

Pregnancy, Maternal Unbound. Source of Filicide and child abuse

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Abstract

This work supports the hypothesis that the source of child abuse and homicide, perpetrated by the mother, occurs during the gestational stage, birth, and postnatal period, in women who do not build during these stages, an affective bond with the baby/nasciturus, likewise, the woman, is afflicted with a mental disorder most frequency depression, psychosis, anxiety, low tolerance of frustrating, and poor impulse control, to deal with stressful living conditions.

From 2009 to 2014, the FUPAVI's foundation, applied a test of 221 women with a background of child abuse, 189 reported rejection of pregnancy, and affective disconnection to the baby, 171 were under stress, and untreated depression, or other mental disorder. 32 accepted the pregnancy, but not on a state of contentment. The revealing part of the procedure laid on the fact that the results, were susceptible of predicting child abuse, or potential murderer timely

Scientific findings of hearth interconnectivity techniques between the mother and her baby are revealed to prevent child abuse.

Keywords: Maternal bond, Pregnancy, Child abuse, Prevent, Mental disorder, Nasciturs

Introduction

According PGJDF statistic, in México, the mother is the first homicidal, father the second; In third place both parents. "In the US. Between the years of 1976 and 2004, 30% of all children murdered under the age of five, were killed by their mothers, and 31% were killed by their fathers. Male and female children appear to be killed in equal numbers, though some studies found, fathers are more likely to kill sons, while mothers more frequently kill daughters." West Sara, Psychiatry Edgmont (2007).

Social prejudices, regarding the helplessness and fragility of women, have diverted medical attention from the world statistical scenario, regarding the causes of child abuse and homicide, perpetrated by the mother, distorting the medical route to find its origin [1].

The absence of the maternal affective bond during pregnancy and lactation stage, is the genesis of filicide and child maltreatment, when this condition occurs with mental disorders in women, being mostly depression and psychosis, among other alterations, under stressful living conditions.

Some academic researches, attribute the depressive and/or anxiety condition in the mother a filicidal act. It is recognized, that the depressive state, propitiates the detonation of the crime, however the emotionally disconnected mother of their baby, under depression and violence risk factors, commit the criminal offense, thenceforth the lack of attachment during pregnancy, and perinatal period, is the critical factor in child abuse or homicide [2-5].

The early absence of loving bond, play a tortuous game along with the mental condition of the mother, triggering the desire of killing or intentionally harm the baby, when she lacks impulse control to overcome frustrating circumstances. Nevertheless, mothers strongly attached to their children, can endure the bloodiest situations of poverty, hunger, eviction, etcetera, being just the loving feeling for their children what gives them the strength to fight, or endure.

The perinatal medical programs, has not given relevant consideration the mental condition and emotional state of the future mother, with respect to the child she

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expects. The auscultation, and assessment are just clinical, ignoring the living conditions awaiting the baby once born, when it is not expected or loved. Nonetheless, adverse and hostile emotions experienced by the mother during pregnancy, derive in brain damage and other metabolic disorders in the unborn child. These brain alterations are recognized as fetal abuse. The changes related to the stress on the heart rate, blood pressure of pregnant women, along with chronic anxiety, affects not just the heartbeat of the fetus, according to a survey published by the Journal of Developmental and Behavioral Pediatrics, but the emotional responds of the mother to her child [6].

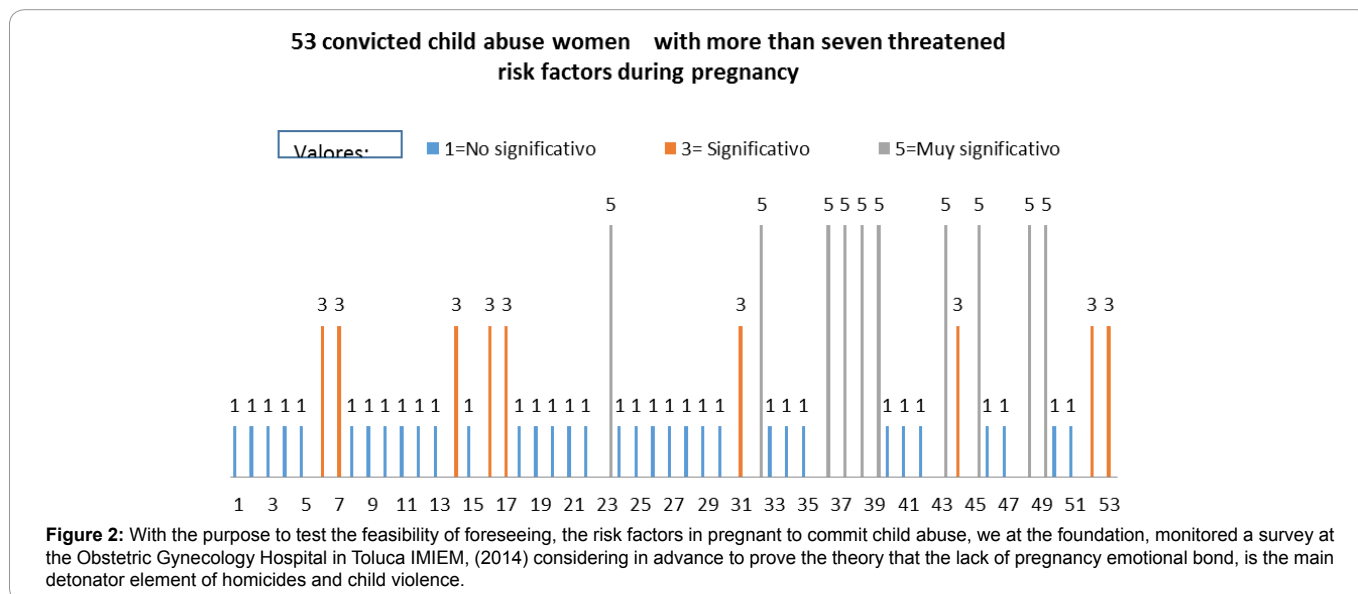
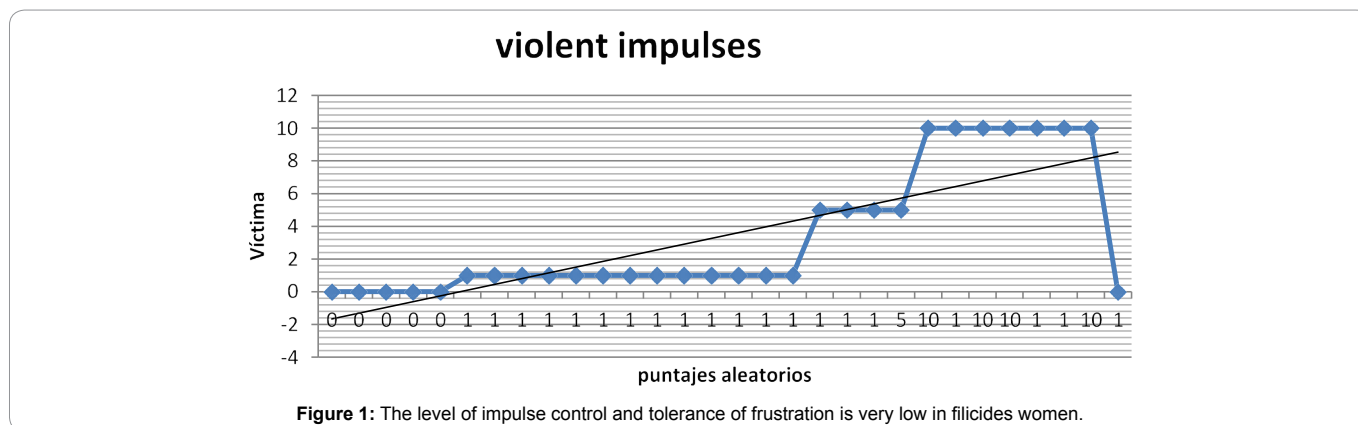
Warning call of a possible child abuse, abandonment or death, should be identified at the time of constructing the clinical history. Adult females who present dissociation of pregnancy, which proactively harm the nasciturus, drinking, smoking without restriction, or even drugs. Infants that are about to be born, and have not been given a name, or conditioned to a physical niche. Mothers who refer to their pregnancy condition as suffering from a disease that stops in nine months, requesting to abort, to accelerate the birth, or repudiate having gained weight.

Early detection of mental illness is both, antenatally and postnatally relevant. [The Edinburgh Postnatal Depression Scale

1] [EPDS] Very so often postpartum psychosis is not timely detected. K. Sit, L. Wisner L. Upwards to 4% of mothers with untreated postpartum psychosis will commit infanticide [7,8].

It is also significant to investigate the level of impulse control, In cold women, without emotions of affection towards the baby, the antecedent of abortions and deceased kids, is significant. This foreseen antecedent, could be a source of alarm when alternate dangerous conditions, worthy to not discard a potential homicide [9].

From 2009 to 2014, the social worker of the foundation En Pantalla Contra la Violencia Infantil, used to apply a familiogram, as well a scale of risk factors to mothers with a background of filicide or child abuse, Some convicted were female, referred by the justice prosecutor's office, some other, were patients of the FUPAVI, foundation. Among the most serious risk factors analyzed were; history of abuse in childhood, abandonment, promiscuity and overcrowding, deceased children, little tolerance to frustration, poor control of impulses, borderline intelligence, family violence, zero or low scale of values, brain damage, personality disorders. As well weighted the detonators: Chaotic situations of life, unemployment, debts and abandonment of the couple. (Figures 1 and 2).



The 221 adult female interviewed, 189 reported rejection of pregnancy, and affective disconnection to the baby, 171 of them, were under stress, and untreated depression, or other mental disorder. 32 reported acceptance of their pregnancy but not on a state of contentment. (They might not be bonded)

Method

The questionnaire, aimed to investigate pregnant women attachment of their child, and to inquire about associate risk factors. The survey was designed by the foundation, and was applied during three months, randomly to pregnant women who attended a medical assessment. The questionnaire consisted of 15 queries, trying to explore the mother's impulse control, tolerance to frustration; relationship of the couple, antecedents of violence during their childhood, mother's age, previous abortions, and deceased children. The questionnaire delved into the perception of women about her motherhood. Some of the questions were direct about the acceptance, or not of pregnancy, and if it had been planned. Others were subtle to inquire around the emotions related to her gravidness and mental health [10-12].

Results

40% of the interviews their ages ranged between 17 and 23 years old, 45% between 24 to 38 years old. 15% from 39 to 43. The majority of the women were married or lived with their partners. During the analysis of the 184 surveys, 32 women at high risk for the baby were identified, with symptoms of depression, previous abortions, a history of family violence, and child abuse. 87 showed obvious signs of depression, to a greater or lesser extent, with a firm adhesion to the baby, none of them considered harming their child. 65 of the interviewed were in a calm state, receptive and in a state of happiness of their pregnancy, nevertheless, all showed some risk factors, but at the time of crossing information to assessed degree, incidence, and prevalence, the elements were not concluded of danger signs, indicating possible risk to harm their kid [13].

Discussion

From the data obtained, some responses were significant to get an overview of their mental health condition, and the medical response. For instance, most of the women with possible depression, were not being medicated, among the women who were considered high risk for the baby, 75% were under 20 years with lower school level.

In spite of this procedure the results are useful, can not be considered conclusive for a diagnosis, the cases with alarm signals, must be meticulously explored with a psychological, psychiatric and social work evaluation.

It might be possible, some answers had not been true, due to possible lack of rapport with the interviewer and respondent, or fear and embarrassment, when exposing confidential situations.

This procedure can be validated as useful and necessary, but must be conditioned to meticulous analysis, in order to issue a concluding diagnostic [14].

The test sampling was just an approach to have a quick overview of the maternity context of each patient, a process which intentionally previewed a fast first step trial. It should be mentioned, the hospital authorities, did not admit to make

a followed up, hence, the analysis of the significant examples in this study is unknown. The data presented is only a perspective, which shows the feasibility of anticipating peril situations in infants. The notorious part of the study lay in the fact, we were capable to predict the child abuse [15].

Among the factors considered as risky for filicide, I have dismissed the poverty, unemployment, depression, low cultural level, due the same elements were repeatedly present in loving mothers. Even so, they are known only as detonators, when pre and post natal detachment is present with a mental disorder in the mother.

For the purpose of this research, it should be clarified that I do not mean that all pregnant women, who do not achieve affective bonding will be homicidal or abused, the mentioned peril mental condition and other alarm signals, shall be present to accomplish the crime.

Scientific evidence supports these findings

In order to explore the maternal bond impact, in the prevention of child violence, it is necessary to recapitulate how it is made, and how it is accomplished.

Beyond the popular ancestral reference of "maternal love", as an intangible expression of the endless source of care and love, now we know, that the extent of the expression has a biological basis, explainable, thanks to the advance of neurosciences, genetics and cardiology. Although, I must admit that at more deepening their knowledge, the more I realize the powerful Hand of a Superior Divine Force behind.

Harrod Buhner, in his findings, of *The Emotional Hearth*, explains that the effective mother bond occurs, at the molecular level, whose neural center is in the heart, this organ produces signals deciphered by both organisms engaged in an electromagnetic field. The heart of the nasciturus, immersed in the electromagnetic spectrum, must decode and encode, the data it receives from the mother's heart, through multiple waves, and frequencies of each beat; variation wave, fluctuations, pressure, sound, hormonal stream, neurotransmitters, and a surge of neuronal information, it is captured directly to the fetus brain center, to which it is connected, then the brain respectively send information and commands the rest of the body.

McCraty, Director of the HeartMath Institute, In his discernments about the Heart-Brain Neurodynamic, explains that the symbiotic communicating process, between mother- baby, is one of the earliest communication experiences that occur in the women's womb in all stages; zygote, embryo, fetus neonate, an baby. Mother-baby interconnected hearts, immersed in an electromagnetic field, both perfectly synchronized.

Recent research of neurocardiology has determined that the heart is a sensory organ, with a proficient information encoding, and processing center; within an extensive intrinsic nervous system, competently precised, to qualify as a "heart brain." Its circuitry enables not just to learn and remember, but makes operative decisions independently of the cranial brain.

The heart, together with the brain, nervous, and hormonal systems, are fundamental components of a dynamic, interactive network. The disposition of the heart cells to communicate one another, not just commands or functions, but all sort emotions,

this due to the proximity of their electromagnetic fields connected with their heart. Joseph Chilton Pearce remarks, that a pregnant woman's emotions full of anger, have a physical impact to her unborn child, through neurohormones that crosses the placenta.

There is no doubt, that some mother was gifted this tool to protect and care for her infant, irrespective of time or effort to respond the endless demands and needs of her kid, getting a mother's full-time job, that leads off the day the kid is birthed, and lasts until, or beyond death.

The above, is meant to deep and explore the power of maternal bonding by scientific terms, which explains itself, why some women not bonded, rejects their baby, due they do not have on their cells, the resources to support the endless time and effort needed to grow a child, hence hurts or kill their baby without remorse, whereas does not feel their baby part of them.

Now science responds, that the enforcement that sustains a mother, is the power of love, which was imprinted in her molecules, commanded by their heart, from the moment of conception.

This answer supports my thesis that a pregnant female who was not conscious bounded her child, during pregnancy, postpartum and perinatal period, will not anchor in their cells and heart the strength of love to achieve the responsible motherhood.

Health institutions, have not jet considered the serious risk of a female gives birth to a child, without loving him, not wanting it. It is imperative that a pavilion, or area with qualified personnel be assigned in perinatal hospitals; Psychiatrist, obstetrician gynecologist, therapist and social worker, to follow up on high-risk cases for children, during pregnancy, ending the first year of birth. The child protection agencies should be given notice of the cases of imminent peril to the baby [16].

Cardio neurocognitive bond techniques to improve mothers bond

Awakening in the mother's senses; seeing, hearing, feeling and talking to the baby, giving it an identity from the womb, referring frequently to the child, with the first name that it will carry, is a highly auspicious strategy, to stimulate the emotion of giving birth. The brain metabolized data from the reservation of visual sensations, sounds, images, feelings, words, feelings, smells and shapes, which are interpreted by a set of strong emotive significance images. It is also advisable to teach the mother to frequently relate to the baby by making her participating in the progress of her pregnancy, and how, she and the baby, communicate through their heart.

Before submitting the mother the following proposed hearth techniques, she previously has to process dark and disturbing feelings of bitterness, revenge and hate, through psychological and therapeutic treatment, teaching her to release and process the forgiveness. The best approach are when psychiatric, psychological and spiritual (non-religious) treatment is combined. By experience, when the foundation incorporated a spiritual counselor into its clinical patients approach, the results were surprisingly good.

It is significant, to implement hearth bonding techniques of HRV. The heart rhythms, controlled by a therapeutic assessment,

making the mother to hear and feel the baby's heart, every day as a routine process, or each possible time. It is advisable to make her to hear her own heartbeat in a state of mindfulness. The hearth bonding techniques are achieved, when there is a coherence in the mother's heartbeat, while she get into a meditative state of peace and contentment.

During heart dynamics, ANF-induced changes, immediately pass off at multiple target sites throughout the body: adrenal glands, immune system, brain, posterior pituitary gland, pineal gland, hypothalamus. ANF alterations immediately readjust the complex symmetry of our whole, interconnected physiology.

At the time of birth, It is recommended to repose the baby on the mother's chest, hearth to hearth, before cutting off the umbilical cord, around 5 minutes, asking the mother to welcome the child to her life. This is a very emotive and propitious moment, due the mothers hormonal explosion of dopamine endorphin and occitocine. Both hearts working symbiotically trough the umbilical cord.

It is important to instruct the mother to see the baby's eyes, while feeding, saying it loving words, as well to suggest a waistband to carry the baby, to propitiate the closeness of both hearts.

I must emphasize that a mother under conditions of stress and resentment, will hardly achieve the equanimity that is required for the suggested heart techniques. In summary, the clinical approach proposed in this mother's profile, should be submitted under multidisciplinary approach; medical, psychiatric, psychological, therapeutic (counseling or spiritual therapist) and by social work, follow up.

Premise

Filicide and child abuse is predictable and preventable, by timely alarm signal detection by reinforcing during pregnancy, birth moment, and lactation, the follow up the cases, help counselor assistance and the bonding stimulation by the cardio-neural pathways to stimulate the mother's bond to her baby.

Conclusion

Derived from a meticulous research process, interviewing victimizing mothers, and correlating various medical fact-findings, it is resolved, that the origin of child abuse and homicide, takes place during gestation and lactation, when the mother fails to bond emotionally with her kid.

Antenatal and postnatal timely detection of maternity lack of bond, the risk violence factors, as well, early evaluation of mental illness, are substantial to prevent the baby of violence.

It is a recommendable, that the medical practice of gynecology, obstetrics and pediatrics, rearranges its priorities, and considers the pre and post natal stages, as the critical and absolute periods, to anchor the maternal love, that can prevent the child from future abuses, abandonment or death. Abortion is not a solution especially when it is a pregnancy in advance stage.

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