

Mothers' Early Embodied and Relational Responses to their Preterm Infants

This article shares the early embodied and relational experiences of mothering preterm infants from a phenomenological research study. The writings of Francine Wynn and Donald Winnicott assist with the interpretation of the mothers' embodied and relational responses of aching, loss, sadness, and yearning after the birth of their preterm infants. Mothers' narratives also reveal the significance of and subsequent loss of the in-utero holding relationship, and the sense of connectedness felt by mothers at first holdings of their preterm infants. Increased understanding of the experiences these women face can influence practices that better care for the psychological health of mothers of preterm infants.

When pregnancies are abruptly shortened, sometimes even in states of emergency, motherhood begins prematurely with immediate medical and emotional needs for the infant, mother, or both. In these cases, infants are hurriedly taken from their mothers and sent to Neonatal Intensive Care Units (NICUs). The intimate developing relationship between unborn baby and mother is interrupted while highly technological environments manage the infants' health until approximately their expected due dates. During this early period after birth, mothers' worlds are turned upside down. They suffer the loss of a normal pregnancy, delivery, and healthy newborn, and attempt to navigate an unfamiliar healthcare environment while separated physically and emotionally from their infants.

This article shares the early experiences of mothering preterm infants from a phenomenological research study (Broeder, 2003: 9), specifically their embodied and relational responses to their preterm infants. Writings about the embodied mother infant relationship by Francine Wynn and Donald Winnicott serve as a foundation for understanding the mothers' responses. The primary maternal responses included aching, sadness, loss, and yearning, and then,

finally, the sense of connectedness felt at their first holdings of their babies. Mothers' narratives from the study are shared as exemplars of these responses. These narratives also increase awareness about mothers' psychological needs during this challenging period.

The embodied mother infant relationship

Mothering is a human activity, and as such, unfolds in the practice of caring for and nurturing children (Leonard, 1993: 220). Mother and infant come to know each other in the relationship of caring. Francine Wynn (1996), a phenomenological nurse researcher, described how mothers begin to know their babies during pregnancy while in a relationship that grows and is modified through their bodily connectedness (210-11). After birth, mothers continue to know their babies through an embodied relationship; mothers learn directly from their babies by responding to the infant through touch, movements, looks, gestures, and voice. Through the dialogical actions of mother and infant, their responses become coordinated with each other. As a mother enters into a relationship with her infant, she is guided by her participation with the infant and her sensing and knowing of herself and her baby (Wynn, 1996: 210-11). Through experiences with her infant, a mother becomes familiar with her child and in this sense, understanding of her baby is intuitive (Winnicott, 1987: 16). Wynn's writings are influenced by Donald Winnicott's assertions that mothers learn about their babies in embodied, relational ways. Winnicott described this as "primary maternal preoccupation" (1987: 36-7). Mothers have a natural sense of responsibility for their infants and while engaged in mothering activities after birth, they come to know and are responsive to their babies (36-7).

Holding is a critical way mothers come to know and respond to their infants. Our common understanding of holding a baby is that of containing the infant in our arms. Winnicott opened the notion of holding to "all that a mother is and does at this time" (1987: 7) and Wynn takes the image of holding further: "Holding begins during a mother's pregnancy as she shifts some sense of herself onto the developing baby growing inside of her. Maternal holding includes not only the actual physical holding, but psychic holding which consists of a mother providing ego-coverage for her infant" (Wynn, 1996: 58). Wynn uncovers the possibility of mothers being in both a "physical" and "psychical" holding relationship well before the birth of their babies. She suggests that throughout pregnancy unborn infants are in a "chiasmic" holding relationship with their mothers (Wynn, 2002: 5). Wynn draws on Maurice Merleau-Ponty's (1968) phenomenology of the body to support her claim that pregnancy and the unfolding mother infant relationship are chiasmic, embodied experiences. She contends that both mother and infant are engaged in a deep reciprocating bodily experience. According to Wynn (2002: 5) these particular ways of bodily knowing develop throughout pregnancy and ground the future relationship of mother and infant.

The phenomenological research study

This study revealed the experiences of eight women who became mothers sooner than expected after giving birth prematurely. These mothers were enrolled in the study within two weeks of their preterm infants' births. The mothers were interviewed every two weeks while their infants were hospitalized and monthly after infant discharge for four months. Each mother participated in eight semi-structured, in-depth interviews. Over the course of the interviews, mothers responded to questions regarding stress and coping, getting to know the baby, and history and meanings of pregnancy, mothering, and work. Paradigm, thematic, and exemplar interpretive strategies were used to analyze the narrative data. At birth babies were separated from their mothers due to the babies' medical needs. This was very difficult for these mothers since pregnancy had afforded a very close holding relationship with their unborn children. In the next section of this paper mothers' narratives are shared highlighting their first embodied and relational responses to their preterm infants.

Mothers' embodied and relational responses: Aching, loss, sadness, and yearning for baby

After enduring the many uncertainties that threatened their own health or that of their babies before birth, these mothers faced a new array of uncertainties after giving birth. At birth babies were separated from their mothers due to the babies' medical needs. This was very difficult for these mothers since pregnancy affords a very close holding relationship with the unborn child.

Becky delivered at 32 weeks gestational age a five-pound baby in respiratory distress in a rural hospital. Her baby was immediately transferred to a NICU in a city over 30 miles away. She recounted what was going through her mind as she lay in her hospital bed at the outlying hospital:

I really missed him [her baby].... Having him so early was just a loss, just like you lost something so dear. I mean I was wanting to breast feed so bad and I could not and I hated it. That was just killing me along with not being able to hold him in my arms. I just felt so lonely, lost, empty, and very helpless.... I could have taken anything physical that anybody could have done to me. My heart was just broken.

Removed from touch, sight, and smell of her baby, Becky felt intensely helpless, lost, and empty. She needed the touch of her baby as much as the baby needed the touch of his mother. Becky ached to have her baby in her arms. Being separated from her baby, she missed the comfort of her baby touching her.

Mothers in this study were just becoming increasingly aware of the bodily presence of their babies when their pregnancies ended prematurely at 27 to 33 weeks. All reported feeling disappointed when this experience ended prematurely. As one mother, Maria, said, "I did not get to be pregnant long enough

to really feel her. I knew I would not be pregnant again and really wanted that chance of feeling her inside.” Only six months pregnant, Maria had just begun to feel the presence of her baby when she delivered prematurely. She had had three miscarriages prior to this pregnancy and looked forward to having more of this experience within her pregnancy. “I really wanted to lie in bed at night and feel her [inside me]. It was just going to be something I think I would have always remembered ... our first times together. I’m really sad that I missed out.” Maria grieved her loss of coming to know her baby in this intimate, reciprocating way.

Another mother, Leigh recounted a pre-birth ritual with her baby that she now missed:

Sallie had just finally got active the last few weeks [of my pregnancy] and it was really cool. She was very, very active. It was funny because at 9 o'clock every night we would watch my tummy and she would just go to town.... We would see her flip-flopping and her kicking. I would put the [television] remote control on my belly and watch her kick around and stuff. She would make the remote hop.... We would even talk and sing to her. I think she knew that we were there. I really miss that.

By sharing her bodily experiences with her husband, Leigh and her husband had developed a nightly practice that was fostering their connection with their baby. Now, she felt she had lost her connection.

While discussing how she missed having her baby inside of her, Corinne shared how her in-utero experiences had meant so much to her. As she recounted waiting in the hospital for her son’s delivery, she took great pleasure and comfort in feeling his movement within her:

The first time that I ever just felt him move [inside], I loved that. That [feeling] was something that I just clung to there for the last few weeks. He moved around so much, and like I said, he had the hiccups a lot. He was just so active. One day he would be head up the next head down. He was just moving around in there.... I always knew he was okay because he was moving around so much.

Through Alan’s movements and touch, Corinne came to know his patterns. Feeling his movements within her body Corinne was reassured he was healthy and viable. During her pregnancy Corinne never imagined being without her baby after birth. Corinne expressed what it was like not to have her baby with her after birth:

It was just a real loss for me [not having him with me]. I continue to rub my stomach and I have to remind myself he’s not there anymore—just the cold metal staples. I miss not having him there. And I never thought I would,

but it is just a strange sensation. All of a sudden there was no little person in there to talk to anymore. I feel so empty, very empty. I mean, when I'm not down there with him (in NICU), I feel lonely ... I miss him.

Alone and without her baby Corinne felt empty. Pregnancy allowed for physical connectedness, but now both Corinne's and her baby's health concerns stood in their way of being together. While separated from her baby the emptiness of her arms prevailed.

Maria also recognized her deep desire for physical connection with her baby. Maria who was 41-years-old had experienced three miscarriages prior to her daughter Sophie's birth. She ached to be with and feel her baby, but Sophie who was barely one pound, lay on an open bed table in the NICU connected to machines for life support. Maria sat at Sophie's bedside for hours watching her. She could hold her baby's finger, but could not have her baby in her arms. Their bodies were separated; they were no longer touching and feeling each other. At home Maria reached out to her husband for comforting touch to make up for being separated from her baby. She poignantly described the intense need for touch:

It is so hard to not be able to touch her and hold her like a normal baby. It is just like not having a baby. I had a baby but I do not have a baby. I cannot hold her... I know that since Sophie's been born, when we go to bed my husband has to hold me. And we are the type that we get in bed and we lie back to back. We are not one of these hold each other while we sleep couples. We never have been. But now it's like, I feel he has to hold me before we go to sleep. And it is just for a few minutes. We do not do it for very long, but he holds me while I go to sleep. I have to feel him, and I have to hold his hand or just have him near me.

This absence of physical connectedness to her baby also caused a deep sense of loss and frustration for another mother, Marsha. She waited three weeks to physically hold her son, David. This was difficult for her, yet she accepted the restrictions imposed by his health and was very patient with her wait.

Marsha: *I still cannot hold him.*

Interviewer: *What does that feel like?*

Marsha: *Very hard. I felt like that was one more thing I was been cheated on. But, I know there are no choices; he has to be on the ventilator. So I watch him, and think about his little legs and how they kicked me inside. I watch him and hold his hand. I am careful not to rub too much and over-stimulate him.*

Aching to be with him physically, Marsha sat with her son. Knowing that he was too sick to be physically held, she looked for ways to remain connected

with him. She held his hand and held him close in her thoughts. Her way of holding exemplified holding in the psychic sense as earlier described by Wynn (1996).

For some mothers, it was very difficult to be in their baby's presence and not be physically holding him or her. Becky's words expressed the pain she felt while sitting at her baby's bedside: "When I first saw him, [in the NICU] and looking at all the tubes he had in him [was difficult]. I knew it was causing him discomfort and that it hurt. It is a very helpless feeling because there is nothing you can do. I wanted to hold him so bad and try to make things better for him." Becky very badly wanted to nurture her baby and ease his discomfort and distress. While she understood why she could not physically hold him, she intuitively felt responsible for him. She was unable to mother in ways that felt natural. Likewise, Corinne yearned for the chance to respond to her baby on her own terms: "The other thing that frustrates me is that I cannot control what is happening to my baby. I cannot even control when I can touch him. That just does not seem right. I just cannot sit there and watch.... It is my baby, not theirs." Due to their babies' medical needs, these mothers were forced to relinquish primary care of their babies to medical personnel. This inability to respond to the particular needs of their babies did not diminish the immense responsibility they felt for their babies. This natural sense of responsibility is what Winnicott referred to as "primary maternal occupation (1987: 36)."

Ready as they were to respond to their babies it felt so unnatural for these mothers to sit by and watch as others provided care and nurturing. It was especially difficult for them to suppress their maternal responses during the early days in the hospital when their bodies felt so empty and their babies' were in much distress. While the harsh realities of their children's medical needs outweighed these mothers' maternal needs, it did not diminish their maternal responsiveness.

Finally, connectedness at first holdings

First physical holdings were momentous occasions for all of the mothers in this study. One father, Neal, created a very special first holding for his wife, Leigh. After her baby's delivery Leigh was extremely ill with a high temperature. She entered the NICU four days after Sallie's birth but could only view her daughter, Sallie, through the incubator glass. She was distraught over the unusual circumstances for the birth of her child and the baby's prognosis. Five more days passed before she was fever free and permitted to return to the NICU to hold Sallie. Leigh said, "I wanted to be with her but I was afraid, too. When he [Neal] wheeled me in there [the NICU], I felt like a stranger, like I didn't belong. I remember looking up at him and crying." Sensing Leigh's sadness and uncertainty, Neal remembered how his wife sang to their baby prior to the delivery. He suggested that they sing their song to her.

Interviewer: *Tell me about your first moments with her. What did you say to her?*

Leigh: *I told her that it was mom. I felt like I did not belong there with her. But I was here with her finally. And Neal was with us, and he said, "How about we sing our song to her." I always sang, "You are My Sunshine" to my belly when I was pregnant with her. He never sang with me, but he did this time. He was like, "Do you want to sing our song?" I said, "Well, sure." He started singing and I was like, "Wow." We sang to her and she seemed to really realize it was us. She heard us.*

Neal joined in singing, knowing that this was a very meaningful time for Leigh. He knew that she and Sallie had connected emotionally before birth. This song was a tangible reminder of that and provided a meaningful connection for the first holding experience as well. Such practices establish a mood or tone that assists mothers' transitions in getting to know their babies.

Maria's first holding was a skin-to-skin experience whereby her baby, Sophie, was positioned directly on her chest between her breasts. After this episode Maria shared the exhilaration she felt:

I got to "cuddle care" [skin-to-skin hold] her just today. . . . That was just an awesome feeling! It was the first time I held her and it felt really neat. She felt really warm. It was an overwhelming feeling. I came home and I was here on the couch and all of a sudden it came over me. I thought, "I need to do that again!" It brought me to tears. I just can't explain it. I just want to do it again and be with her, to hold her and have her back with me.

Maria and her baby were re-connected through each others' bodies. She was overcome with an indescribable feeling as she experienced her baby's body finally touching hers after her difficult pregnancy and her baby's first tumultuous days. Maria perhaps felt the transforming nature of motherhood come over her while her baby was with her in a most natural way.

Mothering is particularly crucial to the initial bringing forth and carrying-forward of her infant's sociality and early explorations of her world. The experience of early mothering holds within itself a primordial laying down and gathering in of who we are and will be. It is also exemplary of a transforming contact with the other that brings one to a turning point or takes one to the limit of oneself. (Wynn, 1997: 260)

Maria's first experience with holding was an example of how her first physical contacts with Sophie took her to her limits. Overtaken with joy she continued to talk about her first holding experience frequently throughout this interview.

Holding her on my chest [meant so much to me]... I can feel her and I can smell her and she was moving around. She tickles me because her little hands go like this [Maria wiggles her fingers] on your chest.... She gets comfortable by finding a little nook and then she does not move anymore and she falls asleep.

Maria enjoyed having her baby settle in on her chest comfortably and contentedly drifting off to sleep. It helped her get to know Sophie's bodily movements and expressions through her own holding experiences rather than by observing the care others gave her. She knew that through holding she was nurturing and caring for her baby.

So the nurse got her out [of her incubator] and I was holding her and she was starting to have a heart rate drop, again. And my husband said, "Put her back. Put her back. You do not need to hold her, put her back." I said, "It will be okay. She will come out of it. You do not understand the feeling that I have to hold her. It is just an unexplainable feeling that I need to hold her." [Sophie's heart rate returned to her normal rate.] She needs me to hold her because it helps her grow; it helps her do better with her food. I know that and the nurses said it too. It helps me to know that I can at least do this for her.... Holding her makes a big difference to me. It is finally like I do have a baby and here she is.

This exemplar supports Wynn's contention that mothering is a bodily practice. By holding Sophie skin-to-skin, Maria was caring for her as a mother. With her body she innately sensed that she was nurturing her daughter. Remarkably she also had gained enough behavioral understanding of Sophie to even recognize that she would "come out of" her heart rate drop. Nurses also supported her actions as a mother. Their support and her engagement in caring for Sophie helped confirm Maria as a mother.

Conclusion

Because of the medical needs of the babies who were immediately transferred to NICUs, mothers found themselves physically and psychologically separated from their babies and aching for them. The technical NICU culture is organized around meeting the medical needs of preterm infants, and there is little room for mothers' responsive, intuitive, bodily caregiving, and, furthermore, little attention to the psychological health of the mothers. Mothers struggled with concerns about their infants' health while suffering their losses and accommodating their own desires to engage in bodily caregiving. The writings of Wynn and Winnicott greatly aided understanding the profound aching and loss that mothers felt while separated from their infants and unable to physically hold their babies. Mothers' narratives revealed the significance of and subsequent loss of the in-utero holding relationship. Despite these

conditions, the mothers worked in creative ways to remain connected with their babies within the constraints of the NICU. And, very poignantly, these mothers described in their own words the embodied relationship of mother and infant that naturally exists for all mothers- even without the physical touch of the infant. They celebrated in the moments of first holdings. With this increased understanding of the challenges and experiences these women face, society and healthcare professionals can influence practice and better care for the psychological health of mothers of preterm infants.

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