

## KANGAROO MOTHER CARE: IMPACT ON PARENT-INFANT RELATIONSHIP

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## ABSTRACT

The present study was undertaken to find out the relationship between infant and parents. A sample of 120 infants (60 preemies and 60 full terms) from four hospitals of Jaipur city and the subjects were selected on random basis. Parent infant relationship scale was framed by the investigator and the same was used as quantitative measures. Results showed a significant association of parenting with the KC. Good parenting plays a vital role in the development of healthy relationship and helps in developing trust between parents and newborn.

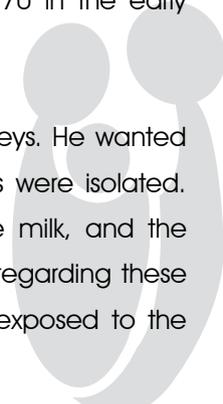
In 1978, due to increasing morbidity and mortality rates in the Instituto Materno Infantil, NICU in Bogotá, Colombia, Dr. Edgar Rey Sanabria, Professor of Neonatology at Department of Paediatrics - Universidad Nacional de Colombia, introduced a method to alleviate the shortage of caregivers and lack of resources. He suggested that mothers have continuous skin-to-skin contact with their low birth weight babies to keep them warm and give exclusive breastfeeding as they needed. This freed up overcrowded incubator space and care givers.

While this model of infant care is substantially different from the typical NICU procedures, the two are not mutually exclusive, and it is estimated that more and more neonatal intensive care units practice kangaroo care today.

In 2005, UNICEF took note of the fact that with the simple solution, the death rate of premature babies in Tokyo Metropolitan Bokuto Hospital (where the procedure of kangaroo care had too been adopted) had dropped, and the hospitalization period was shortened.

With such great success, it's no wonder that "Kangaroo mother care " is growing in popularity in developed countries for both premature and full term babies (it is estimated that more than 200 neonatal intensive care units practice this procedure today, compared to less than 70 in the early 1990s.

In the 1950s, a psychologist named Harry Harlow ran a series of experiments on monkeys. He wanted to explore the concept of maternal deprivation and so two groups of infant monkeys were isolated. One group received a metal mechanical "mother" who was equipped to dispense milk, and the second group was exposed to a wire mother wrapped in terry cloth. The experiments regarding these two surrogate mothers yielded very interesting results. First of all, the monkey infants exposed to the



terry cloth mother exhibited more emotional stability, as they spent a large amount of time clinging to their "mother". Though the weight and growth patterns of both groups remained similar, the infant monkeys exposed only to the wire mother were psychologically damaged in the long run. They were less emotionally secure, more prone to nervous behaviors, and did not improve when later exposed to physical love and care.

These experiments sought to illustrate the importance of nurturing during infancy. It's not difficult to draw a correlation between Harlow's findings and the advantages of kangaroo care. Close human contact is psychologically and emotionally healing for infants, and this sort of reassurance is imperative during a child's earliest years.

Hence, parents should feel confident and proactive regarding kangaroo care. Fortunately, most of the hospitals are aware of premature baby kangaroo care compared to no contact care and encourage and accommodate parents who desire to implement this method into their infant's neonatal regime.

Newborn care has greatly benefited from major technical advances in the last four decades, showing substantial improvements in the mortality and morbidity of the high- risk neonate. In addition, there has been a heightened awareness of the psychological and emotional burden encountered by the parents of the premature neonate. From birth, primary care for the infant is transferred from the mother to the professional caregivers of the neonatal unit. Moreover, for the infant, the neonatal unit can often be an environment of both sensory overload and deprivation, where the infant receives at times too much or too little stimulation. Such experiences may have a negative impact on parent infant interaction and bonding, on the infant's development, and on the psychological well-being of parents and infant. Kangaroo Mother Care (KC) is a type of care for preterm infants and their parents that provide early skin-to-skin contact between the baby and the parents. This method enables parents to provide primary care and comfort to their infant during their time in hospital. Much of the research that has been carried out on KC since it was initiated has focused on physiological effects, while the psychological effects of KC remain understudied. The benefits of skin-to- skin contact for both premature and full-term infants have been extensively researched; there has been less research about the effects on the parents and developing parent- infant relationship. Keeping this in mind present study has been framed to study the relationship between parent and infant before and after providing KC, the significance between the preemies and full terms and the effect of demographic characteristics on parent infant relationship. Kangaroo care is a technique practiced on newborn, usually preterm infants wherein the infant is held, skin-to-skin, by mother, father or an adult. Often, after a baby is born, it is whisked away to be cleaned up, weighed, measured and tested. With premature babies or those born with medical problems, the separation from the mother can be even more extensive as the infants may need testing or even immediate surgery. Some research suggests that this separation period can cause psychological and physical stress to the baby, and

should be avoided. Keeping the baby in close contact with the mother allows it to adapt to the new environment while still hearing the heartbeat and body rhythms it is used to from the womb. For mothers who wish to breastfeed their baby, kangaroo care can be an essential part of the strategy. Multiple studies have shown that not only does milk production increase after prolonged skin contact, but the produced milk may actually change to give better nutrition to the baby. A high percentage of kangaroo treated babies are able to nurse successfully and for longer periods of time. As low birth weight and lagging weightgain can be a serious problem for premature babies, increasing the amount of milk they ingest can be enormously increased.

The parent-infant relationship consists of a combination of behaviors, feelings, and expectations that are unique to a particular parent and a particular child. The relationship involves the full extent of an infant's development. PIR offers a unique opportunity to enter into a supportive partnership at a time when parents may feel vulnerable and in need of support.

Studies have now established that babies can recognize voice and smell of their mother at birth. At four days old, they can distinguish between their mother's face and other faces and they can even recognize emotional expressions. Infants are primed from birth (and earlier) to interact with their care taker.

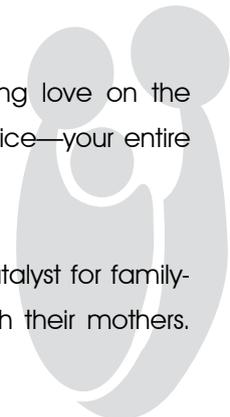
Infant massage is a wonderful way to enhance the bond between parent and infant. Massage combines intimacy, nurturing touch, play, and that one on one time to connect with the infant. Infant learns to enjoy the comfort and security of the tender communication exemplified during massage as well as improving the parent's feeling of confidence in being able to connect with and care for their infant. Overall, infant massage beautifully integrates several elements necessary for bonding and attachment.

#### **Bonding with the newborn :**

Bonding is really a continuation of the relationship that began during pregnancy. The physical and chemical changes that were occurring in your body reminded you of the presence of this person. Birth cements this bond and gives it reality. Now you can see, feel, and talk to the little person whom you knew only as the "bulge" or from the movements and the heartbeat you heard through medical instruments.

Bonding allows you to transfer your life-giving love for the infant inside to care giving love on the outside. Inside, you gave your blood; outside, you give your milk, eyes, hands, and voice—your entire self.

Bonding brings mothers and newborns back together. Bonding studies provided the catalyst for family-oriented birthing policies in hospitals. It brought babies out of nurseries to room-in with their mothers.



Bonding research reaffirmed the importance of the mother as the newborn's primary caregiver.

Bonding is not a now-or-never phenomenon. Bonding during this biologically sensitive period gives the parent-infant relationship a head start. However, immediate bonding after birth is not like instant glue that cements a parent-child relationship forever. The overselling of bonding has caused needless guilt for mothers who, because of medical complication, were temporarily separated from their babies after birth. Epidemics of bonding blues have occurred in mothers who had cesarean births or who had premature babies in intensive care units.

Catch-up bonding is certainly possible, especially in the resilient human species. The conception of bonding as an absolute critical period or a now-or-never relationship is not true. From birth through infancy and childhood there are many steps that lead to a strong mother-infant attachment. As soon as mothers and babies are reunited, creating a strong mother-infant connection by practicing the attachment style of parenting can compensate for the loss of this early opportunity. It is seen that adopting parents who, upon first contact with their one-week-old newborn, express feeling as deep and caring as those of biological parents in the delivery room.

#### Need of Parent Infant Relationship :

The human infant is a helpless creature at birth. He is virtually immobile, he cannot creep, walk, or speak, and is greatly limited in his ability to act with purpose. Unlike other primates, he cannot even hold on to or cling to his mother. He must be carried if he is to go from one place to another. Seventy-five per cent of his brain develops after birth. He cannot continue to live without the efforts of another human. He requires years of development before he can care for himself. A baby's helplessness and immature development requires a source of care. Nature has provided a source to match this need – the human mother.

Mothers are biologically and genetically designed to nurture their babies. A newborn's mother has everything baby needs – arms to hold him, breasts with human milk to feed and comfort him, a human body to share with him, a person to protect and be there for him. She is someone who has evolved with the power and specific resources that will allow her baby to continue to live and to develop normally after he is born. Mother and infant did not evolve separately, but together. The mother is the other half of the human nurturing process, a process which begins at conception and which continues for many years after birth. Although a mother and her baby are from the moment of conception structurally separate, they evolved to function together as a unit.

It is not possible to fully understand the human baby or his development if we study him in separateness from the "someone" who keeps him alive. There has never been a baby who lived without the help and support of another human – with the possible exception of a few isolated and unproven reports of feral children raised by animals. And since those few individuals were abnormal in their development when they were found, it seems safe to conclude that a baby who develops without

the care of another human being will be abnormal.

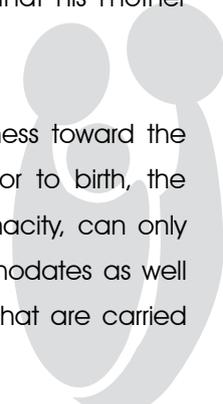
A baby will, shortly after birth, begin to smile, to make pleasant and sweet happy sounds, to recognize and to explore his mother, and then to laugh, reach out, touch and hug, all of which increases his mother's tender attachment to him. He indicates that he likes being with his mother, that he wants to be with her, that he is not a stranger, that he is a friendly, social being, that he has all the human emotions that she does. Mother and baby are structurally separate without a placental attachment after birth, but they are not physically or emotionally separate. They evolved to be a nursing couple in close, physical contacts day and night – a couple who are reactive to each other's moods and feelings. A mother smiles when her baby smiles, laughs when her baby laughs, is anxious when her baby is anxious, content when he is content, peaceful when he is peaceful, and sad when he is unhappy. A baby smiles when his mother smiles, laughs at her sounds of delight, becomes upset when his mother is upset, anxious, distant, angry, or not available when he wants to be with her.

The mother-infant relationship, because of its physical intimacy, minimal separateness, strong mutual dependency, and the necessity for unity in functioning, collaboration, empathy, and identification may well be the most social of all human relationships. No other relationship, including that of the adult couple, tests the power of the human capacity to imagine, wonder, and become "another", since it is at first nonverbal, and then minimally verbal for many years. A baby cannot tell with language who he is, what he feels, or what he wants or needs. The mother must come in touch with the "forgotten language", those non-verbal ways of communicating with another of our kind, that once was for humans (before we developed language) the only way to express our caring feelings to another.

For a baby, innately social, the relationship with his mother is his introduction to humanity, his first human relationship, and the one that sets the tone for all of his future relationships. For the mother, it is an opportunity to nurture and cherish the life of another, to directly share and participate in the development and creation of a human being, and by so doing, grow in her human connection.

A baby isn't at first aware that he can have an effect on his mother, that he has the power to make her feel tenderness toward him. Neither can he do anything special to make her take care of him. He is, without knowing it, relying on millions of years of mammalian evolution, on the fact that he is a baby and that she is a mother, in order to receive the tenderness and nurturing that his mother evolved to provide to her children.

We are a species whose existence is genetically rooted in our ability to feel tenderness toward the life we create and the capacity to nurture this life, both before and after birth. Prior to birth, the nurturing process follows its own natural genetic and biological course, and, in its tenacity, can only be terminated by miscarriage or abortion. The mother's body spontaneously accommodates as well as conditions permit to the growing embryo and fetus. Even unwanted conceptions that are carried



to full term can deliver healthy infants. For many individuals, the process prior to birth, because it is independent of culture, may be the only time in their lives when they are nurtured in a normal human way.

As with all mammals, human gestation does not end with birth. The nurturing process after birth, although it is genetically and biologically continuous with the process before birth, is unfortunately not automatic. In humans, the mother can choose, and be influenced by others within her culture, to discontinue being a part of this process. It is likely that in our human beginnings mothers were governed much more by hormonal, instinctive, and reflexive processes in their response to their newborns than they later came to be. But as we developed our modern brain, the care of infants and young children became a conscious activity, and as consciousness became more and more determined by culture, the care of infants and children became a cultural process, greatly influenced by the socioeconomic organization of a society.

Babies are no longer cared for in ways that fit them, but in ways that make them fit their society. We are a species that is genetically designed to nurture our offspring and also one which can, because of our capacity for consciousness and awareness, understand, value, and give priority to the newborn's need for nurturing. We can – as individuals and as a society - encourage mothers to nurture their babies. However, consciousness is a two-edged sword. From cultural conditioning, we can believe, for example, that biological mothering is unimportant, unnecessary, and an unfair and burdensome intrusion on women's lives, or that too much nurturing "spoils" babies and is harmful to their development, or even that some babies, depending on their gender, "imperfection" at birth, parentage, or "illegitimacy," should not live.

The nurturing mother-infant interaction, rooted in the mother's capacity to care about the life she creates, was for most of our existence the model for all human relationships and the foundation for human society. It allowed the newborn to be born in an immature state and to slowly develop his brain and mind in relation to loving others. The nurturing process, predicated on the unity of mother and baby, developed individuals who would find it natural to function in unison with others. We would be a very different kind of species - a very unsocial one - if we were born fully developed and did not require mothering.

In a society where a baby lives and develops without his mother's presence and without human tenderness, some babies, if not most, become a different kind of human than they were meant to be. They must adapt to and fit the substitutes that have replaced natural mothering: formula, pacifiers, cribs, playpens, security objects, and substitute caregivers. In doing so, they are, as adults, different from adults who develop in relation to a nurturing mother. Inappropriately and poorly nurtured children grow up without the internalization of tenderness. We evolved to pass on to the newborn our tender feelings for them.

