Introduction: Maternal responsiveness is critical to the interaction between a mother and infant. Factors that contribute to maternal responsiveness include maternal mood, social support,
stressors, self-esteem, well-being, maternal attitude, and maternal responsiveness. The purpose of this analysis was to determine the relationship of these psychological factors to preterm infant outcomes.

Method(s): A secondary analysis included data from 23 mothers, 15 (65.2%) of whom were African-American, 5 (21.7%) who were considered to be more than one race, and 3 (13%) who were White. Five (21.7%) were married and 18 (76.3%) were single. In this non-experimental study, psychological factors were measured at six weeks post-partum, infant discharge, and 3-months postpartum. Infant outcomes included birth gestation, post-menstrual age at discharge, and infant morbidity. The study was approved by the IRB and mothers gave informed written consent.

Results: At the infant’s birth, a mothers’ positive affective appraisal and expectations of motherhood, expectations of self as mother, and role conflicts were high, whereas maternal responsiveness to infant cues, recognition of her own responsiveness, recognition of infant’s responsiveness to her, and difficulties with responsiveness were low. At infant discharge, mothers’ self worth and responsiveness had increased. At 3 months postpartum, mothers’ expectations of motherhood were high and financial concerns, role overload, employment issues, parenting concerns, and interpersonal conflicts had decreased. Mothers whose infants had high morbidity were at greatest risk for depression, low self-esteem, had negative attitudes, were less confident, experienced greater stressors, and felt less supported.

Discussion & Conclusions: Preterm birth can disrupt the normal transition to maternal role attainment. In this analysis, as infant outcomes improved, the risk of negative maternal psychological factors decreased. However, mothers of infants with higher risk for long-term problems were more likely to experience negative maternal psychological factors than those mothers whose infants were of lower risk. Possible interventions based on this analysis include offering social support and resources to assist the mother in her role development.

Abstract History:

Financial Disclosure:
No, I (or a member of my immediate family) have not received something of value* from or own stock (or stock options) in a commercial company or institution related directly or indirectly to the subject of my presentation.

FDA Disclosure:
I will not be describing any pharmaceutical and/or medical device.

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