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Attachment forerunners, dyadic sensitivity and development of the child in families with a preterm born baby

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Abstract

Objective: The aim of this study is to explore attachment forerunners and dyadic sensitivity in the family with preterm born child.

Methods: 89 families, 35 with preterm born children (≤ 1500 gr.) and 54 with term born babies (≥ 2500 gr.) were studied from 3 months to 1 year corrected age (267 total subjects). Mother-child and father-child couples were subjected to *CARE-Index* and both parents to DAS, CES-D and STAI Y-2. The child's psychomotor development was assessed by *Bayley Scales*.

Results: The mothers of preterm children presented high risk interactive behaviors at *CARE-Index* (low scores at Dyadic Sensitivity Scale, $p = .000$), high anxiety ($p = .003$) and depression ($p = .03$). Preterm fathers presented low scores at Dyadic Sensitivity Scale ($p = .000$) and high anxiety ($p = .024$). In interaction, attachment forerunners suggest an insecure attachment in preterm mothers ($p = .001$) and fathers ($p = .000$) and in preterm children in the interaction with the mother ($p = .028$). These risk factors were correlated, in both parents, with low performance of the child at *Bayley Scales* ($p = .04$). Fathers of preterm children presented also a negative perception of the child and an unsatisfied perception of the hospital care.

Conclusions: The results show in the preterm family that 40% of mothers and 75% of fathers are in high risk area suggested by *CARE-Index*. In these cases, insecure attachment forerunners, low dyadic sensitivity and psychological difficulties (couple conflicts, anxiety, depression) seem to influence the psychomotor development of the preterm child.

In the family with a preterm birth child, the couple interaction and the relationship between parents and children are complex. Studies in this field have investigated in detail the influence of preterm birth on the psychological and somatic development of the baby, on the emotional state of the mother and on her complex relation with the child. Currently, the most recent research is focusing on how preterm birth involves the entire family, and therefore psychological assessment has shifted to study of the mother-father-child triad (Tracey 2000; Jackson et al. 2003).

Empirical research has evidenced how in the perinatal period the mother's and father's emotional states are significantly correlated. In particular, fathers whose companions have undergone affective post partum disorders show greater levels of anxiety, depressive symptoms, irritability, and tendency to somatic complaints and worry about their own health and paternal role up to the fifth month of pregnancy (Baldoni, Baldaro, Benassi 2009). Moreover, in the perinatal period, fathers themselves may also suffer from affective disorders similar to post partum depression with a frequency ranging in the world from 2% to 31.3%, with a mean of 10.4 % in 2010 (Paulson, Bazemore, 2010; Baldoni, Ceccarelli, 2010). The symptoms of *Paternal Perinatal Depression* (PPD) differ from those of Maternal Perinatal Depression (MPD), the symptoms are less severe, the disorders are less definite and range from neurotic reactions of restlessness and sadness to melancholy, through states of impotence, desperation, discomfort and somatic complains. Empirical research has found a significant correlation between PPD and MPD (Soliday et al., 1999; Matthey et al., 2000; Buist et al. 2002).

The traumatic experience of preterm birth, the anxiety for illness and death, and the early and prolonged separation from the baby are psychologically stressful and dangerous events for the family. In these situations the family attachment system will be activated, specially in the parents who will react on the basis of their Internal Working Models (IWM). Therefore, they will express adaptive and defensive reactions that could influence the development of infant attachment.

Research on families with preterm children evidenced how, in the first years, the style of parental attachment seems especially important in the subgroup of newborns at high risk: a sensitive mother with secure attachment, able to receive and respond to the child's needs, seems to have a positive influence on the development of these newborns. Likewise, parents who are little responsive and not flexible seem to have negative influence on these preterms at high risk whose linguistic and cognitive capacities, in the first year of life, are lesser than those of term born babies (Minde 2000; Coppola, Cassiba 2004).