

Ingram, R. (2002). *Maternal interpretation of infant behavior prior to discharge from a neonatal intensive care unit*. Unpublished doctoral dissertation. Auburn University.

DISSERTATION ABSTRACT

Sensitive responsiveness to infant behavioral cues enhance survival rates, reduce morbidity, and facilitate positive outcomes (Als & Gilkerson, 1995). The cues of premature or sick infants may be different from healthy infants (Hussey, 1988) and parents may not interpret and respond to critical information about state, interactional readiness, and need.

The purposes of this study were to (a) examine the extent to which mothers of premature or sick infants identified and interpreted their infants' behaviors, (b) identify descriptions and categories of infant behavior these mothers considered to be meaningful, (c) discover descriptions and categories of interpretations of those behaviors, and (d) reveal patterns of behavioral interpretations. Participants were 31 dyads transitioning from Level III NICUs to home. Data included demographics and videotaped interaction. Mother's descriptions and interpretations of infant behavior were coded and analyzed using quantitative methods. Results were compared to the nursing and early childhood special education literature (Baird, Haas, & Mayfield, 1993; Haas, Baird, McCormick, & Reilly, 1994; Hussey, 1988). It was hypothesized that mothers would identify a limited range of behaviors primarily related to physical status and needs, and although differences were found, they identified a full range including sophisticated skills with an emphasis on physical issues. There is a need for research on caregiver involvement with infants and training on reading cues. Early intervention could include (a) a curriculum teaching skills important to dyadic transactions, (b) services to address transitions to home, and (c) follow-up addressing developmental changes and monitoring for the need for more intensive services.