

EMPOWERING NEWBORN FAMILIES: THE DEPRESSION FACTOR

by Maureen O'Brien, Ph.D., Director of Education

The image of a depressed mother, unable to interact with her infant in a sensitive, nurturing manner, is one that is tough for anyone to bear. This is particularly true because decades of research have shown how critical the first weeks are for laying a solid foundation for healthy parent-infant relationships. From breastfeeding rates to attachment status, postpartum depression can absolutely put infants' future physical and mental health at risk, if undiagnosed or unresolved. Some studies show that symptoms of depression have been found in babies as young as four months old! If the depression is treated and lifts, of course, the babies' outcomes improve as well.

What is a professional caregiver to do to help mothers and babies navigate this challenging period? At least part of the answer depends on how seriously society and government agencies take the problem. Having a network of services that can support the new family during the perinatal period is key, as well as financing of effective programs that are proven to improve parent-infant relationships. There are several models of programs that show a demonstrable difference in outcomes when the right assessment, evaluation and treatment are put in place in the first few months of life for both the mother and the baby.

At the individual level, caregivers need to have a heightened awareness of the signs and symptoms of maternal depression, even when it begins prenatally. (Nearly 50% of mothers who are depressed prenatally suffer from postpartum depression as well.) Caregivers also need to discriminate the baby-blues so prevalent in the first week of life from full-fledged maternal depression, which is estimated to occur in up to 15% of new mothers.

Helplessness, self-doubt, and a sense of overwhelming sadness are the hallmarks of depression. Mothers who experience these feelings after having their newborn often feel guilty that their experience doesn't match the expectation they (and others have) of immediate bonding and joy after childbirth. Perhaps the most effective way professionals can intervene is to help give the new mother – and father – a greater sense of understanding of their baby's needs and strategies to increase their sense of control.

This is precisely the approach taken by the Dunstan Baby Language system. By teaching new parents to identify and act on the 5 essential sounds of this universal baby language, the system empowers families in a matter of hours. Dunstan families report that their new understanding of their baby's cues has lifted their sense of confidence. Importantly, this tool is equally as effective at involving dad as a primary caregiver, rather than an auxiliary parent. As one father put it:

"You're that lost when you first have a baby. They don't come with any guidebook or anything. When we tried this, it was like, 'oh wow. This is a bit exciting. It works!"

RESEARCH SUMMARY:

Initial research confirms that the Dunstan System can positively impact many factors that accompany maternal depression. After studying over 400 (US and Australian) families who were divided into test and matched control samples, some exciting results emerged. Using standardized measures, data showed increased maternal self-esteem, decreased parental stress, and increased perceived settling of the infant. With over 86% of families completing the 4-week, longitudinal study, these results are promising indicators of how educating new parents about the meaning behind their newborn's crying can have significant results in a short time-frame. A future goal is to replicate these findings in families where maternal depression is an identified factor.

Whether a family is grappling with postpartum depression or struggling with everyday parenting emotions, there is no doubt that key variables — stress, perceived competence, and self-esteem — are the ones we aspire to change. As anyone who cares for families in the newborn period can attest, the more tools available to get the parent-infant relationship off to the best possible start, the better!

References: Improving maternal and infant mental health: focus on maternal depression. National Center for Early Childhood Education Health Policy, July 2005, www.zerotothree.org, www.dunstanbaby.com.

EMPOWERING NEWBORN FAMILIES: AVOIDING SHAKEN-BABY-SYNDROME

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In bright daylight, when we're feeling rational, it's hard to imagine someone shaking a helpless infant or slamming a baby down onto a floor or table. But in the middle of a sleepless night, or after hours of non-stop crying, formerly loving caregivers have been known to snap. In any given year, there are nearly 50,000 estimated cases of shaken baby syndrome (SBS) and approximately 2,000 deaths, with most cases occurring between the ages of 3 and 8 months. Since young infant's necks need support, violent shaking causes pressure that can burst blood vessels, damage nerves and cause brain swelling. Sadly, the consequences of these actions can be severe for baby – brain damage, loss of vision, even death in up to 25% of cases.

WHY DOES IT HAPPEN?

While the common perception of SBS is a one-time, explosive event, the reality is often different. By the time the child's case receives medical attention, there have likely been multiple incidences of shaking or other abuse. Risk factors for SBS read like a laundry list of the emotional environment of the overwhelmed parent: stress, lack of sleep, isolation, helplessness, misdirected anger & frustration. Research has shown that the pattern of incidence of SBS mimics the "normal crying curve," starting at 2-3 weeks, with a clear peak, and declining around 6 months. Sadly, the perpetrator is most likely a trusted caregiver of the baby. Indeed, between 65 and 90% of the time, the adult who causes the injuries is the dad or mother's boyfriend. Why would someone hurt one so young? One UK study of men who'd been prosecuted for the deaths of infants showed they had "unreasonable expectations and low tolerance levels for normal childhood behaviors." This gives us insight into how providers can intervene and hopefully lessen the incidence of future tragedies.

THE ROLE OF THE PROVIDER IN PREVENTION

By the time a family enters the Emergency Room with a baby with severe head injuries, the opportunity to positively intervene has long passed. Often, a review of cases of babies with SBS show a pattern of "silent injuries" which are less obvious. Symptoms such as vomiting, listlessness, fussiness and not feeding well can be the first signs of a problem. Providers need to listen carefully to parental reports of the experience of caring for the baby. They need to ask about the emotional and coping skills of the caregivers as well as the stressors and support in the household. The interactions between the couples can provide a hint of the relationship – do the parents seem in sync or inconsistent, is their anxiety mixed with fear or anger? Is there a history of domestic violence, which can also be present in SBS cases? Instead of steering clear of such difficult territory, it is the obligation of the health care provider to assess the effectiveness of the caregivers to deal with the ongoing stress of adjusting to life with a young infant. Seeing every visit with a new family as an opportunity to provide resources is key!

Perhaps no other infant behavior elicits such a strong emotional reaction than crying does. At the same time, an inability to stop the crying often reduces parents and others to despairing tears of their own. Besides listening, providers should have at their fingertips information on supportive programs and agencies that are geared toward the unique stressors of parenting. In order not to resort to drastic measures such as striking or shaking an infant, parents need to feel able to deal with excessive crying in particular. Because the Dunstan System focuses so intently on what a baby is trying to communicate pre-cry, it is the ideal tool to help parents understand their baby's needs and act appropriately before the situation escalates. Its step-by-step, video-based instruction has proven to be highly effective with new fathers, which makes the Dunstan System a wonderful resource for the precise population most likely to shake a baby.

Certainly, educating parents ahead of time of the risks of shaken baby syndrome is an important avenue to pursue. Even better is to give them strategies and visual guides of how to handle the crying that will inevitably engulf them in the first few months. Decreasing their sense of isolation by knowing they're not alone, that other parents also struggle with their ability to calm their crying infant, and giving direction about how to handle their own emotions are a gift we can give every newborn family. With education and tools come change. Arming ourselves with every possible resource that may reduce the incidence of shaken baby syndrome is one active step all providers can take.

Shaken Baby Syndrome

National Child Abuse Hotline in US and Canada 1-800-4-A CHILD or 1-800-422-4453

Parental Stress Hotline (24 hour hotline): 1-800-632-8188

EMPOWERING NEWBORN FAMILIES: DAD AS AN INTEGRAL PARENT

by Maureen O'Brien, Ph.D., Director of Education

A generation ago, one would be hard pressed to find a popular book dedicated to the monumental transition of becoming a dad. Nowadays, “dad books” and programs are everywhere. Society’s view of fatherhood has certainly evolved, in part due to demographic changes (more women in the workforce, more shared custodial arrangements in divorced families, etc.) Research on fathers, pioneered in earnest in the 1970’s & 80’s has also come to appreciate the complexity of becoming a dad in the wider family system.

THE IMPORTANCE OF DADS

What began as a deficit model – was a dad present or absent in a family – has morphed into an appreciation of the importance of the transition to fatherhood for all involved. More practical for parents and providers is how dad’s attitudes towards fathering relate to his actual involvement in his baby’s life. Different kinds of father involvement have been catalogued and classified, usually into 2 main areas: “instrumental” tasks (such as changing, feeding, and bathing) and affective tasks (such as playing or reading to his child). What matters is not just the amount of time spent with the child, but the quality of the experience of fathering.

PROMOTING COMPETENT FATHERING

Bradford and Hawkins suggest that we think of fathering as a developmental process, learned over time, and nurtured by the intimacy and commitment in the marital relationship. This fits with other research demonstrating that the father-child relationship (more than the mother-child relationship) is affected by the sense of alliance with the spouse, marital conflict and by low marital satisfaction. These results provide compelling evidence for why professionals who work with two-parent families should focus on shoring up the co-parenting alliance as early as possible.

Addressing prenatal expectations should be incorporated into family work. One recent study (Cook et al, 2005) measured dads-to-be’s expectations of their role and their actual caregiving behavior in the early postpartum months. It turns out that dads’ expectations of their caregiving did predict and motivate their level of actual involvement with the baby. Interestingly, however, mothers’ traditional attitudes sometimes led to gatekeeping, resulting in reduced dad involvement in some families.

REDUCING ‘GATEKEEPING’

We now know that dad’s competent involvement involves ‘a balancing act’ between each parent’s expectations. As providers, then, we should utilize resources that capitalize on dad’s willingness to be a caregiver. Mothers’ gatekeeping behavior often stems from a sense that she can address her baby’s needs in a way no one else can. But this self-imposed burden often backfires, especially when faced with her infant’s distressed crying.

Our research with the Dunstan System has shown several promising results (reduced stress, increased sense of parental self-esteem) that work for the family as a whole. Format-wise, the DVD format is designed for joint learning. Listening and consistently responding to the infant’s verbal cues of the young infant is the goal. Both mom and dad are applying the same skills at the same time, based not on their ‘parenting style’ but on the infant’s developmental need. The accompanying behavioral chart is included as a ‘time diary’ that both mom and dad can fill out. (Other studies have likewise shown that fathers prefer parenting education programs with active participation.) Such an immediate, united and task-specific approach can help lift dad’s sense of competence and involvement while simultaneously reducing mom’s fears of inconsistent caregiving.

DAD AS PARTNER

While the transition to fatherhood makes us think of the dad-baby relationship, there are also inevitable adjustments to the co-parent relationship. It is common for a modest drop in marital satisfaction to accompany the transition to parenthood. Again, though, father involvement may play a positive role. One study showed that the drop in marital satisfaction was less when the father was more involved in caregiving in the first 9 months. When you factor in employed moms, the relationship between father involvement and partner satisfaction gets more complicated (cited in Lee & Doherty). It is important to keep such variables in mind when identifying and dealing with dad’s role.

When Freud stated, “I cannot think of any need in childhood as strong as the need for a father’s protection”, he rightly recognized the unique role of a dad. Professionals today know that empowering dad means treating him as a member of the larger family system—dad as caregiver, dad as playmate, dad as co-parent, dad as partner. For the benefit of the family, it is no longer enough to address just what a father “does” with his baby. It is equally important to help him discover how he feels and how he thinks of himself as a dad. From day one.

References: Fathering: A Journal of Research, Theory and Practice about Men as Fathers; Journal of Marriage and the Family
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