AIMS For a better birth...

# Thoughts of hurting the baby

AIMS Journal 2007, Vol 19, No 3

*Jean Robinson explores the ultimate taboo*

One of the advantages of being involved in a help line which is totally confidential is that once parents trust you, they confide information which never reach official sources, so you learn a great deal which can be used to help later callers.

Even NHS Direct will contact social services if they are suspicious of the reason for your query about your child's health (as one of our innocent clients found to her cost). Since all health and teaching staff are required to report the slightest suspicion, there is no official service (and few unofficial ones) you can go to for advice without fear of repercussions. We NEVER report anyone, and although we suggest other sources of help, we only contact other agencies if parents ask us to do so on their behalf.

AIMS knew before any research was published that mothers often lied when health visitors screened them for postnatal depression. They had been calling to ask us about the safety of St. John's Wort for breastfeeding. Our callers told us they were using this herbal remedy for depression, which has been proved to work as well as drugs in a clinical trial, because they could buy it over the counter at the health food store and nothing would be recorded on their case notes. The reason? They were afraid of their children being taken away by social services: they had seen it happen to others.

One of our mothers confided to her health visitor that she had been having dreams about babies drowning. She was promptly reported to social services. Her baby was not taken, but the impact of the investigation and activity was horrendous, and has left her afraid to consult anyone in the health ser vice since. The health visitor was probably doing what all other professionals have been doing since the report on Victoria Climbie: covering her back by reporting anything which raised the slightest possibility of risk to the child, so that she could never be blamed. Of course she did far more harm to mother and child in the process - but that does not seem to matter, as no one measures that, or more importantly, holds public enquiries and blames professionals for it.

I realised from help-line stories, that many mothers had confided fleeting fears of the baby being harmed, or of their harming the baby, and that they were surprisingly common. So were vivid dreams after giving birth, and these could include something terrible happening to the baby. But we realised that even with their most intimate friends, women did not share their worries about having such feelings, so there was no support from the local grapevine, which in other areas is often surprisingly effective in helping mothers to feel 'normal'. So we would listen, find out what mothers were worried about, see if they had

sources of help they could trust, reassure, keep in touch. As time went on we could confidently say 'actually quite a lot of other mothers seem to have thoughts like that too', which they seemed to find helpful. We would keep in touch, and see how things went. There has never been a suspicion that any of these parents actually harmed their babies, and as time went on they became more confident.

We realised that there must be many mothers out there concealing the same guilty secret, but since there was no base-line of evidence, health visitors would continue to over-react when there was no risk at all, and make the mother feel even more guilty.

At last someone has done a useful piece of solid piece of research which we can quote. Two clinical psychologists in Manchester asked mothers to fill in an anonymous questionnaire about having 'negative thoughts' - and found that these were common.1 What is more, these were mothers who were not suffering from depression. More than 62% had thoughts about their baby dying, though only 7% thought they could really hurt it. Many other types of negative thoughts were listed. For example over 37% of mothers felt trapped, at least occasionally.

Why are many health visitors and other professionals piling on the blame and criticism when this survey, like so many others, shows how much mothers need support and confidence-boosting, and that this would be the best way to help the babies too?

There are weaknesses in the study. Firstly, they used the Edinburgh Postnatal Depression Scale to find their sample of mothers who were not depressed. As we have already pointed out, this no longer works2 and there were likely to have been some depressed mothers in their sample. Secondly, questionnaires were distributed to nondepressed mothers at baby clinics, which they could complete anonymously at home. Only 48% replied, givinga total sample size of 154, and even then women may not have felt free to be truthful.

The authors suggest 'a woman who is expressing negative thoughts should always be assessed by a qualified clinician to rule out potential harm to herself or her child'. Alas we have seen too many cases where 'assessment by qualified clinicians' has done more harm than good, and in any case the first referral seems to be not to a clinician but to social workers, whose ignorance about maternity care, postnatal mental health and care of the newborn has to be seen to be believed.

We really want a service where we could encourage women to share their worries with the professionals who are receiving good taxpayers' money to look after them. At present it does not exist, and child protection mania is pushing it further and further away every day.

**References**

1. Hall, Pauline and Wittkowski Anna. (2006) An exploration of negative thoughts as a normal phenomenon after childbirth. Journal of Midwifery and Women's Health. 51 no 5 pp 321-330

2. Shakespeare J, Blake F and Garcia J.(2003) A qualitative study of the acceptability of routine screening of postnatal women using the Edinburgh Postnatal Depression Scale. British Journal of General Practice pp 615-619.