



How is maternal recollection of the birth experience related to the behavioral and emotional outcome of preterm infants?

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Received 19 October 2007; received in revised form 21 February 2008; accepted 21 February 2008

KEYWORDS

Preterm children;
Birth experience;
Parenting stress;
Behavioral problems

Abstract

Objectives: To investigate how mother's recollections of birth experiences and first contact with the newborn relate to the child's behavioral and emotional problems at five to six years of age.

Methods: The study included 28 mothers of preterm (birth weight ≤ 2500 g) and 39 mothers of full-term children, born in Tampere University Hospital in 1998. When the children were five to six years old, maternal recollections of the birth experiences were assessed using the Clinical Interview for Parents of High-Risk Infants (CLIP) and children's behavioral and emotional problems were assessed using the Child Behavior Checklist (CBCL).

Results: Mothers of the preterm children still had more negative recollections of the labor ($p < 0.001$) and first contact with the newborn ($p < 0.001$) than mothers of the full-term children. These recollections related to the child's behavioral and emotional symptoms when the child was five to six years old in the preterm group but not in the full-term group.

Conclusion: The impact of mother's birth experience seems to have long-lasting effects on the preterm child. This finding emphasizes the importance of early physical mother–infant contact and supporting the mothers of preterm infants, especially if they articulate negative or traumatic experiences related to the birth of their child.

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1. Introduction

An increased risk for behavioral and emotional problems during childhood has been frequently reported among preterm children compared to full-term children [1,2]. This

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increased risk has been explained by biological risk factors related to prematurity, but the psychological distress of the parents and separation of the mother from her infant has also been shown to be important [3,4]. Postnatal psychological distress of the mothers of a preterm infant may have an effect on the development of the parent–child interaction [5,6], may increase difficulties in maternal bonding with the infant [7], and may also have long-term effects on the parenting of the preterm child.

It is well known that the birth and hospitalization of a preterm infant is a stressful event for the parents [8,9]. The most common sources of stress during the hospitalization of the infant have been shown to be the alteration in the parental role and appearance of the fragile and sick infant [10,11]. The negative or traumatic birth experience may be one important source of psychological distress for mothers of preterm infants. Among all mothers, 6.8% reported a negative birth experience one year after the event, but negative birth experiences were more common among the mothers of preterm infants [12]. In all mothers, the prevalence of childbirth induced post-traumatic stress disorder has been estimated to be 2.8%–5.6% six weeks after birth [13,14]. The incidence of post-traumatic stress may be even higher among mothers of preterm infants [15,16]. Mother's negative or traumatic birth experiences have been shown to be associated with unexpected medical complications during labor, dissatisfaction with intrapartum care, feelings of lack of control during labor, feelings of intensive pain, and a lack of emotional and social support [12,14]. One important factor associated with the higher prevalence of negative or traumatic birth experience among mothers of preterm infants may also be the unexpected birth of the infant when the mothers are not psychologically prepared to have the infant. There are only few earlier studies on the long-term effect of the negative or traumatic birth experience on the well-being of the mother. In some studies, negative birth experiences or dissatisfaction with the delivery experience have been associated with postnatal depression [17,18].

The influence of mother's negative or traumatic birth experience on the later psychosocial outcome of the children has also been addressed in only few earlier studies. Negative or traumatic experiences of delivery have been associated with eating and sleeping problems in preterm infants [3] and complaints of colic in first-born infants [19]. It has also been shown that psychological distress of the mother has been associated with subsequent emotional and behavioral problems of the child [20,21].

In light of earlier literature it seems to be of critical importance how the mother experiences the birth of her infant. This may have long-term effects on the mother's well-being, on the developing parent–child relationship and on the behavioral and emotional development of the child. The first aim of this study was to investigate the differences in mother's recollections of the birth experience and the first contact with the newborn among mothers of preterm and mothers of full-term infants. The second aim was to investigate how these recollections relate to prematurity and to the visiting frequency of the mother during the hospitalization. The main aim of the study was to investigate how mother's recollections of her birth experience and the first contact with the newborn relate to the children's behavioral and emotional problems at 5 to 6 years of age both in preterm and full-term infants.

2. Methods

2.1. Procedure and participants

All preterm infants (≤ 2500 g and/or < 37 weeks) who were born in the Tampere University Hospital, in Finland in 1998 formed the study population ($n = 144$). Infants who were admitted to the neonatal intensive care unit (NICU) and who stayed there until discharge were included in the study (original sample, $n = 116$). Of the infants who were excluded from the study, 12 were admitted to another hospital before discharge, 10 had died, and six were excluded for other reasons, e.g. being adopted or being of foreign origin or current address being unknown. The control group consisted of the gender-matched full-term infants born directly after each preterm infant. Background information on the preterm infants (e.g. birth weight, gestational age, diagnoses), hospitalization of the infants (e.g. the length of the NICU period, the duration of ventilator treatment, supplementary oxygen and parenteral nutrition), and visiting frequency of the mother (visiting days per week) were retrospectively collected from the hospital records of the infants. All mothers were mailed a set of questionnaires when the child was four to five years of age (this part of the study is not reported here). The first inclusion criterion for the present study was completion of those questionnaires (83 mothers in the preterm group and 65 mothers in the full-term group). This group did not statistically significantly differ from the rest of the original sample either in the preterm or the full-term group, regarding the background variables listed in Table 1. The second inclusion criterion was being singleton born, since parenting of multiples is different from that of singleton borns and the full-term group would not have been comparable in this respect. Therefore, in the preterm group those children who were multiples ($n = 33$) were excluded from the study. In the full-term group an additional inclusion criterion of the child not being hospitalized during his/her lifetime was used (elicited in the questionnaire completed the mothers when the children were 4–5 years of age), leading to the exclusion of five hospitalized children. In addition, those children who had moved away from the Pirkanmaa Hospital District (three in the preterm group and four in the full-term group) and two children in preterm and three in the full-term group for other reasons (e.g. inadequately completed questionnaires or custody away from the biological parents) were excluded from the study. Thus, the final study group consisted of 45 mothers of preterm infants and 53 mothers of full-term infants. In the full-term group, the included mothers and children did not differ statistically significantly from the rest of those who fulfilled the first inclusion criterion. In the preterm group, the excluded children stayed longer in hospital ($p = 0.022$) but were in other respects similar to the included ones. A total of 28 mothers of the preterm children (62%) and 39 mothers of the full-term children (74%) participated in this study. Neither the preterm, nor the full-term participants did differ statistically significantly from the rest of the final study group.

The mothers of the final study group were invited by a letter to a research visit when the child was five to six years of age. If the mother did not respond to the letter, she was contacted by phone. The mothers who agreed to participate were allowed to decide whether the research visit should take place at home (67%) or at the hospital (33%). During the visit the researcher explained the procedure and the mother signed the informed consent form. The visit included an

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