The First Year of Life

H B VALMAN

MOTHER-INFANT BONDING

A biological need

Mothers and infants need a close attachment to give the infant the degree of security necessary for optimal emotional and physical development.

Some mothers have strong maternal feelings which enable them to achieve a firm bond of affection with their babies without difficulty, even after an initial period of separation. The strength of their maternal feelings probably depends on the quality of mothering they received in infancy.

In contrast, a mother may be unable to achieve this attachment without early close contact with her baby, and even then it may take a few days before the baby appears to her to be an individual and her own. Failure to form a normal attachment probably accounts for the higher incidence of "battered babies" among preterm infants who were initially separated from their mothers for long periods and among the infants of mothers who were themselves deprived of maternal attachment.

Forming an attachment

Attachment occurs in five main ways. Firstly, the infant can follow the mother's eyes immediately after birth, and this eye to eye contact is an important factor.

Secondly, if a mother is left with her naked infant she touches each part of his body with her fingertips.

Thirdly, during the first few days after delivery mothers often appear to overprotect their infants and become overanxious about crying and minor difficulties, such as those of feeding.

Fourthly, even in the first days of life babies mimic the facial expressions of others and can, for example, put out their tongues at them, providing "feedback."

Lastly, physical contact during breast-feeding and the presence of the baby next to the mother throughout the entire twenty-four hours also promote attachment.

Separation

Separation is sometimes unavoidable if, for example, the infant has to be transferred to another unit for surgery or the mother is receiving heavy sedation for hypertension. The mother is equally separated from her child when she is severely depressed but this may not appear so obvious.

In the past many babies were separated from their mothers for reasons that would not now be acceptable. Owing to doctors' anxiety infants were cot nursed after forceps delivery or, if they had prolonged jaundice, admitted to special care units even though they needed no special care. The number of nursing staff available on individual maternity wards will determine whether it is safe for a baby to remain with his mother, but no infant should be separated from his mother without good reason.

Difficulty in forming attachments

Some aspects of the history may suggest that a mother may have difficulty in forming an attachment to her infant and will need special help from nursing and medical staff. Particularly vulnerable are mothers who had poor maternal care in their own childhood, or who have had a request for an abortion rejected, or unmarried mothers who have not decided whether they want the infant to be adopted. If a previous infant was stillborn or died in the neonatal period or a close relative recently died help may also be needed. Special attention should be given to a mother under 17 or over 35 years of age and having her first baby.

When the baby is born the mother may refuse to handle or feed him and be more concerned with her own minor symptoms than the infant's care. Similar symptoms may be the first indication of a severe depression in the mother, and she may need psychiatric help.

Encouraging attachment

To encourage attachment the principle is to avoid unnecessary separation. Unless the infant requires special nursing he should be given to his mother in the labour room, even if an abnormality such as mongolism is present. Newborn infants are able to feed moments after birth even if the mother has received sedation, and the mother should be encouraged to put the baby to her breast if she intends to breast-feed. The infant should remain with the mother throughout the 24 hours of the day and be taken out at night only if he continually disturbs the other mothers in the room. Breast-feeding should be actively encouraged though this may take time and perseverance by both mothers and nursing staff. Mothers of preterm infants should be encouraged to express their milk and thus feel that they are actively contributing to the infant's welfare.

In special care units the atmosphere should make mothers feel that they are welcome at any time, and they should be encouraged to look at, touch, change, feed, and later breast-feed their infants. When the mother is about to visit a very sick infant the reasons for the use of special apparatus should be explained beforehand. A mother can usually visit her infant in the special care unit the day after a caesarean section by being wheeled in a chair by her husband.

If a mother fails to visit her infant for long periods after she has been discharged, an inquiry should be made whether any remediable reason such as lack of transport is responsible.

Before the infant is discharged from the unit the mother should remain with her infant in a room on the unit for at least 24 hours but longer if possible. This gives her an opportunity to gain confidence in her ability to cope with her baby, who recently appeared to be so fragile and needing expert nursing care to survive.

Teeth and teething

Although mothers consider that the eruption of the first tooth is a milestone in development, the age at which this occurs is of no practical importance. The first teeth to appear, at 6-12 months, are the lower incisors.

From the age of a few weeks infants normally put their fingers, and later anything else that comes to hand, into their mouths and mothers often wrongly ascribe this to teething.

Teething produces only teeth: it does not, contrary to common belief, cause convulsions, bronchitis, or napkin rash. Some mothers insist their infants are particularly irritable when they are teething, but it is important to examine the infant to exclude disease such as otitis media or meningitis before accepting the mother's explanation and giving paracetamol.

Dummies do not affect the growth of the mouth or teeth and there are no objections to using them, but they should not be dipped in honey. Severe dental caries also follows the use of "comforters" or "dinky-feeders," which are filled with fluid containing sugar.

Tetracycline or its derivatives should never be given to children less than 8 years of age as permanent brownish yellow staining of the teeth may occur.