

Infant's longterm health greatly affected by resolving mom's grief

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Having a baby prematurely can be traumatic experience for parents and is typically characterized by feelings of loss and grief that can persist for months after a baby is discharged from the hospital.

New research by the University of Michigan Health System and the University of Wisconsin shows that the degree to which a mother can resolve these feelings is thought to affect attachment between the mother and infant. That attachment has long-term implications for the infant's social and emotional development.

The findings of this study appear in today's online edition of the journal *Pediatrics*.

“[Mothers](#) with resolved grief following a preterm birth are three times as likely to have securely attached infants, compared with mothers with unresolved grief,” says Prachi E. Shah, M.D., assistant professor in the Department of Pediatrics and Communicable Diseases at the U-M C. S. Mott Children's Hospital.

Adapting to having a preterm infant can be similar to adapting to having a child with a chronic illness, Shah adds. Resolving grief might mean that the mother has to adjust her expectations and hopes for her child in the face of uncertainties, and mourn the “hoped-for child” while still embracing the child she has, Shah says.

In this study, researchers focused on 74 [infants](#) born prematurely (at 36

weeks or less) and their mothers, who were part of a larger study of high-risk infants conducted by Julie Poehlmann, Ph.D., professor of Human Development and Family Studies at the University of Wisconsin. They analyzed multiple factors to determine the impact that unresolved grief would have on a child. These included an assessment of neonatal and socioeconomic risks at the time of discharge from the neonatal intensive care unit; an assessment of maternal depression and verbal skills, an interview exploring the mother's reaction to her preterm birth, the quality of parenting at 9 months; and infant-mother attachment at 16 months.

Previous studies have looked at resolution of grief and mother-infant attachment in cases of chronic illness and disability. Resolution of grief following a preterm birth has not been previously studied and was the focus of this investigation, Shah added.

“When a baby is born prematurely, the developmental prognosis is often not known for many years - it evolves over time,” Shah says. “How the parent adapts to the birth of a preterm infant has implications for the infant's attachment security, which can influence social-emotional development over time.”

The study found that resolution of grief was not predicted by maternal age, education, socioeconomic status, depression, verbal ability, marital status, the child's gender or race, whether it was a multiple birth, or length of hospitalization, she says.

In addition, the study found that the degree of prematurity and the health of the prematurely born infant did not predict a mother's resolution of grief. “Whether the infant was born very preterm versus slightly preterm, or whether the infant had many medical complications or was relatively healthy did not predict which mothers resolved their grief,” Shah says.

“Because mothers of healthy preterms were just as likely to have unresolved feelings of grief after preterm birth as mothers of sicker preterms, it suggests that the experience of trauma and grief following a preterm birth is very individual, and difficult to predict.” Shah says. “The good news is that for mothers who are able to resolve their feelings of grief following a preterm birth, those infants are three times more likely to develop a secure attachment. In addition, mothers who demonstrated more positive interactions with their infants were also more likely to have securely attached infants.”

Shah says this study highlights that a mother’s adaptation following a preterm birth influences an infant’s later social-emotional development, and that maternal resolution of grief following [preterm birth](#) may be an area for pediatric providers to explore in the context of neonatal followup visits.

More information: The study can be found in today's edition of *Pediatrics*. Reference: [doi:10.1542/peds.2010-1080](https://doi.org/10.1542/peds.2010-1080)

Provided by University of Michigan

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