Impact of soft markers at fetal scan on early mother infant interactions and mother’s representations: Link between anxiety and depress level at third trimester and interactions perturbations

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Background.– In up to 5% of pregnancies, ultrasound screening detects a foetal feature or “soft marker” (SM) that places the foetus at risk for a severe abnormality. In most cases, prenatal diagnostic work-up rules out a severe defect and, thus SM constitutes, retrospectively, a false positive of ultrasound screening. Objective.– To study the effects of false positive ultrasound screenings on maternal emotional status, maternal representations of the infant, and mother–infant interaction.

Design.– Prospective case control study. Participants: Utilizing an extreme-case design, we selected from a group of 244 women undergoing ultrasound: the study group consisted of 19 pregnant women whose foetus had a positive SM ultrasound screening and a reassuring diagnostic work up. The controls were 19 women with negative ultrasound screening, matched for age and education. Exclusion criteria included history of a medical or psychiatric disease or obstetrical complications, poor socio economic status, and single parenthood. Outcomes measures.– In the third trimester of pregnancy, within 1 week after delivery, and 2 months postpartum, anxiety and depression were scored, and maternal representations were categorised using semi structured interviews. Maternal representations were scored as good (integrated/equilibrate), intermediate (reduced/loss involvement) and poor (non-integrated/amivalent). Mother–infant interactions were videotaped during feeding within 1 week after delivery and again at 2 months postpartum, then coded blindly using the Coding Interactive Behavior (CIB) scales.

Results.– Maternal anxiety and depression symptoms were significantly higher at all assessment points in the SM group. Maternal representations were also significantly different between SM and control groups at all study time (94% to 100% vs 5% to 11% of intermediate/poor representations, respectively). Perturbations to early mother–infant interactions were observed in the SM group and these dyads showed greater dysregulation, lower maternal sensitivity, and higher maternal intrusive behaviour. During interactions, SM infants displayed higher avoidance of their mothers. Multivariate analysis showed that maternal representation and depression at third trimester predicted mother–infant interaction.

Conclusion.– False positive ultrasound screenings for SM are not benign and negatively affect the developing maternal–infant attachment. Medical efforts should be directed to minimize as much as possible such false diagnoses.

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High intellectual potential: strengths and weaknesses

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High intellectual potential and autism spectrum disorders: Transnosographical and metapsychological approaches

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Les aspects dysharmoniques, voire anachroniques du développement des enfants à haut potentiel intellectuel, questionnent les différentes conceptions du fonctionnement mental et de ses troubles: faut-il parler en termes de déficit/suppléance, de symptôme/défense, de handicap ou de trouble psychique? ou encore de processus autre? À partir de là, deux hypothèses peuvent s’articuler: – il s’agit d’une population hétérogène qui couvre toute la gamme des classifications psychopathologiques, depuis les variations de la normale jusqu’au troubles les plus sévères. Cette dimension transnosographique et transfrontière du haut potentiel est retrouvée dans des fratries comportant des sujets dits surdoués présentant des troubles divers, répertoriés aujourd’hui comme dyspraxie, hyperactivité ou autisme de haut niveau; – mon hypothèse actuelle est la suivante: à la faveur d’une défaillance des auto-érotismes, ces sujets ont développé un haut potentiel intellectuel pare-excitant qui fonctionne comme une défense autistique plus ou moins sévère qui évolue dans les bons cas vers des aménagements narcissiques et phobo-obsessi...