Reflection

An important facilitator of bringing developmental care to the spotlight, was the publication of a report in March this year of the Belgian Health Care Knowledge Center (KCE)* on infant- and family-centred developmental care (IFCDC) for preterm newborns. In the comprehensive report, the authors suggested recommendations for the implementation of IFCDC-principles to the FPS, the Minister and hospital boards. A group of experts (neonatologists and specialized nursing staff in neonatology) underlined the importance of these proposals. This collaboration between experts from the working field together with evidence from the literature, convinced policy makers of the necessity to establish a course of action and to continue the support of developmental care in neonatal settings.

The opening ceremony of the NIDCAP Training Center in UZ Leuven, was the perfect opportunity to invite our Ministers to the NICU to meet the parents of our vulnerable babies as well as the nursing staff personally, and to discuss why IFCDC is so important to sustain. The combination of the scientific report on IFCDC and the opening of the Training Center created momentum for current policy makers to finalize decisions that will result in the consolidation of both projects. We hope this will build a strong foundation on which to build, and to enhance chances for a better future of preterm born babies in Belgium.

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Psycho-Neonatology: Working with Parents, Preterm Infants, and Staff. The Outcome of Former Preterm Infants 20 Years Later

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Although neonatology is a technologically sophisticated medical field, its insights are too frequently slighted by parents, medical staff, and psychosocial support personnel. Even today, neonatology lacks any kind of psychological specialisation, which has, for example, been a core component of paediatric oncology for many years. Developing new modes of sensitive, individualized, attachment-based nursing, helping parents to bond with their baby born very preterm, implementing kangarooing for mothers AND fathers, and 24/7 visiting hours should lead to a specialisation on psychological and trauma-related issues. Furthermore, the medical and nursing staff should receive regular supervision as part of psychohygiene in order to foster sensitivity for the infants' and parents' needs, and to facilitate an attachment-based friendly atmosphere in the NICU. All this should focus on fostering secure infant-parent attachment development, despite the difficulties resulting from preterm delivery, complex newborn intensive care, and familial complications.

Karl Heinz Brisch

Our Ulm study, which started about 20 years ago,[1] was one of the first intervention studies, in which we focused on enhancing the development of attachment security in the preterm infant by supporting the parents through individual support, parent groups, and support during the transition from hospital to home. One aim was to mitigate previous unresolved issues of loss and trauma, as many parents had already experienced a stillbirth before they had to cope with a preterm delivery. We found that if the trauma of a previous loss has not been resolved, preterm birth triggers several trauma-related symptoms like avoidance of the baby, overanxiety, inability to

separate from the baby, and leaving the infant in the incubator for an extended period of time. Unprocessed mourning of a previous stillbirth impeded the parental bonding process with the preterm baby.

We further found out that in the control group – without any attachment-based intervention – healthy preterm infants had a greater chance of developing a secure attachment to their mothers, while neurologically impaired infants were more likely to develop insecure attachment. On the other hand, in the intervention group, infants had eight times (OR 7.8) higher chance to develop a secure attachment to their mothers, even when they had neurological problems, which implies that their health status no longer predicted their attachment development.

We followed this sample of very low-weight preterm infants (all <1,500 g birthweight; the infant with the lowest birthweight at that time in our sample that survived weighed only 320 g!) for 20 years and have collected data at several age points during their lives. The latest data sampling point for these formerly preterm infants occurred at about 20 years and included their mothers. To the best of our knowledge, ours is the first to investigate into late adolescence the long-term *attachment development* of teenagers born very preterm. We conducted a semi-structured interview that focused on attachment development with respect to their family and to their peers. In adolescence, peers are very important for emotional security and for the separation process from the core family.

The most striking result was that the attachment status of 56% of former very preterm adolescents changed over time. More precisely, a shift was found from attachment security in early childhood (assessed 14 months postpartum, corrected for prematurity) toward insecurity, resulting in a high proportion of insecure-avoidant (36.9%) and to some extent disorganised attachment classifications (21.5%).[2,3] However, attachment was unrelated to neonatal parameters, neurobiological risk, or intelligence. Furthermore, in late adolescence, there was an association between psychological distress and behavioural problems in teenagers born very preterm, especially according to those symptoms classified as "preterm behavioural phenotype". These subjects had to be referred to psychotherapy.[4]

In summary, our results reveal that psychological burdens in late adolescence do not primarily arise from the physiological consequences of preterm delivery per se, but rather from feelings of loneliness and isolation, resulting, for example, from having people around, missing close friends, or non-participation in age-appropriate peer groups.

Our findings stress the urgent need to integrate psychosocial attachment-based support for the babies, parents, and staff as a baseline requirement from the very beginning. Promoting attachment security by internalising representations of trust, reliable emotional support in times of need, and dampening the adverse effects of parenting on psychosocial outcome, should be taken into account.

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Note: This paper was to be presented at the 33rd NIDCAP Trainers Meeting. Unfortunately Professor Brisch was unable to present his paper.

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