Psychosomatic Medicine and Perinatology

Perinatal Biopsychosocial Risk Indicators for Child Development

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Child development and early relationships

Understanding risk indicators for child development begins with understanding child development itself.

Child development is closely connected to brain development. Psychological maturation cannot be separated from the development of the central nervous system: both unfold together. According to researcher Eric Kandel [1], who received the Nobel Prize in Physiology or Medicine in 2000, neural networks can be modified by emotional influences from the environment. His work highlights the importance of the infant's environment, the care the infant receives, and the relationships the infant forms in supporting neural and emotional development.

From this perspective, the early years of a child's life are crucial for lifelong learning, behavior, and health (Winnicott, 1945).

Healthy infant development is supported by the bond that gradually forms between the infant and the mother and/or caregiver. It is therefore important to observe and support the development of a healthy, satisfying bond or attachment.

The mother–infant bond begins during pregnancy and may undergo periods of tension and difficulty after birth, as the mother tries to understand her baby's communication and needs. This highlights the importance of providing support and observing potential risk indicators during pregnancy.

Psychoanalytic research

Authors including Hanns (2000), Mezan (2002), Pereira (2001), Vieira (2001), and Garcia (2002) consider psychoanalysis a discipline within the human sciences and argue that measurement instruments can be developed on a psychoanalytic basis.

Research in this field has sought to identify indicators of how psychological processes become established in early childhood. Several authors discuss the possibility of identifying serious psychological disturbances at an early stage, including Lasnik, Fund, Kupfer and colleagues, and Perin. Their work points to the existence of early risk indicators for disturbances in psychological development.

One method used to identify these indicators is consultation with experts, an approach also used in health research (Ministère de la Santé et des Services Sociaux du Québec, 1966, as cited in Brunelle and Saicier, 1999). In this method, a group of experts selects indicators from clinically significant observations already used in everyday psychoanalytic practice.

The research described above, together with the work of the nonprofit organization Habitare, informed the identification of risk indicators during pregnancy, in mothers after childbirth, and in infants.

The clinical work of Habitare

Habitare is a nongovernmental organization founded in 2000 to provide preventive mental health care and therapeutic interventions for socially vulnerable populations in the city of São Paulo, primarily pregnant women, parents, and children from birth to three years of age.

Drawing on the Habitare team's psychoanalytic clinical experience, therapeutic consultations extended by Oliveira (2008) to work with pregnant women, and group work with pregnant women, the team defined risk indicators for pregnant women, mothers in the postpartum period, and infants up to one year of age.

Healthcare professionals can observe these indicators during routine appointments. They may help identify the possibility of later psychological difficulties during pregnancy, after childbirth, or in the course of child development.

Some obstetricians with whom I have maintained professional contact and collaborative relationships describe sensing that something is wrong or different during routine appointments with certain pregnant women and mothers. However, they report difficulty understanding what is wrong and deciding how to respond to that impression.

For this reason, I believe it is essential for healthcare professionals to develop greater sensitivity to these indicators so that appropriate referrals can be made.

Risk indicators during pregnancy

- High levels of anxiety
- Excessive fear of childbirth
- Loneliness
- Social isolation
- Intense sadness
- Lack of family support
- Marked irritability and/or agitation
- Marital separation
- History of pregnancy loss or abortion
- History of violence
- History of depression
- Difficulty conceiving or pregnancy achieved through assisted reproduction
- Unplanned pregnancy
- Difficulty taking a break from professional life
- Not speaking about the baby during the third trimester
- Recent death of a family member or someone close
- Sleep disturbances
- Appetite disturbances
- Diagnosis of a fetal abnormality

- Gestational diabetes
- Gestational hypertension
- Thyroid disorders

Risk indicators in the postpartum period

- Low self-esteem
- Social isolation
- Immaturity
- Feeling unable to meet the baby's needs
- Sleep disturbances
- Breastfeeding difficulties
- High levels of anxiety
- Difficulty asking a partner and/or family members for help
- Apparently uncontrollable crying
- Difficulty expressing anger
- Excessive fatigue

Risk indicators in infants

These indicators are best observed during appointments when the mother is holding the baby. In the clinical framework described here, the signs are understood as persistent, established patterns.

- Refusal to feed or a tendency to feed excessively
- Intense and/or continuous crying
- Frequent colic
- Avoidance of the mother's or caregiver's gaze
- Appearing to be asleep
- Absence of smiling
- Repetitive, stereotyped gestures, such as hand flapping
- Unusual tongue movements within the mouth
- Low or high postural muscle tone (hypotonia or hypertonia)
- Aversion to touch
- Resistance to being undressed
- Lack of response to maternal interaction
- Difficulty sleeping or excessive sleepiness
- Inconsolability
- Irritability

References

References below reproduce the bibliographic information supplied in the original presentation. Original publication titles have been retained, with English translations in brackets. Some entries are incomplete; works cited only in the body of the original were not accompanied by full bibliographic details.

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