Reconceptualizing the Nurse's Role in the Newborn Period as an "ATTACHER"

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ABSTRACT

In the first few days and weeks after a child's birth, attachment is a major task for the mother and her newborn. Success in this long-term psychological process is associated with positive life-long outcomes for both the parenting mother and her child. This article proposes a relational approach to newborn nursing grounded in the principles of attachment theory. Understanding this "attacher" approach can benefit nurses by bringing a gratifying depth to their practice and can benefit families by helping mothers and newborns address the most compelling task before them.

Key Words: Attachment; Infant; Neonatal nursing; Newborn.

This article describes a relational approach to newborn nursing grounded in the principles of mother-infant attachment theory. In this model, the nurse acknowledges the critical importance of attachment for mothers and infants and recognizes the strength of nursing's maternal-child tradition as an element of the maternal support system. The nurse views the essence of nursing care as facilitating this relationship whether gently nurturing a nascent connection one mother has for her newborn, or fanning the roaring fire inside a mother who is already in love with her baby. In this approach, the nurse assumes an innovative role as an "attacher" for all mothers and their infants.

The newborn period is most richly characterized by the inseparability of mothers and their infants. The newborn needs to begin a secure attachment in order to develop normally, and the new mother needs to initiate a relationship with her baby to become a "good mother" (Sullivan, 1997; Winnicott, 1987). Stern (1995) has described a complex emotional process that occurs during the newborn period for mothers to whom, he notes, society has delegated the ultimate responsibility for the infant. He posed vital maternal needs as questions that mothers are searching to answer: *Will I be able to nurture my baby so she will thrive? Can I love my baby enough?*

Will I find the supports I need to do these grand tasks? Can I shift my identity sufficiently to become a mother?

Consequently, the process most in need of nursing support and facilitation during the early period both in the hospital and at home is the mother-infant attachment. Mothers need to know how to care for their infants so they can feel more confident and successful as mothers and, therefore, feel better attached to their babies. Beyond that, both they and their newborns need to have opportunities to be emotionally involved with each other. Mothers need to experience positive feelings toward their babies.

Traditionally, during the newborn period, nursing largely viewed the needs of mothers separately from those of their babies. The nurse who worked with the mother functioned as a "teacher," meeting well-researched maternal learning needs by instructing the mother in newborn care and feeding. The nurse who focused on newborn needs was a "doer," providing task-by-task care for the infant during the times the mother was unable to do so.

Although "teaching" and "doing" are both extraordinarily important tasks, seeing them as end points stops short of the real goal. Focusing on task completion without a theoretical framework undermines the true potential of quality nursing care and produces tedious repetition for the nurse. Ultimately, even with good intentions and caring, an approach lacking dedication to viewing mothers and their newborns as a single entity fails to intervene at the point of this dyad's most essential need.

Attachment: The Theoretical Perspective

The concept of attachment has been studied extensively with animals as well as humans. Attachment theories have postulated how relationships are formed and also how they endure. Clearly, one of the most special relationships is that between a mother and her infant. The importance of this relationship, especially for the child, cannot be overstated. There is little doubt that a positive attachment relationship is essential for the normal development of children and their maturation into competent adults.

Research has defined attachment in terms of several central phenomena. First, mother-infant attachment has been classically viewed as a relational process between a mother and her infant (Bowlby, 1969). Within it, the mother and baby (Brazelton & Nugent, 1995) each has a unique and active role in creating the reciprocal waltz they dance together. The infant's primary behavior in this attachment liaison is that of seeking out physical proximity to and maintaining close contact with the mother. A central behavior of the mother is her responsiveness to her infant, described almost 3 decades ago (Ainsworth, Blehar, Waters, & Wall, 1978). In building the attachment relationship, infants need to be close to their mother in order to cue their needs, and mothers need to be close to their infant in order to respond to those needs. Mothers who are capable of responding appropriately to their infants' cues establish a mutual, reciprocal, and synchronous relationship with their babies and build a secure attachment.

Klaus and Kennell (1976) were among the first to look at the interaction during the perinatal period. Their seminal publication (1976) defined maternal-infant bonding for the first time and also clarified bonding's unique difference from attachment. Bonding is the initial emotional connection mothers make with their newborns. Attachment is the relationship she and the child develop during the first years of the child's life. Brazelton (1992) compared attachment with "falling in love", noting that it is a long-term process requiring much time and emotional investment.

Operationalizing Attachment Into Nursing Interventions

Knowing the extraordinary importance of attachment and its primary tenets gives nurses a way to operationalize it into a paradigm of interventions useful in clinical practice during the newborn period, both in the hospital and at home. The nurse "attacher" understands attachment as a relational process facilitated by close physical proximity of the mother and child and made possible by a mother's responsivity to the cues of her infant. This knowledge provides the nurse with a plan of care (Table 1). In applying this care plan to daily practice, the nurse "attacher" functions on a relational level to relate purposefully to the mother. At the same time, the nurse operates on a concrete level to offer nursing interventions that maximize contact between mothers and their babies and help mothers become more responsive to their newborns' cues.

Defining the Nurse-Mother Relationship

Learning how to bathe, diaper, or feed a baby can give a mother valuable caregiver skills but does not necessarily help her to love her baby. This crucial task is facilitated only by the nurse's emotional involvement with the mother. There is little in the literature, however, to guide nurses on how to accomplish this objective. Still, each nurse must approach every new postpartum mother with the recognized goal of establishing as much depth in a relationship with her as is possible. Although the nurse's ultimate commitment is to the mother-infant dyad as a whole, still, because the mother guides the growing relationship with her baby, it is the mother with whom the nurse must form a relationship. Acting as an "attacher", the nurse first uses the care, feeding, and behavior of the infant to initiate this nurse-mother relationship and, in turn, uses the relationship created with the mother to facilitate a connection between the mother and her newborn. The importance of this nurse-mother relationship cannot be overstated. In fact, the ultimate success of nursing intervention as a whole is dependent on the success of this connection.

Although this model focuses on the mother and newborn as patients and central figures, it does not exclude fathers, family members, and other significant persons. Keeping the baby with the mother also keeps the baby with the father and others and gives them the opportunity to experi-

ence the child for themselves and to begin their own relationships. The nurse should consistently include the father and family in nursing interventions as the opportunity presents itself but will still need to anchor firmly nursing's work in a relationship with the mother.

The Attachment Between the Nurse and the Mother

The nurse-mother relationship parallels the mother-infant relationship as an "attachment" (Ramos, 1992) between the nurse and a mother. It shares significant characteristics common to the traditional mother-child attachment bond. Both relationships are characteristically reciprocal and richly mutual to each participant. Mutuality has been described as an antecedent that is central to a mother's secure attachment with her child (DeWolff & VanIjzendoorn, 1997; Kochanska & Aksan, 2004). Mutuality has equally defined the nurse-patient relationship (Curley, 1997; Thomas, Finch, Schoenhofer, & Green, 2004). Ramos described a range of nurse-patient relationships, characterizing one as most effective because of its unequaled depth of mutuality. Relating at this more emotionally involved level, nurses evoke their own empathy (Hooser, 2002; Olsen, 1991), invest themselves to interpret the needs of the mother, and respond to those needs, as much as a mother does when she shows attachment to her child.

Both attachment relationships share a necessary unevenness. In the mother-infant relationship, mothers are delegated to guide the relationship and given the task of responding to their infants' cues. As a mother draws her infant into active participation in their interaction, the nurse, likewise, facilitates the mother's involvement in her own and her newborn's care. The nurse becomes the relational guide who evaluates the patient's situation from the patient's point of view and responds to the mother's cues in order to maintain a relationship with her.

The Clinical Value of the Relationship

The nurse-mother relationship serves several useful purposes. As a parallel to the mother-child attachment bond itself, the nurse-mother relationship models for mothers' ways to relate to their infants. The mother who feels the caring approach of the nurse may internalize this feeling and use it as a standard for interacting with her newborn. Especially for socially-at-risk mothers who lack healthy mothering models, this relationship may serve as a kind of surrogate "attachment" that they have with the nurse and can then replicate in their relationship with their babies.

Moreover, the relationship is a way of nurturing the mother during a tender postpartum period, when having her needs met will help avail her to her infant. "Mothering the mother" (Klaus, Kennell, & Klaus, 1993) is a recognized intervention, illustrating the notion that the caring that mothers receive will energize them and contribute to the energy they have to birth and care for their newborns. Most concretely, for the mother, this nurse-mother relationship creates a maternal trust in the nurse and credibility that the nursing intervention and teaching are valuable offerings that will benefit both herself and her newborn.

TABLE 1.
The Nurse's Role in Facilitating Mother-Infant Attachment

Major Tenet of Attachment	Supporting Nursing Intervention
A relational process	Establish a mutual, responsive, and nurturing relationship with mothers that mimics the mother–infant relationship: • Respond to mothers' needs • Mother the mother (Klaus et al., 1993) • Model ways for mothers to relate to their newborns
Proximity-seeking and contact-maintaining	Maximize contact between mothers and their babies by encouraging: • rooming in • skin-to-skin contact • breastfeeding • infant massage
Maternal responsiveness	Ally with mothers to facilitate their availability and responsiveness to their infants: • give mothers guided experiences understanding their infants' behaviors • model ways to respond to cues in all clinical tasks, including baby bath, feeding, and newborn assessment

Promoting Proximity and Contact-Maintaining Behavior

Nurses who facilitate physical closeness and regular contact between a mother and her baby are actively strengthening attachment systems. Virtually every encounter a nurse has with a mother and her baby is an opportunity to enhance secure attachment (Kennell & McGrath, 2005). Nurses acting as "attachers" share information, reinforce observations, and guide new mothers to test out a range of techniques to connect themselves physically and emotionally with their babies.

Early maternal-newborn attachment may well predict the quality of the relationship in the first year of life (Britton, Gronwaldt, & Britton, 2002). Proximity provides opportunities for new mothers to regularly socially interact

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and physically soothe their newborns through sensory arousal and touch. Increased postpartum touch leads to more interaction (Prodromidis et al., 1995) and creates a positive spiral of connectedness between the mother and her baby. In the immediate newborn period, babies who are close to their mothers will be able to make regular eye contact, listen to the familiar sound of their mothers' voices, and feel the security and warmth of their mothers' hold. Regular physical and social contact between a mother and her newborn has a positive physiological and psychological effect on both of them.

Several ways in which nurses can promote proximity and contact-maintaining behaviors include continuous rooming-in, breastfeeding, skin-to-skin contact *(kangaroo care)* and infant massage. Each of these is associated with facilitating attachment and contributes to the attachment process. For example, research from the past few decades shows that skin-to-skin contact decreases maternal stress (Ludington, Anderson, Swinth, Thompson, & Hadeed, 1994), and increases parent-infant reciprocity (Feldman, Weller, Sirota, & Eidelman, 2003). Study findings (Brandt, Andrews, & Kvale, 1998) have documented that mothers who initiated and were still breastfeeding at 6 weeks exhibited behaviors suggestive of optimal maternal-child attachment and closeness. Research by Feldman, Weller, Leckman, Kuint, and Eidelman (1999) concluded that the oxytocin release during breastfeeding was related to positive maternal behaviors of the mother directed toward her baby. Used together, these proximity-supportive approaches even may have a synergistic effect on the closeness between a mother and her infant.

Supporting Maternal Responsiveness Using Infant Behaviors

Maternal sensitivity and responsiveness to newborn signals is a central element in the development of a secure attachment. Maternal responsiveness is dependent upon the mother's emotional availability. After birth, mothers are often fatigued, emotionally drained, and sensitive to, if not often reliant upon, the guidance and expectations of caregivers. Women who have just given birth often describe their babies as "beautiful" and "fascinating" (Martell, 2003), yet frustration and guilt around infant crying and feeding difficulties may offset this joy. Many new mothers, especially first-time mothers, often feel insecure about their parenting skills (Nelson, 2003). Validating the mother's own experiences and needs around her delivery can energize her to focus on her baby.

A mother's emotional unavailability has been shown to have a negative impact on an infant. For example, when older infants with emotionally unavailable mothers were tested, physiologic changes (heart rate, respiratory rate, etc.), as well as disorganization in affect, activity level, play behaviors, and sleep patterns, were recognized (Field, 1994).

Martell (2003) noted that mothers want to be supported by nurses, wish to be near their babies, and need responsive nursing care. How nurses relate with new mothers is important. The quality of maternal responses can be guided and strengthened by nurses who are sensitive to the cultural and emotional needs of new mothers and who understand and regularly utilize every opportunity to engage new mothers with their babies. Relationally framed questions are supportive and respectful of a mother's input. Nurses who are "attachers" are good listeners and share their own observations about newborns with their mothers. Emotionally available mothers are ready to attach to their babies and will be receptive to open-ended questions by nurses such as, *"Tell me about your baby." "What is she like?"* Mothers are often surprised by what they already know about their babies and answering questions like these helps to reinforce their sense of themselves as "good" mothers. Emotionally available mothers who are in close, regular contact with their babies are ready to connect physically and engage socially.

Maternal-infant interactions will be optimized when mothers feel positive about their babies and confident about their mothering. Nurses need to care about how mothers feel about their responses to various behaviors and what they think about their babies. In an environment conducive to sharing, nurses can provide support and anticipatory guidance more effectively. Leavitt (1999) suggested that a nurse's time spent simply observing a mother and her newborn and interpreting the baby's behavior for the mother is time well spent in facilitating maternal responsiveness; mothers can use this intervention to "reframe their perceptions" (p. S4) of their babies and create their own observations.

Nurses have the unique opportunity to make a positive

difference in the beginning of a relationship between a mother and her newborn. Those knowledgeable about infant behaviors and sensitive as caregivers are equipped to help parents learn to "read" their babies (Gottesman, 1999). When information about infant state and its modulation, infant behaviors, and infant cues is provided to new mothers they are able to connect better with their babies and develop confidence in their parenting skills. Using a repertoire of soothing responses and arousal techniques, mothers are able to cope with crying, feeding, and bathing challenges. From nurses, new mothers will learn how to calm and when to play with their babies. Nurses who frame their care with an infant behavioral model can prepare more meaningful assessments and discharge plans and help mothers to respond appropriately to their infant's cues (Hotelling, 2004). Nurses who are knowledgeable about infant behavior and oriented to relationship building will be most effective in this attachment process.

Feeding is an essential point at which maternal responsiveness should be promoted. The American Academy of Pediatrics (2005) has recently strengthened its recommendation of breastfeeding as the preferred feeding method during the first year of life. However, the nurse can and should use opportunities found during both breastfeeding and bottle feeding to facilitate mothers' responses to their babies' needs. This involves encouraging mothers to observe their newborns carefully, be aware of stress, hunger, and satiation cues, and position them responsively as they acknowledge the baby as an active participant in each feeding.

Although crying is the most urgent newborn cue requiring maternal responsiveness, it is also one of the most perplexing challenges for new mothers. Crying is a behavior that often has negative effects on new mothers. With the help of the nurse "attacher" a mother will understand that if her baby is not able to self-calm, then the baby will need her assistance. Not limited to simply swaddling and pacifying, there is a range of effective calming maneuvers (Brazelton & Nugent, 1995) that can be tried. Born with a preference for faces, for example, and imprinted with the sound of their mothers' voices, newborns may calm immediately when mothers make eye contact with and talk to them. Motor instability that accompanies crying may be calmed when a mother simply places her hand on her baby's abdomen.

Bathing is a notable attachment opportunity for newborns and mothers. Nurses can use the bath demonstration (Karl, 1999) as an opportunity to share observations with new mothers about how their babies are responding to this event. Changes in color, respiratory rates, and state give cues about how a baby is managing the bath. Mothers who understand stress cues will be able to respond appropriately to their babies' needs in a better manner. The nurse "attacher" is able to highlight a baby's neurologic integrity, motor strengths, and reflexes during the bath and give the mother practice on how to respond. By pointing out a newborn's behaviors, a nurse gives a mother a sense of competence and well-being about her baby.

Alert as well as sleeping babies offer opportunities for the nurse to teach new mothers about their babies. A baby who is quiet and alert is available to play. The nurse "attacher" will seize this opportunity to engage a new mother with her baby, pointing out that in addition to face preference, newborns can also track visually and turn to sounds. A mother excitedly responds as her baby recognizes and turns to the sound of her own voice. Knowing that her own voice is familiar to her baby and that the newborn's alertness to higher pitched voices is both satisfying and reassuring. A new mother relishes the moment her baby squeezes her finger.

TABLE 2.
Distinctions Between 'Attacher' Role and Other Nursing Roles

The Doer Role	The Teacher Role	The Attacher Role
"Your baby is crying. I see he has his fingers in his mouth. He must be hungry. I know he's not latched on to the breast well yet. And you've been trying so long. You're exhausted. I'll take him into the nursery and give him a little formula. You get some sleep."	*"Your baby is crying. Have you been able to get him to latch on to the breast? He's nearly eating up those little fingers of his. He's probably hungry. I'll go over breastfeeding with you so you can get him on. I know you're tired, but that'll make you feel better. We'll make sure you know how to do it before you go home."*	*"Your baby is crying. These first few days can be difficult. How do you usually calm him when he cries? You say picking him up usually works. Sounds like a good idea. Here's another one you can try. You can hold his hands across his chest and talk to him like this. (Nurse demonstrates.) He's quieted down and he's sucking on his lip, opening and closing his mouth, and turning it to the side. You think he's hungry? I think you're right. Those are hunger signals he's giving you. He won't be quiet for long if he needs to eat, but it's always important to calm him before putting him to breast. Think he's ready to nurse? I know you're tired. Would you like to try feeding him lying down?"*

Knowing that her baby is able to protect his or her sleep by tuning out bright light and noises will comfort her.

Newborn assessments and discharge planning conducted by the nurse "attacher" will help the mother eliminate needless worry about her baby. Mothers who understand their babies' stress cues are more likely to identify accurately a concerning condition and call the pediatrician before symptoms worsen. A mother's confidence in her own judgment will be stronger when she feels that she is able to make more calm and meaningful assessments of her infant.

The Nurse's "Attacher" Role

The vignettes in Table 2 describe several responses a nurse might use when entering a patient's room or home to find the newborn crying loudly and the mother nearly in tears. Each vignette demonstrates a unique approach to the situation encountered. Together, they illustrate the important distinctions between the "attacher" and other nursing roles.

The nurse's "attacher" role is inclusive. It encompasses several other less in-depth nursing roles: the "doer" who acts as a surrogate caregiver for the baby and the "teacher" who transfers caregiving skills to the mother. Focusing narrowly on either the baby or the mother, these partial roles typically utilize a concrete nurse-directed approach that can require minimal participation by the mother and little emotional investment by the nurse.

In contrast, the nurse "attacher," who considers the shared needs of the mother and baby, uses an in-depth approach to meet these needs. Although it is true that as the "attacher," nurses may at times function in a "doer" or "teacher" role, the framework within which they determine all priorities, solve problems, and provide care is based on a broader, well-articulated philosophy of attachment. The required investment is demanding, but nurses are compensated by the knowledge that their practice has depth and breadth, and that the care offered is just what mothers and babies need the most. ✣

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