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Please acknowledge this work in any resulting paper or presentation as; Maternal and Baby/child separation; Uma Devalapalli [17/03/2026], Isleworth, UK: Patricia Bowen Library & Knowledge Service.

Date of Search: 17 March 2026

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Maternal and Baby/child Separation

1. **Mother-infant interaction and postpartum mental health: A study on promoting maternal emotional bonding through psychological nursing care.**

Item Type: Journal Article

Authors: Li, Yunqing

Publication Date: May 30 ,2025

Journal: African Journal of Reproductive Health 29(5), pp. 120–130

Abstract: A psychologically-oriented mother-infant interaction intervention programme was evaluated for its effectiveness in enhancing maternal mental health and mother-infant bonding. A prospective cohort study was conducted with 80 postpartum women, divided into an intervention group (n=43) and a routine care group (n=37) based on willingness to participate. The intervention group received psychological nursing in addition to standard postpartum care. Outcomes were assessed using the Edinburgh Postnatal Depression Scale (EPDS), Maternal Attachment Inventory (MAI), and CARE-Index. Post-intervention, the intervention group exhibited significantly lower EPDS scores and higher MAI scores compared to the routine care group, along with improved maternal sensitivity, emotional responsiveness, and interactive coordination. Factors influencing bonding included intervention compliance, spousal support, and prenatal psychological preparation. Early

participation in the intervention and improved interaction quality were key predictors of better postpartum mental health. These findings highlight the importance of early psychological support, consistent programme participation, and family involvement in promoting maternal well-being and fostering stronger mother-infant relationships..

DOI: <https://libkey.io/10.29063/ajrh2025/v29i5.10>

2. Effect of nursing intervention based on Ratu's model for preventing postpartum blues and depression among primiparous women: A treatment-control design.

Item Type: Journal Article

Authors: Mohamed, Amal Hashem;Abobaker, Randa Mohamed;Ibrahim, Mohammed Ibrahim Touni;AlHseinat, Mohammad Mousa;Ali, Howayda Mohammed;Razek, Radwa Ahmed Abdel;Albougami, Abdulrhman;Berdida, Daniel Joseph E. and Elrefaey, Samah Ramdah Ibrahim

Publication Date: 2025

Journal: Women's Health 21, pp. 17455057251323155

Abstract: **BACKGROUND:** Postpartum is a period of physiological and psychological adaptations among women. This period may negatively impact the mother's life quality, mother-to-baby relationship, and family dynamics because of some psychological issues (e.g., postpartum blues (PPB) or postpartum depression (PPD)) they are experiencing. **OBJECTIVES:** To investigate the effect of nursing interventions based on Ratu's model for preventing PPB and PPD among primiparous women. **DESIGN:** A treatment-control design included 120 primiparous women attending a university hospital's Obstetrics and Gynecology Outpatient Department. **METHODS:** We used five validated self-report scales (Maternal Attitudes Questionnaire, Coping Orientation for Problem Experiences, Multidimensional Scale of Perceived Social Support, Edinburgh Postnatal Depression Scale, and Kennerley's Blues Questionnaire) to collect data from December 2022 to October 2023. The control group received routine postpartum care (e.g., dietary guidance, maternal, and newborn care). The study group received routine postpartum care and educational intervention based on Ratu's model. The intervention was conducted for three sessions (every 9 days for 50-60 min) within 27 days. Both groups answered all questionnaires using the same tools before and after the study. Fisher's exact test, paired *t*-test, and logistic regression were used for data analyses. **RESULTS:** The nursing intervention based on Ratu's model demonstrated significant differences between the two groups relative to the stimulus of pregnant women ($p = 0.001$), coping mechanism ($p = 0.001$), behavioral response ($p = 0.001$), and social support ($p = 0.002$). Results showed that 91.7% (study) and 56.6% (control) reported without PPD after the intervention, depicting a significant difference between the two groups ($p = 0.005$). Finally, participants' age ($p = -0.002$), educational level ($p = 0.0031$), social support ($p = 0.001$), and pregnancy outcome ($p = 0.01$) were associated with lower PPB and PPD incidence. **CONCLUSION:** Nurses, midwives, and other healthcare professionals working with pregnant and postpartum women may utilize the nursing intervention program based on Ratu's model to prevent or minimize PPB and PPD.



DOI: <https://libkey.io/10.1177/17455057251323155>

3. Maternal separation as early-life stress: Mechanisms of neuropsychiatric disorders and inspiration for neonatal care

Item Type: Journal Article

Authors: Zhang, Yuan; Wang, Shu and Hei, Mingyan

Publication Date: 10 15 ,2024

Journal: Brain Research Bulletin 217, pp. 111058

Abstract: The establishment of positive early parent-infant relationships provide essential nourishment and social stimulation for newborns. During the early stages of postnatal brain development, events such as synaptogenesis, neuronal maturation and glial differentiation occur in a highly coordinated manner. Maternal separation, as an early-life stress introducer, can disrupt the formation of parent-child bonds and exert long-term adverse effects throughout life. When offspring are exposed to maternal separation, the body regulates the stress of maternal separation through multiple mechanisms, including neuroinflammatory responses, neuroendocrinology, and neuronal electrical activity. In adulthood, early maternal separation has long-term effects, such as the induction of neuropsychiatric disorders such as anxiety, depression, and cognitive dysfunction. This review summarized the application of maternal separation models and the mechanisms of stress system response in neuropsychiatric disorders, serving as both a reminder and inspiration for approaches to improve neonatal care, "from bench to bedside".

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DOI: <https://libkey.io/10.1016/j.brainresbull.2024.111058>

4. The relationship between mother-infant contact time and changes in postpartum depression and mother-infant attachment among mothers staying at postpartum care centers: An observational study.

Item Type: Journal Article

Authors: Cho, Heajin and Jeong, Ihn Sook

Publication Date: Jun ,2021

Journal: Nursing & Health Sciences 23(2), pp. 547–555

Abstract: This observational study investigated the relationship between mother-infant contact time

and changes in postpartum depression and mother-infant attachment. The study population consisted of 101 mothers staying for 14 days at two postpartum care centers in Busan, Republic of Korea. Data were collected from February to March 2018 using a self-administered questionnaire that covered postpartum depression, mother-infant attachment, and included a contact timesheet. Data were analyzed using descriptive statistics, including means and standard deviations, Kruskal-Wallis tests, and multiple linear regression with bootstrapping estimation. The mean daily contact time was 5.31 +/- 1.80 h. The mean postpartum depression decreased from 8.76 +/- 7.10 points at admission to 5.16 +/- 3.35 points at discharge. By increasing daily kangaroo mother care time by 1 h, postpartum depression was decreased by 4.02 points. However, changes in mother-infant attachment were not related to contact time. Kangaroo mother care was effective in decreasing postpartum depression among the mothers at the postpartum care centers. Nurses working at the care centers should encourage mothers to participate in kangaroo mother care programs. Further studies considering various contacts, such as baby massage or bathing, are recommended.

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DOI: <https://libkey.io/10.1111/nhs.12847>

5. Improving maternal postpartum mental health screening guidelines requires assessment of post-traumatic stress disorder.

Item Type: Journal Article

Authors: Grisbrook, Marie-Andree and Letourneau, Nicole

Publication Date: 2021

Journal: Canadian Journal of Public Health. Revue Canadienne De Sante Publique 112(2), pp. 240–243

Abstract: Post-traumatic stress disorder (PTSD) has a prevalence of 4-17% in the postpartum period and, like better known postpartum depression (PPD), is linked to reduced quality maternal-child interactions, decreased maternal sense of life satisfaction and functioning, and negative impacts on child development. Currently, provincial and public health organizations throughout Canada screen new mothers for PPD with the Edinburgh Postpartum Depression Scale, which while laudable does not capture PTSD. PTSD is highly associated with PPD, 65% of women with PTSD also present with PPD, presenting a significant gap in postpartum maternal mental health screening. Numerous self-report PTSD screening questionnaires are available that could be incorporated into routine maternal postpartum mental health care. Furthermore, across Canada, regional differences in availability of maternal mental health screening, services, and programs suggest a gap in one of the tenets of Canadian health care-lack of universality. Not only does Canada require national maternal mental health screening, service and program guidelines, but PTSD screening must be incorporated, in order to identify and treat new mothers experiencing mental health problems.; Publisher ReSUMe: Le trouble de stress post-traumatique (TSPT) a une prevalence de 4 a 17 % durant la periode post-partum et, comme la tres connue depression post-partum (DPP), est associe a la reduction de la qualite des interactions mere-enfant, a une diminution du sentiment de satisfaction de vie et de

fonctionnement de la mere, et a un impact negatif sur le developpement des enfants. Actuellement, les organismes de sante publique et provinciales a travers le Canada effectuent un depistage de la DPP aupres des nouvelles meres a l'aide de l'echelle de depression post-partum d'Edimbourg qui, quoi que valable, ne detecte pas le TSPT. Il existe une forte correlation entre le TSPT et la DPP alors que 65 % des femmes souffrant d'un TSPT presentent aussi une DPP, ce qui demontre un manquement significatif dans le depistage post-partum maternel dans le domaine de la sante mentale. Il y a plusieurs instruments disponibles pour l'auto-evaluation de TSPT, qui pourraient etre integres dans la routine de depistage en sante mentale post-partum maternel. De plus, des differences regionales a travers le Canada en ce qui a trait a la disponibilite du depistage, aux services et aux programmes de sante mentale post-partum maternel demontrent une lacune dans l'un des principes des soins de sante du Canada, soit le manque d'universalite. Le Canada necessite des directives concernant le depistage ainsi que les services et les programmes de sante mentale post-partum maternel, mais le depistage du TSPT doit etre standardise pour permettre l'identification et le traitement des nouvelles meres presentant des problemes de sante mentale.
Language: French

DOI: <https://libkey.io/10.17269/s41997-020-00373-8>

6. Maternal critical care: what can we learn from patient experience? A qualitative study.

Item Type: Journal Article

Authors: Hinton, Lisa;Locock, Louise and Knight, Marian

Publication Date: Apr 27 ,2015

Journal: BMJ Open 5(4), pp. e006676

Abstract: **OBJECTIVE:** For every maternal death, nine women develop severe maternal morbidity. Many of those women will need care in an intensive care unit (ICU) or high dependency unit (HDU). Critical care in the context of pregnancy poses distinct issues for staff and patients, for example, with breastfeeding support and separation from the newborn. This study aimed to understand the experiences of women who experience a maternal near miss and require critical care after childbirth. **SETTING:** Women and some partners from across the UK were interviewed as part of a study of experiences of near-miss maternal morbidity. **DESIGN:** A qualitative study, using semistructured interviews. **PARTICIPANTS:** A maximum variation sample was recruited of 35 women and 11 partners of women who had experienced a severe maternal illness, which without urgent medical attention would have led to her death. 18 of the women were admitted to ICU or HDU. **RESULTS:** The findings are presented in three themes: being in critical care; being a new mother in critical care; transfer and follow-up after critical care. The study highlights the shock of requiring critical care for new mothers and the gulf between their expectations of birth and what actually happened; the devastation of being separated from their baby, how valuable access to their newborn was, if possible, and the importance of breast feeding; the difficulties of transfer and the need for more support; the value of follow-up and outreach to this population of critical care

patients. **CONCLUSIONS:** While uncommon, critical illness in pregnancy can be devastating for new mothers and presents a challenge for critical care and maternity staff. This study provides insights into these challenges and recommendations for overcoming them drawn from patient experiences.

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DOI: <https://libkey.io/10.1136/bmjopen-2014-006676>

7. Preventing postpartum depressive symptoms using an educational video on infant crying: A cluster randomized controlled trial.

Item Type: Journal Article

Authors: Doi, Satomi;Fujiwara, Takeo;Isumi, Aya and Mitsuda, Nobuaki

Publication Date: 2020

Journal: Depression & Anxiety 37(5), pp. 449–457

Abstract: BACKGROUND: The aim of this study was to examine the impact of watching an educational video on infant crying within 1 week of age after delivery at maternity wards to reduce the prevalence of postpartum depressive symptoms at 1 month after giving birth. **METHODS:** The study design was a cluster randomized controlled trial. The intervention hospitals were randomly assigned, stratified by area and function of the hospital. Participants included 47 obstetrics hospitals or clinics out of 150 hospitals or clinics in Osaka Prefecture, Japan. In total, 44 hospitals or clinics completed the trial and 2,601 (intervention group = 1,040, control group = 1,561) caregivers responded to the questionnaire on postpartum depression (response rate: 55.1%). Mothers in the intervention group watched an educational video, within 1 week of age, during hospitalization at maternity wards. Primary outcome in this study was postpartum depression assessed by the Edinburgh Postnatal Depression Scale as 9+ and assessed via questionnaire at a 1-month health checkup. **RESULTS:** In the intervention group, 142 (13.7%) mothers reported postpartum depression compared to 250 (16.0%) in the control group. Intention-to-treat analysis showed no significant difference in the prevalence of postpartum depression between the groups. However, among young mothers (: In the intervention group, 142 (13.7%) mothers reported postpartum depression compared to 250 (16.0%) in the control group. Intention-to-treat analysis showed no significant difference in the prevalence of postpartum depression between the groups. However, among young mothers (**CONCLUSIONS:** Watching an educational video on infant crying within 1 week after delivery at maternity wards did not reduce postpartum depression at 1 month after giving birth, but it was effective for young mothers aged <25 years.



DOI: <https://libkey.io/10.1002/da.23002>

Cinahl Results:

Record1:pdf atatched

Title: *The Meaning of the Breastfeeding Experience for Mothers in Critical Care...Dynamics of Critical Care 2016 in Charlottetown, PE, September 25-27, 2016*

Authors: McShane, Michele; ¹Moffatt, Faith Wight; ¹MacDonald, Marilyn; ¹Carson, Glenda; ¹White, Maureen¹

Affiliation: ¹Dalhousie University, Halifax, Nova Scotia

Source: *Canadian Journal of Critical Care Nursing (CAN J CRIT CARE NURS), Summer2016; 27(2): 28-29. (2p)*

Record 2: pdf atatched

Title: *Maternal and neonatal separation and mortality associated with concurrent admissions to intensive care units.*

Authors: Ray JG; Urquia ML; Berger H; Vermeulen MJ; Ray, Joel G; Urquia, Marcelo L; Berger, Howard; Vermeulen, Marian J

Source: *Canadian Medical Association Journal (CMAJ) (CMAJ), 12/11/2012; 184(18): E956-62. (1p)*

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Search Strategy

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- 1 exp *Maternal Deprivation/ or exp *Stress, Psychological/ or Maternal child separation.mp.
113184
- 2 exp *Infant, Newborn/ 69304
- 3 Intensive Care Units/ or exp *Aged/ 110877
- 4 exp *Hospitalization/ or acute medical unit.mp. or exp *Emergency Service, Hospital/
164231
- 5 1 and 2 382



6 3 or 4 267990
7 5 and 6 7
8 exp *Maternal Deprivation/ or Maternal separation.mp. 3263
9 exp *Intensive Care Units/ or ICU.mp. 142093
10 4 or 9 297470
11 8 and 10 14
12 from 11 keep 11 1
15 maternal separation.mp. 2234
16 10 and 15 7
17 1 and 2 382
18 exp *Breast Feeding/ 31576
19 17 and 18 5
20 Postnatal Care/ and exp *Mothers/ and exp *Depression, Postpartum/ 99
21 15 and 20 0
22 from 20 keep 3-4,6-7,105
23 12 or 14 or 22 7