

Understanding Neonatal Care through Attachment Theory: A Comparative Analysis of the DSM Model and Trauma-Informed Care.

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Introduction – Case Study

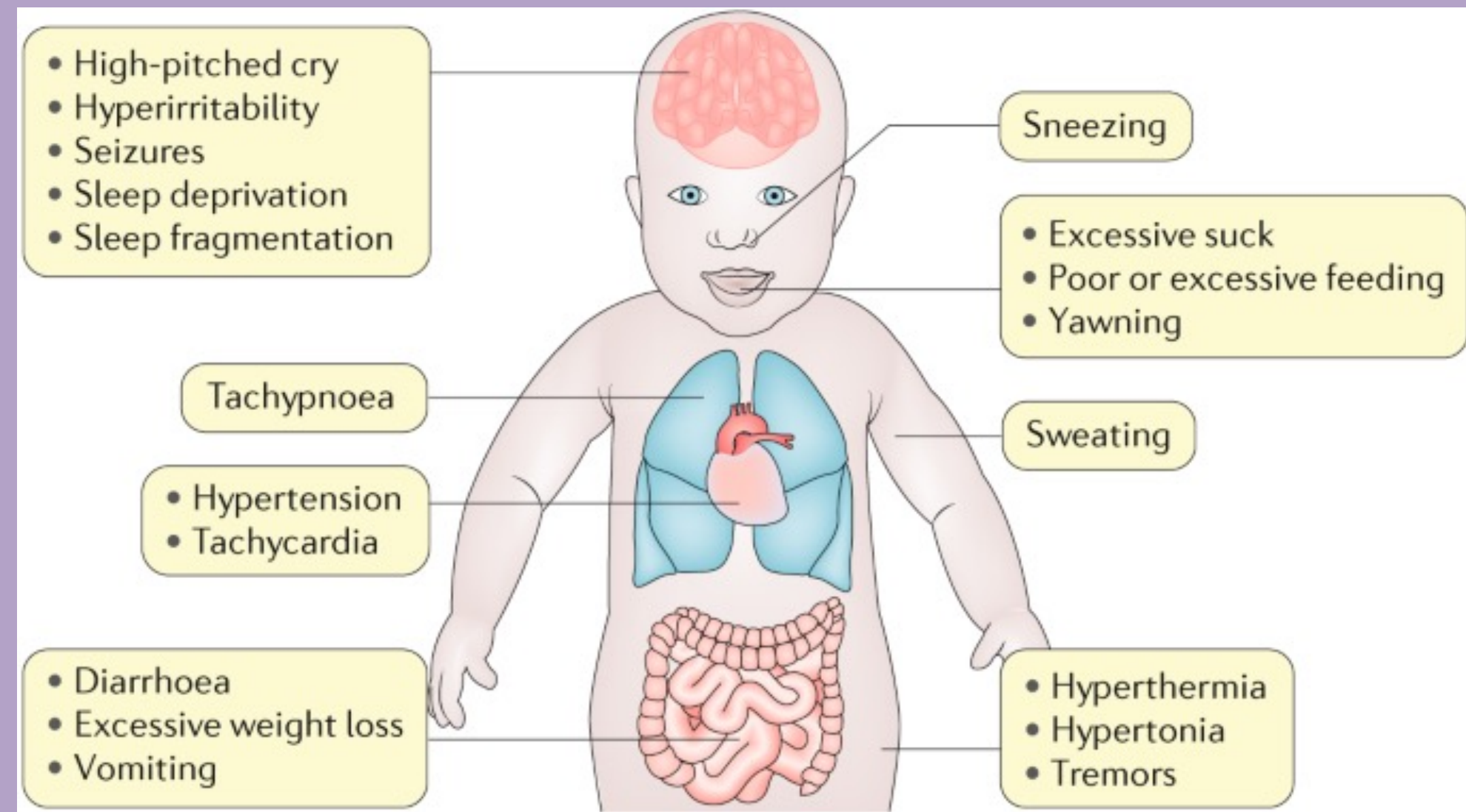
Neonatal Abstinence Syndrome (NAS) is a complex condition resulting from maternal substance abuse during pregnancy, posing significant challenges to both infants and mothers (Coyle et al., 2018). In 2020, Croyle et al (2018) found that the rate of cases per 1000 live births increased from 10% in 2019 to 10.2%.

This academic poster critically examines a case study involving a mother on a neonatal unit, drug/alcohol dependent throughout her pregnancy aware of social services involvement. The poster delves into the impact of NAS, analysing Attachment Theory's implications, and evaluating the limitations of the DSM model from the perspective of the mother. Additionally, it explores these frameworks, implications for Trauma-Informed Care and how a Trauma-Informed Care approach may have facilitated better developmental care for both mother and infant.

Trauma-Informed care offers a shift from pathology to resilience, recognising the profound impact of trauma on individuals' health and well-being (Grossman et al., 2021). By acknowledging the intergenerational transmission of trauma and adversity, Trauma-Informed Care seeks to create a safe, supportive environment fostering healing and empowerment (Burke et al., 2021).

In the context of maternal substance abuse and NAS, Trauma-Informed care emphasises the importance of empathic and non-judgmental approaches prioritising relational healing, parental support, and community engagement (Grossman et al., 2021). Addressing the underlying trauma and adversity driving addictive behaviors, Trauma-Informed Care empowers mothers to break free from the cycle of addiction and create nurturing environments that promote their infants' resilience and well-being.

In the case study, the mother received pre-natal care by an early intervention midwife. Due to this midwife not being Trauma-Informed, the mother was medically managed and was advised on alcohol and drug reduction for the remainder of the pregnancy, consenting to urine and hair toxicology and referred to an alcohol and drug programme known as Project 6 (Keighley Pathway Service, 2023). Social service involvement and Child Protection meetings occurred before the birth, and before the mother had had any opportunity to receive care from Project 6.



The Attachment Theory

Attachment Theory, developed by John Bowlby (1969) and expanded upon by Mary Ainsworth (1970) provides a comprehensive framework for understanding the significance of early relationships in shaping an individual's socio-emotional development (Bretherton, 1992).

Secure attachment, characterised by trust, emotional responsiveness, and consistent caregiving, lays the foundation for healthy social and emotional development as well as fostering trust, autonomy and emotional regulation (Jan, 2021).

In the context of neonatal care, Attachment Theory underscores the importance of creating a nurturing and secure environment for infants, particularly when maternal substance abuse complicates the caregiving dynamic (Trombetta et al., 2021). Infants in neonatal units may experience disruptions in attachment due to separation from their primary caregivers, medical interventions, and environmental stressors (Soni, 2020).

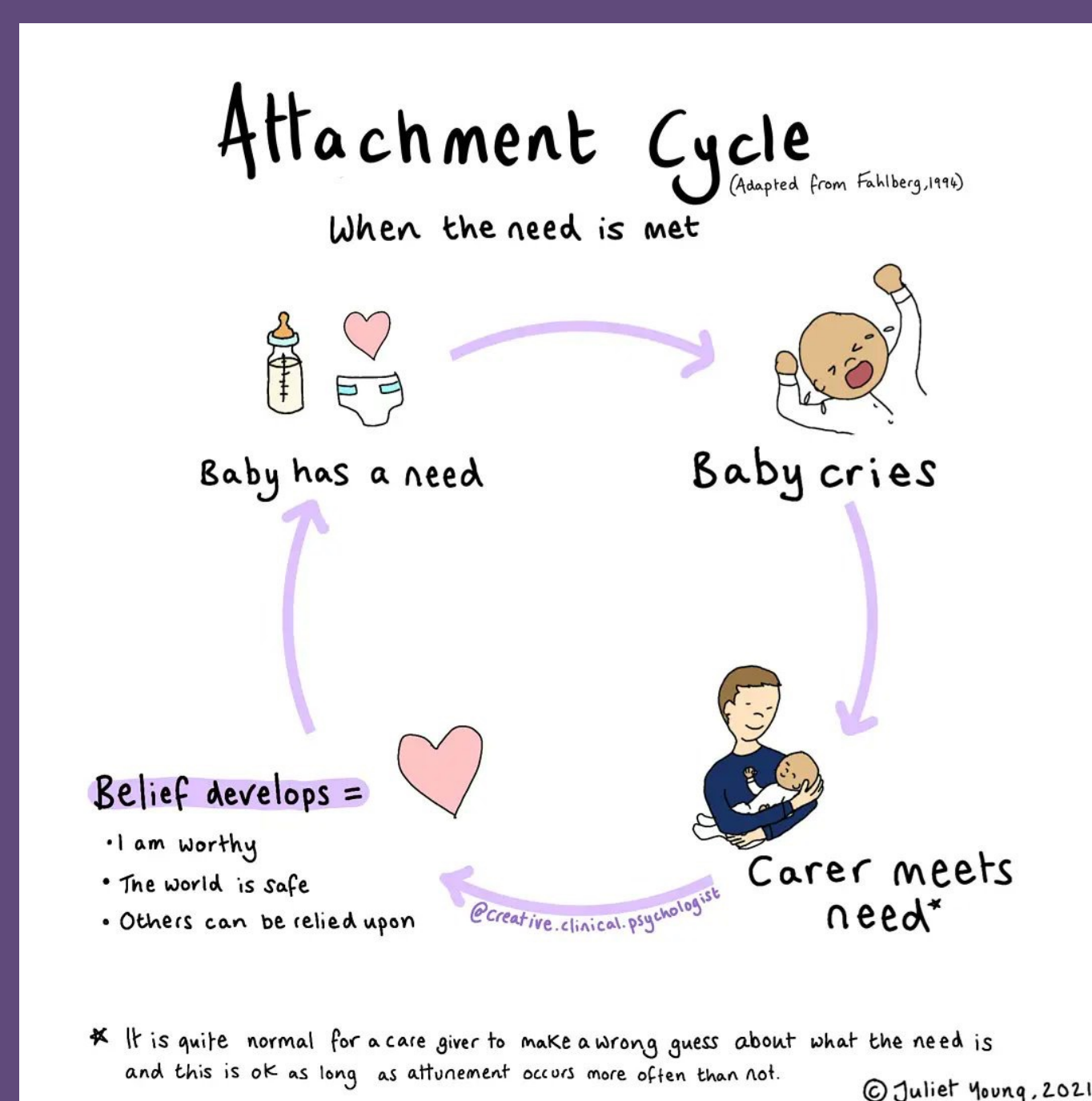
Understanding Attachment Theory can guide healthcare professionals in providing sensitive and responsive care to support infants' attachment needs during this critical period of development (Bretherton, 1992).

The disruption caused by substance abuse pre- and postnatally and the on-going required treatment for NAS, can hinder the establishment of a secure, attachment bond. While there may be an initial overwhelming feeling of love at birth, this feeling can be delayed or diminished in cases of substance misuse.

Once in neonatal care, the maternal instinct to provide all aspects of care becomes evident. However, as the involvement of Social Services increases post-discharge from maternal care, neonatal staff witness a gradual reduction in the attachment and bond previously established.

From the neonatal perspective, nurses take over as the care giver, and provide the steps recognised by Bowlby (1969) and Ainsworth (1970). For example, when the maternal attachment is no longer present:

1. Neonatal nursing staff will recognise through neonatal cues tension or discomfort
2. The infant will begin to display signs of displeasure, squirms and then cries
3. The neonatal nurses will meet the infants need and the infant becomes soothed
4. The infant is then able to explore the external world.



Failure to meet the attachment needs outlined by Attachment Theory can lead to long-term implications, including the development of anxious or avoidant attachment patterns in the infant. This reflects the caregiver's inability to provide a nurturing and predictable environment and increases the risk of perpetuating cycles of addiction across multiple generations (McLeod, 2024).

From a maternal perspective, the absence of a holistic approach to postnatal care can result in inconsistency in responsiveness and emotional availability. Maternal caregivers may struggle to meet the emotional needs of their infants due to their own unresolved emotional issues stemming from addiction.

Attachment Theory may not fully address the broader systemic and societal factors influencing maternal substance abuse and neonatal health outcomes that is needed within this case study.

Diagnostic and Statistical Manual of Mental Disorders

The DSM (Diagnostic and Statistical Manual of Mental Disorders) model provides a standardised classification system for mental health diagnoses, including substance use disorders (O'Brien, 2011). In the case study, the DSM model can offer a framework for diagnosing the mother's substance use disorder and assessing its severity.

The DSM model typically emphasises symptom management and pharmacological interventions to address the physical manifestations of withdrawal in newborns and the maternal management with Methadone (SAMHSA, 2023). Whilst this approach is essential for addressing acute medical needs, it often overlooks the broader psychosocial and relational aspects of maternal-infant care. Mothers with substance abuse issues may feel stigmatised and marginalised within the medical system, potentially hindering their engagement with healthcare professionals and support services (O'Brien, 2011).

The DSM model categorises substance use disorders based on criteria such as:

- The presence of substance use despite negative consequences
- Loss of control over use,
- Withdrawal symptoms.

It provides a diagnostic framework for healthcare professionals to assess the mother's substance use and its impact on her health and well-being.

One of the key shortcomings of the model is its tendency to neglect maternal well-being in the care of infants with NAS. Mothers with substance abuse issues may face judgment and criticism from postnatal midwives as well as neonatal nurses. This judgement exacerbates feelings of guilt and shame. While pharmacological treatments alleviate withdrawal symptoms in infants, they fail to address the complex, psycho-social needs of mothers and infants affected by addiction (Mangat, 2019). The medicalisation of NAS obscures its social determinants, including poverty, trauma, and structural inequalities, which perpetuate cycles of substance abuse and undermine efforts to promote maternal and child well-being (NICE, 2022).

The critique of DSM narrow focus on treating addiction is well-presented (O'Brien, 2011, Blashfield, 2015). However, a more robust examination of the systemic barriers and policy implications that perpetuate the narrow approach would strengthen the analysis. For instance, discussing how the NHS prioritise acute interventions over long-term preventive measures due to funding structures or institutional biases would provide valuable insights (NHS England, 2019).

In contrast, Attachment Theory offers a comprehensive framework for understanding the significance of early caregiver-infant relationships in shaping socio-emotional development. Secure attachment, characterised by trust, emotional responsiveness, and consistent caregiving, is crucial for healthy infant development (Burke et al., 2021). However, maternal substance abuse and the subsequent placement of infants in the neonatal unit with NAS can disrupt the formation of secure attachment bonds, leading to long-term socio-emotional challenges for both mother and infant. By neglecting to address the underlying socioemotional factors contributing to maternal substance abuse and NAS, DSM fails to promote the formation of secure attachment bonds and optimal developmental outcomes for affected infants (NICE, 2017).

DSM and Trauma-Informed Care represent contrasting approaches to healthcare, yet they can intersect in certain contexts, especially when addressing the needs of individuals who have experienced trauma. While DSM traditionally focuses on diagnosing and treating medical conditions (O'Brien, 2011), Trauma-Informed Care emphasises understanding the impact of trauma on individuals' health and well-being and providing empathetic and holistic care.

Ideal outcome and conclusion.

Despite the challenges posed by maternal substance abuse, interventions grounded in Attachment Theory can support the infant's development of secure attachment.

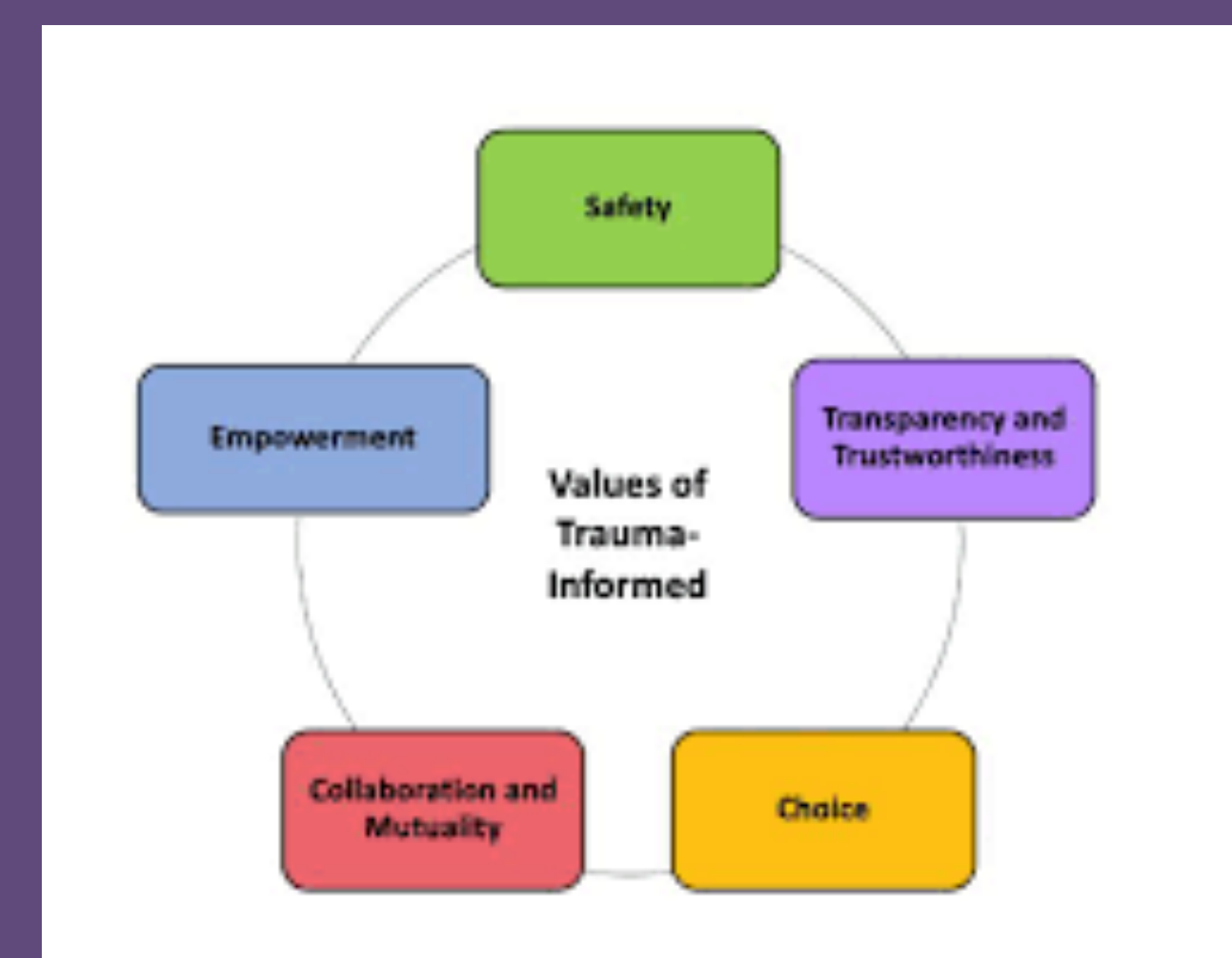
One such intervention, aligned with providing Trauma-Informed care, is the recommendation of a Mother and Baby unit. In this specialised unit, both mother and infant can stay together, fostering an environment conducive to meeting the infant's attachment needs while simultaneously addressing the mother's holistic needs related to addiction and substance misuse.

This approach recognises the interconnectedness of the mother-infant bond and acknowledges the impact of maternal trauma on both individuals' well-being. By providing a safe and supportive environment that promotes relational healing and empowerment, the Mother and Baby unit exemplifies Trauma-Informed care principles in action, ultimately enhancing outcomes for both mother and infant.

DSM often focuses on treating the symptoms of substance abuse, overlooking the broader context of maternal and infant well-being. While addressing addiction is crucial, a narrow focus on medical intervention neglects the holistic needs of both mother and child. In relation to our case-study, the mother requires support not only in over-coming her addiction, but also in building parenting skills, addressing trauma and accessing supportive services to create a stable environment to be a parent whilst also supporting the development of the infant.

Providing Trauma-Informed care is recognising the impact of past experiences, such as maternal substance abuse, on individuals' health and well-being. It emphasises creating a safe and supportive environment that acknowledges the effects of trauma and promotes healing. A trauma-informed approach would involve providing comprehensive support services, including counseling, parenting education, and assistance with housing and employment, to address the underlying factors contributing to maternal addiction and promote infant healthy development.

In conclusion, the academic poster has critically analysed a case study concerning maternal substance abuse, resulting in a neonatal infant with NAS. It has explored the comparative perspectives of Attachment Theory and DSM, highlighting the implications of each approach. Furthermore, the poster has considered the potential benefits of adopting a Trauma-Informed approach in such cases, providing insights into the potential advantages of a holistic and empathetic framework for addressing the complex needs of both mother and infant.



References

Please scan the below QR code for references.

