

The Development of the Maternal Looking Guide, a Clinical Tool for Midwives
to Assess Mothers' Interactions with their Newborns

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NOTE:

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Abstract

The healthy physical, cognitive and social development of infants depends on nurturing relationships. The earliest relationship is usually between the mother and her infant, and mother-infant gaze plays a crucial role.

This thesis examines maternal looking—the unidirectional looking by a mother at her newborn baby over the first hours and days post birth—as a precursor to bi-directional mother-infant gaze. Maternal looking allows the mother time to adjust to her actual baby, which may be pivotal for the mother-infant relationship.

Midwives work closely with mothers and their babies perinatally. They are well placed to identify those mothers who struggle to look at their babies and respond with an appropriate intervention to support the crucial but vulnerable mother-newborn relationship. However, they have not had specific tools to assist them to do this.

The research explores how the more subtle features of a mother’s looking at her newborn may mirror the meaning she makes of that newborn. By identifying or characterising these features, midwives can recognise mothers at risk and help them to look at their babies.

Two studies were conducted. Study 1 used video to examine how mothers look at their newborns. Using an iterative design, intensive analysis identified and categorised patterns of looking and looking-related behaviours. This resulted in a typology of looking, which in turn generated a one-page clinical tool for midwives. Study 2 subjected the tool to inter-rater reliability testing using midwives as multiple raters. The results of this study show that the tool has moderate reliability.

The tool, which has subsequently been named the Maternal Looking Guide, enables the assessment of mothers’ looking behaviour over six constructs and then allocation to one of three overall categories of looking: comfortable, uncomfortable, and worrisome. These categories distinguish women who are doing well (comfortable), those who need a referral to an expert perinatal service (worrisome) and those to whom midwives could offer something extra (uncomfortable). It is this third intermediate group, the uncomfortable mothers, that the research aims to help midwives identify.

The Maternal Looking Guide is a practical, reliable tool that can be used for early assessment and decision-making about the mother-infant relationship.

This research raises the profile of infant mental health in the midwifery profession. Implications of the research and ways that it may stimulate further research in the field of infant mental health are identified.

Declaration

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in my name in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

In addition, I certify that no part of this work will, in the future, be used in a submission in my name for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide and, where applicable, any partner institution responsible for the joint award of this degree.

I give consent to this copy of my thesis, when deposited in the University Library, being made available for loan and photocopying, subject to the provisions of the Copyright Act 1968.

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I acknowledge the support I have received for my research through the provision of an Australian Government Research Training Program Scholarship.

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Patricia O'Rourke

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Preface

For a number of years, I have wondered about the role that looking has in the mother-infant relationship. I have listened to mothers despairingly describe their children as monsters or little devils or rapacious grasping feeders, as they provide a developmental history of their child who meanwhile is playing quietly and self-consciously on the other side of the room or lying sleeping in a pram.

I wondered how they came to see the reality they were trying to convey to me. In those moments I knew I needed to see with them what they had seen and were currently seeing, or I would be another professional who ‘just didn’t get it’.

But I was always curious about what lay underneath these stories—where did they begin and how did they come to have such life and create such meaning and threaten so much relationship and development?

I increasingly thought that if someone had just helped that mother to look more at her newborn baby, had supported her to just be with her baby and take the baby in—no more no less—would this have made a difference for them and their child? Would this seemingly small intervention have set them off on a different trajectory?

Certainly in therapy, helping a mother to look at her actual child or baby in the room from another perspective and in a new way usually begins a change in the relationship between them and their child. But this takes time and effort, and there has been so much hurt. Why not circumvent all that by helping mothers to look at their newborn and assist them to bring together the baby they have been imagining with the baby they have just given birth to? It seemed too simple to be possible...

I am grateful that I have had the opportunity to fully explore these ideas at this time of my life when I have been able to bring all of my experience to this project.

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