

Bringing the unborn baby into view

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LEAP

Lambeth Early Action Partnership

NHS
South London
and Maudsley
NHS Foundation Trust

PAIRS (Parent and Infant Relationship Service)



PAIRS is part of LEAP (Lambeth Early Action Partnership) and Lambeth CAMHS

Multidisciplinary team (including Child and Adolescent Psychotherapists, Social Worker, Art Psychotherapist/CAMHS Practitioner)

Therapeutic work with families with children aged pre-birth up to 4 years-old

Support the Lambeth workforce through training, consultation and supervision

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Infant Observation

‘Baby G was lulled by her mother’s regular and drowsy breathing. Her passiveness was in contrast with the almost incessant activity of her tongue, moving in and out of her lips and rolling as if she were sucking it, together with frequent opening and closing of her mouth...

Infant Observation

...Such closing, though, even when her tongue was not in the way, was always incomplete, and since the image of the umbilical cord, when visualised, was adjacent to her mouth, presumably, Baby G often kept the cord in her mouth and licked it too.'

‘From Fetus to Child’ - An Observational and Psychoanalytic Study, Alessandra Piontelli

- The unborn baby has an experience
- Behaviour patterns in utero carry through postnatally
- The parent infant relationship begins prenatally

Transcript from ultrasound observation - 14 weeks

Obstetrician: Here we are now...the anterior wall of the womb...the placenta...the gestational sac...

Mother: (immediately) Is it already possible to see the placenta?

Obstetrician: It is anterior...but at this gestational age the placenta takes up an extensive area of the internal wall of the womb...

Mother: But anterior means normal or not?

Obstetrician: Anterior is normal

Transcript from ultrasound observation - 14 weeks

Mother: Is it possible to see enlargements of the details?

Obstetrician: Well...this is the maximum enlargement

Mother: The fetus is moving, isn't it...when will I start feeling its movements?

- Mother who had previously experienced a still birth
- Postnatal observation at two months: ‘while feeding him, his mother never looked at him and spoke relentlessly with me. The most striking feature about him was the immobility of his body, his eyes and his face.’

Father and unborn baby

- Father unable to focus on the pregnancy of his second baby
- Causing distress in father and relational difficulties with partner
- Unacknowledged trauma of first birth

Relationship between parents and unborn baby

- Impacted by history ('Ghosts in the Nursery' - Selma Fraiberg)
- Physical and emotional connections between parents and unborn baby
- Parental representations of the baby

Why is the relationship important?

Short-term

Impacts parental health behaviours in pregnancy and shapes the baby's brain and stress response

Medium-term

Predicts the quality of parent infant interaction in the postnatal period (Benoit et al. 1997) and the infant's attachment status at one year-old (Theran et al., 2005)

Long-term

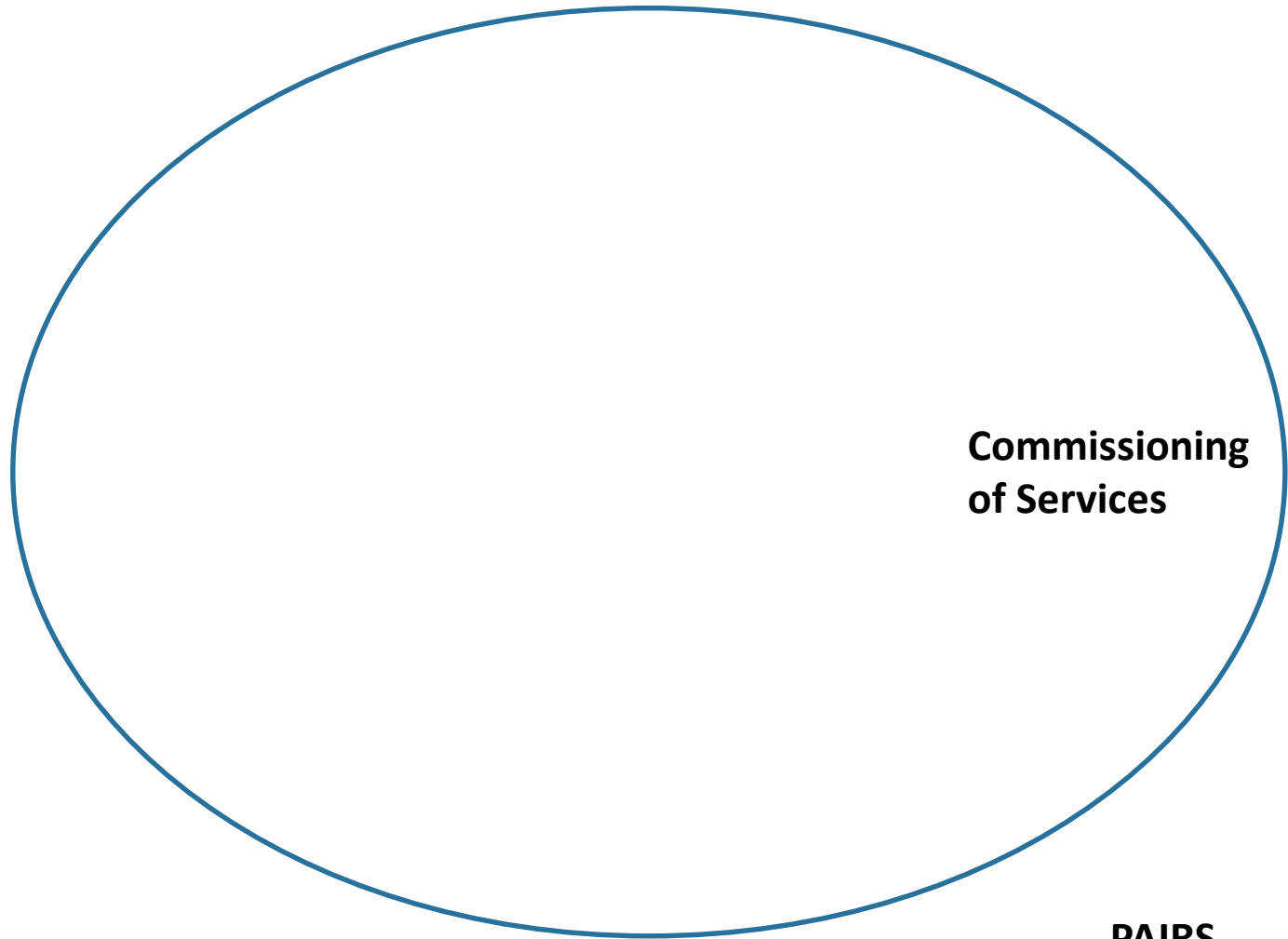
Predicts attachment security which is associated with better outcomes in childhood across all development domains

Insecure or disorganised attachment is associated with later developmental problems and psychopathology

The unborn baby 'blind-spot'



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The unborn baby 'blind-spot'

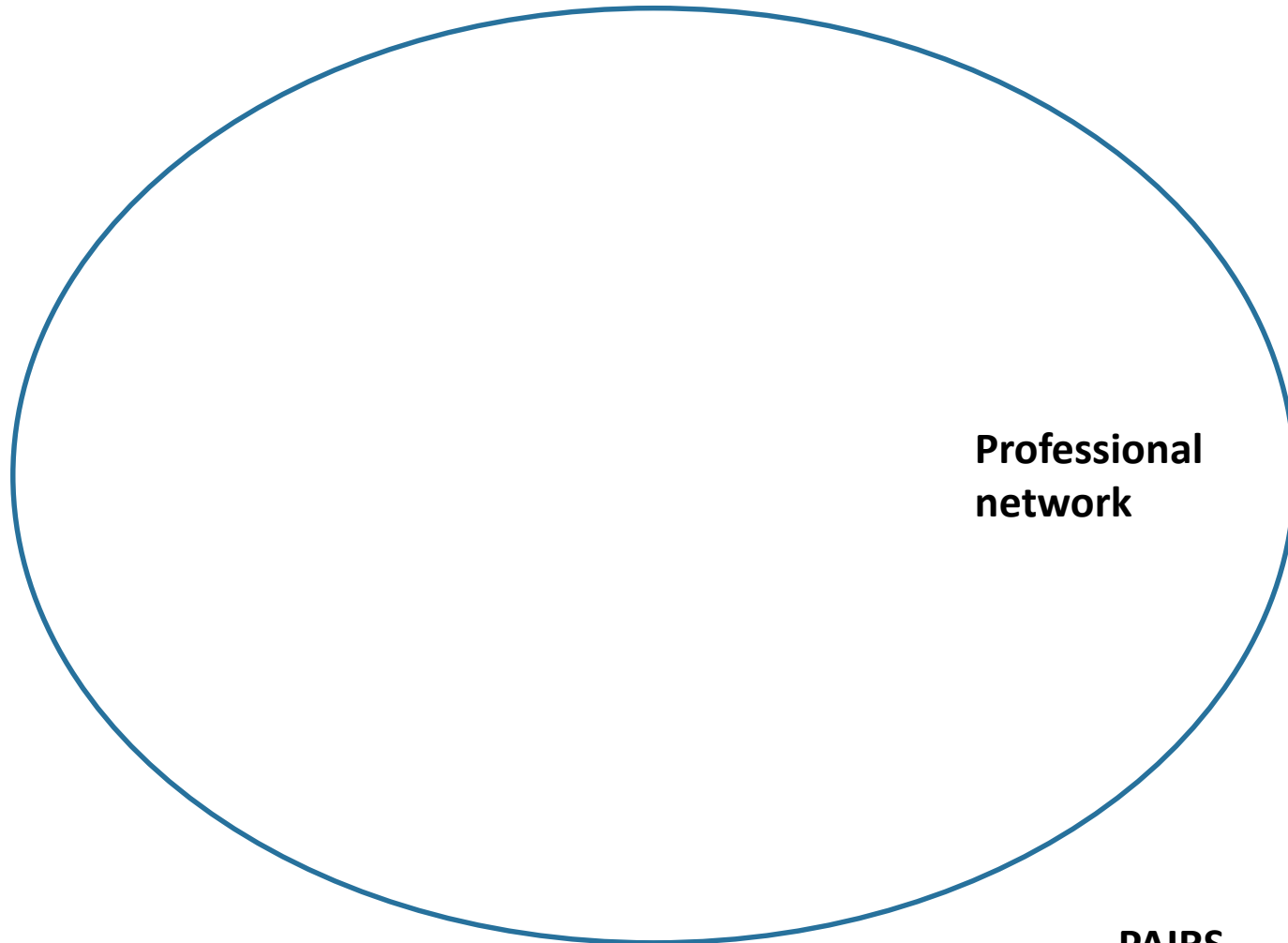


- Out of focus for CAMHS and AMHS
- Adult focused interventions
- Estimated 300 parent infant teams required to meet needs across UK. There are currently 36 teams (Parent Infant Foundation)

**Commissioning
of Services**

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The unborn baby 'blind-spot'



**Professional
network**

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The unborn baby 'blind-spot'

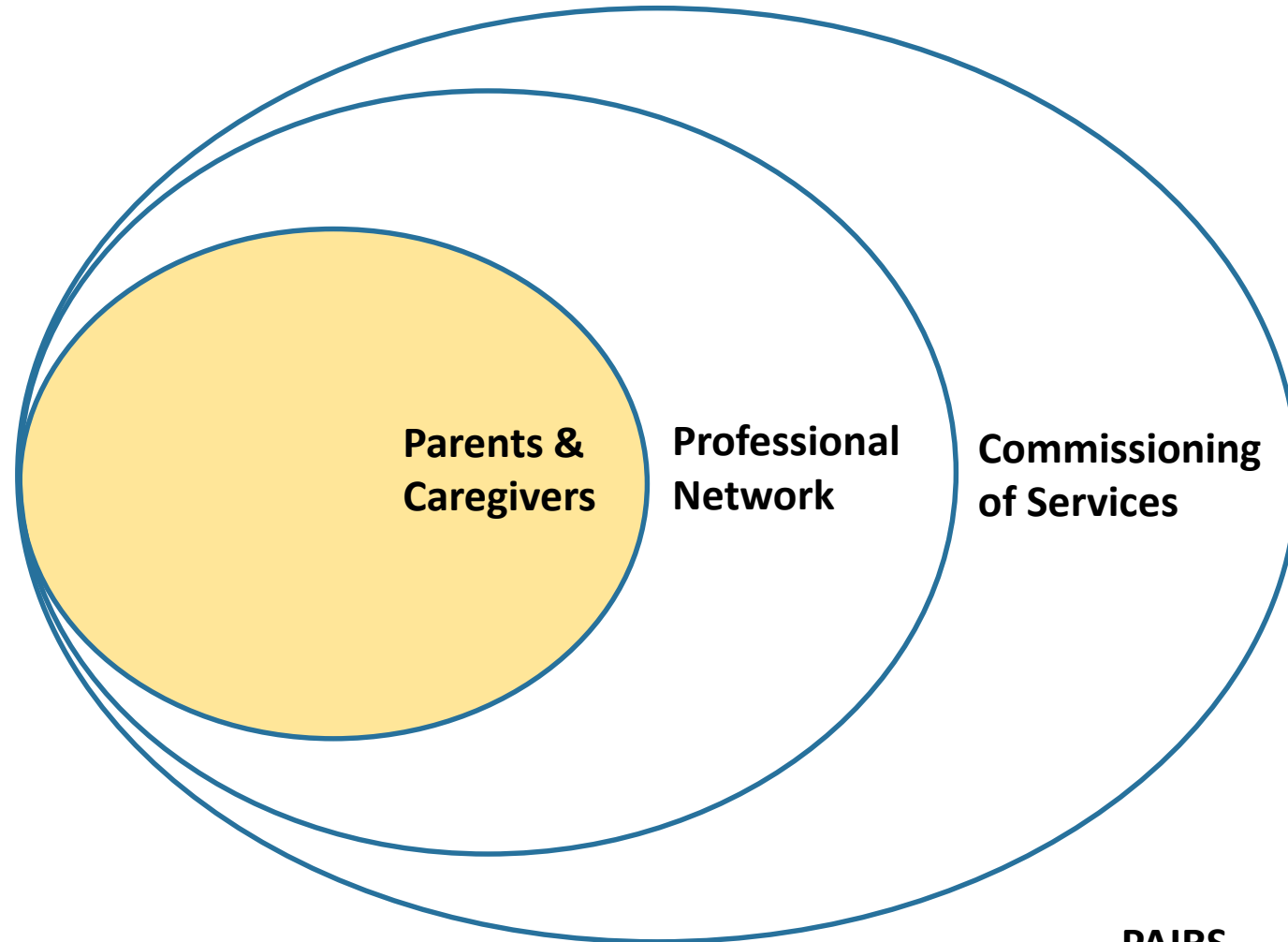


- Difficult to find the language for the earliest infant parent relationship
- In times of crisis focus tends to be on the adults
- Defence against mental pain, practitioners 'turning a blind eye' (Rustin, 2005)

Professional network

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The unborn baby 'blind-spot'



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The baby blind spot (parents)

Case Study 1

- Mother's diagnosis of anxiety and 'tokophobia'
- Tokophobia = a phobic state with pathological dread of childbirth, so intense that "tokos" (meaning "childbirth") is avoided whenever possible
- Disgust of pregnancy & her baby. The mother could not bear to say the word 'baby'

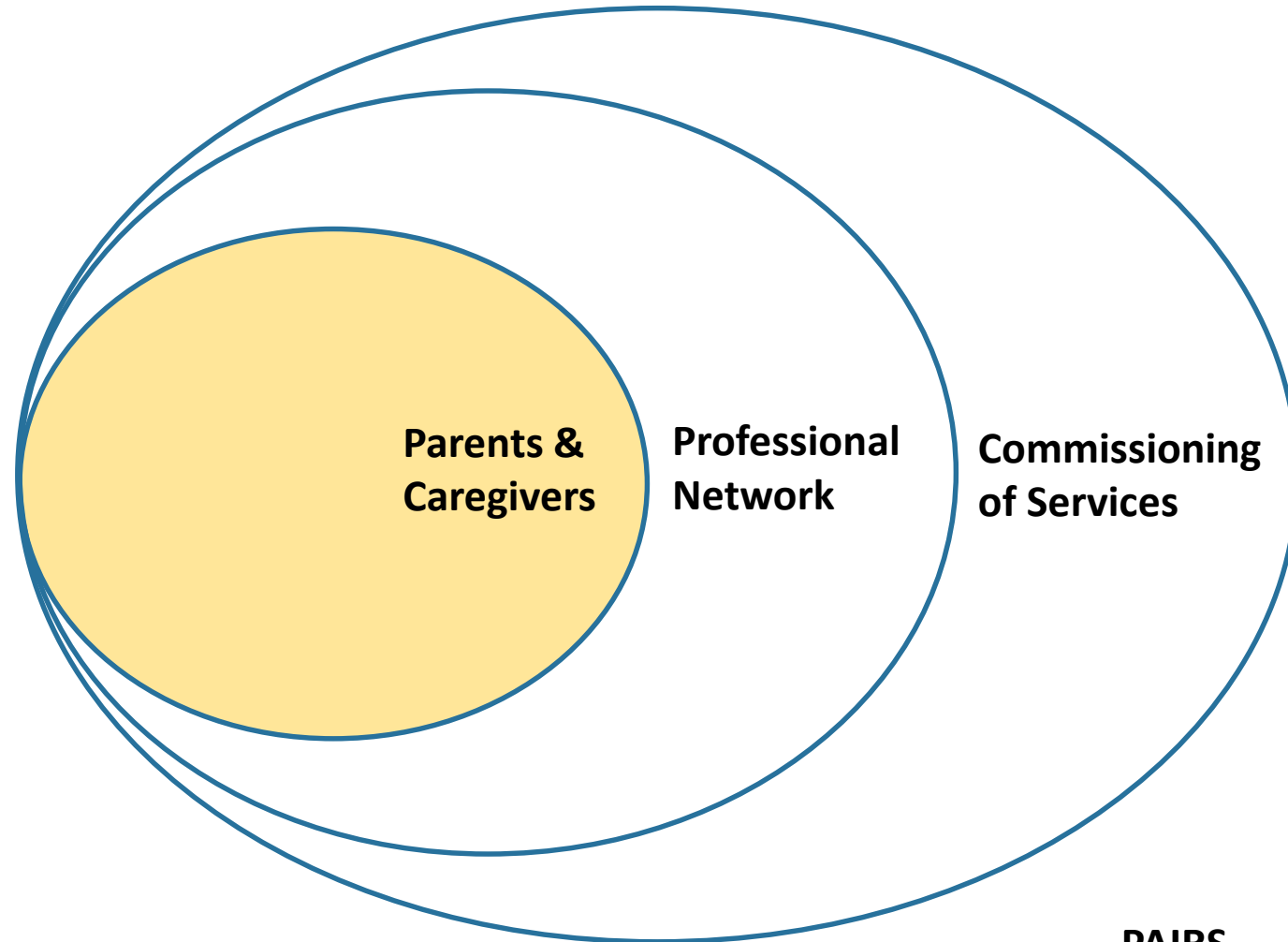
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The baby blind spot (parents)

Case Study 2

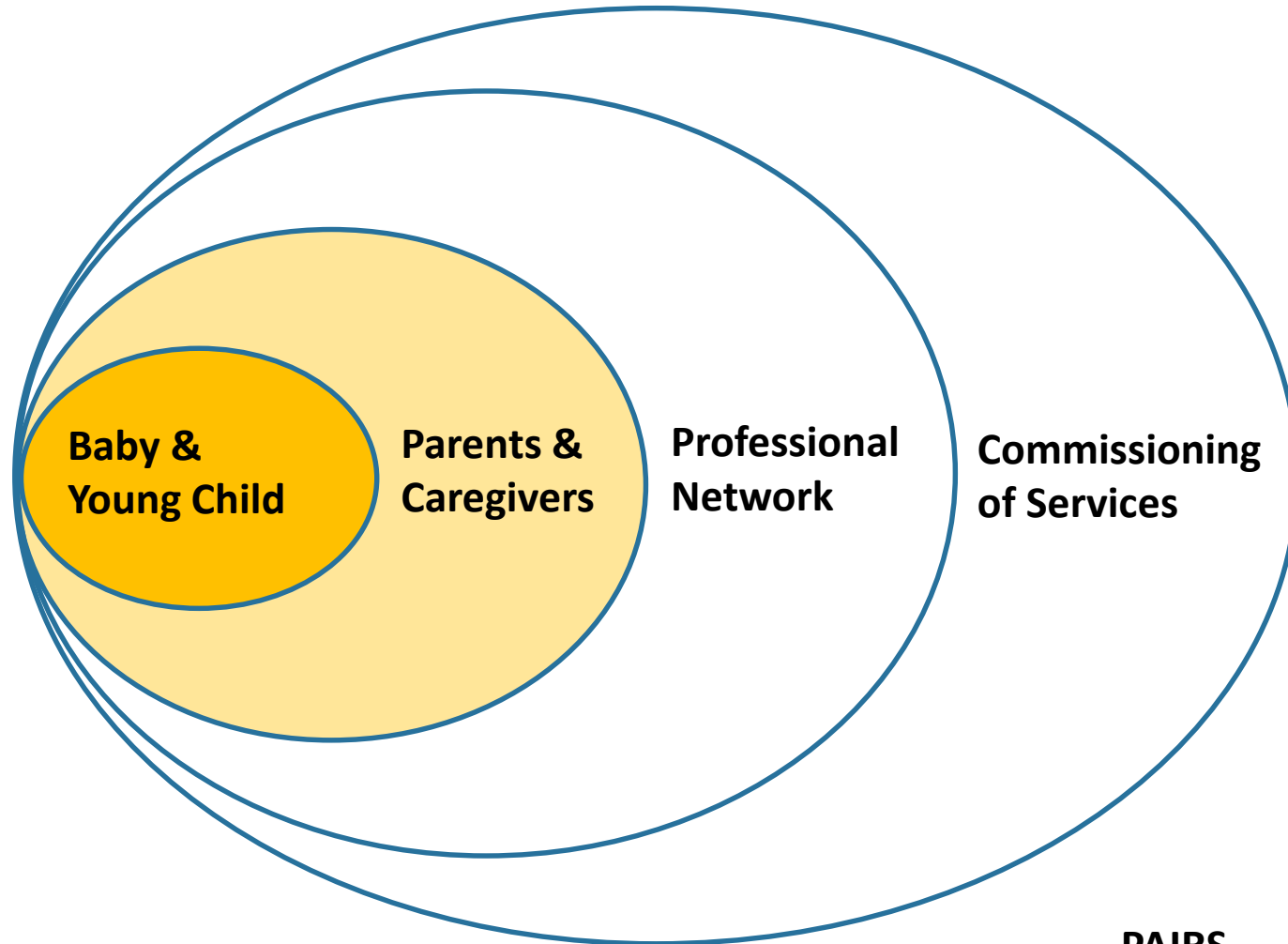
- After a late miscarriage mother was pregnant again but both mother and father were unable to think about the unborn baby
- Overwhelming feelings of grief and shame about loss of previous baby

The unborn baby 'blind-spot'



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The unborn baby 'blind-spot'



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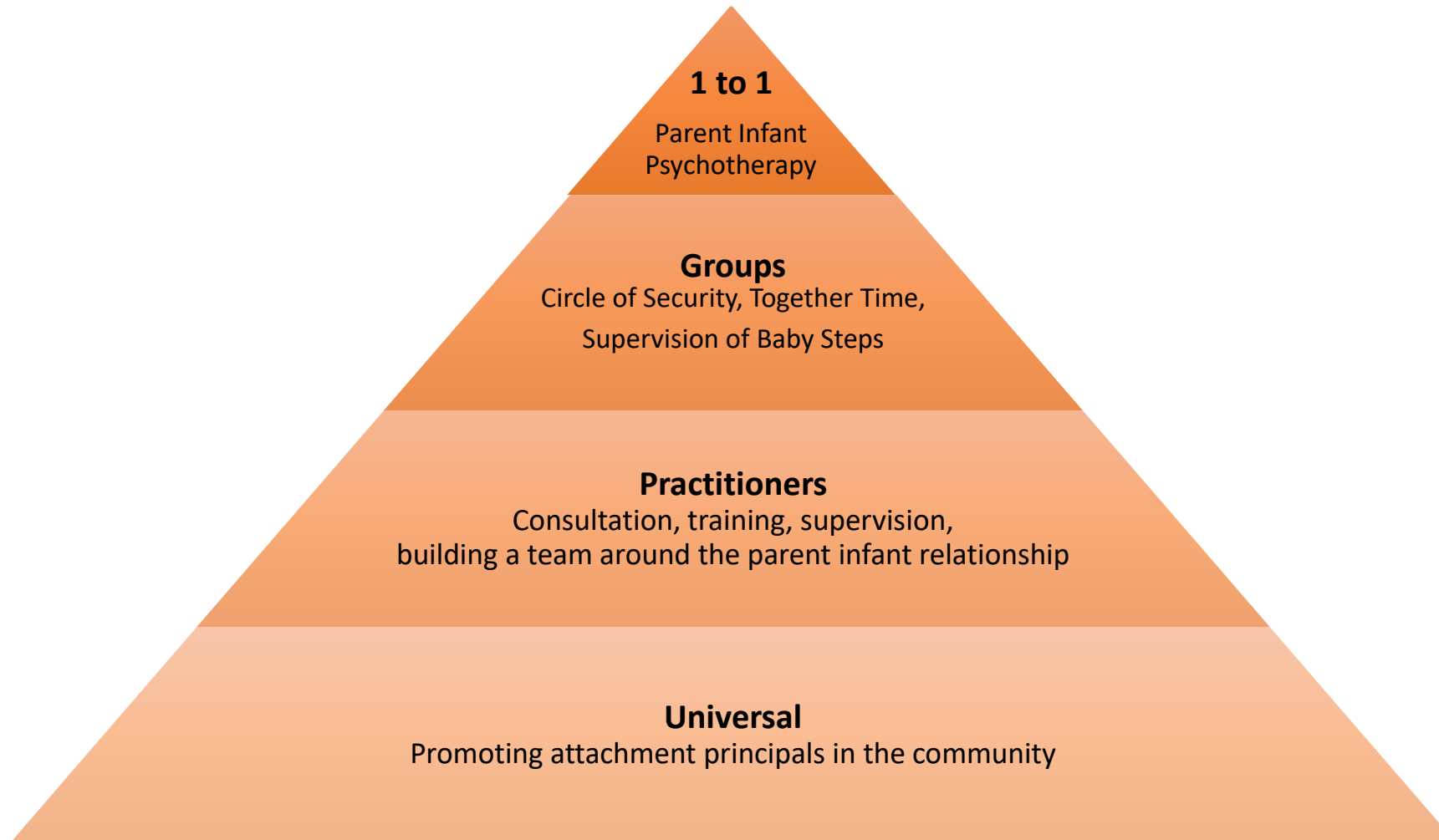
Relational Trauma

If such babies could speak they would be saying: “Don’t worry, I won’t bother you.” They sense that their dependence and neediness is unwelcome, so they learn to hide their feelings. In fact they grow up believing implicitly that they should not really have feelings.

This may develop into a difficulty in recognising one’s own feelings. After all if the mothering person is not interested in them, then how can the child be interested in them?

Sue Gerhardt, *Why Love Matters* (2004)

The PAIRS Offer



The PAIRS approach

Parent Infant Psychotherapy

- Comprehensive assessment
 - History
 - Relationship dynamics
 - Measures (Maternal and Paternal Object Relation Scales, Working Model of the Child Interview)
 - Risk factors around the parent infant relationship
- Treatment which focuses on developing the parent infant relationship

The PAIRS approach

Building a team around the parent infant relationship

‘The potential complexity of factors involved from conception through to early life is such that no single practitioner or intervention can be expected to meet the family’s needs.’

(Tameside and Glossop Integrated Perinatal and Parent Infant Mental Health Model, 2017)