Note:

This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach.

Information in this statewide guideline is current at the time of publication.

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials.

The clinical material offered in this statewide standard/policy provides a minimum standard, but does not replace or remove clinical judgement or the professional care and duty necessary for each specific patient case. Where care deviates from that indicated in the statewide guideline contemporaneous documentation with explanation must be provided.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for:

- Discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes the use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements
Introduction
Infant development is organised in the context of early relationships so understanding risks for infants must include an understanding of parent infant relationships. A biopsychosocial framework will ensure a focus that addresses these and wider social and cultural factors. Identifying parental vulnerabilities and strengths will help target interventions and help strengthen existing protective factors. Early identification and referral to specialised personnel may be appropriate.

Definitions
Parent infant relationship refers to the connection or bond created between the parent and infant through the exchange of behaviours and emotion communicated between both parties.

Literature review
The essential aim of parent infant assessments, whatever the context or setting, is to identify and understand the issues and problems facing the family in order to assist them in maximising the parenting capacity and hence the development of the infant.

There is increasing evidence that the experience of infants in the early years of life have direct and indirect effects on their developmental trajectory. Central within this interplay is the quality of the infant caregiver relationship. A parent’s response to an infant’s skills and abilities and indeed presence will directly influence how these competencies are further expressed. It becomes crucial then to be able to observe and include information about this aspect of the infant’s world.

Risk factors
- Past unresolved trauma
- Interruption of maternal-fetal preoccupation in the antenatal period
- Mental illness, drug and / or alcohol addiction
- Traumatic birth experience
- Past terminations, miscarriage or death of a child
- Infant’s health status and characteristics e.g. preterm birth, gender, physical health

Perinatal assessment
The Louis Macro (adapted format) can be used to guide observations and should include an assessment of the

- Parent’s ability to safely care for the infant
- Parents ability to provide appropriate physical care
- Parents ability to provide appropriate emotional care
- Infants characteristics
- Parents’ mental state
Some possible questions might be:

- How are things going with your baby? (How are they sleeping / feeding / interacting? How is that for you?)
- How are things going between you and your baby?
- Do you feel happy with the relationship between you and your baby?
- Do you feel confident with your baby?
- Some people find it hard to connect to / relate to / understand their baby. Has this ever been a problem for you?
- What do you enjoy most about your baby? (If they struggle to identify anything this should alert you to problems in the relationship)
- Does your baby make you feel anxious? (If so when? In what way? What thoughts do you have?)
- Do you ever wish you had not had your baby or that your baby would go away?
- Have you ever felt angry with your baby?
- Have you ever felt like shaking your baby? Or shouting at your baby? (If yes ask if they have ever done this).

Some mothers with perfectionist traits and a highly developed sense of responsibility may overstate their shortcomings in relation to their baby. If you suspect this you may be able to clarify the reality by asking about specific situations in detail. It is also advisable to ask the partner how they view the relationship between mother and child.

Adapted from [http://www.mothersmatter.co.nz/Medical-Info/Parent-Infant-Relationship/](http://www.mothersmatter.co.nz/Medical-Info/Parent-Infant-Relationship/)

Other factors to assess

Stressors on and supports for the parent infant relationship including:

- The extended family
- Housing
- Financial concerns
- Domestic violence
- Substance use
- Access and use of community services

What to do next

- May depend on severity, timing e.g. pregnant / postnatal (see below) and location / availability of services
- Empathic listening and support will be appropriate and sometimes sufficient
- Using a biological, psychological and social framework will provide structure for referrals e.g. medical / mental health if significant level of mental illness, psychology referral or social work with specialised parent-infant or family work where more severe problems and availability of specialists
Antenatal care

> Ensure early involvement of social worker
> When difficulties are identified in the antenatal period there is an opportunity to build the relationship between the parent and unborn infant through supporting maternal preoccupation with her unborn child.
> Health care workers may help the mother to focus on the growing baby and perhaps process difficulties that impact on the forming of the relationship, by for instance talking to the woman about her baby⁴, and encouraging her to attend ultrasound appointments⁵, preferably with a partner or friend so that further discussion of the fetus is more likely to occur.
> If it is clear that difficulties identified by midwives or in primary care settings that ongoing difficulties are not resolving, input about psychosocial issues or more specialised mental health service involvement may be of benefit.
> Referral to specialised perinatal services is possible at metropolitan public hospitals in Adelaide, and staff at Helen Mayo House on 0883031451 (office hours) can advise on private referral in urban areas.

Antenatal case conferencing

> Women identified as a high risk to their baby should have early referral for multidisciplinary case conferencing
> A coordinated approach to the issues that may create stress on the development of a normal parent infant relationship in the postpartum period is vital (e.g. homelessness, poor attendance for medical care, lack of facilities and planning to take the baby home, previous children removed from care through Families SA involvement)

Mandated notification

> Whilst legislation does not protect an unborn fetus, Families SA (Child Protection) should be notified of an imminent high-risk birth through the Child Abuse Report Line (telephone: 131478)
> Staff who are mandated notifiers (see appendix I) under Section 11 of the Children’s Protection Act 1993 have a legal obligation to make a notification to the Child Abuse Report Line (CARL) when they develop a suspicion that an infant is at risk of being abused or neglected

Postpartum care

> Collaboration between midwives and perinatal mental health services may be important to ensure that concerning parent infant relationship are monitored and that the infant is provided with sensitive care from her primary caregiver.
> When significant difficulties arise mother infant therapy may be required to assist in the development of the bond.
> Public and private infant mental health services are available in Adelaide and some rural settings. Information may be obtained through Helen Mayo House on 0883031451 in office hours
References


Useful websites
Post and antenatal depression association Available from URL: http://panda.org.au
Abbreviation
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Appendix I Mandated notifiers

**Mandated Notifier** - Individuals required to notify suspicions of abuse under s.11 (2) of the Children’s Protection Act 1993 (SA) Proclaimed 31 Oct 2006); including, but not limited to:

- A medical practitioner
- A pharmacist
- A registered or enrolled nurse
- A dentist
- A psychologist
- A police officer
- A community corrections officer
- A social worker
- A minister of religion
- A person who is an employee of, or volunteer in, an organisation formed for religious or spiritual purposes
- A teacher in an educational institution (including a kindergarten)
- Any other person who is an employee of, or volunteer in, a Government department, agency or instrumentality, or a local government or non-government organisations, that provides health, welfare, education, sporting, recreational, child care or residential services wholly or partly for children, being a person who:
  - (i) is engaged in the actual delivery of those services to children; or
  - (ii) holds a management position in the relevant organisation the duties of which include direct responsibility for, or direct supervision of, the provision of those services to children
Version control and change history

**PDS reference:** OCE use only

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