**Title: Maternal-infant-Bonding Therapy**

Antonio Madrid1, Tristan L. Palmatier2

1Russian River Counselors

Monte Rio, CA

2Lomi Clinic

Santa Rosa, CA

**Abstract**:

Repairing a lack of bonding between a mother and her child is relatively easy when one knows how to do it. The four-stage protocol presented here involves suspecting that there is a bonding problem, searching for the cause, metabolizing the painful feelings, and creating an alternative birth. The therapy is short, quick, and effective. Four cases are presented.

**Key Words:** Maternal-infant Bonding, maternal-child problems, childhood asthma

\*Corresponding author:

Antonio Madrid, Ph.D., PO Box 519, Monte Rio, CA 95462 USA, [madrid@sonic.net](mailto:madrid@sonic.net).

**Bonding Therapy: The Four-Part Repair**

Mothers'complaints about their children can often be traced back to a failure to bond. Mothers are often heard to say that her child has always been a problem, that he gets along with everyone except her, that “he has never been affectionate,” that he is withdrawn and is more comfortable without her there, that she does not feel close to him, and other statements that show a rift in the connection between them. These complaints are typical signs of a bonding disruption.

Since Marshall Klaus and John Kennell first wrote about maternal-infant bonding (Klaus and Kennell, 1976), bonding disruptions and their causes have been relatively easy to detect; but there has not been a reliable, proven way to repair the damage. This article describes an easy hypnotic procedure for fixing bonding disruptions and offers four case illustrations. The protocol described has been successfully used with a large number of clients and has withstood the rigor of empirical studies.

This protocol consists of four stages, all done with the mother; the child is not involved:

1. The therapist needs to have an ear open that there might be a bonding problem.
2. The therapist must figure out what went wrong in the original pregnancy or birth.
3. The mother must process and be freed from what went wrong.
4. The mother needs to experience how it should have been.

I. The Suspicion

The signs of a bonding problem are fairly easy to spot, both in the mother and the child. The mother might say that she does not feel close to her child, unlike the way she feels for her other children. She might say that there was “something wrong” with the baby from the beginning. The mother often can remember looking at her baby and wondering where are the “great feelings” that she expected. She may even feel that she got the wrong baby. We have heard mothers remember looking at their baby and thinking that there must be something wrong with her because she had a noticeable lack of emotion. Some mothers come right out and say that their child is “a thorn in their side.” Mothers most often feel guilty that they do not feel close to this child.

A baby typically shows symptoms of non-bonding: crying often, being inconsolable, being colicky and fussy, having breathing problems, not being affectionate towards their mother ([Feinberg 1988](#bookmark); [Schwartz 1988](#bookmark1); [Pennington 1991](#bookmark2)). When the child gets older, he does not seem to be able to get what he wants from his mother, and so he is “always at her.” Some children are so fidgety and uncomfortable in their own skin that they are given the diagnosis of Attention Deficit Hyperactive Disorder or an Anxiety Disorder. Some children withdraw within themselves. Some children are scared of their mothers.

It is important to note that we are not talking about children with attachment disorders, whose conditions are more seriously dysfunctional than children with bonding problems.

II. The Discovery

Figuring out what went wrong takes a bit of detective work. Klaus and Kennell wrote that two things typically prevent a mother from bonding:

(1) Physical separation at the time of birth or

(2) Emotional separation during the prenatal or perinatal period.

(1) Physical separation can occur when the mother is not with her baby during the sensitive period right after birth. For example:

* if a mother cannot hold her baby soon after he is cleaned up
* if the mother is anesthetized
* if the baby is removed to the Neonatal Intensive Care Unit (NICU)
* if the mother is sick or mentally confused
* if the mother has been administered mind-altering drugs
* or any other situation in which the mother cannot be with her baby in a focused way.

Adopted children fall into this category, as well.

(2) Emotional separation occurs when the mother is experiencing another, competitive emotion that is so strong that it prevents bonding:

* the death of a loved one
* some other great grief
* paralyzing fear
* a personal trauma
* an unwanted pregnancy
* drug addiction
* a recent miscarriage
* Marital problems
* or any other emotion that is incompatible with bonding.

Pennington (1991) has termed events that disrupt bonding, “Non-Bonding Events: NBEs.” The Maternal-Infant Bonding Survey (MIBS) has been helpful in identifying these NBEs (Brown, Pennington, et al. 1999).

Quick Reference MIBS

*Physical Separation*

* Mother was separated from child at or after birth.
* Mother had a very difficult delivery.
* Child was sick at birth.
* Child was twin or triplet.
* Intensive Care Nursery or incubator.
* Mother was anesthetized at birth.
* Mother was very sick after the birth.
* Mother was confused or mentally disoriented after birth.
* C-Section delivery.
* Mother was separated from child in first month.
* Child was adopted.
* Other separation occurred.

*Emotional Separation*

* Mother had emotional problems during pregnancy.
* Mother had emotional problems after birth.
* Mother had a death in the family within two years of birth.
* Mother had a miscarriage within two years of birth.
* Mother and father had serious marital problems.
* Mother and father were separated before birth or soon after.
* Mother was addicted to drugs or alcohol at birth.
* Mother moved before or soon after birth.
* Severe financial problems.
* Unwanted pregnancy.
* New romance in mother's life.
* Other events which could have interfered with bonding.

The NBE that is responsible for the disruption in bonding is often found on this list. Frequently, there is more than one NBE (Pennington 1991).

It is not uncommon for the mother to say that she thinks she is bonded to her child, despite clinical evidence to the contrary. We think that there may be a continuum of bonding and she may be partially correct. Regardless, if the mother agrees to go through with this process, she will notice afterwards that she is “even more bonded.”

Most often a mother will be greatly relieved when she learns that the difficult relationship that she has with her child has been through an event out of her control, that it is not her fault. When she has an emotional reaction to this discovery, the healing has already begun.

III. Metabolizing the NBE

Next, the mother must process the NBEs until they no longer bother her. Most of the time we use hypnosis to metabolize the painful memories (Madrid 2005/2006). We also use Eye Movement Desensitization and Reprocessing (EMDR), especially when a mother has a difficult time being hypnotized (Madrid, et al. 2006). Mothers can use whatever works to heal the trauma: journaling, artwork, meditating, Emotional Focused Therapy, etc.

This part is relatively easy. The mother probably has been working on recovering from the NBE ever since it happened. She has been processing it in her narrative, through her dreams, in her imaginal and creative expressions, and in all the ways that we process miserable experiences. This stage of bonding therapy is doing the last little bit to finish the job.

The hypnotic formula can go like this, after the induction.

Now go back in time during your second trimester to your father’s death (or whatever the NBE was). I want you to clear out all the remaining pain from that time. And when that is all gone, your finger will float again. (If it did not float in the induction, say, “When all the remaining pain is gone, tell me so.”)

(Clear out each NBE that you found in the previous stage.)

(It is good to ask:) Is there anything else from your pregnancy and child’s birth that still bothers you. (If so, clear that out as well.)

Some mothers will claim that they have already healed the pain from the NBE. All the better. Ask them to clear up any residuals, and reinforce that healing.

Although this stage of bonding therapy can take anywhere from one to a couple of sessions, our experience has shown that mothers will typically take only a short while to do this work. This is the case because they have done a lot of the work already, because they are highly motivated to do this, and because they are hypnotized (or use EMDR) and much can happen in this state of mind.

IV. The Right Birth

In the same session (or in the next session if there has been too much work for one session), the mother is now asked to imagine how the birth should have gone. Bring her back to significant milestones in the pregnancy, birth, and postnatal period. Make sure that she goes through the part where there once was an NBE, this time without the disruption. The milestones can be lightly touched, in this fashion:

Now go back to finding out that you are pregnant. And when your inner mind knows this and everything is fine and the baby is being safely created in your womb, your index finger will float (or “tell me”). Go to the end of the first trimester, and when your inner mind knows how it is at that time and everything is fine, your index finger will float. (Same for 2nd and 3rd trimester.) Now you will give birth to your baby, quickly; and when your baby takes his first breath and your unconscious (or inner) mind knows what this is like, joyfully (or safely or happily or alertly—whatever she missed), your finger will float again.

(Then take her through the first day, first week, first month, first year, up to the present.) And now your inner mind knows what it is like to have this as a new beginning with your baby. And it will continue to expand on this beginning in your sleep, your waking day, your musings, and your feelings.

If at any point, she is not able to achieve the part in which you are guiding her, it usually means that there is an unprocessed NBE there and she is stuck. For example, if she cannot register in her inner mind what it feels like to be joyful at the end of the 2nd trimester, ask her what’s bothering her. She will be able to come up with the troublesome event. You need to process that before you go on.

The entire four-part protocol can be done in one session, although it also can take two or three sessions. Infrequently it will take longer. This is short-term therapy, goal specific, not to be confused with psychotherapy.

Four cases are now presented to demonstrate the variety of presentations of bonding disruptions and to offer slightly different approaches in repairing the damage. We have changed the names and the circumstances to preserve the anonymity of the clients.

**Four Cases**

*Case #1. “Now she’s beating me up!”*

I. Suspicion**:** A therapist referred a mother to us, when he started suspecting that there was a bonding disruption at the base of mom’s problems with her daughter. The therapist said that Marilyn had always had trouble with her eleven- year-old daughter, Rita, and now things were plummeting downhill. The therapist had recommended family therapy; but six months of therapy later, Rita was more negative and abusive than ever. She said she hated her mother; they fought constantly; and now Rita was hitting, scratching, and assaulting her mother. The girl was a wreck. The family therapist recommended calling the police. The original therapist suspected there might have been disruptions in bonding.

Marilyn spoke on the phone, and the process was explained simply, answering her questions, and relieving her fears.

II. The Detection:The preliminary work was done on the phone using the MIB survey (MIBS) to identify nonbonding events both physical and emotional. There were many:

(1) A year prior, she’d had a miscarriage and was fearful it might happen again.

(2) She had nausea for five months.

(3) They moved during the ninth month of this pregnancy.

(4) She endured twenty-three hours of difficult labor, which ended in

a C-Section.

(5) In addition, she was very emotional before and after Rita’s birth because of marital problems.

(6) She became very sick after the baby was born due to the drugs, and breastfeeding became was too stressful to continue after the second day.

(7) Marilyn had to return to work within six months of the birth.

(8) Marilyn’s mother died seventeen months later.

(9) Marilyn had a still-birth three years after Rita’s birth.

III. Metabolizing the NBEs**:** In Marilyn’s only session with us, she agreed to clear up the negative events that were identified by the MIBS. She was assured that she need not do anything except allow her subconscious to do the clearing while she relaxed. She went through and cleared out one NBE after another until they were all processed.

IV. The Right Birth**:** Next, she created a new birth experience for herself and Rita. She was asked to imagine a healthy, relaxed, pleasant experience for the first month of the pregnancy. She was cued to feel the positive shift as she imagined the opposite of the “old” birth. When her subconscious mind knew everything was fine, she would tell us. She was prompted to move through the labor, delivery, and first breath, focusing on Rita’s heartbeat and voice, feeling her placed on her chest, and the sensations of breast-feeding. She was led through the hours, days, weeks, and months following the birth while being guided to experience a loving connection between mother and child. Finally, her positive, healthy experience was imagined for the first year and through other tough spots, up to the present time.

As Marilyn envisioned her new birth experience, tears streamed down her face followed by uncontrollable sobbing. The session was over when the subconscious mind completed the new imprint and she indicated that she was done. Now all steps were done. She looked exhausted, and yet was radiant and smiling. She had experienced a totally different birth with Rita. She acknowledged that this new experience felt very real and that she could already feel a loving connection with her daughter, one that had not been there before.

Seven months later, the referring therapist reported that Marilyn said that her relationship with her daughter was totally transformed. Within days, Rita was affectionate towards her mother—for the first time. She phoned from her father’s house, saying that she wanted to have some mother-daughter time. She looked different in pictures that were taken—standing taller. She told her mother that she missed her when they were separated. There were no more hateful fights, and she never again struck her mother.

A year and a half later Marilyn phoned her former therapist to report that Rita told her, at the beginning of the school year, that she was so grateful for her life. Her friends had changed, she now loved school, and she was very happy. When her mother came back from giving a professional talk, Rita jumped in the car and asked her how it went. Marilyn said it was a success, and Rita cried, “Oh, I knew you would do well. You know I’m your biggest fan.” They had time together now and sometimes did nothing—just hung out with each other.

There is nothing to account for this miraculous change except for the one bonding session with Marilyn, the mother. There was no additional therapy, even with the daughter.

*Case 2: “I don’t even like her.”*

Rosemarie, the mother of a seven-year-old girl who was severely asthmatic asked our services to help her daughter’s asthma. The daughter was a very sick little girl, ending up in the Emergency Room at least once a month, despite being on a pile of medications. Our hypnosis work with the little girl did not help at all. The mother continued in therapy for herself.

I. Suspicion:A couple of months into therapy, the mother one day looked ragged and said that she spent the whole night in the ER with her daughter. “You know,” she revealed, “I do all this work for her, and I don’t even like her. I have no feelings of love for my own daughter!” Immediately the suspicion arose that there was a bonding problem.

II. Detecting**:** In response to a question about her pregnancy and daughter’s birth she said that:

(1) Her husband left her in the second month of pregnancy.

(2) Her mother was in the labor room antagonizing her.

(3) Her doctor was not available and she had another doctor whom she did not know or like.

(4) The nurses were rude.

(5) Her daughter was taken away immediately because she was jaundiced.

(6) She went home without her baby. When she returned to pick up the baby, she distinctly remembered thinking, “Are you sure this is the right baby?”

III. Metabolizing the NBEs: We explained maternal-infant bonding to her. She cried when she considered that her horrible relationship with her daughter was not her fault. She closed her eyes to clear up the residuals from all the NBEs. She went through them one after another: “Clear up your husband’s abandoning you. When you’re done, let me know.” One could see from the look on her face that she was working hard. Through each of the six NBEs, she rapidly and successfully proceeded. This portion of the therapy took 15 minutes.

IV. Right Birth:When she was done, she was asked to imagine the birth as it should have been. She did this quickly and effectively. She cried. Her whole appearance changed. She said, however, “How can I change all of this? I have had such a hard time with my life because of this!” She answered herself without thinking, “Oh, I can have it both the way it was and the new way. That’s easy. Like a divided highway.” That made sense to her.

The entire process took less than 20 minutes. Nothing more was said about this in therapy; but a few months later, she said that since the day of that therapy, she “fell in love” with her daughter. Now she knew what it felt like. She added that her daughter’s asthma had cleared up totally—no more daytime or nighttime symptoms, no more wheezing, no more ER visits, even no more medications.

*Case #3: “I always knew it had to do with my brother’s death.”*

After lots of disappointing counseling, Juanita came to our offices with this story. Her brother died during the second trimester of the pregnancy of her 8-year-old first child, Barbara. This was a special brother, the little brother that she practically raised. She went into a period of profound mourning. She had been happy being pregnant, but after her brother’s death she barely thought about the daughter in her womb. When Barbara was born, she held her baby and smiled, but she knew she was not completely happy. She felt an emotional distance. She was still mourning her brother’s death.

I&II. Suspicion & Detecting**:** She hoped it would get better; but as Barbara grew older, she knew that her relationship with her was ruined from the start. She did everything by her intellect: she did the right things, she cared for Barbara by the book, she got therapy, she did not dip into her anger. A friend told her about our bonding work, and she decided that she would give it a try.

III & IV. Metabolizing & Right Birth**:** The work was easy as pie. She said that she was sure her brother’s death interfered with the birth of her daughter. In 5 minutes, she cleared up the remaining grief and brought her clear heart back to the second trimester, where she stopped being joyful. In the next 10 minutes she was able to experience the joy of her pregnancy, right through the second and third trimester, to Barbara’s first breath, and holding her baby. She wept with joy. Then she brought that up, step by quick step, to the present time. She was sent home with the caution to be quiet because she just had a baby.

She came in for her second appointment a month later, with this news. She drove home after the first appointment knowing that there was a change because she missed Barbara, and she had never had that feeling before. When she got home, she sat down and smiled, reviewing the new memories of Barbara’s birth. Then Barbara came home from school and jumped into her lap, hugging her and telling her she missed her all day. She nuzzled with her mother for the longest time—Juanita said for the first time. They played all afternoon, and mom does not remember playing like that “ever.” They have been inseparable.

Juanita said that Barbara changed overnight from being “the thorn in her side” to “the joy of her life.” Five years later she sent a letter to our clinic: “You saved our lives. You turned our relationship completely around, for the rest of our lives. We have been so happy ever since. Thank you.”

Juanita did the first two stages: suspecting and detecting. We did the second two: clearing and imagining a new birthing. When all the pieces are in place, it is easy work.

*Case #4. “But I always wanted a boy.”*

Carmelita was a single mom in her early thirties. She came to our clinic when her son Johnny was four years old. Johnny had pneumonia before his first birthday and had been diagnosed with chronic bronchitis. She had to take him to the emergency room several times after the initial visit. Johnny would have severe breathing problems every time he got sick. She had to connect him to a nebulizer every four hours when he had a cold. He also had to use an inhaler several times a day when sick.

She also mentioned that she did not feel as close to him as she did to her older daughter. She said that everyone loved Johnny, but there was something about how they interacted that rubbed her the wrong way. For example, he was clingy and never seemed to be satisfied with soothing or comforting.

I. Suspicion:Carmelita reported that she had trouble with Johnny since his birth. He was colicky and would scream for hours. She felt tremendously guilty for being angry at him and being relieved when she dropped him off at a friend or relative. She had always wanted to be a mother and felt terrible that she didn't seem to be close to her son. As she began to talk about her pregnancy and birth story it became clear that there was very likely a disruption in the bonding process.

II. Detection**:** Carmelita got pregnant with a new husband, two years after her first husband died in a motor accident. She loved her new husband, but she thinks she never got over the loss of her first husband. That was all the NBEs that could be detected.

III. Metabolizing the NBEs: Carmelita was hypnotized and told to finish up the grieving about her first husband. Since she had already done most of this, it was easily completed in two minutes. She sobbed and finally said, “1’m OK now.”

IV. The Right Birth**:** While still under hypnosis, she was asked to know what it felt like to get pregnant in a joyful state. She was brought through the three stages of pregnancy, the birth, and the first number of hours and days afterwards. She was told that her subconscious mind would fill in the missing pieces. She wept.

Afterwards she said this was a new experience: to be very joyful during the pregnancy. She had not known that she missed this part.

Two weeks later, Carmelita said the changes were amazing. Johnny had come up to her and said “Mommy, I've missed you.” Carmelita nearly cried. She said she felt in love with her son for the first time.

She phoned a year later to tell us that Johnny no longer had breathing problems.

**Summary and Conclusion**

Problems between a mother and child often rooted in the fact that the mother did not bond with her baby. That is fairly easy to detect, once a therapist knows the causes of bonding disruptions. Those causes fall under the broad categories of physical separation and emotional separation. These can happen prenatally, during the pregnancy, at birth, or postnatally.

When the cause is recognized, the treatment consists in metabolizing the trauma and then having the mother picture the perfect birth that she had envisioned. Once done, the mother will have a chance of bonding with her child, and the child’s problems will likely greatly resolve.

Bonding therapy is issue-focused and short. The mother has been lying in the weeds waiting for the opportunity to connect with her child. Our experience is that the motivation of the mother is powerful and catapults her into effective therapy.

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MATERNAL-INFANT BONDING SURVEY

Brown, G., Pennington, D., and Madrid, A.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_

The following questions look at the circumstances surrounding pregnancy and birth.

|  |  |  |  |
| --- | --- | --- | --- |
| POSSIBLE PREGNANCY PROBLEMS | Y | N | **?** |
| Had worrisome bleeding during pregnancy |  |  |  |
| Had toxemia |  |  |  |
| Vomited a lot |  |  |  |
| Had to be medicated |  |  |  |
| Gained too much weight |  |  |  |
| Took a lot of illegal drugs |  |  |  |
| Drank excessively |  |  |  |
| Was sick through much of pregnancy |  |  |  |
| Labor lasted longer than 15 hours |  |  |  |
| Had a difficult delivery |  |  |  |
| Had a Caesarean Section |  |  |  |
| Was put to sleep for delivery |  |  |  |
| Got hurt during pregnancy |  |  |  |

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| --- | --- | --- | --- |
| **POSSIBLE OTHER PREGNANCY PROBLEMS** | Y | N | **?** |
| Had a previous miscarriage |  |  |  |
| Was overly depressed during pregnancy |  |  |  |
| Was very scared during pregnancy |  |  |  |
| Lost someone close during pregnancy |  |  |  |
| Had marital problems during pregnancy |  |  |  |
| Had serious financial problems during pregnancy |  |  |  |
| Had a serious loss after the child was born |  |  |  |
| Was overly depressed after the child was born |  |  |  |
| Had emotional problems after the child was born |  |  |  |
| Was very sick during delivery |  |  |  |
| Was very sick after the baby was born |  |  |  |
| Child was a twin or triplet |  |  |  |
| Moved during pregnancy or first year |  |  |  |
| Had any other traumatic thing happen |  |  |  |

HOW WAS YOUR RELATIONSHIP TO THE BABY’S FATHER DURING PREGNANCY?

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WHAT HAPPENED TO THE BABY AFTER IT WAS BORN?

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HOW LONG AFTER THE BABY WAS BORN DID YOU HOLD IT?

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WHAT WAS IT LIKE WHEN YOU FIRST HELD THE BABY?

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| BABY’S CONDITION | Y | N | **?** |
| Injured during birth |  |  |  |
| Was born jaundiced |  |  |  |
| Had trouble breathing |  |  |  |
| Born with cord around neck |  |  |  |
| Was sick after birth |  |  |  |
| Spent time in an incubator |  |  |  |
| Spent time in an Intensive Care Nursery |  |  |  |
| Was born premature |  |  |  |
| Had an infection |  |  |  |
| Needed oxygen |  |  |  |
| Vomited often |  |  |  |
| Gagged often |  |  |  |
| Was kept in hospital after mother went home |  |  |  |
| Was born breach |  |  |  |

LIST OTHER PROBLEMS THAT OCCURRED DURING PREGANCY, DELIVERY,

OR THE FIRST COUPLE OF MONTHS OF THE BABY’S LIFE.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **BABY’S PROBLEMS IN THE BEGINNING** | **Y** | **N** | **?** |
| Colic |  |  |  |
| Coughed a lot |  |  |  |
| Wheezed |  |  |  |
| Was sickly |  |  |  |
| Difficult to calm or comfort |  |  |  |
| Cried often |  |  |  |
| Was demanding |  |  |  |
| Could not be alone |  |  |  |
| Did not like to be held |  |  |  |
| Irritable |  |  |  |
| Was easily upset |  |  |  |
| Had lots of mucous |  |  |  |
| Was frightened easily |  |  |  |
| Seemed in pain a lot |  |  |  |
| Difficult to console |  |  |  |
| Feeding difficulties |  |  |  |
| Was not affectionate |  |  |  |

ANY OTHER THOUGHTS ABOUT YOUR BABY IN THE FIRST YEAR OF LIFE?

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ANY OTHER THOUGHTS ABOUT YOU OR YOUR FAMILY DURING

PREGNANCY, BIRTH, OR THE FIRST YEARS OF YOUR CHILD’S LIFE?

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ANY OTHER THOUGHTS ABOUT YOUR CHILD’S CONDITION?

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