**When The Baby Is The Trigger- Clinical Interventions In Mothers With Childhood Trauma Impacting Maternal Bonding**

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The re-emergence of maternal childhood trauma is often an unexpected accompaniment to the birth of a baby. This subgroup of women is overrepresented in perinatal and infant service providers which are not always equipped to deal with the complexity of mother-infant distress or have the necessary resources to stabilise and facilitate appropriate functioning and interactions.

Typically, the mother is triggered by the infant’s negative states and may reject or overidentify with the infants needs and become unable to provide appropriate care. The infant may be viewed as the perpetrator identified as attacking, hostile or rejecting of such care. Alternatively, the parent may seek comfort or reassurance from the infant. In these situations, the infant experiences a range of confusing maternal interactions such as anxiety, anger, rage or rejection and frequent unpredictable miss-attuned communications. The infant is unable to develop a coherent sense of self when not seen by the primary caregiver. In severe cases the infant may withdraw and fail to thrive physically and emotionally.

Inpatient programs to support the mother include trauma informed mindfulness. Tools are employed to work with dysregulated arousal, traumatic flashbacks and dissociation. This seeks to bridge the gap between mind and body and develop interoceptive and exteroceptive awareness. An inside “knowing” of the body combined with utilising all five senses creating a kinaesthetic body state awareness.

After stabilisation the mother is able to extrapolate the body paradigm to enhance reflective functioning and assess nonverbal communication from the infant using visual cues, vocal rhythms, body posture or behaviours as the infant’s body communication. The potential result can improve maternal reflective functioning and enhance the quality of the attachment.

Ultimately, the birth of an infant has the power to transform the mother and infant as often the motivation to work is maximised in the postnatal period.