



## Mother-Infant Bonding Disorder

**Hatlin Sugi M\***

Department of Women's Health, India

\*Corresponding Author: Hatlin Sugi M, Department of Women's Health, India.

**Received:** January 02, 2024

**Published:** February 23, 2024

© All rights are reserved by **Hatlin Sugi M.**

### Definition

A set of disorders characterized by a lack of maternal emotional response towards her infant. This refers particularly to the mother's feelings towards her infant as opposed to the infant's emotional response to the mother (Brockington, 1998) [1].

**Keywords:** Bonding; Hostility; Psychotherapy

The term "bonding" refers to the relationship between the feelings which was experienced by a mother towards her child. Bonding disorders includes a distressing lack of maternal feeling, irritability, hostility and aggressive impulses, pathological ideas and outright rejection [2].

### Case Presentation

The mother was a 32-year-old married woman. She had no previously documented psychiatric history and no family history of psychiatric illness or perinatal illness. She had been well educated and her family brought up in an urban environment since childhood. At the age of 30 years, she met and married her husband, who was an engineer. They were not eager for her to become pregnant. At the age of 32 years, she became pregnant. Now she is a housewife and quit her job .she is alone in house and became bored in her life in every day; she also felt inconvenient in house. Her husband was busy with his work and he is not listening the feeling of her; At last her husband left all the pregnancy preparations to her, which caused her to feel frustrated. She is not getting any support from husband and started feeling very anxious about her prim parity and child-care, and then she moved to her parents' house to receive their support. During her 34week of pregnancy, she had a normal delivery and she delivered male baby, his weight was 2 kg 550 grams and there is no deformities found. She is not interested to hold her child immediately after childbirth because she was in frustration. She had lack affection towards her baby and she felt the bad situation which she met during antenatal period. She had struggled to hold her baby for the first time. She met lot of problem due to frustration. It was very difficult to control her baby when he cried, and she felt fatigued and anxious regularly. The baby was very demanding for his mother's breast milk, and she continued to feed him because of a feeling of responsibility. She was confused as to how to care for him [3]. She had difficulty

asking for help from her husband, because she felt that she should do everything on her own. Her husband was very busy with his office work, still he is unable to provide her with either emotional or physical support, but her mother was continued to help her care for her baby every day. The mother had lack of affection to baby ,worsened everyday due to withdraw of the care by her husband and was accompanied by other depressive symptom , such as poor concentration, indecisiveness, and reduced energy to see the baby regularly . The patient began to worsen daily and began to have difficulty taking care of both herself and her baby. Her body becomes tired and weak due to lack of sleep and poor care by her husband. Now she is under the Treatment with an antidepressant (sertraline, 25 mg/day) and psychotherapy was started [4]. The patient began to experience tender feelings towards her child and her anxiety was decreased. We the Midwives focused and provided Kangaroo Care during family sessions to increase the mother and infant bonding.

### Conclusion

Support from the woman's partner and social support during Antenatal, intranatal and the postpartum period are significantly correlated to reduce the bonding disorder [5]. We regularly conducted motivational class with her husband and family to strengthen her support system and improve the bonding between the mother and baby [6].

### Bibliography

1. Ashvini Vengadavaradan Balaji Bharadwaj., *et al.* "Frequency and correlates of mother-infantbinding disorders among postpartum women in India". *Asian Journal of Psychiatry* 44 (2018): 72-79.

2. RE Helfer and CH Kempe. "Parent-infant bonding. Child abuse and neglect: The family and the community Cambridge: university of rhode island". (pp. 25-53).
3. Takubo Y, *et al.* "Effectiveness of Kangaroo Care for a Patient with Postpartum Depression and Comorbid Mother-Infant Bonding Disorder". *Case Report on Psychiatry* (2019): 9157214.
4. Jeffrey R Strawn, *et al.* "Pharmacotherapy for generalized anxiety disorder in adult and pediatric patients: an evidence-based treatment review". *Expert Opinion on Pharmacotherapy* 19.10 (2018): 1057-1070.
5. Corrigan Catherine Kwasky Andrea, *et al.* "Social Support, Postpartum Depression, and Professional Assistance: A Survey of Mothers in the Midwestern United". *The Journal of Perinatal Education* 24.1 (2020).
6. J McGregor and J Casey. "Enhancing parent-infant bonding using kangaroo care: a structured review". *Evidence Based Midwifery* 10.2 (2020): 50-56.