

Research Reviews

Mother-Father Interactions Over First Year

Harrison MJ, Magill-Evans J.(1996). Mother and Father Interactions over the First Year with Term and Preterm Infants. Research in Nursing & Health, 19(6):451-9.

This study compared mothers and fathers in interactions with their term and preterm infants over the child's first year. Observations were done three months and 12 months postdischarge. The hypothesis was that preterm infants and their mothers and fathers would have less optimal interactions than parents and term infants at 3 months. Families were recruited from three different hospitals with similar policies on parental involvement with the infant. There were two groups: families with term infants and families with a healthy preterm infant. The parents were observed teaching the infant using the NCATS. Mothers of term infants were more responsive than mothers of preterm infants. Fathers of term infants were more responsive to their infants than fathers of preterm infants, exactly the opposite of the previous findings. The findings support previous reports that mothers of preterm infants have lower scores on measures of parent-infant interaction than do mothers of term infants. As hypothesized, fathers of preterm infants also have lower scores than fathers of term infants. The results do support earlier findings on mother-preterm infant dyads, but not father-preterm infant dyads.

Klima,C.S.(2003). Centering Pregnancy: A Model for Pregnant Adolescents. Journal of Midwifery & Women's Health,48(3):220-5.

Recent exploration of the experiences of pregnant and parenting adolescents has uncovered the need to address the unique developmental, social, and cultural aspects of adolescent pregnancy. Many adolescents live in communities with limited opportunities, poverty, violence and a lack of support. Programs that help young women discover their inner strength, create environments for empowerment, and build community may help adolescents to achieve goals and parent successfully. Centering Pregnancy is a model of group prenatal care that provides for the assessment, education, and support of pregnant women and may be particularly useful in adolescent populations. The model is described and the ways adolescents may benefit from Centering Pregnancy's unique design is discussed.

Mulder,E.J., Robles de Medina,P.G., Huizink,A.C., Van den Bergh,B.R., Buitelaar,J.K., Visser,G.H.(2002). Prenatal Maternal Stress: Effects on Pregnancy and the (Unborn) Child. Early Human Development,70(1-2):3-14.

This paper evaluates the existing evidence of ways in which prenatal maternal stress affects pregnancy outcome and results in early programming of brain functions with permanent changes in neuroendocrine regulation and behavior in human pregnancy and child development. A computerized literature search of pertinent articles suggest that well-controlled human studies indicate pregnant women with high stress and anxiety levels are at increased risk for spontaneous abortion and preterm labor and for having a malformed or growth-retarded baby (reduced head circumference in particular). Evidence of long-term functional disorders after prenatal exposure to stress is limited, but retrospective studies and two prospective studies support the possibility of such effects. A comprehensive model of interrelationships between maternal, placental, and fetal factors is presented. Apart from the well-known negative effects of biomedical risks, maternal psychological factors may significantly contribute to pregnancy complications and unfavorable development of the (unborn) child. These problems might be reduced by specific stress reduction in highly anxious pregnant women, although much more research is needed.