South Australian Perinatal Practice Guidelines

Assessing Parent Infant Relationship

Introduction

Infant development is organised in the context of early relationships so understanding risks for infants must include an understanding of parent infant relationships. A biopsychosocial framework will ensure a focus that addresses these and wider social and cultural factors. Identifying parental vulnerabilities and strengths will help target interventions and help strengthen existing protective factors. Early identification and referral to specialised personnel may be appropriate

Definitions

Parent infant relationship refers to the connection or bond created between the parent and infant through the exchange of behaviours and emotion communicated between both parties[1]

Literature review

- The essential aim of parent infant assessments, whatever the context or setting, is to identify and understand the issues and problems facing the family in order to assist them in maximising the parenting capacity and hence the development of the infant[2]
- There is increasing evidence that the experience of infants in the early years of life have direct and indirect effects on their developmental trajectory. Central within this interplay is the quality of the infant caregiver relationship. A parent's response to an infant's skills and abilities and indeed presence will directly influence how these competencies are further expressed[2]. It becomes crucial then to be able to observe and include information about this aspect of the infant's world.

Risk factors

- Past unresolved trauma
- Interruption of maternal-fetal preoccupation in the antenatal period
- Mental illness, drug and / or alcohol addiction
- Traumatic birth experience
- Past terminations, miscarriage or death of a child
- Infant's health status and characteristics e.g. preterm birth, gender, physical health[3]

Perinatal assessment

The Louis Macro (adapted format) can be used to guide observations and should include an assessment of the

- Parent's ability to safely care for the infant
- Parents ability to provide appropriate physical care
- Parents ability to provide appropriate emotional care
- Infants characteristics
- Parents' mental state

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Some possible questions might be:

- How are things going with your baby? (How are they sleeping / feeding / interacting? How is that for you?)
- How are things going between you and your baby?
- Do you feel **happy** with the relationship between you and your baby?
- Do you feel **confident** with your baby?
- Some people find it hard to connect to / relate to / understand their baby. Has this ever been a problem for you?
- What do you **enjoy most** about your baby? (if they struggle to identify anything this should alert you to problems in the relationship)
- Does your baby make you **feel anxious**? (If so when? In what way? What thoughts do you have?)
- Do you ever wish you **had not had your baby** or that your baby would go away?
- Have you ever **felt angry** with your baby?
- Have you ever **felt like shaking** your baby? Or shouting at your baby? (If yes ask if they have ever done this).

Some mothers with **perfectionist traits** and a highly developed sense of responsibility may overstate their shortcomings in relation to their baby. If you suspect this you may be able to clarify the reality by asking about specific situations in detail. It is also advisable to **ask the partner** how they view the relationship between mother and child.

Adapted from http://www.mothersmatter.co.nz/Medical-Info/Parent-Infant-Relationship/

Other factors to assess

Stressors on and supports for the parent infant relationship including:

- The extended family
- Housing
- Financial concerns
- Domestic violence
- Substance use
- Access and use of community services

What to do next

- May depend on severity, timing e.g. pregnant / postnatal (see below) and location / availability of services
- Empathic listening and support will be appropriate and sometimes sufficient
- Using a biological, psychological and social framework will provide structure for referrals e.g. medical / mental health if significant level of mental illness, psychology referral or social work with specialised parent-infant or family work where more severe problems and availability of specialists

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Antenatal care

- Ensure early involvement of social worker
- When difficulties are identified in the antenatal period there is an opportunity to build the relationship between the parent and unborn infant through supporting maternal preoccupation with her unborn child.
- Health care workers may help the mother to focus on the growing baby and perhaps process difficulties that impact on the forming of the relationship, by for instance talking to the woman about her baby[4], and encouraging her to attend ultrasound appointments[5], preferably with a partner or friend so that further discussion of the fetus is more likely to occur.
- If it is clear that difficulties identified by midwives or in primary care settings that ongoing difficulties are not resolving, input about psychosocial issues or more specialised mental health service involvement may be of benefit.
- Referral to specialised perinatal services is possible at metropolitan public hospitals in Adelaide, and staff at Helen Mayo House on 08883031451 (office hours) can advise on private referral in urban areas.

Antenatal case conferencing

- Women identified as a high risk to their baby should have early referral for multidisciplinary case conferencing
- A coordinated approach to the issues that may create stress on the development of a normal parent infant relationship in the postpartum period is vital (e.g. homelessness, poor attendance for medical care, lack of facilities and planning to take the baby home, previous children removed from care through Families SA involvement)

Mandated notification

- Whilst legislation does not protect an unborn fetus, Families SA (Child Protection) should be notified of an imminent high-risk birth through the Child Abuse Report Line (telephone: 131478)
- Staff who are mandated notifiers (see appendix I) under Section 11 of the Children's Protection Act 1993 have a legal obligation to make a notification to the Child Abuse Report Line (CARL) when they develop a suspicion that an infant is at risk of being abused or neglected

Postpartum care

- Collaboration between midwives and perinatal mental health services may be important to ensure that concerning parent infant relationship are monitored and that the infant is provided with sensitive care from her primary caregiver.
- When significant difficulties arise mother infant therapy may be required to assist in the development of the bond.
- Public and private infant mental health services are available in Adelaide and some rural settings. Information may be obtained through Helen Mayo House on 0883031451 in office hours

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Useful websites

Post and antenatal depression association Available from URL: http://panda.org.au

Mothers matter. Assessment of Parent Infant relationship. Available from URL: http://www.mothersmatter.co.nz/Medical-Info/Parent-Infant-Relationship/

Children's Protection Act 1993. South Australian Legislation. Available from URL: http://www.legislation.sa.gov.au/LZ/C/A/CHILDRENS%20PROTECTION%20ACT%201993.aspx

Government of South Australia. Department for Families and Communities. Legislation. Available from URL: http://www.dfc.sa.gov.au/pub/tabid/485/itemid/1427/default.aspx#Legal_requirement

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Abbreviation

s e.g.	For example
MACRO	Mother and Child Risk Observation
ed	Edition

Appendix I Mandated notifiers

Mandated Notifier - Individuals required to notify suspicions of abuse under s.11 (2) of the Children's Protection Act 1993 (SA) Proclaimed 31 Oct 2006); including, but not limited to:

- A medical practitioner
- A pharmacist
- A registered or enrolled nurse
- A dentist
- A psychologist
- A police officer
- A community corrections officer
- A social worker
- A minister of religion
- A person who is an employee of, or volunteer in, an organisation formed for religious or spiritual purposes
- A teacher in an educational institution (including a kindergarten)
- Any other person who is an employee of, or volunteer in, a Government department, agency or instrumentality, or a local government or non-government organisations, that provides health, welfare, education, sporting, recreational, child care or residential services wholly or partly for children, being a person who:
- (i) is engaged in the actual delivery of those services to children; or
- (ii) holds a management position in the relevant organisation the duties of which include direct responsibility for, or direct supervision of, the provision of those services to children

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