P1-50: Late Preterm Infant Maternal Competence: A Conceptual Model

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Abstract:
Introduction: Late preterm infants (LPI) account for 70% of the preterm population and 9% of all births. Current research is focused on physiologic challenges facing LPI, however little is known about the experience of LPI mothers. The closest comparison is to mothers of preterm infants who generally experience more stress, depression, sleep disturbances, and a poorer sense of competence. Mothers typically are an infant’s primary caregiver and form a dynamic relationship with the infant that facilitates growth and development. Infant cues and behavior, as well as weight gain and achievement of developmental milestones are positive reinforcements to the mother. Thus, the mother gains competence in her role. To describe the many factors that contribute to LPI maternal competence a conceptual model was developed. This model organizes the multiple concepts that contribute to the development of maternal competence.

Method(s): A review of literature using the terms, maternal sensitivity, maternal-infant attachment, and parenting self-efficacy, identified concepts that were organized into maternal and infant contributions. Maternal contributions included previous experience, socio-economic status, support from others, stress and coping, maternal well-being, maternal sensitivity and responsiveness. Infant contributions include physiological well-being, behavioral characteristics, perceived infant vulnerability and temperament.

Results: Maternal competence, a vital component in the maternal-infant relationship and the long term outcome of infant development is the result of multiple interwoven concepts. This model organizes the concepts that contribute to maternal competence and ultimately best outcomes for the infant.
**Discussion & Conclusions:** Maternal competence is determined by shared experiences involving multiple attributes that mother and infant bring to the relationship. Mothers develop a sense of competence as they learn to read infant cues, respond appropriately and see their infant grow and develop in response to their care. Understanding this dynamic relationship provides caregivers vital information to support LPI mothers and their infants who are at increased risk for developmental delays.

**Abstract History:**
This abstract has not been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.

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