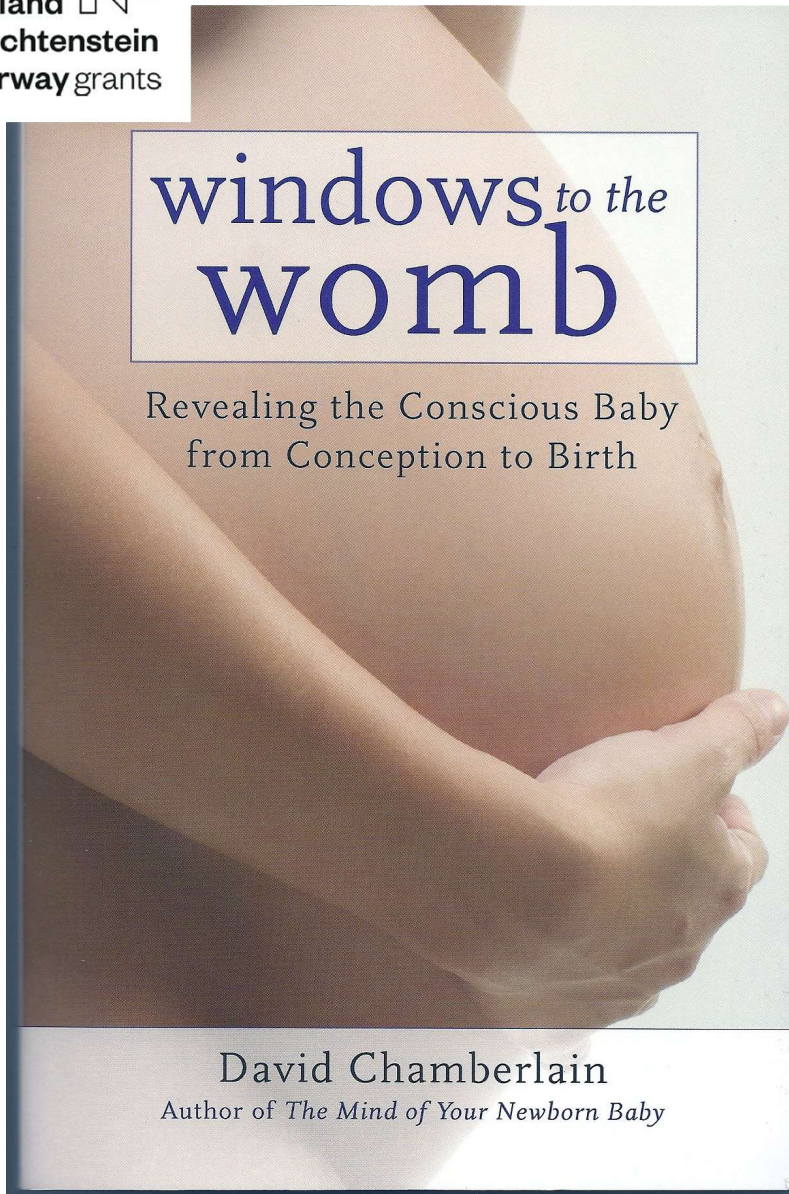


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“Prenatal Parenting: The Relationship between Parents and the Unborn Baby”

*Gesell’s Stages of Development
Adapted to the Prenatal Period*

*Iceland
December 7th*

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The history of man for the nine months preceding his birth would, probably, be far more interesting and contain events of greater moment than all the three score and ten years that follow it.

Samuel Taylor Coleridge (1885)

Why look at the prenatal period as mental health educators/practitioners?

- The study of the prenatal environment are shown to have long-term negative impacts on offspring behavior and health.
- Both the prenatal and early postnatal periods are targets for innovative preventative and intervention strategies.
- Pregnancy and the early postnatal period are times of both great opportunity and considerable risk, and their influence can extend over a lifetime.

- [APPPAH | Association for Prenatal and Perinatal Psychology and Health \(birthpsychology.com\)](http://birthpsychology.com)
- [\(217\) Dr. Catherine Monk: The Mother-Infant Relationship Before Birth & Why it Matters – YouTube](#)

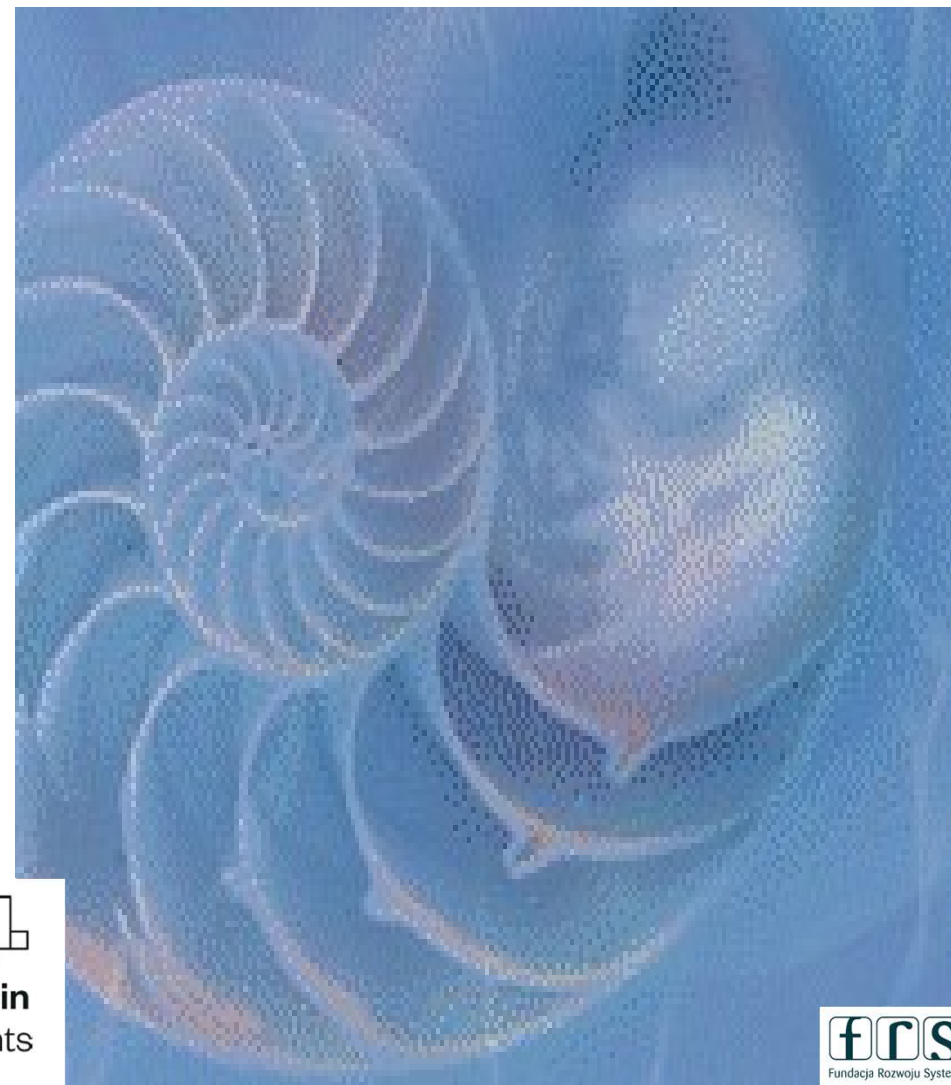
Tasks of Pregnancy

- Acceptance of the pregnancy
- Developing an emotional affiliation with the baby
- Recognition of the baby as a separate individual (Caplan, 1960)
- The bond between a mother and her child is developed and structured during pregnancy.... At birth there is already a sense of shared experience, shared history, and shared time on an intimate and exclusive plane.

Traditional Prenatal Visits

- Mother's weight, blood pressure, urine specimen
- Fetal heart tones
- Measuring size of uterus
- Neither pre-term birth nor inter-uterine growth restriction can be effectively prevented by prenatal care in its present form (Lu, Tache, & colleagues, 2003)

- The *relationship* between the mother/father and the fetus is not always assumed. They think *pregnancy* but not “baby” until birth.
- **Prenatal** attachment is concerned with the development of *feelings for the baby*, different than investment in the pregnancy. (Moulder, 1994).
- One can take care of self physically during pregnancy but not necessarily embrace a baby within.



[Sroufe, A., & Klostermann \(2022\) The path to one's own personality: How attachment experiences shape us throughout our lives](#)

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Attachment and transition to parenthood: gender differences



- Women's experiences of attachment and transition to parenthood
 - Women's journeys often begin once the diagnosis of pregnancy is confirmed.
 - Baby 'becomes real' over time.
 - Physical as well as an emotional attachment to baby.
- Men's experiences of attachment and transition to parenthood
 - Men have a cognitive relationship to their unborn baby.
 - Baby often does not 'become real' until after the birth, for many men that process may be impeded by breastfeeding.
 - Transition often not completed until the baby is present in the extra uterine environment.
 - Murphy, M., Savage, E., et. al.. (2020). Trying to conceive: An interpretive phenomenological analysis of couples' experiences of pregnancy after stillbirth. *Women and Birth*. <http://dx.doi.org/10.1016/j.wombi.2020.10.016>
 - mgt.murphy@ucc.ie

Mentalization

- Being held in another's mind is crucial for the therapeutic relationship
- Help parents visualize a baby "already present" an "inside baby"
- When the "It" becomes "You" the dialogue begins



The months of pregnancy, nineteenth-century print. Bibliothèque Nationale, Paris.

Prenatal Parenting Model of Intervention

CYCLES OF DEVELOPMENT

PHASES OF CYCLE	SMOOTH	BREAK UP	SORTING OUT	INWARDIZING	EXPANSION	NEUROTIC FITTING TOGETHER
	I	II	III	IV	V	VI
	Egg	Fertilization 12 weeks	12-24 weeks	24-32 weeks	32 weeks labor & birth	1-4 weeks
	4-8 weeks	8-12 weeks	12-16 weeks	16-24 weeks	24-28 weeks	32 weeks
	40 weeks	44-48 weeks	52-56 weeks	15 months	18 months	21 months
	2 years	2-1/2 years	3 years	3-1/2 years	4 years	4-1/2 years
	5 years	5-1/2 years	6-6-1/2 years	7 years	8 years	9 years
	10 years	11 years	12 years	13 years	14 years	15 years
	16 years	17 years	18 years	19 years		

Gesell's neurological stages of development. Prenatal adaptation by Joann M. O'Leary. (c) 1986

Revised 11/93

The Phases of the Developmental Cycles

Phases of Cycle	A. Smooth	B. Break-Up	C. Sorting Out	D. Inwardizing	E. Expansion	F. "Neurotic" Fitting Together
Behavior	Relative calm, meet demands to satisfaction. Consolidated. Mesh with environment.	Oppositional. At odds with self & environment. Boiling and bubbling. Ritualistic.	Temporary quieting. Different tasks, places & situations have different related behaviors. Associate result with a specific problem or task; in balance, establish relationships.	Want stability, order and little change. Fearful of the unexpected. Depends on what children can control... fit world within selves.	Constant motion and noise... vigorous. Move with abandonment; so lost in filling newly discovered space children lose selves. Movement and change key to direction.	Intricate meshing of forces. Separate fact from fantasy. "Bothered" age because children have a glimmer of what's possible, but cannot always achieve.
<u>Approach To Problem Solving</u>	Meet problems with confidence as though they have all answers they need. See relatively few inconsistencies. Problem & solution, falling in place. Probability more discernible.	Dawning of awareness of inconsistencies; tend to hold onto past patterns which previously gave results, but are not satisfied with them.	Discovery and exploration of new ways of approval. Specific patterns for specific problem.	Inductive process, logical. Resolve by restriction. Work from parts to get whole. Attempt to deal with as if no change.	Deductive process. Want to deal with the whole so they will know what the parts are. Want movement and change; do not like status quo.	See problem and many alternatives. Can't be sure which possibility more probable. Some notion of what the end should be.

Developmental Cycles of Parenting During "Normal" Pregnancy

Phases of Cycle	Smooth Conception	Break-Up Blastocyte -12 Weeks	Sorting Out 12-24 Weeks	Inwardizing 24-32 Weeks	Expansion 32 Weeks Labor/Birth	"Neurotic" Fitting Together PP-4 Weeks
Caplan's Psychological Tasks	Acceptance of Pregnancy: Emotional affiliation with baby			Perception of baby as separate individual		
Fetal Physiology	Conception	<ul style="list-style-type: none"> All organ systems forming & differentiate Most vulnerable to adversity 	<ul style="list-style-type: none"> Rapid growth Placental functions in relationship with mother 	<ul style="list-style-type: none"> Baby assumes fetal position Growth spurt Fetal heart rate (FHR) reacts to activity 	<ul style="list-style-type: none"> Lungs mature Settles into mother's pelvis 	<ul style="list-style-type: none"> Transition from fetal circulation to extrauterine life re: resp, HR, temp
Fetal Behavior Baby	Potential	<ul style="list-style-type: none"> Energy: Baby forming into who she is; reflex actions more differentiated Mouth: Opens; jaws snap rapidly Fingers: Close incompletely Body: Generalized movement Extremity: Isolated arm or leg movement Eyes: Move 	<ul style="list-style-type: none"> Grasp with hands Sucks & swallows Coordinated hand to mouth movements Reacts to sounds Limb movements both reciprocal & symmetric Breathes 	<ul style="list-style-type: none"> Movements strong Pattern of movement Grasp nearly sufficient to support baby 	<ul style="list-style-type: none"> Consciousness more closely defined after 38 weeks Sleep/awake cycles; awake longer Stretch & extend limbs with contractions Hearing more acute Much more aware of intrauterine life Competence increases 	<ul style="list-style-type: none"> Copes with gravity; still flexed & mobile Shuts down if unfamiliar sounds Needs soft light & slow pace to see & hear together Movements more purposeful & less reflective
Maternal Physiology	Ovulation & conception	<ul style="list-style-type: none"> Implantation HCG rises Progesterone, estrogen rise Breast size increases Fatigue 	<ul style="list-style-type: none"> Quickening Placenta functions Becomes used to pregnancy Looks pregnant Fewer disruptive symptoms 	<ul style="list-style-type: none"> Abdominal size & weight increase Notices fetal movements, uterine contractions 	<ul style="list-style-type: none"> Uterine contractions, blood volume increase Cervical ripening Labor & birth 	<ul style="list-style-type: none"> Involution Lochia Lactation Maternal hormones decrease
Behavior & Psychosocial Partner & Family	<p>Calm, satisfied & in harmony with body & environment</p> <p>Uncertain, variable</p>	<ul style="list-style-type: none"> Oppositional At odds with self & environment Emotional roller coaster Ambivalence Own family background resurfaces 	<ul style="list-style-type: none"> Temporary What fits? Seeking out other people & support Discover & explore Problem solving Time of questioning Mother sorts uterine contractions from baby movements Prepare financially Dream Prenatal Testing 	<ul style="list-style-type: none"> Restriction of view Work with parts to create new whole Introspective Concentrates energy on child within Can feel left out May distance self Seek help to affiliate with baby Fewer people around, not future oriented 	<ul style="list-style-type: none"> New energy burst "Nesting" Prepares for birth, ready to release baby to outside Seeks safe place & people to birth with 	<ul style="list-style-type: none"> Emotional Sleep deprived Identity change: "Mom" & "Dad", not couple Let baby lead into roles

First Trimester

Six Stages of Neurological Development Including the Prenatal Period (after Gesell et al. 1974)

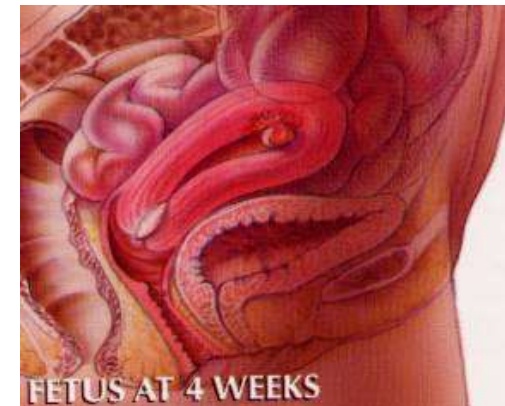
Phases of Cycle	Smooth	Break Up	Sorting Out	Inwardizing	Expansion	Neurotic Fitting Together
	I	II	III	IV	V	VI
	Egg	Fortilization - 12 weeks	12-24 weeks	24-32 weeks	32 weeks - labor & birth	1-4 weeks

Parent(s)

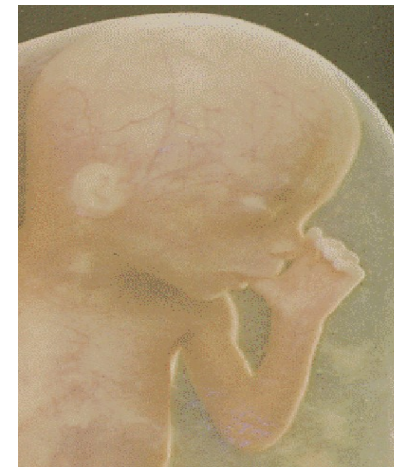
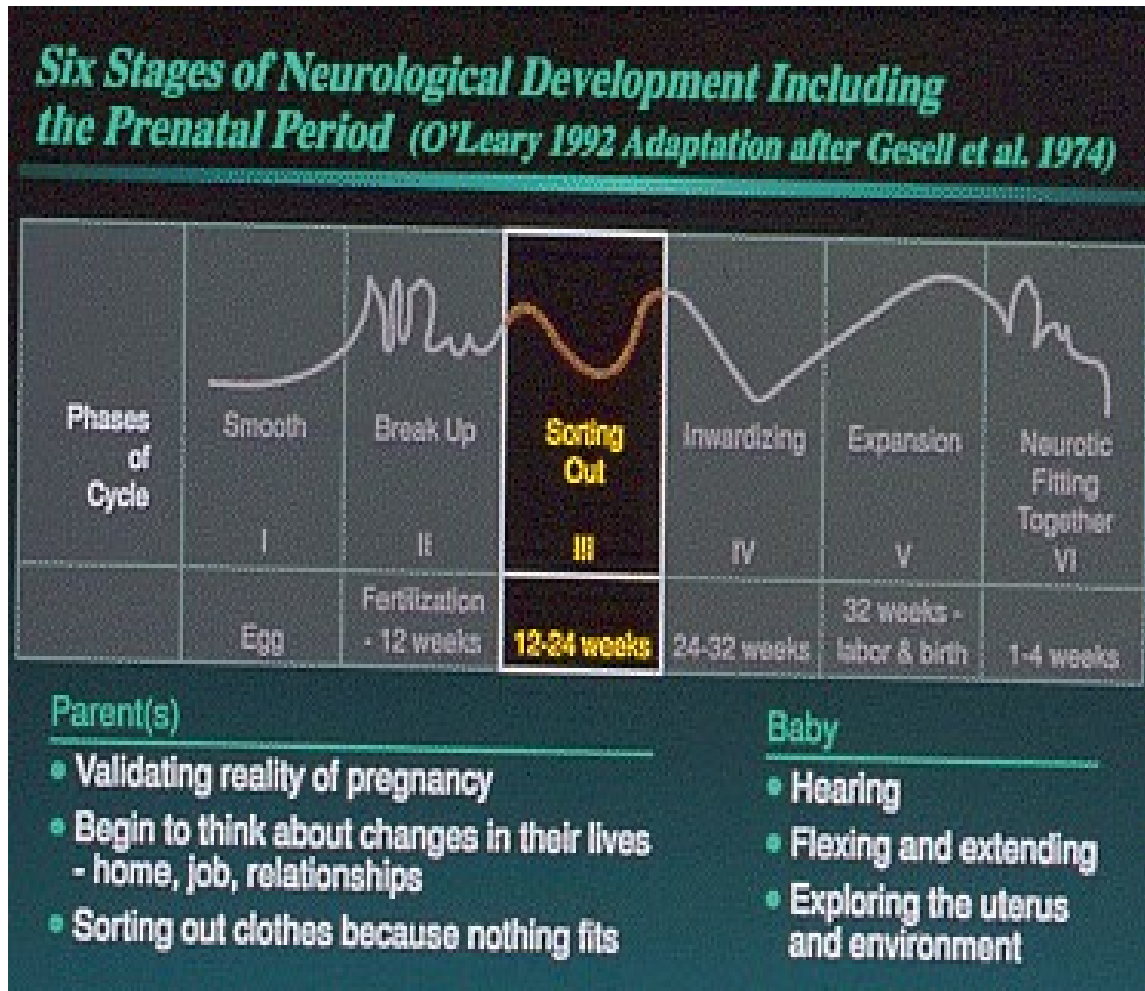
- Tremendous psychological changes
- Tender breast
- Increased blood volume
- "Break up" in who they are as a man and woman - now have created a person

Baby

- Forming and developing all his/her cells to "become"



Second Trimester “Sorting Out”



Emotional development is the foundation of language and cognitive development

Six Stages of Neurological Development Including the Prenatal Period (after Gesell et al. 1974)

Phases of Cycle	Smooth	Break Up	Sorting Out	Inwardizing	Expansion	Neurotic Fitting Together
	I	II	III	IV	V	VI
	Egg	Fertilization - 12 weeks	12-24 weeks	24-32 weeks	32 weeks - labor & birth	1-4 weeks

Parent(s)

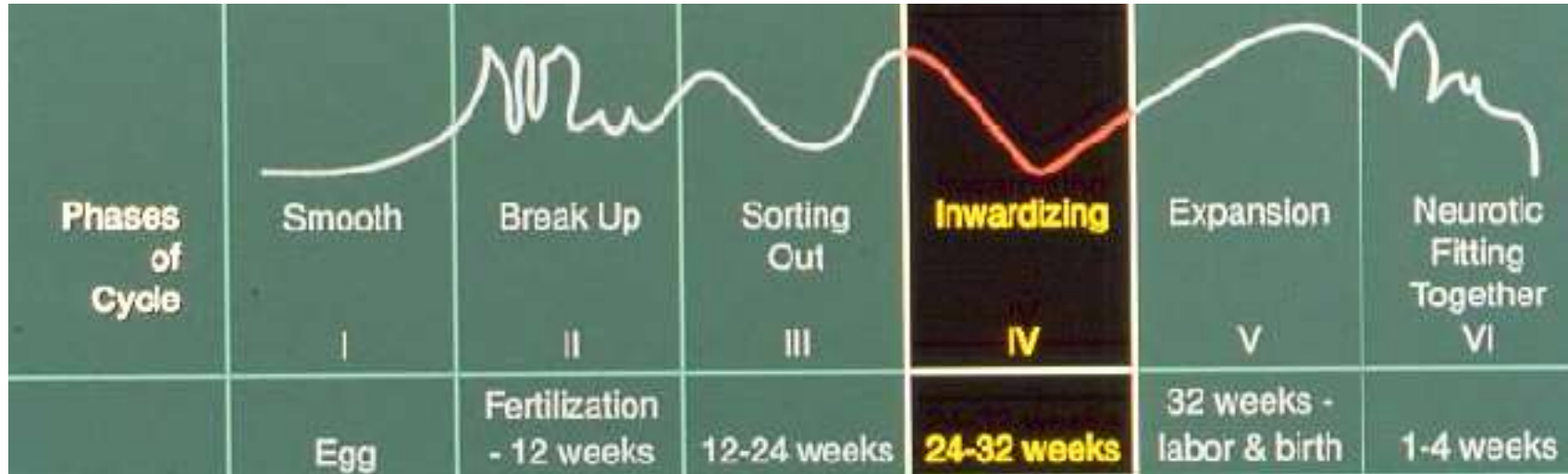
- Slow down at work
- See fewer people, do fewer things
- Get into childbirth classes

Woman in premature labor, "My baby made me slow down to get ready."

Baby

- Gaining weight
- Moving down into pelvis
- Continues to explore environment

- Imagine a baby rocking up and down with each breath the mother takes
- Imagine a baby listening to the sound of someone reading to his brother or sister
- Imagine stroking the mother's abdomen and the baby feeling the gentle touch



- Preterm Labor
- Loss in a Multifetal Pregnancy

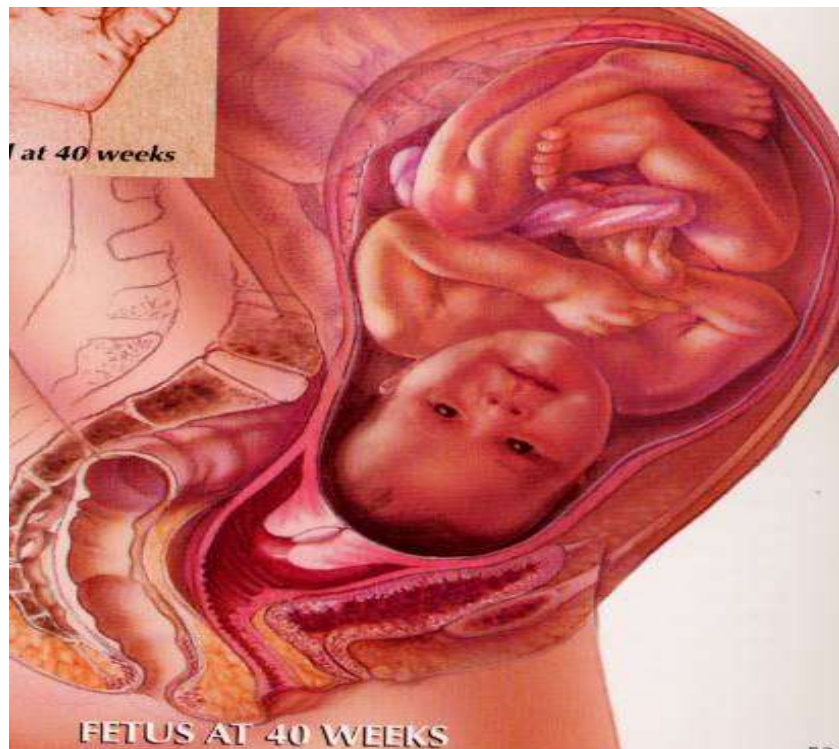
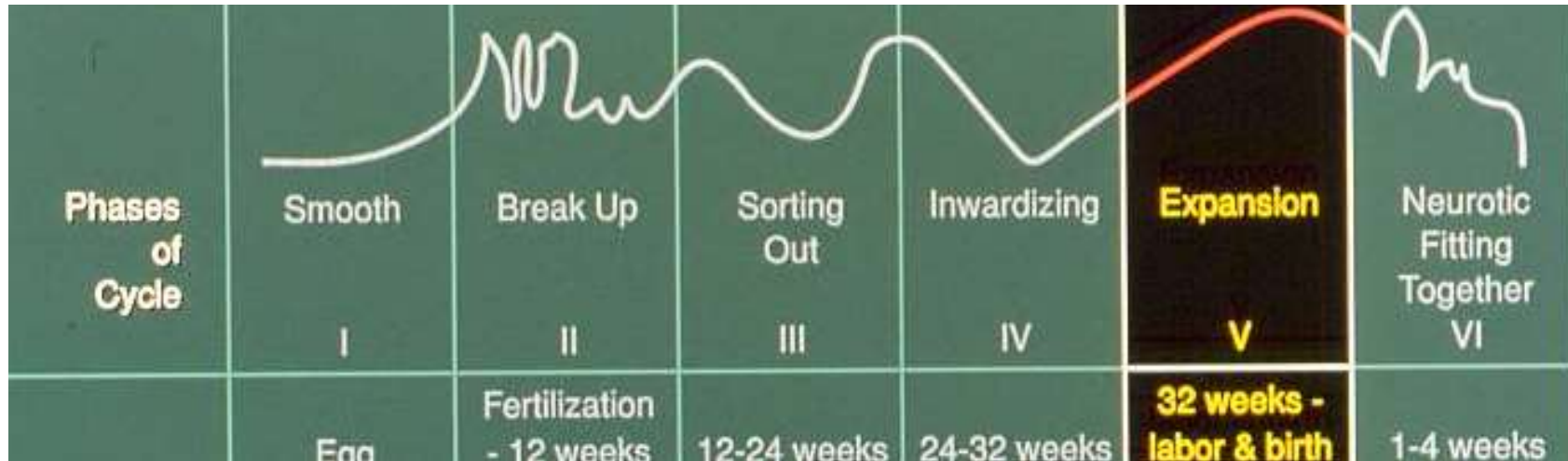
Preterm Birth: Inwardizing

- Loss of control of the pregnancy and parenting their baby
- Thrown into “expansion”
- NICU is a task-oriented environment
- Lack of normal time interacting “normally” with infant (holding, feeding, etc.) because interactions are based on medical needs of infant
- Premies have a harder time engaging socially due to development delays
- Cues are more difficult to read by parents (babies less able to communicate and parents more stressed)



“Neurotic fitting together”

- Grief over loss of normal pregnancy and sense of self as mother: “My body failed me”
- Anxiety: Waiting for the other shoe to drop
- Mother and partner perceptual differences
- Lack of validation for feelings of loss of normal pregnancy, especially when it’s a “healthy preemie”
- Mismatched attempts of support from family and friends
- Challenges to breast feeding- extended pumping
- Sibling can feel neglected



- By 36 weeks gestation behavioral states are established in 80% of normal fetuses
- There is a difference between emotional reaction to the fetus versus reaction to the pregnancy

Expansion into the Outside World

Six Stages of Neurological Development Including the Prenatal Period (after Gesell et al 1974)

Phases of Cycle	Smooth	Break Up	Sorting Out	Inwardizing	Expansion	Neurotic Fitting Together
	I	II	III	IV	V	VI
	Egg	Fertilization - 12 weeks	12-24 weeks	24-32 weeks	32 weeks - labor & birth	1-4 weeks

Parent(s)

- Physiological - tremendous expansion of the uterus
- Cervix opens and expands for birth

Baby

- Begins to push and expand to move down through the birth canal
- "Expands" parents lives into areas unknown to them before

Birth Story

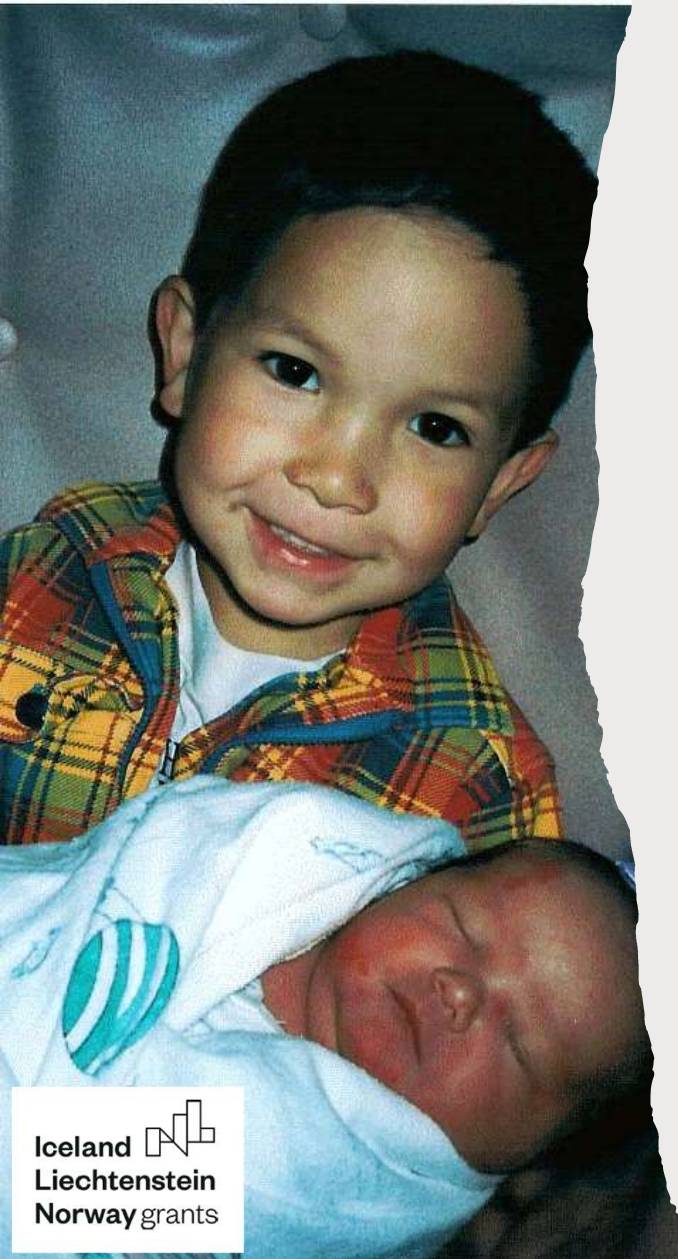
- How labor and birth was perceived by the mother AND father
- Baby's journey
- Expectations

Birth Trauma

- ***Birth trauma*** is a term used to describe babies who have had a difficult labor or birth or may need medical intervention.
- Induction of Labor
 - Restriction of fluid and food
 - Pitocin
 - Increases C-birth
- Difficult pushing stage
- Cord around the neck
- Assisted birthing
 - Vacuum
 - Forceps
- Deep suctioning immediately after birth
- Separation from mom and dad

Treatment





The Knee Baby Sibling

Any sibling under three is called a *knee baby*—the parents have one baby in their arms and another child at their knee that still needs to be a baby. Developmentally, they still need to be cuddled and understand they are not necessarily ready to be called a BIG brother or sister until they are ready.



Relationship Disruptions

- NICU is a task-oriented environment
- Lack of normal time interacting “normally” with infant (holding, feeding, etc.) because interactions are based on medical needs of infant
- Premies have a harder time engaging socially due to development delays
- Cues are more difficult to read by parents (babies less able to communicate and parents more stressed)
- <http://www.cehd.umn.edu/CEED/onlinecourses/prematurebabies.html>.

Parenting in NICU

- Grief over loss of normal pregnancy and sense of self as mother: “My body failed me”
- Anxiety: Waiting for the other shoe to drop
- Mother and partner perceptual differences
- Lack of validation for feelings of loss of normal pregnancy, especially when it’s a “healthy preemie”
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