Visualizing Motherhood: A Photo Intervention

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ABSTRACT

This article describes a simple, yet powerful postpartum intervention. The clinician gives each mother an instant photo taken of her with her newborn in the hospital a few hours or days after birth. For mothers, the photo becomes a snapshot-in-time to mark this memorable event. For clinicians, it represents a way to enhance an understanding of the mother with her newborn and facilitate the emotional connections between them.

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BACKSTORY

A baby was born in Somerville, Massachusetts, in 1982. He died 6 weeks later of Sudden Infant Death Syndrome. The baby's mother—who had stoically endured poverty, poor housing, and the welfare system—was devastated by the death of her third child. During the final home visit in an infant program in which I worked, the mother tearfully reported that she would always remember her son but was afraid that she might forget his face. She had no photo of him.

I promised myself then that I would do everything possible to ensure that newborns I saw in my nursing practice had a photo to document their presence on earth. Being hired at the inception of the Healthy Connections perinatal program at Children's Hospital Boston made it possible for me to influence the program model that guided all clinical work (see Karl, Limbo, & Ricker, 1998). Each mother seen in the postpartum unit at the hospital of birth would be offered an instant photo

to take home. Many families already purchased professional baby photos taken in the hospital, but this photo would be different. It would be free of charge, making it available to any family, and it would include the mother.

When I first began taking photos, I dutifully posed each mother and baby with little thought beyond producing an obligatory, two-dimensional proof. However, as time went on, mothers began to hint of the extraordinary value they placed on their photos. Sometimes, as I left the hospital room, I would see a mother silently staring at her picture, apparently lost in the image. I noticed that mothers were very particular about the details of the photo: their own appearance, their newborn's wakefulness, whom they included in the photo. They often asked to postpone taking a photo until the baby's father or older siblings could be present. More than a few mothers informed me that I had taken a photo of their last baby, and they hoped I could take another one of their new baby. One

mother even brought the photo I had taken at her first baby's birth with her to the hospital when she went into labor with her second child, just to show it to me.

Over time, the depth and dimension of this intervention, reflected in the significance the photos held for mothers, became clearer. What I had initially envisioned as a simple task of recording a presence is, in fact, a richly complex clinical intervention that accomplishes remarkable things. It marks and celebrates the baby's birth. It facilitates mothers' visualizing their new or changing maternal roles. It helps them to emotionally connect to feelings about the birth and the baby. For many mothers, it helps to create a positive association with that moment in the photo that could strengthen her attachment to her baby. Beyond fostering emotional connections between mother and newborn, clinicians might also use the photo to enhance their diagnostic understanding of the mother-baby dyad and contribute to the relationship they themselves have with the mother. This simple photo becomes a powerful tool that connects providers to mothers and mothers to their babies.

A visiting aunt asked the young mother if she could have a copy of the photo I had just taken of the mother and her newborn son. The mother turned, faced her aunt and, with genuine regret, answered, "Sorry, but this picture is only for me. It's a once-in-a-lifetime thing."

VALUE OF THE PHOTO FOR THE MOTHER

For the mother described above, as for many others, the photo records a very personal, very private, and always special time just after birth: when a mother comes face to face with the newborn she has carried for months and when their attachment to each other moves to a deeper plane. Professionals who work with families in the newborn period recognize the importance of this relationship and constantly challenge themselves to find better ways to reinforce its development.

Attachment

In recent decades, we have come to believe that the survival and well being of the human family has, from time immemorial, rested largely on the strength of the relationship between the mother and child. Developmentalists refer to this connection as "maternal-child attachment." Nurses call

it "bonding." To families, it is "mother love." A Dominican mother once told me that her culture calls it "el laso invisible [the invisible bond]." Some view this relationship as purely biologic. Others consider it profound, even sacred, but all agree that it is valuable for the mother and vital for the child.

Attachment during the tender postpartum period becomes a major task for the mother and her new baby, together. The instant photo is a simple document. However, it is of value to mothers because it comes at the time when support for that process is both badly needed and well used (see Photo 1).

Families in the Healthy Connections Program have consistently appreciated this photo offering. Most are minority or immigrant families. Many live at poverty levels. A considerable number have lived with depression and domestic violence. A few have experienced drug dependencies or separation from their children. Families who lack the financial resources or organization to have a camera available or purchase professional baby photos rely on this photo as their sole pictorial record. However, the families who do have cameras and video equipment also accept my offer for a photo that they can hold and enjoy at that moment.

A worried mom called me from home the afternoon of her discharge from the hospital. She said that she was devastated. She had purposely kept the photo out of her bag to prevent its being damaged and, when she got home, it was missing. In the confusion of leaving, she had left it on the bed. She said the photo was very special to her. Besides the baby, her toddler daughter and husband

Photo 1 Once in a lifetime

were both in it. She said she had already called the nursing station, and they told her it had not been found. She asked me if I could look for it.

The hospital room was cleaned and ready for the next family when I got there. I spoke with all staff who could have conceivably had contact with the photo, but with no success. Everyone told me it must be gone for good. I called the mother back to give her my regrets. I offered to meet her the following week at the baby's first well-child visit and take another photo. Though disappointed, she agreed.

When I arrived at the clinic, camera in hand, she smiled broadly from across the waiting room. "Thank you," she shouted. "Thank you so much for sending the photo!" She explained that the photo had arrived at her apartment by mail during the week. I celebrated with her but confessed that I had not sent it, and no one seems to know who did.

Several years later, I again encountered this mom who was visiting a friend in the same postpartum unit. When she saw me, she excitedly reminded me that she was the mother who had left her photo behind and received it in the mail. She added that she still loved the photo and kept it close at hand.

In Someone Else's House

For some mothers, the photograph helps to restore a measure of forfeited control. In the hospital, even healthy women who give birth to a baby have limited influence over what happens to them. Doctors manage the birth and postpartum recovery. Insurance companies dictate when the mother must leave the hospital. Phlebotomists and other technicians arrive unannounced to draw blood or do treatments. Nurses give what may seem to be endless instructions on how to bathe the baby, how to feed the baby, how to diaper the baby, and how to care for the cord or the circumcision. Baby photographers, birth-certificate staff, researchers, kitchen employees, and hearing examiners visit without advance notice. Mothers sometimes articulate a feeling that they are having their baby in "someone else's house." By deciding when this photo is taken and what it records, a mother reclaims a measure of control for herself.

PHOTO PRESENTATION AND PREPARATION

Presenting Herself

I introduce the photo offer to the mother in the course of giving her the date and time of her baby's

first primary-care appointment. "I have a camera with me," I say to her. "Would you like a photo with your baby to take home?" Most mothers smile immediately. For those who look slightly panicked and begin smoothing down their hair, I add, "I call this the photo of reality. It's a casual photo—nothing fancy—just to remember the moment with your baby." They often smile then and relax.

In the newborn period, mothers experience a mentality of inseparability with their babies. They think of themselves and their newborns as a single unit. Many mothers spontaneously gather up their baby and take the photo before I leave the room. Most, but not all mothers, pose with their babies. A few elect to record something else: looking at or talking to the baby, bottle-feeding or breast-feeding the newborn, or cuddling the baby skin to skin. A few mothers become lost in their involvement with the newborn.

The young mom with neatly corn-rowed hair was holding her baby boy when I entered the room. She had two daughters at home and was very excited about her new son. The baby was sleeping, but the mom eagerly agreed to the photo. As I adjusted my camera, she tried to wake him up. She turned him toward her and held him face to face. She talked to him in soft "motherese," telling him that his big sisters would be so excited to see him and were having a party when he arrived. She stroked his face, but nothing seemed to wake him. As she became more involved with him, she forgot about the camera, the pose, and me. Entranced for a time, watching this mother interact with her baby, I finally took the photo. (See Photo 2.)

Some mothers are less spontaneous. They may ask if they can put on make-up, comb their hair, or wait until after a shower to have the photo taken. They may request that I take it later when the baby's father or siblings are present. Occasionally, they want to include a larger, extended family.

Mothers rarely decline the photo offer altogether. However, they occasionally try to excuse themselves and request that I take the baby alone. Most often they say, "I'm too ugly" or "pale" or "tired" or "fat." When I suspect that the mother is undecided because she lacks self-confidence, I encourage her by saying something like, "You know, this photo is just for you. You can hide it in your underwear drawer, if you want. You don't have to share it with anyone." Many eventually proceed with the photo

Photo 2 Lost in interaction

if they are given gentle support or an overnight hiatus. All mothers are offered a way to be in the photo with their newborns. In response to mothers who elect to have their babies pictured alone, I often ask to hold their baby for the photo.

Presenting Her Baby

Mothers are generally very attentive to their babies' presentation in the photo. None wants a crying baby and, although some are happy to have a sleeping baby, most prefer a quiet baby with open eyes. For parents, seeing the newborn's eyes seems to validate the baby's humanity, and making eye contact with him or her appears to confirm that the baby is truly theirs.

This parental hope for open eyes often creates a photographic challenge. Newborns, who are novices at managing their own states of consciousness, are rarely quiet and alert. More often, they are sleeping, drowsy, or hungry and, therefore, crying. Because they are photophobic and deplore light, newborns often keep their eyes closed, even when they are not sleeping. In addition, they may have eyelid swelling from the birth process or from the antibiotic applied to their eyes just after birth. Still, producing a photo with an alert newborn brings rich rewards.

The mom's affect was flat, but she seemed interested in a photo with her newborn. She had lost custody of her three other children when they were young infants, and she said this baby was like having her first child. She seemed disappointed as she held the baby. She said she wished he would open his eyes. I instructed her how to hold the baby behind his neck with one hand and under his rear

end with the other and gently lift him up and down. I predicted for her that this motion would help alert him. At first, she moved him tentatively; then, as she appeared to gain confidence, she rocked him in slightly higher sweeps into the air. He slowly opened his eyes. Delighted with her success, she smiled and looked down at him. He was looking away from her, but she didn't seem to notice. She was too consumed with pride in herself and happiness in that moment with her baby. I took the photo.

Presenting the Father and Siblings

No doubt, each mother factors many matters into her presentation for the photo. The days just after a birth are full of change and quandary. Each time a woman becomes a mother, she must create a new self-image in the constellation of her relationships, incorporating this birthing experience and this baby. Therefore, finding a way to present herself is not always simple. It is entangled in serious considerations of self-identity, thoughts about her newborn, and relationships with the father of the baby, her other children, family, and friends.

When relationally close to the baby's father, a mother often elects to take a photo with him right away, if he is present. However, conflict in their relationship, such as domestic violence or paternity questions, may compromise her eagerness to include him. A mother in those circumstances sometimes performs complicated maneuvers, delaying the photo until he leaves or even taking the photo in his presence without inviting him to join her. Occasionally, a father who is not in a relationship with the mother may ask for a separate photo of himself with his baby. A shy or exhausted mother may ask the father to replace her in the photo with their baby.

Siblings present in the room seem to be universally welcomed into the photo by their mother (see Photo 3). If a preschool-aged sibling seems to take interest, I may take two quick photos and offer the child one of his own. This creates its own intervention to celebrate the sibling's elevation to the status of a big sister or brother. The sibling may then use the photo to mark his own evolving place in the family. One school-aged sibling was delighted with the instant family photo she took herself.

Timing the Photo

Photos may be taken at any time during the few days the mother and baby are in the hospital's post-

Photo 3 Siblings welcomed

partum unit. Occasionally, mothers choose to have their photo taken a few hours after the birth. This can be an especially good time for photos. Newborns have a quiet, alert period during their first hours, before they become sleepy and less interactive for the next 24 hours. Besides confirming the impressive quality of newborn alertness, photos taken early seem especially extraordinary because they record a baby who is alive, well, and responsively interacting so early. The mom's postdelivery afterglow contributes even more to the photo's exceptionality.

Most mothers have the photo taken as soon as I propose it, usually the day after the baby's birth. Mothers who are physically and emotionally exhausted often choose to wait until they feel "more like themselves." Their photo may not be taken until a day or two later. I negotiate a mutually agreeable time according to the mother's preferences, so that she will feel well represented in the photo.

VALUE FOR THE FAMILY

An instant photo taken a few hours or days after birth helps some families share the birth with others. Parents who are unable to afford the hospital's professional newborn photo packages may ask me to take a second photo of the baby alone to serve as the "baby picture." Fathers have asked for a second photo to show off at their workplace. Mothers have requested one to send to relatives in another country or to a father in the military or in jail. One paternal grandmother asked for a photo of her new grandson in his natural birthday suit to send to his proud father in the Dominican Republic.

Tearful mothers whose babies are separated from them for medical reasons are thrilled to have a photo of the baby to keep with them in the room. A mother who was releasing her newborn for adoption requested a photo of the baby to keep for herself. One newborn even used the photo to recall his birth.

A mother returning to the hospital to give birth to her third child told this story about her 4-year-old son. She explained that I had taken a photo of them when he was a newborn. Over the years, he had always enjoyed looking at the photo and hearing her tell the story of his birth. One day, he announced that he was going to take the photo to his preschool "to show the kids when I was borned." At first, fearing that he'd lose the photo, the mother said, "No." But he persisted. Finally, she agreed, but added, "I had to go with him, of course, to make sure the photo came home."

VALUE FOR THE CLINICIAN

Diagnostic Tool

Clinicians such as nurses, therapists, early interventionists, social workers, psychologists, parenting advocates, and physicians may use the photo as a diagnostic tool to identify maternal attitudes, newborn behavioral traits, and interactive events that even the most observant eye may miss. Identification of these emotions and behaviors can then be used to refine interventions and improve care.

A mother's body language or subtle facial expressions shed light on how she feels and reacts to her baby. Some maternal images are quiet, majestic portraits. Others are flat and vacant. Some mothers beam with pride or genuine joy. A few seem uncomfortable, even embarrassed. Occasionally, a mother appears stunned. Many mothers hug their baby close, representing the newborn as a precious gift or an inseparable extension of themselves. Others hold their baby stiffly or at a distance in their arms. A few mothers appear completely oblivious to the baby they are holding and seem more intent on presenting themselves instead.

A stunning African American mother showed interest in her baby as I examined him. However, when she posed for her photo with him, she looked coyly into the camera without any obvious notice of the baby she was holding. Later, when I commented on how lovely the photo was, she responded, "I've done some modeling in the past."

A soft-spoken, vegan father with tattoos covering most of his visible trunk, hands, and legs proudly posed for the photo with his first child. As I prepared to take the photo, he discretely slid his completely tattooed hand out of sight behind a pillow, as though it would misrepresent his emerging image of himself as a father.

The photo also offers insight into newborn behaviors. Newborns cope with the photo experience in a way unique to their own organization, personality, and behavioral state. Some sleep peacefully in their mother's arms and do not wake up for the photo. Other infants, who are awake, but too neurologically fragile to tolerate the photo preparation, keep their eyes closed to guard themselves from overstimulation. A few are alert. They look around at the world with keen interest as they relax in their mothers' arms. (See Photo 4.)

Intervention Tool

Beyond being a diagnostic tool, the photos can also become a commanding intervention. I often point out to mothers how their photo is special. I may identify a maternal strength and reinforce it. For instance, I tell one mother how wonderful it is that her photo shows her talking to her baby and touching his face. "You're not just posing with your baby, but you're giving him the touch he needs." To an-

Photo 4 Organized, alert newborn

Photo 5 Focused on their baby

other mother who poses and smiles with her baby held near her face, I say, "It's nice to see how close you keep your baby." To one very attentive couple who both chose to look at the baby they held sweetly between them, I remarked, "This photo is so strong and quiet. Both of you are focusing on your baby." (See Photo 5.)

Because the mother wasn't feeling well that day, she requested that I take a photo of her husband with their baby, instead. The previous day, this African father had disclosed that he appreciated living in America where it was acceptable for a father to hold and care for his baby. When I showed him the photo I had just taken and pointed out that the baby was looking at him, he became very excited. "Yes! He is looking at me. Look! My baby is looking right at me!" he exclaimed exuberantly. (See Photo 6).

Pointing out a newborn's behavior is important because it may help the mother or father better understand their baby's cues and, in doing so, they may become more responsive to their infant. I sometimes say, "The baby is keeping his eyes closed in this photo, though we know he was awake just a minute before. Some babies close their eyes when they are overstimulated or stressed. He may be telling us that taking a photo is just too much

Photo 6 “Looking right at me!”

for him. If he does this again in the future, you’ll know that he needs your help to reduce whatever is stressing him.” (See Photo 7.)

The new mother was all ready to go home early when I came into the room. She happily agreed to a photo with her baby. However, when she woke him, he immediately cried and began looking for food. She tried several times to calm him but, realizing that his hunger left little room for quieting him, she motioned for me to go ahead and take the photo. “Pobrecito [Poor little boy],” she called him. She immediately sat down to breastfeed him while the photo developed. I looked at it and saw a crying baby and a proud, smiling mother. I told her, “Your photo is so special. Your baby is crying with hunger, but look how he cuddles up to you. He’s telling you that he knows you and needs you.”

Revelations of positive behaviors or interactions are comfortable and gratifying for the clinician to reinforce. It is more challenging to intervene when the observation reveals difficult newborn behavior or a disconnection between the mother and newborn, especially if the clinician has not yet built a trusting relationship with the mother. However, not all concerns based on the observations need to be addressed immediately. The clinician may have an insight that helps in planning interventions

for the future or may pass it on to other clinicians who can use it for their future interventions.

THE PICTURE LADY

Clinicians can find powerful gratification in taking these photos and may discover that their clinical practice is deepened and enriched, as well. The mother’s seeing the clinician as a caring person or the bearer of a valuable gift enhances the therapeutic relationship a clinician builds with each mother. The photos promote an understanding of the commanding impact a simple intervention can have. They can make the clinician a better observer or help the clinician see mothers and newborns individually and appreciate their diversity. It is hoped that the depth and richness the photos provide may even contribute to professional enthusiasm and job satisfaction in the clinician’s practice.

One morning, a staff nurse stopped me in the hall to tell me this story about a mother who had been our mutual patient a few days before. The nurse reported that the mother had told her that she (the mother) understood everything about her newborn son’s jaundice (yellow skin) because “the picture lady” had explained it thoroughly.

“At first,” the nurse mused, “I was mortified that the baby photographer was discussing jaundice risk with mothers. But I soon realized that

Photo 7 Closed down

the mother was talking about you—a nurse practitioner. Isn't it too bad that, with all your credentials, the mother calls you 'the picture lady'?"

"I don't mind at all," I answered. "To me, it just shows how important the photo is to her."

CAPTURING THE MOMENT

We recall our lives not in their entirety but as a series of memorable moments. These moments become the stories we tell and retell our friends and families and pass down to our children and their children. The birth of a baby is one of the most touching of those events. It universally symbolizes a fresh beginning: a notion that life goes on, and that there is always hope for a better tomorrow.

The photos in this article capture an important moment after birth and one that, it is hoped, each mother associates with feelings of closeness to her newborn. In addition, the photos provide clinicians with a powerful intervention that not only enhances the mother's postpartum experience but will enhance the clinician's own practice as well.

REFERENCE

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