delivering a preterm infant. Future research into maternal coping strategies and quality of women's social support networks in buffering women against the experience of depression and anxiety after the birth of a preterm infant is warranted.