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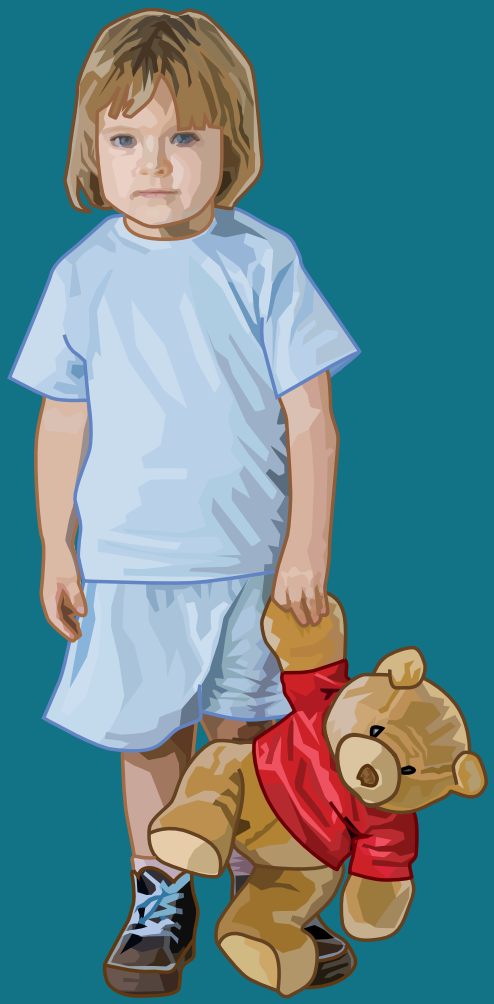


INFANT MENTAL HEALTH
DEVELOPING POSITIVE EARLY ATTACHMENTS

AIM

To provide a starting point for health and other professionals in Scotland to develop their knowledge about and confidence in supporting families to promote positive infant mental health and develop secure early attachment relationships.

AUDIENCE – LEARNER

The resource aims to raise awareness, knowledge and confidence among a range of professionals and people who work with young children and families. This includes:

Foster carers, family support workers, social workers, nursery nurses, early years educators and support workers, teachers, Health visitors, neonatal nurses, children's nurses, midwives, family nurse partnership nurses, Allied Health professionals working with young children, paediatricians, psychologists, mental health teams and support workers and students of all these professions.

LEARNING OUTCOMES

After completing the resource and undertaking other learning signposted in the resource, learners will be able to:

- Describe and define infant mental health and attachment relationships
- Discuss factors that shape and influence the development of infant mental health and early relationships
- Describe a range of approaches to promote the development of positive relationships and to observe and assess parent-infant attachment
- Recognise developing problems with attachment and instigate appropriate responses to address them
- Describe their particular roles in infant mental health and promotion of positive relationships and how this fits within the wider health and social care system
- Link their learning about infant mental health with implementation of current Scottish policy, including the Children and Young Peoples Act and the principles of GIRFEC and the national practice model.

THE APPROACH

This resource has been developed by a multi-agency group of professionals, supported by service users.

As we set out on this piece of work we recognised the wealth of resources available on this topic and did not want to reinvent the wheel

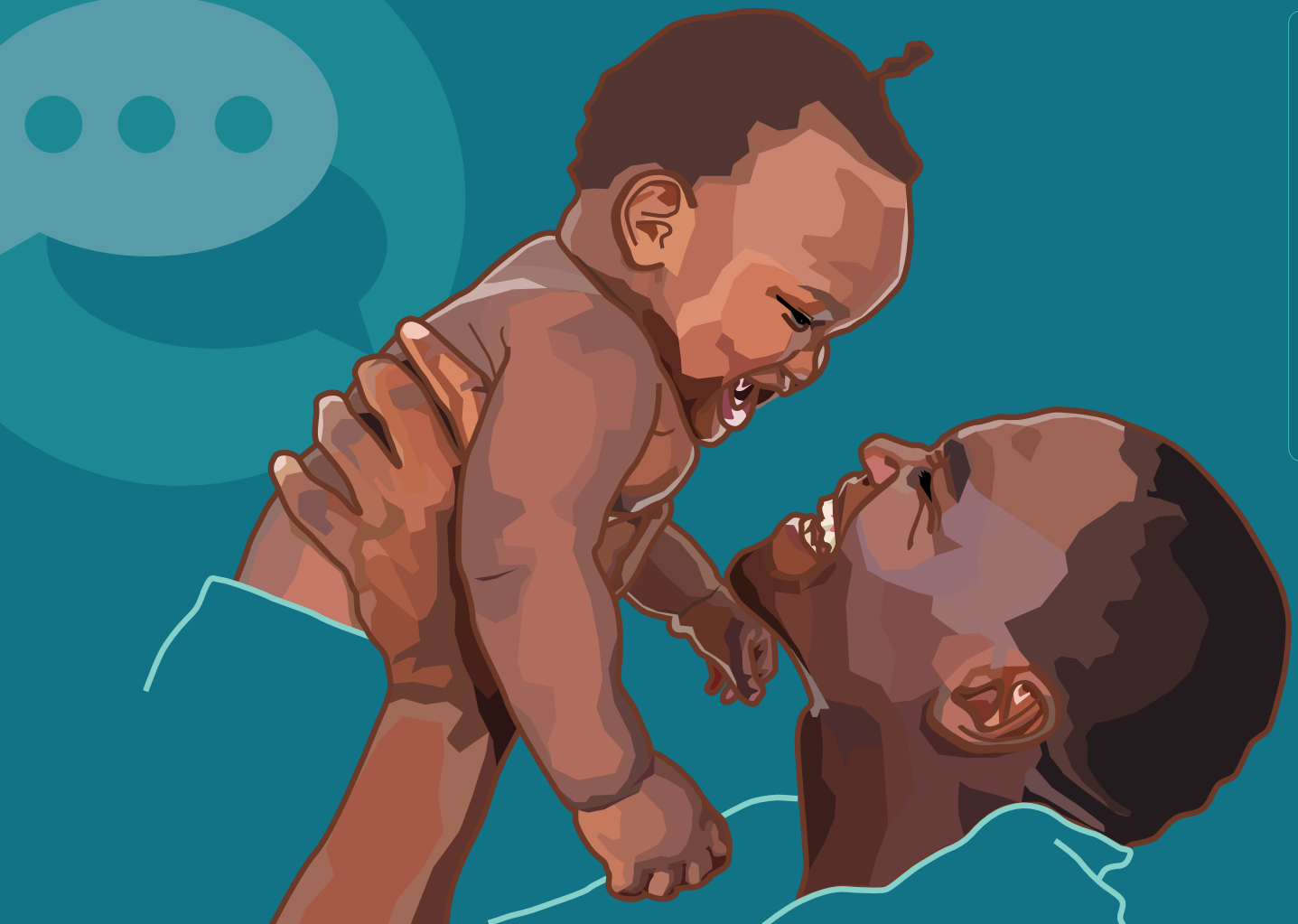
The resource aims to provide practitioners with a starting point for learning about this topic by presenting some of the key facts and principles and then signposting to other high quality evidence-based learning

We have sought to make the resource accessible and linked to the realities of working with families, so that practitioners feel equipped in their everyday work to promote positive infant mental health and early relationships.

CONTENTS

DEFINITIONS

INFANT MENTAL HEALTH, ATTACHMENT, BONDING



DEFINITIONS

INFANT MENTAL HEALTH

Infant mental health describes the positive social, emotional and cognitive brain development that occurs in the first two years of life. Positive infant mental health is created and supported primarily through the development of positive early relationships between the baby and key caregivers.

Infant mental healthcare, consists of primary, secondary and tertiary interventions and should be an essential part of universal service provision. Promoting positive relationships is central to promoting good mental health and wellbeing for all babies.

Infant mental health care means interventions which:

- improve and enhance the wellbeing of the parents and of the baby
- take into consideration the psychosocial aspects of pregnancy
- promote good early parent-child interactions and relationship
- support the problem-solving skills of the parents
- involve fathers, mothers and other carers.

DEFINITIONS

ATTACHMENT

Attachment describes the relationship that forms from a child towards their parent. Attachment develops over time through the developing relationship between the child and their parent. Attachment and care-giving work together to ensure the child's survival, resilience and well being. The tendency of a child to form an attachment relationship is considered to be biological and present from birth.

Attachment figures: Infants and children form attachments to specific people or 'attachment figures'. These are usually the primary caregivers, but the infant can and does form a hierarchy of attachments with others who offer regular and consistent care.

LEARN MORE ABOUT THE DEFINITION OF ATTACHMENT

DEFINITIONS

BONDING

Bonding describes the parent's relationship with the child.

Klaus and Kennell (1976) introduced the term 'maternal bonding' to describe the idea that mothers are pre-disposed to form an affectionate bond to their baby prior to and during the period immediately following birth. 'Bonding' can begin for parents during pregnancy, but also develops over time after the birth.

When we use the word bonding in this resource we are talking about the development of an affectionate bond between caregivers and infants that is an ongoing process.

KEY FACTORS

IN DEVELOPING INFANT MENTAL HEALTH AND POSITIVE RELATIONSHIPS: PARENTAL MENTAL HEALTH, MATERNAL AND NEONATAL PHYSICAL HEALTH AND FAMILY AND SOCIAL CONTEXT

KEY FACTORS

FROM CONCEPTION TO FIVE YEARS OF AGE AND BEYOND, AN INFANT'S MENTAL HEALTH AND THE QUALITY OF THEIR EARLY RELATIONSHIPS ARE INFLUENCED BY A RANGE OF FACTORS.

We will first explore the role of three key factors: parental mental health, maternal and neonatal physical health and family and social context, before we then look at the stages in early infant mental health.

KEY FACTORS

PARENTAL MENTAL HEALTH

Maternal mental health problems and mental illness can have a significant impact on infant mental health and early attachment.

When a woman experiences mental illness or high levels of stress and distress during pregnancy, this can have a significant impact on her ability to develop a bond with the growing fetus.

Where postnatal depression or other perinatal illness is not recognised or treated appropriately, there can be long-term implications for the mother-infant relationship.

Evidence indicates that untreated postnatal depression may increase the risk of emotional, behavioural and cognitive problems for the baby and child that may extend into adulthood (National Child and Maternal Health Intelligence Network, 2015; Scottish Government, 2010)

PARENTAL MENTAL HEALTH RESOURCES

KEY FACTORS

FAMILY MENTAL HEALTH

Where one parent is unable to provide the kind of responsive care that infants require, the presence of another caring adult is thought to be highly protective. For example, if a mum's empathy for her newborn baby is hampered by postnatal depression, the dad's warm response to his baby will help the baby to form secure attachments.

Dads and partners can experience depression after the birth of a child too. Research suggests that dads are more at risk if their relationship with their partner is strained or if their partner is experiencing postnatal depression.

FAMILY MENTAL HEALTH RESOURCES

KEY FACTORS

MATERNAL AND NEONATAL PHYSICAL HEALTH

A difficult pregnancy with medical complications requiring investigations, interventions and admissions can have a negative impact on a woman's ability to develop a positive affectionate bond with her baby before the birth. Physical problems for the mother can contribute to mental health problems including low mood, depression and anxiety, which in turn may impact on her developing relationship with her new baby (Zager, R 2009).

Where fetal abnormalities or potential physical problems with the baby are identified in pregnancy, this may also have a negative impact on a woman's mental wellbeing and her ability to develop a positive bond (Lawson & Turriff-Jonasson 2006, White et al 2008, Rowe et al 2009, Viaux-Sarelon et al 2012).

Professionals caring for women with complex pregnancies need to be aware of the potential impact that this may have on the woman's mental health and on the developing mother-infant relationship both antenatally and after the birth.

Professionals should talk with women about their emotional well-being at each meeting and encourage women to talk about their feelings openly.

KEY FACTORS

Professionals should acknowledge the stress that a complex pregnancy can place on new parents and their feelings about the pregnancy and new baby.

Where a mother and baby are separated for a period after the birth, for admission to the Neonatal intensive care or special care unit, the development of a positive attachment relationship can be delayed.

Positive interventions by neonatal staff can support positive attachment and reduce the impact of early separation. These include ‘kangaroo care’ with either parent, encouragement of parents to care for their baby, speak and sing to their baby and have eye contact.

Where a newborn is particularly difficult to care for as they are in pain or experiencing withdrawal such as in Neonatal Abstinence syndrome or fetal alcohol harm, the developing relationship may be negatively affected and additional support may be needed.

MATERNAL AND NEONATAL PHYSICAL HEALTH RESOURCES

KEY FACTORS

IMPACT OF ADMISSION TO THE NEONATAL UNIT

Mothers and fathers can be affected differently by the separation anxiety and stress associated with the admission of their baby to the neonatal unit. During this time these feelings can impact negatively on their experiences of building positive parental relationships (Fegran et al, 2008).

Contributing factors can include the limited contact they may be able to have with their baby due to physical barriers, such as the incubator and respiratory equipment. Other influences include the health of the mother and the overall quality of care being provided (Bialoskurski et al, 1999).

Health professionals must acknowledge the individual needs of each parent following the birth and identify strategies to support positive relationship building. This may include the implementation of family-based interventions (Browne & Talmi, 2005). These interventions can include teaching parents to recognise infant sleep-wake cycles and responses to stimuli in an attempt to enhance infant-parent relationships within these environments.

MATERNAL AND NEONATAL PHYSICAL HEALTH REFERENCES >

KEY FACTORS

FAMILY AND SOCIAL CONTEXT

An **ecological** understanding of infant mental health considers children in their environment, including social contexts such as extended family, local neighbourhoods, culture and wider society

Social networks and social support impact on infant mental health, by affecting the infants themselves and by affecting their parents

Social networks are the number and closeness of connections with other people, such as friends, extended family, neighbours and for parents, work colleagues

Social support is the practical and emotional help available through these connections

KEY FACTORS

SOCIAL CONTEXT

Environmental influences on infant mental health include access to safe places for play, including outdoor spaces, and living in a community that has essential local amenities and feels safe for the infant and for the parents

Poverty and deprivation can have effects within families by making parenting more difficult, and within communities by reducing access to resources and services

Read more about the impact of social and cultural environment, including poverty

Read about **NSPCC's approach to supporting families**

KEY FACTORS

SOCIAL CONTEXT DEPRIVATION AND MENTAL HEALTH

Where families are living with a range of difficulties and stressors such as poor housing, drug or alcohol misuse, financial worries, it can be more difficult for emotional wellbeing to be maximised and prioritised for parents and babies alike.

It can be helpful to remember 'Maslow's heirarchy of needs'.

STAGES IN DEVELOPING INFANT MENTAL HEALTH

STAGES IN DEVELOPING INFANT MENTAL HEALTH

PREGNANCY | BIRTH & IMMEDIATELY AFTER | UP TO 8 WEEKS AFTER BIRTH | 8 WEEKS - 6 MONTHS | 6 MONTHS - 36 MONTHS | 36 MONTHS +

AN INFANT'S MENTAL HEALTH AND THEIR KEY RELATIONSHIPS DEVELOP OVER TIME.

The following sections will explore the evidence about infant mental health at each stage and the role that professionals and others can take in supporting the development of positive mental health and relationships at each stage.

STAGES IN DEVELOPING INFANT MENTAL HEALTH

PREGNANCY

The context in which a woman becomes pregnant has a significant impact on her ongoing emotional wellbeing throughout pregnancy. Where a pregnancy is unwanted or unplanned, it may be more difficult for a woman to feel a bond with her baby before birth. Studies suggest a link between feelings of closeness to the baby antenatally and postnatal wellbeing including experiencing less postnatal depression (Goecke, 2012).

There is good evidence to suggest a link between severe antenatal maternal stress and negative effects on infant development and emotional wellbeing (Bergman et al 2007, Glover and Hill, 2012).

It is thought that the impact on development results from exposure of the developing baby to high cortisol levels in utero (Hompes et al 2012).

A recent systematic review of studies from 1990 to 2010 identified associations with maternal antenatal anxiety and cognitive, behavioural and psychomotor developmental problems in infants (Kingston et al 2012).

Maternal stress and anxiety may be caused by concerns about the pregnancy or environmental, social and/or financial factors.

PREGNANCY REFERENCES >

STAGES IN DEVELOPING INFANT MENTAL HEALTH

PREGNANCY

IDENTIFY THE PROTECTIVE OR RISK FACTORS THAT MAY ARISE IN PREGNANCY AND IMPACT POSITIVELY OR NEGATIVELY ON THE MOTHER/PARENTS' SENSE OF ATTACHMENT/BONDING WITH THE DEVELOPING BABY.

RISK		PROTECTIVE/ HELPFUL
☐	Unwanted, unplanned or concealed pregnancy	☐
☐	Planned pregnancy	☐
☐	Straightforward pregnancy	☐
☐	Maternal mental health problems - including depression and anxiety	☐
☐	Woman feels well supported by partner	☐
☐	Pregnancy as result of assault or abuse	☐
☐	Positive maternal feelings about pregnancy and birth	☐
☐	Potential or confirmed fetal abnormalities identified	☐

STAGES IN DEVELOPING INFANT MENTAL HEALTH

RISK		PROTECTIVE/ HELPFUL
☐	Significant maternal illness or discomfort: hyperemesis, pelvic girdle pain	☐
☐	Multiple admissions or investigations during pregnancy	☐
☐	Social isolation	☐
☐	Positive experiences of maternity care	☐
☐	Break up in parental relationship or perception of lack of partner support	☐
☐	History of infertility, recurrent miscarriage, previous loss	☐
☐	Financial and housing security	☐
☐	Strong social support network	☐
☐	High levels of maternal stress	☐
☐	Domestic abuse	☐

STAGES IN DEVELOPING INFANT MENTAL HEALTH

WHAT CAN PROFESSIONALS DO IN PREGNANCY?

Talk with women about their emotions and mental wellbeing at each contact in pregnancy, provide additional support where needs are identified.

Ask women about how they are feeling about their growing baby and listen carefully to what they tell you.

Encourage women and their partners to get to know their baby's behaviour patterns before birth, talk and sing to the baby, spend time each day thinking about the baby and how the baby is feeling.

Take a look at the pregnancy section of **'The Woman's Journey'** maternal mental health elearning to learn more about what professionals can do to support positive maternal mental health antenatally.

The **'Begin before birth'** website offers some interesting information for professionals about the impact of the intrauterine environment and early days on longer term health and wellbeing.

STAGES IN DEVELOPING INFANT MENTAL HEALTH

BIRTH

Women have lifelong memories of their children's births (Simkin 1991, Beech and Phipps 2004).

Women's feelings about their childbirth experience have a significant impact on their emotional wellbeing and their relationship with their baby (Bennington, 2012).

Positive childbirth experiences have been found to be linked to more positive feelings about motherhood, lower levels of parenting stress and anxiety (Takehara et al 2009).

Poor intrapartum experiences have been found to contribute significantly to:

- perinatal mental health problems, including postnatal depression (Beck 2002, Leeds and Hargreaves 2008, Hunker et al 2009)
- post-traumatic stress disorder (Soderquist et al 2006, Davies et al 2008, Zaers et al 2008, Elmir et al 2010, McDonald et al 2011)
- fear of subsequent childbirth (Pang et al 2008, Nilsson et al 2010).

STAGES IN DEVELOPING INFANT MENTAL HEALTH

Unplanned events in labour, such as emergency caesarean section, are also linked to the development of perinatal mental health problems (Hunker et al 2009, Dencker et al 2010).

It appears that the impact of these adverse events may be mediated and lessened by the provision of high quality intrapartum support that reduces feelings of being out of control, being alone, and fear (Tham et al 2010).

BIRTH REFERENCES >

STAGES IN DEVELOPING INFANT MENTAL HEALTH

BIRTH AND PTSD

Find out more about the impact of negative birth experiences on maternal well–being and post traumatic stress disorder at:

- Ayres, S., Eagle, A., Waring, H., 2006, The effects of childbirth-related post-traumatic stress disorder on women and their relationships: A qualitative study Psychology, *Health and Medicine 11* (4) pp389-398
- Creedy, D., Shochet, I., & Horsfall, J., 2000, Childbirth and the development of acute trauma symptoms; incidence and contributing factors, *Birth*, vol. 27, no. 2, pp. 104-111.
- Davies, J., Slade, P., & Wright, I., 2008, Post-traumatic stress symptoms following childbirth and mothers' perceptions of their infants, *Infant Mental Health Journal*, vol. 29, no. 6, pp. 537-554.
- Elmir, R., Schmied, V., Wilkes, L., & Jackson, D., 2010, Women's perceptions and experiences of a traumatic birth: a meta-ethnography, *Journal of Advanced Nursing*, vol. 66, no. 10, pp. 2142-2153.
- McDonald, S., Slade, P., & Spiby, H., 2011, Post-traumatic stress symptoms, parenting stress and maternal-child relations following childbirth at two years postpartum, *Journal of Psychosomatic Obstetrics and Gynecology*, vol. 32, no. 3, pp. 141-146.








STAGES IN DEVELOPING INFANT MENTAL HEALTH

- Zaers, S., Waschke, M., & Ehlert, U., 2008, Depressive symptoms and symptoms of post-traumatic stress disorder in women after childbirth, *Journal of Psychosomatic Obstetrics and Gynecology*, vol. 29, no. 1, pp. 61-71.

Find out more about positive care practices during labour and birth that reduce the risk of PTSD and promote a positive relationship:

- Bryanton, J., Fraser-Davey, H., & Sullivan, P., 1994, Women's perceptions of nursing support during labor, JOGNN, *Journal of Obstetric, Gynaecologic & Neonatal Nursing*, vol. 23, no. 8, pp. 638-644. 18
- Bryanton, J., & Gagnon, A., 2008, Predictors of Women's perceptions of the childbirth experience", JOGNN, *Journal of Obstetric, Gynecologic & Neonatal Nursing*, vol. 37, no.1, pp. 24-34.
- Bryanton, J., Gagnon, A., Hatem, M., & Johnston, C., 2009, Does perception of the childbirth experience predict women's early parenting behaviours?, *Research in Nursing & Health*, vol. 32, no. 2, pp. 192-203.

Further information and support is available from :

The birth trauma association >

Improving Birth, reducing trauma >

STAGES IN DEVELOPING INFANT MENTAL HEALTH

IMMEDIATE POST-BIRTH PERIOD

The hormone oxytocin appears to be involved in the development of trust between humans (Krueger et al 2012) and their social interaction (Baskerville and Douglas 2010).

Studies in pregnancy suggest a link between maternal oxytocin levels and maternal-fetal bonding and maternal-infant bonding (Feldman et al 2007, Levine et al, 2007).

Maternal oxytocin levels postnatally appear to be linked with postnatal depression (Grewen, 2010), with lower levels of oxytocin associated with higher rates of depression.

High levels of oxytocin in the immediate postnatal period may facilitate the initiation of mothering behaviours and therefore assist in bonding and attachment (Levine 2007).

There is no oxytocin release pre-birth when a caesarean section is carried out, and oxytocin release is reduced for 48hrs after birth (Uvnas Moberg 2003).

Skin to skin contact between a mother and the baby in the immediate period following the birth encourages the production of maternal oxytocin.

STAGES IN DEVELOPING INFANT MENTAL HEALTH

The importance of skin-to-skin contact for mother and baby is now well established in maternity care as best practice (Unicef BFI 2012).

One study has found that skin to skin contact for 25-120 minutes after birth was linked with more positive later maternal – infant interaction than those between mothers and babies that had been separated at birth (Bystrova et al 2009).

Watch a short film about skin to skin contact

IMMEDIATE POST-BIRTH REFERENCES

STAGES IN DEVELOPING INFANT MENTAL HEALTH

BIRTH EXERCISE

WHAT INCREASES AND INHIBITS MATERNAL OXYTOCIN RELEASE IN LABOUR, BIRTH AND IMMEDIATELY AFTER BIRTH?

INCREASES OXYTOCIN		INHIBITS OXYTOCIN
☐	Undisturbed Skin to skin contact between mother and baby immediately following birth	☐
☐	Calm, dark, comfortable physical environment for labour and birth	☐
☐	Separation between mother and baby	☐
☐	Privacy, being cared for by someone known	☐
☐	Syntocinon in labour (synthetic oxytocin used for induction and augmentation in labour, administered intravenously)	☐
☐	‘Ferguson reflux’ – pushing reflex in second stage of labour	☐
☐	Fear, anxiety	☐
☐	Caring touch, massage; emotional support	☐
☐	Breastfeeding	☐
☐	No second stage of labour – caesarean section	☐

STAGES IN DEVELOPING INFANT MENTAL HEALTH

PROMOTING POSITIVE ATTACHMENT

BIRTH TO 8 WEEKS

At birth babies:

- prefer to look at faces rather than other objects. They can focus at about 20cm, and that is just the distance form a caregiver's arms to their eyes
- recognise the voices they have heard in utero and will turn their head towards voices they know
- recognise the smell of their own mother.

All these abilities lead to responses and preferences for the people they see and who respond to their physical needs and developing sense of trust

Interactions that are caring, consistent, and sensitive are essential in forming healthy and positive attachments.

STAGES IN DEVELOPING INFANT MENTAL HEALTH

DEVELOPING ATTACHMENT

BIRTH TO 6 WEEKS

Key elements of sensitive parent- infant interactions include:

- **ATTUNEMENT:** sharing of emotions between infant & parent
- **RECIPROCITY:** refers to turn-taking between infant & parent
- **MARKED MIRRORING:** parent shows contingent response or mirrors the infants emotion
- **CONTAINMENT:** parent responds to infants strong feelings and helps them to manage their emotion
- **REFLECTIVE FUNCTION:** parent recognises that infant is an individual with likes and dislikes etc

DEVELOPING ATTACHMENT RESOURCES

STAGES IN DEVELOPING INFANT MENTAL HEALTH

DEVELOPING ATTACHMENT

BIRTH TO 6 WEEKS

More information and learning resources about these concepts can be found at the following links:

- **Attunement and why it matters**
- **Promoting emotional wellbeing before and after birth**
  Click on the icon 'Early interactions' to view a selection of clips to help develop your understanding of the importance of interacting with babies and responding to cues.
- **Supporting Infant Mental Health**
  This session is aimed at more experienced/specialist users and describes the importance of pregnancy and the intrauterine experience, and of the postnatal environment for the mental health of the infant. This learning resource is free but you will need to register to access it. You will also have to search for this module from their list of available modules
- **Infant Mental Health**
  From the home page click the 'health visitor' tab, followed by 'resources', and then 'e-learning'. You will then need to scroll down to find the three Infant Mental Health modules. Each module takes around 60 minutes to complete and provide the learner with insight into developing positive relationships with and within families through taking a reflective stance.

STAGES IN DEVELOPING INFANT MENTAL HEALTH

DEVELOPING ATTACHMENT

BIRTH TO 6 WEEKS

USEFUL READING

Balbernie, R. 2013. The importance of secure attachment for infant mental health *Journal of Health Visiting*. Vol. 1, No.4, pp 210 -217.

Barlow, J., Swanberg, P.O. Eds. (2009) *Keeping the Baby in Mind: Infant Mental Health in Practice*. Hove: Routledge. ISBN: 978 0 425 44298 5

Celebi, M. 2014. Baby Watching: Facilitating parent–infant interaction groups. *Journal of Health Visiting*. Vol 2, No 7, pp.362- 367

Finistrella, V., Lavia, P. Babies in mind: Promoting infant mental health. *Journal of Health Visiting*. Vol 2, No 8, pp. 424 - 432

Lyon s., Adams, K. 2014. Brain-based health visiting: How neuroscience is shaping practice. *Journal of Health Visiting*. Vol 2, No 3, pp142 -146.

Partis, M. 2000. Bowlby's attachment theory: implications for health visiting. *British Journal of Community Nursing*. Vol 5, No 10, pp. 499 -503

Underdown, A. 2013. Parent-infant relationships: Supporting parents to adopt a reflective stance. *Journal of Health Visiting*. Vol 1, No 2, pp. 76 -79.

STAGES IN DEVELOPING INFANT MENTAL HEALTH

DEVELOPING ATTACHMENT

BIRTH TO 6 WEEKS

USEFUL LINKS

Neuroscience, brain development etc >

Attunement and why it matters >

Promoting emotional wellbeing before and after birth >

Supporting Infant Mental Health >

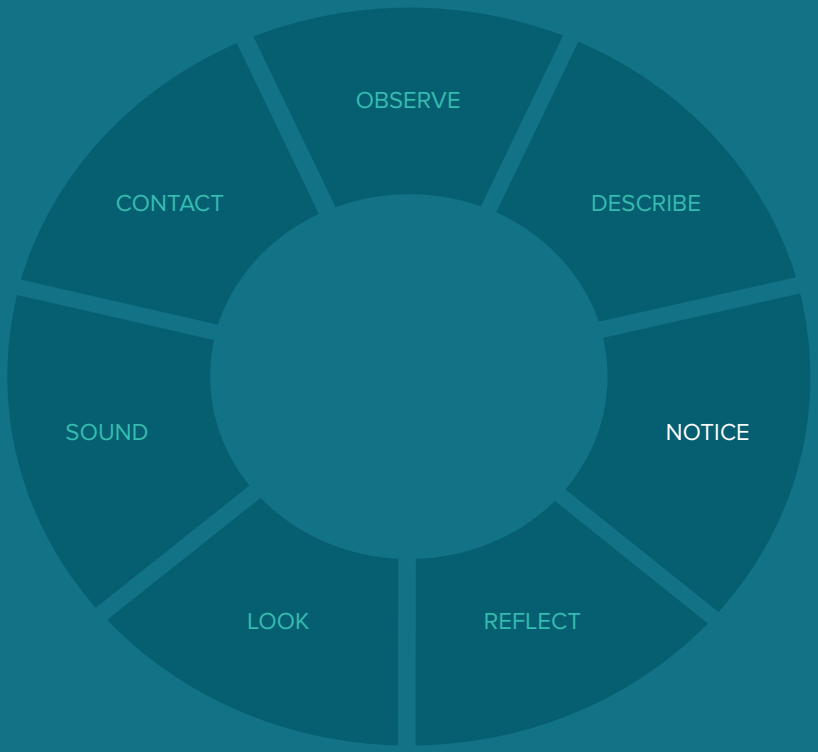
Infant Mental Health >

Hidden in Plain Sight: The invisibility of infant mental health >

STAGES IN DEVELOPING INFANT MENTAL HEALTH

PROMOTING POSITIVE ATTACHMENT

Professionals can encourage and support parents to develop positive relationships and attachment with their new baby.



STAGES IN DEVELOPING INFANT MENTAL HEALTH

PARENT BEHAVIOURS THAT PROMOTE POSITIVE ATTACHMENT

8 WEEKS TO 6 MONTHS

Babies are born biologically immature but ready to interact socially.

Parents who attend to the baby needs and soothe the baby when he or she is hungry, tired or in pain become strong attachment figures.

Equally importantly, parents should provide talk, play and stimulation.

Parents should attend to the baby's physical needs promptly.

Parents should hold their baby gently.

Parents should talk and sing to their baby – the baby will recognise their voices from birth.

Parents should offer the baby play and a variety of activities with them when they are attentive and relaxed. Toys are less important than watching and responding to the baby's signals.








STAGES IN DEVELOPING INFANT MENTAL HEALTH

BABY DEVELOPMENT

8 WEEKS TO 6 MONTHS

By six months the baby will respond socially to voices, faces and interaction, with smiles and babbling

The baby will respond more readily to familiar people, but is ready to interact with others too

When the baby has had his or her needs met and has had enjoyable interaction through songs, games and chat then he or she begins to form a sense of trust in other people and the world



STAGES IN DEVELOPING INFANT MENTAL HEALTH

BABY DEVELOPMENT
PRACTITIONER CONCERNS

Observe parent and baby together

Signs to raise concern:

- Baby does not look at parent's face – looks away. He or she may or may not engage with you.
- Baby does not reach for parent.
- Baby is silent.
- Baby does not smile.
- Parent is negative or unemotional and distant with the baby – try praising the baby and see if the parent is pleased!

STAGES IN DEVELOPING INFANT MENTAL HEALTH

BABY DEVELOPMENT
PRACTITIONER ACTIONS

Show parent how the baby can respond and encourage the parent to position themselves face to face with the baby and sing or talk – try to support the parent trying this without making them feel worse if the baby responds to you more than them.

Check if the parent is depressed, anxious or pre-occupied with other issues e.g conflict with partner, housing , finance etc. The best way to find out if someone is depressed is to ask, but make it easy by saying something like “lots of parents feel depressed after having a baby...how are you finding it?”

Refer to health visitor or seek appointment with GP if there are mental health problems.

Introduce parent to Bounce and Rhyme, Parent and baby group, Sleep Scotland or Mellow Babies group. You may need to build bridges to services not just tell them the service exists.

STAGES IN DEVELOPING INFANT MENTAL HEALTH

BABY DEVELOPMENT

8 WEEKS TO 6 MONTHS

Find out more about parent – infant interactions through watching these short films:

- **This short 2 minute videoclip by Suzanne Zedyck** explains the importance of the parent-child interaction that takes place when reading books and stories.
- **Bruce Perry succinctly explains** the six core strengths for healthy child development that occurs as a direct response to the child-parent interaction.
- **The 'still face' video clip** is well known, this short two-and-a-half minute clip of a mother and a one-year old can be used to highlight to parents the connection between their response and their child's behaviour.
- If you would like to read more then 'Keeping the baby in mind' builds on the evidence pointing to the crucial importance of parents in facilitating their baby's development and has contributions from other experts in the field and examines a range of innovative psychological and psychotherapeutic interventions used to support infants and their parents.
  Barlow, J., Swanberg, P.O. Eds. (2009) *Keeping the Baby in Mind: Infant Mental Health in Practice*. Hove: Routledge. ISBN: 978 0 425 44298 5

STAGES IN DEVELOPING INFANT MENTAL HEALTH

BABY DEVELOPMENT

8 WEEKS TO 6 MONTHS

The Play at Home website provides really practical and free ideas to support parents to play with their children. Professionals can direct parents to the website or where additional support is required could print out **age appropriate activity sheets** to give to parents.

STAGES IN DEVELOPING INFANT MENTAL HEALTH

PROMOTING POSITIVE ATTACHMENT

6 - 36 MONTHS

At about 6 months old babies begin to gain greater control over their bodies and their responses to the world, this is the start of them becoming a ‘distinct being’ and the development of self-control begins. As they grow, they become aware of others as distinct entities also and from the age of one to three children begin to show spontaneous helpful behaviour and will ‘mirror’ their mothers/care givers behaviour/emotions. (Szalavitz & Perry, Born for Love 2011).

This is a time for rapid growth and development and an increased curiosity about the world around them. Learning to move around and explore the environment, speech is developing and independence is growing.

There are many practical approaches that parents can take to develop a fun, positive, joyful relationship with their child.

Talking to the baby in an affectionate and positive way, giving them a chance to respond and to initiate interaction and play.

These activities are really simple and do not require expensive toys. The developing baby and toddler needs caregivers’ time much more than toys.

STAGES IN DEVELOPING INFANT MENTAL HEALTH

The quality of the parent –child relationship appears to be related to the development of the capacity for empathy and understanding of other people. Adult attentiveness helps the developing child to recognise their feelings and learn to identify them within themselves and others.

STAGES IN DEVELOPING INFANT MENTAL HEALTH

PROMOTING POSITIVE ATTACHMENT

36 MONTHS - 5 YEARS

Children's development during the period of ages three-five years is an exciting time of major transition and growth, across the social, emotional, cognitive and physical domains. This section will provide details about the developments children make across these areas at the various stages, as well as highlighting the role that parents can play in helping to promote their child's development, and how practitioners working with families can support parents so that children reach their potential.

STAGES IN DEVELOPING INFANT MENTAL HEALTH

CHILD DEVELOPMENT

Match each developmental stage to the correct age

	AGED 3	AGED 4	AGED 5
Imaginary friends and some close friendships	☐	☐	☐
Need comfort and security of important adults	☐	☐	☐
Testing limits – tantrums and destructiveness if don't get own way	☐	☐	☐
Better emotional regulation	☐	☐	☐
900-1000 word vocabulary	☐	☐	☐
Complete (often elaborate) sentences	☐	☐	☐
Parallel play, enjoys company of others	☐	☐	☐
Needs comfort and reassurance, though less open to comforting as seeks independence	☐	☐	☐
Short sentences, 90% easily understood	☐	☐	☐
Can tell long stories, speech completely intelligible	☐	☐	☐

STAGES IN DEVELOPING INFANT MENTAL HEALTH

	AGED 3	AGED 4	AGED 5
Know alphabet and basic time, improved balance, coordination and accuracy	☐	☐	☐
Highly cooperative play, 1 or 2 ‘special’ friends	☐	☐	☐
Bladder control achieved and increased self-care	☐	☐	☐
Generally compliant with adult requests	☐	☐	☐
Handedness established – fine and gross motor skills developing	☐	☐	☐
Tantrums and mood changes common	☐	☐	☐
1500-2000 word vocabulary	☐	☐	☐
Asking many questions	☐	☐	☐
Increased independence, more self-assured and outgoing socially	☐	☐	☐
Becoming more sure of themselves	☐	☐	☐
Seeks comfort and approval of parents . Affection for familiar people.	☐	☐	☐

STAGES IN DEVELOPING INFANT MENTAL HEALTH

PARENTS ROLE IN DEVELOPMENT

Parents are in a fabulous position to help promote the healthy development of their children, through their natural interactions and time spent together.

Time spent together is an opportunity to share warmth, love and fun, and in so doing, build the relationship and bond between parents and children, which will enhance the child's self-esteem and confidence.

However, time between parents and children is also an opportunity for learning, as parents, through a combination of teaching (of new skills), modelling (desirable behaviour, such as social skills, empathy, patience), encouragement (of children's efforts, as well as successes), support (that is sensitive to the child's developmental stage and their need, whilst still encouraging increasing independence), and guidance (that is balanced and respectful) are able to opportunistically create a climate for growth.

Making the most of this time together will help not only promote appropriate child development, but it will also develop the skills they need to be ready for school.

STAGES IN DEVELOPING INFANT MENTAL HEALTH

PRACTITIONER APPROACHES

Practitioners can support and encourage parents to develop strong relationships with their children and support their cognitive, behavioural and emotional development by encouraging parents to:

- **SOCIALISE** – spend time with their child and other children, e.g. through natural family and friendship networks and local parent and toddler groups, singing groups, swimming and dancing lessons. Parents can provide guidance and 'scaffolding' about appropriate social behaviours, such as sharing toys and taking turns.
- **PLAY** - Play between parents and children is a golden opportunity to enhance their relationship , but to also encourage learning across all developmental areas in a fun way: dressing up, 'tea parties', outdoor activities, building with blocks, crafts and art provide opportunities for creativity, exploration of ideas and trying out new skills.
- **READING AND TALKING** - Each conversation a parent has with a child is an opportunity for learning about the world, and everyday concepts such as time and place, the past, present and future, shapes, sizes, colours and numbers. Basic numeracy skills can be introduced by counting objects when reading stories together, putting items in the shopping trolley and walking down stairs.

STAGES IN DEVELOPING INFANT MENTAL HEALTH

When out and about parents can naturalistically point out objects of different colours, sizes, orders (e.g. ‘Look there is a big red van and a small white car’). Stories are a wonderful way of exploring, developing and supporting children’s emotional understanding of their world, as well encouraging their language, imagination and thinking.

- **Promote Responsive and Sensitive Parenting** - This is a time when all children will test the limits of their environment, and are learning to develop their emotional regulation. Displays of emotional disregulation (e.g. tantrums, screaming, tears) are common during this period. Parents are tasked with the challenge of undertaking positive approaches to discipline that teach children that there are consequences for their actions, whilst simultaneously letting their children know that they are loved and respected and that their parents expect them to do better the next time.

HELPFUL RESOURCES

MORE RESOURCES

Bookbug > Take a look at this website from the Scottish Book Trust, outlining the Bookbug initiative in Scotland, with links on local information and resources.

Briefing on Play > This document has been produced by NHS Health Scotland and offers an overview of the evidence around the benefits of play for children and young people up to age 18 years, although it has a strong focus on 0-5 years.

Play Scotland > Take a look at this for a more lengthy review of the power of play for children, how adults can support play and the impact that restrictions and constraints can have on children's play.

Play Talk Read > This website details the benefits of play, talking and reading for children and provides lots of ideas of how parents and carers can get involved with their children. The focus is on children under three years of age, but there is still a lot of relevant information

For details about accessing and ordering Play@home books for families, or to undertake Play@home training, please contact **NHS Health Scotland via email** >

Every day is a learning day > Look at this resource from Education Scotland for parents and carers of children aged three-six years, which highlights the learning opportunities that naturally occur in daily life for children

SCOTTISH POLICY CONTEXT

SCOTTISH POLICY CONTEXT

THE LAW

The Children & Young People (Scotland) Act (2014) enshrines the *Getting It Right for Every Child* approach in law.

The Act makes provision for a Named Person to be available as a single point of contact for children and their parents/carers.

For pre-school children, the Named Person will usually be the Health Visitor or Family Nurse Practitioner.

The Named Person will help ensure the wellbeing of children through the promotion of early intervention, so that children and families should not have to wait until problems escalate before help is provided.

The concept of wellbeing is defined through **eight indicators** >: Safe, Healthy, Achieving, Nurtured, Respected, Responsible, Included (SHANARRI).

There is a **National Practice Model** >, based on the SHANARRI indicators, which guides practitioners in their assessments and analyses of children's needs.

SCOTTISH POLICY CONTEXT RESOURCES ^

SCOTTISH POLICY CONTEXT

IDENTIFYING PROBLEMS
WITH ATTACHMENT AND INSTIGATING INTERVENTIONS: RECAP

What are the signs that there may be developing problems with the early infant – parent relationship in the first year of life?

Consider and then click to reveal the answers:

SCOTTISH POLICY CONTEXT

PRACTITIONER RESPONSE
TO PROBLEMS WITH THE DEVELOPING RELATIONSHIP

What would you do if you noticed any of those potential warning signs about the parent-infant relationship?

Consider and then click to reveal possible answers.

SCOTTISH POLICY CONTEXT

PRACTITIONER RESPONSES
TO IDENTIFIED CONCERNS

What would you do if you noticed any of those potential warning signs about the parent-infant relationship?

Consider and then click to reveal possible answers.

SCOTTISH POLICY CONTEXT

PRACTITIONER RESPONSES

This resource has just been a short introduction to the topic of infant mental health and how professionals can support the development of positive early relationships. There are some great resources available that provide you with some more in depth learning on the topic, please do go and take a look:

The Institute of Health Visiting have **three e learning modules** (representing around 3 hours learning) freely available on their website.

The Association for Infant Mental Health UK has a wide range of reading to access.

There is a perinatal and infant mental health e learning module on the **CAMHS learning website**, though the learner needs to register

QUIZ

TO CHECK LEARNING

QUIZ

1. **Infant mental health is:**

- [ ] The infant does not display any symptoms of a mental illness
- [ ] Positive development of the infant in all development areas, through the development of positive early relationships with caregivers

2. **Infant mental health care should be provided by:**

- [ ] Universal services with specialist input where need is identified
- [ ] Specialist services only

3. **Infant mental health care involves the practitioner working with:**

- [ ] The baby only
- [ ] The parents or key caregivers and their baby

4. **Attachment is:**

- [ ] Latching well to breastfeed
- [ ] The developing relationship of the baby and child towards their parent
- [ ] Both of the above

5. **Bonding happens in the first hour after the birth**

- [ ] True
- [ ] False

REFLECTION

REFLECTION

VIGNETTE
WITH REFLECTION EXERCISE

Kelly is a 24 year old in her first pregnancy who has been with her partner, Sam, for 3 years. At the booking appointment she tells her midwife she has suffered from anxiety and panic attacks in the past, but is fine now.

At the 20 week scan, the placenta is found to be low lying and covering the cervix. This may mean that Kelly has to have a caesarean section if the placenta is still low lying at the 34 week scan.

PLEASE REFLECT AND WRITE DOWN YOUR REFLECTIONS ON THE FOLLOWING QUESTIONS:

How might anxiety effect Kelly, her fetus, her feelings of bonding with the baby and her partner during the pregnancy?

If you were a professional seeing Kelly at any point during her pregnancy, what would you do to try to help maximise Kelly's mental health and her feelings of bonding with her baby?

REFLECTION

VIGNETTE
WITH REFLECTION EXERCISE

The placenta continues to cover the external os at the 34 week scan and so Kelly is booked for an elective caesarean at 39 weeks.

Kelly goes into labour at 36 +5 weeks and has an emergency caesarean following a significant antepartum haemorrhage.

PLEASE REFLECT AND WRITE DOWN YOUR REFLECTIONS ON THE FOLLOWING QUESTIONS:

How might Kelly's experiences during labour and childbirth effect her mental health and her developing relationship with her new baby?

How could you, as a professional caring for Kelly during her labour and immediate postnatal period, support Kelly's wellbeing and the developing relationship with her baby?

REFLECTION

VIGNETTE
WITH REFLECTION EXERCISE

Kelly and Sam's new baby, Kai, is transferred to SCBU shortly after his birth. Kai ends up staying in SCBU for 3 weeks before being transferred home with his parents.

PLEASE REFLECT AND WRITE DOWN YOUR REFLECTIONS ON THE FOLLOWING QUESTIONS:

How might Kai's stay in SCBU effect Kelly and Sam? How might the time in SCBU effect Kai's developing mental health and attachment relationships?

How can you, as a practitioner caring for Kai in SCBU or for the family on their return home, support them to develop positive family dynamics and support their mental health?

REFLECTION

VIGNETTE

WITH REFLECTION EXERCISE

You meet Kelly and Kai when she brings him for his vaccinations at 12 weeks.

You notice that Kai does not smile and does not reach out for Kelly after he has had his vaccination.

Kelly says something about him being a ‘Daddy’s boy’

PLEASE REFLECT AND WRITE DOWN YOUR REFLECTIONS ON THE FOLLOWING QUESTIONS:

How would you start a conversation with Kelly at this appointment about what you had seen?

What ongoing support and advice might be helpful for Kelly and her family?

SUMMARY

OF KEY LEARNING POINTS

SUMMARY

KEY LEARNING POINTS

Infant mental health is developed and promoted through the development of early positive key relationships.

Infant mental health is effected by the context in which the baby is born: the parents' mental and physical health, the baby's physical health, the social context and family dynamics.

Parents can be supported to develop a positive attachment and relationship with their infant and young child by any practitioners working with a family.

The basis for the development of positive relationships is helping parents to spend time getting to know their baby and young child, caring for them physically, responding promptly to their expressed needs and engaging with their child through conversation, facial expression, physical affection and play.

LINKS & REFERENCES

TO OTHER RESOURCES

LINKS & REFERENCES

OTHER RESOURCES

1001 critical days report

The Royal College of Midwives produced a **good practice guidance on maternal emotional well being and infant mental health in 2012**

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BACK TO BIRTH

| 1 | 2 |

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BACK TO IMMEDIATE POST-BIRTH

FEEDBACK

Now that you have completed this resource, we would be grateful of you could take some time to give feedback on your learning experience by clicking **HERE** >.

Once you have done this, please print and complete the certificate of completion on the following page.

NHS Education for Scotland

CERTIFICATE OF LEARNING PARTICIPATION

THIS IS TO CONFIRM THAT

COMPLETED THE TRAINING RESOURCE

INFANT MENTAL HEALTH DEVELOPING POSITIVE EARLY ATTACHMENTS

SIGNED: 

Dr Mary Ross-Davie, Education Project Manager,
Maternal Health, NHS Education for Scotland