Assessment and Management of Risk for Disrupted Mother-Infant Relationship

**Healthy Mother-Infant Relationship**
Assessment of Risk in Mothers with Serious Mental Illness

**CASE MANAGEMENT**

- **Psychosocial factors** (Sameroff)
- **Relationship factors**
- **Infant factors**
- **Maternal factors**
- **Protective factors**

**Risk of harm**
- **Risk to relationship**
- **High risk management**
- **Consult**

Refer to appropriate agencies for child protection and/or maternal management:
- Mother and Baby Unit at King Edward Memorial Hospital (KEMH)
- Department for Child Protection (DCP)
- Adult inpatient Wanslea Family Services

Liaise with General Practitioner (GP), Child Health Nurse (CHN) and consult with appropriate agencies for support with mother-infant relationship concerns:
- **GP:** All women should have post-partum GP care. Your continued liaison with the GP provides a collaborative approach and assists in management of your client's ongoing mental health.
- **CHN:** CHNs are trained in infant development and have knowledge that could assist mental health clinicians in promoting strategies that could foster mother-infant relationships. CHN can allocate clients to either a universal or targeted program, according to the level of risk and are aware of available resources for parents with relationship concerns.
- **Support agencies:** e.g. Best Beginnings, Private Clinical Psychologist, Mother and Baby Unit at KEMH, Raphael Centre, Ngala.
- **Specialist services:** Child Development Centre, Raphael Centre, Child and Adolescent Mental Health Services.

Is judgement of low risk stable over time?
- **Yes**
- **No**

For additional resources go to:
This website hosts a pdf entitled: Perinatal Emotional Health and Wellbeing - Community Support and Resources

North Metropolitan Area Health Service Mental Health Clinical Applications Unit

Delivering a Healthy WA
### Psychosocial risk factors

- Unresolved family of origin issues
- History of physical/sexual abuse, domestic violence, childhood neglect
- Past pregnancy loss or pregnancy concern
- Unplanned or unwanted pregnancy
- Was the mother able to touch the baby on the day of birth?
- Did the mother have responsibility for infant care during the first week of life?
- Who is involved in the baby’s care?
- Availability of emotional/social/practical support
- How much time does the mother spend away from the baby on average?

### Infant factors

- Is baby achieving normal developmental milestones?
- Is the baby growing adequately?
- Are there feeding difficulties, reflux, gastric distress, sleep difficulties?

*Liaise with the mother’s child health nurse and/or her general practitioner for this information*

### Behaviour of concern (observed or reported)

- Gaze avoidance
- Flat affect
- Lack of crying
- Limited vocalising
- Emotionally under-responsive
- Interacts too easily with strangers (age dependent)
- Unsettled sleep or feeding
- Difficult to console when distressed
- Irritable, constant crying
- Difficulty separating from parent (age dependent)

### Relationship factors (observed or reported)

- Is the mother thoughtful about her baby?
- Can the mother describe the baby’s daily routine?
- Is the mother able to reflect on the baby’s needs?
- Does the mother express empathy for the baby?
- Does the mother engage in enjoyable activities with the baby?
- Does the mother play/talk appropriately to the baby?
- Does she delight in her baby?
- Does the baby ever make her feel uncomfortable, unhappy or enraged?
- Is the mother excessively worried about the baby?
- Does the mother cope with the baby’s distress?
- Does she respond and attend appropriately to the baby’s cues?
- Are her responses consistent?
- Is she protective of the baby?

### Maternal factors

**Current maternal psychopathology**

- Antenatal or postnatal mood disorder
- Psychosis
- Diagnosed personality disorder
- Suicidal or homicidal ideation
- Negative symptoms (low motivation, anhedonia, blunted affect, poverty of thought/speech)
- Medication side-effects
- Substance abuse

### Protective factors

- Mother is sensitive to the baby
- Mother is responsive to the baby
- Mother has a close relationship with at least one other adult
- Mother is able to monitor the baby’s well being adequately
- Mother is able to cope with flexibility in her routine
- Mother is thoughtful about what might be going on in the baby’s mind