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Mothers' perceptions of their premature infant's communication: A description of two cases

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ABSTRACT

Background: Survival rates of premature infants have increased due to advances in medicine. Premature infants however, remain at risk for developmental delays including communication difficulties. The bonding and attachment experiences of premature infants and their parents are often challenged, further placing these infants at risk for communication difficulties. This study firstly aimed to explore mothers' perceptions of their premature infants' communication. The second aim was to explore the mothers' perceptions of their own role in the communication development of their infants.

Methods: A descriptive, longitudinal study was conducted with two mother–infant dyads. Three visits took place in the first year of life. Subjective maternal reports were obtained through semi-structured interviews.

Results: Differences in the two mothers' perceptions were noted. The mothers described helping their infants to communicate through physical contact and talking. Risk and protective factors for early communication development are discussed in relation to the findings.

Conclusion: The findings support the need for a healthy mother–infant relationship in the first few months of life. Health professionals should support premature infants and their families after discharge in order to help them interact with their infants and encourage attachment and bonding.

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1. Introduction

Advances in technology have resulted in increased survival of preterm infants. More babies are surviving at younger gestational ages and with lower birth weights (WHO, 2014). Improved survival has led to an increase in subsequent neurodevelopmental difficulties, as infants with younger gestational ages are at higher risk of having medical complications.

In South Africa, health and economic factors mean that premature babies are even more likely to be at risk of developmental delays. This paper focuses on premature infants, defined as being born before 37 weeks gestation, and their early development of communication as perceived by their mothers, in the South African context. We apply a broad definition of communication, as being the sharing of intended meaning by two or more individuals, following Rossetti (2001).

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Having a premature infant can have a major impact on the quality of the child–parent relationship for a number of reasons. Firstly, infants cannot respond to parental expectations in the same way that full-term babies do. They tend to be less alert and responsive (Montirosso, Borgatti, Trojan, Zanini, & Tronick, 2010; Tallandini & Scalembrà, 2006). Secondly, mothers typically feel unprepared due to the early birth, which challenges the attachment process (Borghini et al., 2006). They face the stress of their baby being placed in the neonatal intensive care unit (NICU) immediately following birth. Parents have described the NICU as overwhelming and frightening (Leonard & Mayers, 2008). Thirdly, mothers themselves are at higher risk of exhibiting depressive symptoms in response to the stress of having a premature infant (Veddivi, Kenny, Gibson, & Starte, 2001). Depressed mothers show less positive parenting and have more difficulties in interpreting their infant's behaviours (Singer et al., 2003). Kritzinger and Louw (2003) described how some mothers of premature babies believed their infants were not able to see and hear at birth and were thus not responsive to their babies. In some cases, mothers were scared to bond with their babies in case they did not survive (Leonard & Mayers, 2008). Lastly, premature infants are at risk of presenting with feeding difficulties. Mothers of premature infants with feeding difficulties often perceive interactions during feeding to be negative and frustrating (Swift & Scholten, 2009).

The transactional model has been used to describe the impact of interactions on the development of a child (Sameroff & Fiese, 2000). The model describes how the way in which the caregiver interacts with the child influences the nature of the child's response, and the way in which the child interacts with the caregiver influences the caregiver's response (Keilty & Freund, 2005). It emphasizes that each child's development is influenced by unique risk and protective internal and environmental factors.

Perception of child vulnerability has been shown to have an impact on developmental outcomes at one year of age. Allen et al. (2004) suggested that parents often perceive their premature infants to be more vulnerable when compared to full-term peers. They may shelter their infants more, and provide fewer opportunities for them to become independent. Mothers of premature infants also provide less support, use a lower quality of vocalisations and choose less age-appropriate toys for their infants (Porter, Stern, & Zak-Place, 2009). The perception that their infants are vulnerable makes parents provide less positive interactions and fewer learning opportunities, which could in turn negatively impact the child's development.

Suttora and Salerni (2011) describe how mothers' communicative styles changes over time. Maternal speech was analysed for lexical and syntactic complexity and verbal productivity when preterm infants were 6, 12, 18 and 24 months corrected age, as well as the infants' communicative, motor and cognitive abilities. Maternal verbal input did not differ compared to term infants at those ages, showing that mothers of preterm infants provide the same type of verbal input. It was however noted that changes in verbal input were more influenced by the child's verbal and motor development. Preterm infants' motor skills and verbal output represented a cue for mothers to adjust their communicative style, showing

the dynamic interplay between infants' development and mothers' interactions.

The lack of or inadequacy of interaction between parents and a child can impair the establishment of bonding and attachment, which in turn can impact on the child's social, emotional, cognitive and language outcomes (Muller-Nix et al., 2004). Environmental factors can either serve as a protective or risk-perpetuating mechanism in the child's development. For these reasons, premature infants are at risk of facing difficulties with the earlier aspects of communication development. Fig. 1 shows how the transactional model can be applied to the developmental outcomes of premature infants.

Prematurity can contribute to communication difficulties that present from the first year of life and sometimes persist into the school years. Preterm infants have been reported to show poorer language comprehension and expression including vocabulary and narrative (Briscoe & Gathercole, 2001; Limperopoulos et al., 2008). Prevalence of hearing loss is higher in this population, and can negatively affect other areas of communication. Premature infants without neurological disabilities may also show signs of communication difficulties (Crosbie, Holm, Wandschneider, & Hemsley, 2011). The association between prematurity and communication difficulties involves a complex interplay of influences between the child and his/her environment (Lewis et al., 2002).

The Rossetti Infant Toddler Language Scale (Rossetti, 2005) is a criterion-referenced scale that used by Speech and Language Therapists (SLTs) and other health professionals to assess communication and interaction in children from 0 to 36 months. It focuses on: interaction-attachment, pragmatics, play, language expression and comprehension. Interaction-Attachment refers to the reciprocal relationship between caregiver and infant (Rossetti, 2005), e.g. a mother making eye contact in response to her child crying, which

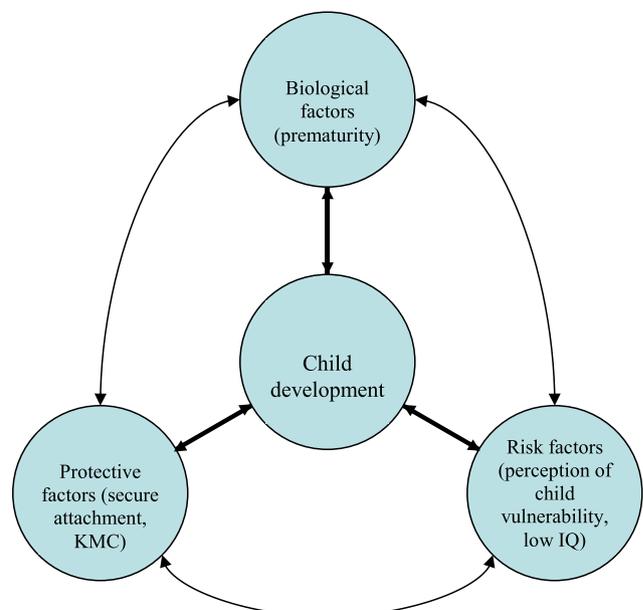


Fig. 1 – The transactional model applied to developmental outcomes in prematurity.

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