The Vulnerable Baby

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Unlike the fetus, the new born baby is not completely dependent upon his mother but the degree of independence following birth and for the first months of life is small, and the infant requires nurturing adults for the provision of most of his physical and psychological needs. The nurturing function is in the usual situation undertaken by the mother and thus acquires the name "mothering". Mothering is a complex business, which includes giving food, warmth and shelter, protecting the child from injury and disease, maintaining cleanliness and encouraging him, in an atmosphere of love, to initiate and practise new skills. The mother must be sensitive in her responses to the child's needs, and both the timing and the amount of the responses are crucial to the child's healthy development.

In nature, mothering appears to be largely an instinctive ability which is switched on by the appearance and the behaviour of the young. It is likely that instinct plays a considerable part in human mothering, but instinctive patterns can hardly deal with all the problems of child rearing in modern urban societies, and in any case instinctive behaviour is a variable entity which is almost certainly not universally present in adequate strength. For these and other reasons it has been human practice for many years to instruct girls and young women in the care of babies and children. In the past much of this instruction, which now goes under the name of "Mothercraft", was practised in society by young girls "baby-minding" under the supervision of the experienced women.

This is no longer the practice in countries where formal education is compulsory and the majority of girls work in occupations unconnected with child rearing.

It is not surprising that paediatricians are becoming more aware of problems in young babies which arise from defective mothering. Many are familiar conditions, such as failure to thrive, excessive vomiting or crying, slow development; others appear to be of more recent appearance, such as the battered baby syndrome. Previously the cause of some of these conditions was thought to lie in the baby, or in the feeds that were offered to him. It is now increasingly recognised that the primary fault originates either with the mother or in the relationship between the mother and her child.

Conditions caused by defective mothering

It is useful to classify defective mothering under the headings of neglect, deprivation and cruelty. Neglect and cruelty of serious extent are criminal offences for which the parents can be punished, lesser degrees may warrant the baby being taken into "care", while minor degrees often go unrecognised or can be adequately managed by supportive medical and social help for the child and his parents. The neglected child presents in a number of ways which fall into four main categories :

(a) Failure to thrive or other "feeding problems."

(b) Conditions associated with poor hygiene, e.g. nappy rash, gastro-enteritis.

(c) Inadequate attention to, or concern for, symptoms of illness.

(d) Frequent avoidable accidents, e.g. hypothermia, burns, falls.

These clinical conditions are often evidence that the basic physical needs of the baby are not being met and should always prompt an enquiry into the reasons.

Child neglect or cruelty

Child neglect is quite reasonably looked upon by the law as similarly culpable to cruelty, for the suffering of the child who is cold, hungry, filthy, lonely and ill is as disturbing as that of the child who is better cared for but subjected to physical assaults. The clinician is well advised to differentiate between neglect and cruelty, while recognising that the two may co-exist. The physically abused child presents with injuries which upon investigation are shown to be non-accidental in causation, while the neglected baby more often mimics a natural disease.

In recent years much work has been done to delineate the characteristics of child battering, but there is less systematic knowledge of the make-up of neglecting parents. Probably factors both of personality and social situation will be found which are common to both, but it is reasonable to think that there are fundamental differences between who are unable to care adequately for their babies (neglect), and those who cannot resist the impulse to assault them physically (battering).

It is useful to distinguish deprivation from neglect and cruelty, partly because it is recognisable by the main sign of developmental delay, and also because it is often due to the absence of, rather than the inadequacy of the mother. The deprived child is often well cared for physically is not subjected to episodic violence, but is neither adequately stimulated nor allowed the opportunity to acquire and practise skills in locomotion, speech or human relationships. As a result he is delayed in achieving certain milestones and this may permanently affect his personality and intellectual development.

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Factors responsible for child neglect and cruelty

It is important to recognise that some mothers are unable to cope with life in general, often because of low intelligence, mental depression, anxiety, poverty, adverse social circumstances or illness in other family members, such families were often classified as "problem families" because their family life requires the help and support of statutory or voluntary agencies. The problems, which are multiple, may be known individually to a variety of people, the housing manager (non-payment of rent), the school attendance officer (absence from school), the health visitor and perhaps the probation officer (delinquency or marital violence). The children are frequently ill but get taken to a number of clinics, doctors' surgeries, casualty and outpatient departments, and undergo multiple hospitalisations, usually brief and in a number of hospitals. The difficulty with such families is that the helping agencies are often as chaotic as the family, each dealing with a fragment of the total situation. The new-born infant in such a family is vulnerable, often not because of a lack of affection, but because his needs are dealt with in an inconsistent and disorderly fashion amid recurring crises.

A slightly surprising feature of mothers who injure or neglect their babies is their high expectancy of the child's appearance and behaviour. One might expect the baby of parents who show devoted concern for its perfections, even to the point of infuriating the staff, to be loved and secure. But the reverse is often the case and it is found later that the baby not coming up to the parents' exaggerated expectations is rejected or abused. Parents with a neurotic need which can only be satisfied by unrealistic behaviour from their babies are fundamentally insecure and often incapable of relating normally with adults. They pose a threat to both the physical health and mental well-being of their children, while at the same time being "difficult" with medical, nursing or social workers.

A real effort to co-ordinate the helping agencies may be rewarding, especially if one trusted worker can be found whose personal contact with the family can be continuously assured.

Identification of vulnerable babies

More difficult to identify are the vulnerable babies born into families where the mother is capable of dealing successfully with most everyday affairs, but is severely limited in her mothering ability. There are many reasons for this and authorities do not entirely agree upon the relative importance of each. Lack of maternal instinct has been mentioned already, but whether this is a largely inborn quality or one which is developed by early childhood experiences is uncertain. It is clear, however, that many mothers who fail in the mothering role lacked satisfactory experience of being mothered during their own childhood. Question asked during the antenatal period about the childhood experiences of the expectant mother and her husband may be revealing and are not usually resented. There is no doubt that mothering can be learned to some extent and the hesitant, insecure mother with her first baby can turn into a much more serene and confident mother with subsequent pregnancies. Special attention should always be given to primiparae while realising that experience does not invariably lead to improved performance.

It is understandable that mothering an unwanted child is a burden and this does seem to be so, but it is not always easy to identify the unwanted baby. The existence of the Abortion Act has provided a helpful signal in those cases when termination of pregnancy has been sought but refused, and the babies born following such pregnancies should be regarded as vulnerable. It was certainly one of the intentions of the Abortion Act to decrease the number of unwanted babies, specially those born to single girls. Some single girls nevertheless want their babies and succeed in looking after them well, but enough is known about the difficulties of one-parent families to regard most of these children as potentially vulnerable.

Case histories of battered babies and babies who have suffered multiple accidents and illnesses show an association with premature birth or low birth weight. This confirms the importance given by many psychologists and paediatricians to the early attachment of a mother to her baby. Attachment includes not only a mutual bond of affection but also physical intimacy. The situation in many new-born nurseries, specially, special care nurseries discourages rather than encourages this early, close bonding of mother and infant. If it fails to occur, the mothering process may be severels upset. One of the advantages of breast feeding on demand is the assistance that this gives to the formation of a good relationship between mother and child. Many mothers while in the maternity ward are inhibited from showing affection to their babies and would be greatly helped by a more relaxed atmosphere and better privacy. The sensitive midwife can often correctly distinguish between natural shyness and the mother whose awkwardness is due to a more deep-seated inability to connect and communicate with her baby.

Role of father in child rearing

Opinions differ regarding the part played by fathers in child rearing. Not everyone thinks that fathers should change nappies, bathe the baby or even wheel the pram, but there is agreement that mother's task is made easier and more pleasant if her husband continues to admire, love and support her during the months when the children occupy so much of her time and attention. The loneliness of a mother, hitherto perhaps having a busy working and crowded social life, can be depressing unless she is helped by husband, friends and relatives. Now that husbands and

boy friends are accepted members of the obstetric team and has become easier to spot the mother whose baby may be in trouble because of the mother's material unhappiness or loneliness.

There is still occasional comment in both the professional and lay press that the British maternity services, while undeniably efficient, tend to be impersonal. Spotting the vulnerable baby depends upon knowing the mother—and perhaps the father—as a person, and while it may in the future be possible to administer social and phychiatric questionnaires to expectant women and nursing mothers which statistically predict the vulnerable babies, I doubt if they will displace the value of informed, sensitive clinical judgement.

In Conclusion

It may appear odd to occupy most of the available space in a discussion of vulnerable babies with statements about parents. The babies themselves should certainly not be neglected and the wisest policy is to look upon the mother and child as a closely linked couple. Babies do vary, and recent work has shown that the individual "personality" of the baby is present and recognisable at birth. Some personality types are exceedingly difficult for the mother to manage in a relaxed fashion. At one extreme is the impatient, active crying infant constantly harassing the mother with his demands, at the other is the lethargic, undemanding infant who seems quite unaware of the mother. He is neither gratifying nor responsive. In the early days and weeks of life feeding and sleeping behaviour seem the most crucial for nothing is more exasperating than the slow feeder or the poor sleeper. It is unfortunate that feeding problems are so often dealt with by changes of food, and sleep problems by reassurance and sedatives. A mother worn out by lack of sleep or with days spent unrewardingly in trying to feed a problem baby is hardly likely to give of her mothering best, and a history of feeding and sleeping problems recurs ominously in the histories of battered and neglected babies.

The photograph above was taken by the Post Basic B.Sc. students of Institute of Nursing Education, Bombay on their rural experience. They visited a remote village Satpati and provided hints on cleanliness of the house and surroundings to a fisherman's family.
This sort of providing scientific information on the spot, also known as incidental teaching technique, has been found to be an effective means of teaching.

Babies born with physical defects or mental handicap, and those whose early days have been marred by illness are special problems, and such babies are not only "at risk" because of their specific conditions but also because their mothers must get over the loss of a hoped for normal child and become adjusted to the reality of facing life with a handicapped child. Much expert medical and social help is needed and should be enlisted early.

We tend to know about vulnerable babies only when they have become victims, and by the time it is often too late to prevent suffering which is sometimes permanent. The cases are sometimes dramatic and spectacular and the efforts put into rehabilitation are enormous and time-consuming.

By contrast, successful prevention goes undetected and achieves little publicity, but is much more valuable. In the past midwifery has tended to be a rather isolated profession, pre-occupied with the highly demanding skills of steering women through pregnancy and safely delivering them their babies. However, birth is but the end of the beginning for the baby and one of the most, important responsibilities of the midwife is to ensure that there is continuity of care throughout the baby's prenatal, perinatal and post-natal months.

(Courtesy : *Midwives Chronicle*)