Pregnancy, Maternal Unbound. Genesis of Filicide and Child Abuse

María Teresa Sotelo Morales*

1President-Fundación En Pantalla Contra la Violencia Infantil, Mexico.

Abstract

This work supports the hypothesis that the origin of child abuse and homicide, perpetrated by the mother, occurs during the gestational stage, birth, and postnatal period, in women who do not create during these stages, an affective bond with the baby / nasciturus, alternately the woman was suffering from some personality disorder most frequent depression, psychosis, anxiety, suicide attempts, low tolerance of frustrating, poor impulse control, among chaotic 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 of them, 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.

Some academic studies, attribute to the depressive and / or anxiety state in the mother a filicidal act. It is recognized that the depressive state, propitiates the detonation of the crime, however the emotionally disconnected mothers of their baby with depression and violence risk factors, commit the criminal offense, hence, the lack of attachment during pregnancy, and perinatal period, is the critical factor in child abuse or homicide.

With the purpose to test the feasibility of foreseeing, the risk factors in pregnant women trigger child abuse, we at the foundation En Pantalla Contra la Violencia Infantil “FUPAVI”, monitored a survey at the Obstetric Gynecology Hospital in Toluca IMIEM, (2014) considering in advance to prove the theory that the lack of pregnancy emotional bond, is the main detonator element of homicides and child violence.

The questionnaire, aimed to investigate pregnant women attachment of their baby, and questions about associate risk factors. 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 heavier or lesser extent, with a firm adhesion to the baby, none of them considered harming their child. 65 of the interviewees were in a calm state, receptive and happy with the pregnancy, nevertheless, all showed some risk factors, when crossed information and assessed degree, incidence, and prevalence, were not concluded of danger signs, indicating possible harm to the son.

It should be noted that the Hospital authorities, did not allow the foundation to make a followed up, therefore, the development of the significant cases for this survey is unknown. The data presented represent only one 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.

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. However, they are known only as detonators, when pre and postnatal detachment is present with a mental disorder. 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. It is also significant to investigate the level of impulse control, and awareness of frustration. In cold women, without emotions of affection towards the baby, the antecedent of abortions and deceased kids, is significant. This has foreseen antecedent, could be a source of alarm when alternate dangerous conditions, worthy to not discard a potential homicide.

In addition to the questionnaire carried out, at the Hospital of Toluca, from 2009 to 2014, the social worker of the foundation, used to apply a familiagram, 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 foundation. The 221 adult females were 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)

Some alarm signals in the expectant mother should be considered a warning call of a possible child abuse, abandonment or death. Adult females who present dissociation of pregnancy, which proactively harm the nasciturus, drinking and 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. The perinatal medical attention, has not given consideration, to the emotional status of the future mother; with respect to the child she expects. The ocultation, and assessment is purely clinical, ignoring the conditions of life that await the child, 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 aggressions to a child during the gestational stage. The changes related to the stress on the heart rate, and the 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.

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 abuser; the mentioned peril elements 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, 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 recognize the powerful Hand of a Superior Divine Force behind. McCratty R, wisely explains in his research The appreciative heart from the first instant of conception, and in each phase; zygoyte, embryo, fetus and a neonate, a permanent intercommunication is generated between mother-nasciturus. Harrod Buhner, in his findings, explains at The Emotional Hearth 1. The effective mother bond occurs at the molecular level, whose neural center is in the heart. This organ produces signals translated by both organisms immersed in an electromagnetic field [2]. Within the electromagnetic spectrum, the heart of the nasciturus, must decode and encode the data it receives from the mother’s heart through multiple waves, and frequencies of each beat; different wave fluctuations, pressure and sound, hormonal torrents, neurotransmitters and bursts of neuronal information, directly to the fetus brain center, to which it is connected, as well as 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 mother’s womb, mother-baby interconnected hearts immersed in an electromagnetic field, both perfectly synchronized [3-15]. Recent research of neurocardiology has firmly established that the heart is a sensory organ, with sophisticated information encoding, and processing center, within an extensive intrinsic nervous system, sufficiently refined to qualify as a “heart brain.” Its circuitry enables it to learn, remember, and make functional decisions independent of the cranial brain.

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. 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.

The heart, together with the brain, nervous, and hormonal systems, are fundamental components of a dynamic, interactive network. The propensity 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.

There is no question that some mother was gifted this tool to protect and care for her baby, regardless of time or effort to respond the endless needs and demands of her kid, becoming a mother’s full-time job, that leads off the day the child is born, and lasts until or beyond death.
The above is meant to explore the power of maternal bonding by scientific terms, which explains itself, why some unbound women reject their baby, 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, due that they do not feel the baby part of her.

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 considered the serious peril of a woman 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 authorities should be notified of the cases of imminent danger to the infant.

As well it is important to implement hearth bonding techniques of HRV, or heart rhythms, provided by therapeutic assessment making the mother to listen the baby’s heart every day, each time she feels anger or distress. At the time of delivery it is recommended to repose the baby on the mother’s chest, hearth to hearth, before cutting off the umbilical cord. It is important to instruct the mother to see the baby’s eyes while feeding saying it loving words, and so on.

The hearth techniques should be implemented, once the mother receives therapeutic and spiritual counsel, help her to release and process disturbing emotions of bitterness, revenge and hate for loving feelings and forgiveness.

**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.

**Conclusions**

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, that is, high risk factors, whose impulse control and tolerance to frustration is low or null.

Antenatal and postnatal timely detection, of maternity bond risk violence factors, as well early evaluation of mental illness, is substantial to prevent the baby from child abuse or filicide.

Awakening in the mother’s senses; seeing, hearing, speaking, and feeling the baby, and giving an identity to the baby from the womb, referring frequently to the child with the first name that it will carry, is a highly auspicious tool to stimulate the emotion of giving birth. The brain metabolized data from the reservation of visual sensations, sounds, pictures, beliefs, words, flavors, smells and shapes, which are represented by a circle 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 the heart.

It is a recommendable, that the medical practice of gynecology and obstetrics, rearranges its priorities, and considers the pre and post natal stage as the critical and absolute period, to anchor the maternal love, that can prevent the child from future abuses, abandonment or death.
References


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