



Transition times.

Supporting the child and adolescent's transitions in Pediatric condition

2nd S.I.P.Ped. International Conference

November 7 - 9, 2019

Palermo, Sicily, Villa Magnisi, Ordine dei Medici Chirurghi e Odontoiatri



Palermo



Efficacy of support in Medically Assisted Procreation: a inter-institutional path

The study refers to PhD course of “Health Promotion and Cognitive Sciences”, Department of Psychological Pedagogical and Learning Sciences, University of Palermo

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A research project that intends to verify how a specific Training / Treatment entitled Prenatal and Neonatal Parental Experiential Observational Trial (P.A.N.P.E.O.T.) can constitute an intervention for the prevention of risk conditions of parenting and parental competence



Risk of developing a dysfunctional profile in parental competence

Conditions of emotional stress, hyper-arousal, sense of uncertainty and alteration of the Self's concept, experienced by mothers and fathers (Perricone, 2012)

MAP as attempt to overcome feelings of grief and loss (infertility) (Cousineau, Domar, 2007; Righetti, Luisi, 2007; Vigneri, 2011)

Condition of vulnerability linked to the possible desire (Righetti, 2005)

Psychological distress (mood disorders) (Fiumanò, 2000) after the birth of the child and along its development too (Golombok et al., 1996; Valoriani, 2011).

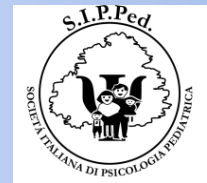
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From the psycho-evolutionary risk....

... to psycho-social risk



Social Implications

On the well-being of the child

Services and public health expenditure

Family functioning

Relationship between couples and support network

The job's world

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The world of the couple that chooses the path of MAP... signs of a risk profile?*

Tendency to use towards rationalization as a defense mechanism



... but also the use of mature defenses such as self-observation and self-assertion (Perry, 1990)

Parenting desired as an attempt to keep cohesive the couple

Closure of the couple, moving away from the social support network

Ambivalence

Contrasting and intense emotions

Crowds of thoughts

Hypercontrol

Sense of guilt shared

Aboulia

Sense of loneliness and need to be heard

* These data were detected through Therapeutic Counseling conducted by Prof. Perricone activated within the Unique Intercompany Center for MAP (A.O.O.O.R. "Villa Sofia - Cervello" Hospitals, University Hospitals "Paolo Giaccone", Asp 6 Palermo) directed by prof. Perino.

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An integrated perspective

The Neuropsychological Perspective

- Excessive cortisol levels in pregnancy



Risks for the child's neurobehavioral organization

- cognitive and behavioral problems,
- risk of ADHD,
- Anxiety,
- problems in language development (Talge et al., 2007).

The Pediatric Psychology's Perspective

- Taking charge of a parenting competence that is responsive to the child's special evolutionary needs.
(Perricone, 2018)

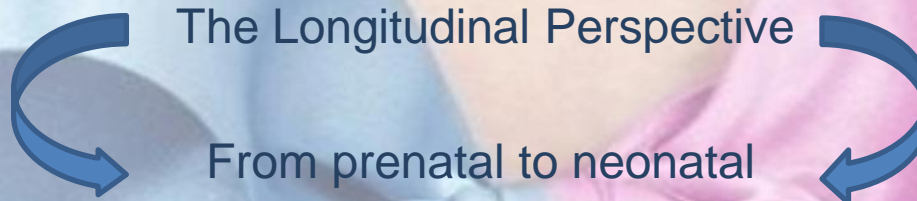
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100 couples recruited from a Medically Assisted Procreation Service in Palermo which are at risk of preterm birth and/or which are living a diagnosis of foetal malformations or genetic syndromes without psychiatric disorder certified.

A Control Group will be involved in the research recruited from another Hospital Service of Medically Assisted Procreation in Palermo.



*The Treatment P.A.N.P.E.O.T.
Prenatal and Neonatal Parental Experiential Observation Trial*

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The Training/Treatment P.A.N.P.E.O.T. Prenatal and Neonatal Parental Experiential Observation Trial

The technique
“*Creating by sand*” (Perricone,
Nicolini, Pelaia, 2012)
in each phase
of the research.

The “*Interview to Expectant Parents*”
(Ammaniti, Mazzoni, Menozzi,
2009) only at T0 of the
research.

The “*Interview about maternal representations after the baby’s birth*” (Ammaniti, Candelori, Pola, Tambelli, 1995) and the “*Interview about paternal representations after the baby’s birth*” (Ammaniti, Odorisio, Tambelli, 2006) only at T1 and T2 of the research.

The “*Q-Sort about Parental Competence*”
(Perricone et al.,
2014) in each
phase of the
research.

The research is divided into three phases:

T0 (at 20th – 24th with pregnancy)

T1 (at one week from the delivery)

T2 (at three month of baby’s corrected age)

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Tools in Experimental Group and in the Control Group

At T0

- A personal data and psychosocial risk form;
- Beck depression inventory
- Baby Care questionnaire
- Prenatal Attachment Inventory;
- Levels of Cortisol in Mothers and Fathers;
- An organizational timing sheet of the Service
- A Human Satisfaction questionnaire

At T2

- Impact of event scale revised
- Beck depression inventory
- Post partum bonding questionnaire
- Parenting stress index
- Baby care questionnaire
- Global rating scale;
- Griffith mental scales revised;
- Human satisfaction questionnaire
- An organizational timing sheet of the Service

At T1

- Impact of event scale revised
- Beck depression inventory;
- Post-Partum Bonding Questionnaire;
- Parental stressor scale;
- Parenting stressing index;
- Levels of Cortisol and Oxytocin
- Apgar index of the baby
- Weigh at the birth and gestational age
- Measure of Timing delivery;
- An organizational timing sheet of the Service
- A Human Satisfaction questionnaire

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The Outcomes expected in the Experimental Group

The reduction of stress (cortisol levels) in mothers and fathers as endocrine stress marker during pregnancy and delivery; higher production of oxytocin as functional factor to adequate quality of infant-maternal attachment.

The Strengthening and the Development of maternal and paternal self-representation as parents able to take care of special evolutionary needs during pregnancy;

Apgar scores, the birth-weight and the gestational age higher than the Control Group's; Adequate scores to development scales with regard to expected cut-offs at 3 months;

High levels of satisfaction perceived by parents in relation to support and care treatments received.



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Thank you for attention!

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