The purpose of this case study was to understand the maternal experience of bonding in the hospital environment and to identify barriers to bonding between mothers and their newborns. This secondary analysis was performed on a single case study that was part of a larger study, which originally collected data from mothers who attended to their babies' needs. The data was de-identified, transcribed, and uploaded to Atlas.ti for analysis.

### Results

Facilitators and Barriers to Mother-Baby Bonding

<table>
<thead>
<tr>
<th>Quote</th>
<th>Interpretation of Quote</th>
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| "It's so hard for them... I want to hold my baby, but they won't let me..." | Difficulty in maintaining the mother-infant bond due to hospital protocols.
| "I feel like I'm missing out on something..." | Lack of bonding opportunities due to medical interventions.
| "I'm not sure if I'm allowed to touch her..." | Confusion about hospital rules and regulations.
| "I feel like I don't belong here..." | Feeling of isolation and disconnection.
| "I wish I could just hug her and hold her..." | Desire for physical closeness.
| "I feel like I'm not getting the care that I need..." | Perceived lack of attention and care.
| "I feel like I'm not really a mother..." | Feelings of uncertainty about maternal roles.

### Discussion

These findings support prior studies on stressors and barriers to bonding for postpartum mothers in the hospital. Further research is needed to better understand the promotion of bonding within the hospital and in the postpartum period after discharge.

### References

**Poster W3: Maternal-Infant bond Strengthened with Outpatient Treatment for Neonatal Abstinence Syndrome**

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*The study was reviewed for human rights protection in research and approved by the Clemson University Institutional Review Board. The original study was funded by the Atlas.ti Classroom Award and the Clemson Creative Inquiry program.*

**Purpose:** The purpose of this case study was to understand the maternal experience battling substance use and caring for an infant with Neonatal Abstinence Syndrome (NAS) to better inform service delivery to families. Among pregnant women in the United States, 5.1% reported nonmedical opioid use in 2016. Consequently, NAS incidence has surged, and with it, lengthy hospital stays associated with high medical costs, extended infant exposure to stimulating hospital environments, and impaired maternal-infant bonding. This case study investigation seeks to understand the bonding experience of a single mother-baby dyad.

**Problem:** Bowlby’s Attachment theory states the mother-baby bond is formed and strengthened when mothers attend to their babies’ needs. Decreased physical proximity to babies and decreased ability for mothers to participate in infants’ care while they are in the NICU can impair a mother-baby dyad to form a healthy bond, especially in the NAS-affected population. NAS-affected babies also experience autonomic nervous system dysregulation, which prevents infants from appropriately managing distress, further challenging the bonding process.

**Methods:** This secondary analysis was performed on a single case study that was originally collected as part of a larger study. The original study collected stories from 10 participants. Exempt IRB approved through Clemson University. In the original parent study, mothers who had experienced addiction to substances before and during pregnancy were recruited using posters displayed in recovery centers and through convenience and snowball sampling. Qualitative interview data was collected through story method when the mothers called a phone number anonymously to tell their stories. These interview data were de-identified, transcribed, and uploaded to Atlas.ti software program for analysis. They were coded for recurrent themes and patterns.

**Results:** The analysis identified strained maternal-child bonding associated with the hospital environment. Barriers to bonding identified by the mother included not physically being with her baby, lack of communication from the healthcare team, and a lack of privacy. Maternal perception of improved bonding at home was supported by positive communication from social services and the mother’s ability to participate in her daughter’s care.

**Discussion/Conclusion:** These findings support prior studies on stressors and barriers to bonding for postpartum mothers in the hospital. Findings also correlate with a previous study corroborating low incidence of maternal diversion during outpatient newborn weans, and increased use of in-home nursing services when using outpatient weans. Professionals and NICUs could use this data to identify potential barriers within their own facilities to better-serve recovering mothers and their infants. This data also demonstrates that in-home services such as DSS can serve as valuable sources of social support and allies to recovering mothers and infants. Finally, this data suggests that promoting strong bonding between mother and baby could provide mothers with motivation to overcome their addictions in order to better care for their babies. Further investigation is warranted into how the mother-baby bond is formed and strengthened. Further research is also needed to better-understand the promotion of bonding within the hospital and in the postpartum period after discharge.