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Interaction Coaching and Holistic Obstetric Nursing Care

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Interaction Coaching and Holistic Obstetric Nursing Care

“I could not get my fill of looking. There should be a song for women to sing at this moment or a prayer to recite. But perhaps there is none because there are no words strong enough to name that moment.”

— Anita Diamant, *The Red Tent* (170)

In this passage from *The Red Tent*, Anita Diamant is describing her first experiences with her newborn, not in her imagination or on an ultrasound screen, but in her arms after his birth. Women from the dawn of human existence have responded to the experience of motherhood with joy, gratitude, and a sense of empowerment. The bond between mother and child is one that has been studied extensively throughout history. This connection is completely unique, unparalleled by any other relationship. The quality of this singular relationship has ongoing consequences, setting the infant's psychosocial and cognitive development on a healthy track, or in extreme circumstances, derailing it permanently.

Optimal neurological development of the infant requires an intricate balance of neurological chemical surges initially signaled by maternal interaction and continued

through the prompt meeting of the infant's physical and emotional needs. Surges of oxytocin, as well as other positive biochemical influences balance with cortisol, also known as the 'stress hormone'. The quality of the infant's environment and the care he receives on a regular basis has a huge impact on the developing nervous system, which encompasses varying degrees of behavioral and psychosocial responses to possible environmental challenges. In the case of a mother who is given emotional support throughout the birthing process, has enjoyed skin to skin contact in the first hour of her child's life and accomplishes optimal continuous bonding with her infant, the newborn's environment is more likely to be one of close physical contact, consistently met physical needs, and developmentally appropriate stimulation. This child will, as a result, have relatively low levels of cortisol and higher levels of oxytocin, thus allowing for optimal neurological development. In an environment of consistent physical or emotional deprivation, however, an infant not only receives less benefit from surges of oxytocin, but suffers from increased amounts of stress hormones. In *The Neurobiology of Stress and Development*, Megan Gunner communicates the results of her research on the relationship between elevated levels of stress hormones and their particularly damaging effects on the neurological development of the infant. Ms. Gunner's research showed that neurological damage was great "particularly when experienced during periods of rapid brain development", or within the first 3 months of life. In the article *Stress in*

Infancy, Linda Folden Palmer, D.C. stated that “the hippocampus, a structure important in learning and memory, is one brain site where development is affected by stress and bonding hormone levels. The level of the stress hormones circulating in an infant affects the number and types of receptors here. It has also been demonstrated that nerve cells in the hippocampus are destroyed as a result of chronic stress and elevated stress hormone levels, producing intellectual deficits as a consequence.”

The long term effects of dysfunctional infant bonding become increasingly evident as the child ages. John Bowlby was a psychoanalyst who believed that the mutual neurochemical communication and consequent relationship between mother and child during the first five years of life was critical to the development and appropriate socialization of the child. *Bowlby's attachment theory*, as described by Saul McLeod was based on the 44 Thieves Study. The experimental basis for the theory studied 44 adolescent offenders in a child guidance clinic. Bowlby's aim was to study maternal deprivation to find whether his group of subjects had a higher prevalence than non-offenders in the same age and category. The study included a control group of 44 adolescents who had not committed any crimes. The results of his study concluded that more than half of the child offenders, as opposed to 2 adolescents in the control group, had reported deprivation of maternal attachment during the first 5 years of life with 36% of that half exhibiting what Bowlby called 'affectionless psychopathy, meaning that they were “unable to care about or feel affection for others.” In thinking of the experiences of infant, toddlers, and young children, it can be postulated that these children may have

ceased in their attempt to find comfort in others in an effort to avoid further disregard. In a literary review of *Developmental Problems of Maltreated Children and Early Intervention Options for Maltreated Children* by Crystal Wiggins, in infants and children “younger than the age of 3” who do not experience “responsive relationships” there is seen a stark increase in “poor emotional comprehension, heightened arousal to negative emotions, increased expression of negative emotions, increased evidence of insecure attachment in later relationships, and poor peer relations and social competence.” Thus, according to this research, it can be concluded that separation between mother and infant interrupts the development of the maternal bond necessary for healthy growth and development.

Practices within the last century have, inadvertently, lent themselves to encourage separation of new mothers and their infants. In the early 1900’s, advances in medicine resulted in the use of general anesthetic on a large proportion of laboring mothers who chose to give birth in hospitals. These mothers were unable to care for their infants after birth, and often separated for the first 24-48 postpartum hours due to hospital policy and poor understanding by medical professionals. This practice resulted in the first hospital nurseries, where parents could only see their child through a plate of glass. This continued as routine practice until Dr. Thomas Brazelton, noted pediatrician and author of the Neonatal Behavioral Assessment Scale (NBAS), published a groundbreaking study demonstrating the damaging effects of general anesthesia on the newborn infant. In response to Brazelton’s study, hospitals began to decrease their use

of general anesthetic during uncomplicated childbirth. The change led to mothers being alert and able to interact with their infants soon after birth. The progress from unnecessary, medically directed separation to immediate skin to skin contact between mother and infant took decades of evidence based research and practice.

Mothers and infants at risk for delayed or dysfunctional bonding include those with separation due to medical necessity, mothers with poor understanding of their infant's needs, mothers who experienced a traumatic delivery, those suffering from postpartum depression, and those who deeply doubt their abilities as a new parent. Teenage mothers and mothers of lower socioeconomic class may also be emotionally ill-equipped due to their own unmet physical and emotional needs.

The moment of birth represents the first chance for medical staff to foster and encourage bonding between the at risk mother and her newborn. Within the past few decades it has slowly become common practice to place a newborn skin to skin with his mother immediately after birth. Evidence has shown that immediate skin to skin contact has a huge impact on both mother and baby. The newborn infant must rapidly adjust to life outside the womb in order to survive. Skin to skin contact with the mother in the first hour after birth has shown to support the newborn's body temperature regulation, breathing, heart rate, as well as trigger initial surges of oxytocin and other beneficial neurochemicals, facilitating a calm transition to extrauterine life. At the other end of this two way connection, the mother's internal responses to her infant are no less significant. Surges of oxytocin in the mother's central nervous system not only induce feelings of

calmness and contentment but also serve decrease bleeding in the immediate postpartum period by inducing mild uterine contractions while breastfeeding. Skin to skin contact with her infant has also demonstrated an increase in a mothers feeling of competence in herself as she experiences her abilities in calming her infant with her touch. The nurses role when caring the at risk mother initially includes education and encouraging contact with her infant. In *Kangaroo Mother Care and the Bonding Hypothesis* Réjean Tessier investigated the affects of kangaroo mother care (KMC) in family climates at risk for inconsistent caregiving due to premature birth. A randomized controlled trail was conducted on 488 infants of varying socioeconomic status, birth weight, and health status. Ongoing bonding assessments and observations were recorded on mothers and babies in a KMC group and in a control group of mothers whose infants were cared for within incubators. The results of the study showed an observed “change in the mothers' perception of her child, attributable to the skin-to-skin contact in the kangaroo-carrying position. This effect is related to a subjective “bonding effect” that may be understood readily by the empowering nature of the KMC intervention. Moreover, in stressful situations when the infant has to remain in the hospital longer, mothers practicing KMC feel more competent than do mothers in the control group.” Overall, the study showed “mothers practicing KMC were more responsive to an at-risk infant”, suggesting that these mothers had a greater inert understanding of their infant’s needs and confidence in their own abilities to meet those needs.

The American Holistic Nurses Association (AHNA) describes holistic nursing as “all nursing practice that has healing the whole person as it’s goal”. In the case of the at risk mother, nursing can not only focus on the physical health of the mother and infant, but also on giving the entire family the best start through interaction coaching. The inclusion of skin to skin contact immediately after birth has become more mainstream in the past decade, as has an increased focus on breastfeeding support, the practice of keeping mom and baby together during their hospital stay, and including the father’s participation in care throughout the childbirth process. These evidence based practices have proven to have dynamic consequences on healthy outcomes and increased well being for families. In at risk populations, however, these interventions may not go far enough. A study published in the *Journal of Obstetric, Gynecology, and Neonatal Nursing*, *Nurse Home Visits Improve Maternal/Infant Interaction and Decrease Severity of Postpartum Depression* described the effectiveness of ongoing nurse home visits and bond coaching in mothers with postpartum depression. June Andrews Horowitz randomly assigned mothers to treatment or control groups and maternal/infant interaction was video recorded at four intervals during the first postpartum year. Mothers were visited by nursing staff and were coached in their interactions at 6 weeks, 3 months, 6 months, and 9 months. Results for the treatment groups showed “significant increases in quality of mother/infant interaction and decreases in depression severity. Qualitative findings indicated presence of the nurse, empathic listening, focused attention and self-reflection during data collection, directions for video-recorded

interaction, and assistance with referrals likely contributed to improvements.”

Increases in training and additional staff to promote early interventions in at risk families are necessary to fully support the at risk mother throughout her transition into motherhood. State and local funding would be required to enable interaction coaching, early postpartum intervention in hospital and sequential home visits by nursing staff for at risk mothers. Though this is unlikely without an increase in evidence based studies, interaction coaching could not only decrease the severity of postpartum complications, but decrease the need for further professional medical and psychological services for at risk mothers and their infants. A modification of teaching methods and increased educational resources for nurses and lactation consultants could further increase the quality of outcomes for mothers and infants at risk for delayed or dysfunctional bonding by giving these health professionals increased abilities to meet the needs of patients, hospitals would likely see an increase in infant health and maternal wellbeing.

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