

## Mothers with Inpatient Children

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### Editorial

In the mere two-century old history of Pediatrics as a medical specialty, it is currently important to emphasize the role of mothers with their in-patient children.

The care of sick children started in early times [1,2] but the birth of modern Departments of Pediatrics in General Hospitals, and specific Hospitals for sick children only dates to the beginning of the 1800s. Unfortunately, the management of patients in most departments for sick children followed a historical procedure which was linked to providing assistance to abandoned children without a family. Thus, all mothers were forced to leave the hospital in the late afternoon and could not come back until the following morning after the medical rounds. Many hospitals did not even accept daily visits by the mothers, while families were never allowed to visit.

In 1952, Robertson [3] made a movie about a two-year-old girl who had been hospitalized alone. In the following year, Robertson, together with Bowlby [4] wrote that hospitalization creates fear and anxiety both in children and in parents. These Authors worked a great deal in favor of families and of children living in institutions. Several studies were carried out with Melanie Klein [5], and Anna Freud [6]. They demonstrated the value and need for affective continuity in the general care of the child. The evident benefits led to important results in Children's Hospitals and Pediatric Departments, first in England and soon afterwards in other countries.

They described three phases related to the reactions of young children when left alone. At the beginning, the child shows protest anxious and shocked by the absence of the mother, he/she expresses anger by refusing treatment and food. The second phase is despair when the child has lost hope of his mother returning, the result is to withdraw into him/herself. The third phase is denial/detachment. Following the publication of these documents, movies and research, mothers were finally allowed to stay with their sick child at all times in most countries around the world. Their important articles, dialogues, and lectures are still topics of discussion in the international literature [7-11].

In our Children's Hospital as of 1970, each child is hospitalized with his/her mother or a family member. Management of difficulties became routine, and soon it was easy to see safe and serene families facing the new experience of hospitalization. This, however, required a great deal of patience. Physicians and all the staff members were able to establish a relationship of mutual trust with the mothers. This was necessary to achieve the therapeutic alliance which is essential in order to obtain the best results in the treatment of young patients. Life

together with the children's families has changed the behavior of doctors, nurses, school teachers, dietitians and volunteers. Discussions, doubts and examinations about the various therapeutic options were very useful in an appropriate, scientifically prepared environment. Nowadays, a Department of Pediatrics without the mothers and families of in-patient children would be unthinkable.

A few years ago, our Department started holding a monthly series of group discussions involving the whole medical team of attending physicians, nurses and other health care personnel. These meetings were not carried out with scientific objectives in mind, but were held for the purpose of staff training, control of burn-out, discussion of selected cases, and empirical evaluation of the results. The details of these group discussions are the object of this article, which considers the viewpoints of the mothers and families (both Italian and immigrant), of the physicians, nurses and educators, and of the sick children themselves through their drawings.

The main achievement was to see the children and their families serenely and safely face the sad experience of hospitalization. The presence and role of mothers inside the hospital often required a great deal of patience. Physicians and staff were able to establish a relationship of mutual trust with the mothers that is needed in order to achieve a therapeutic alliance, and which is essential when attempting to reach the best results in the treatment of children. Life together has improved the behavior of doctors, nurses, school teachers, dietitians and volunteers. Discussion and examination of, and doubts about, the various therapeutic options were very useful in an appropriate, scientifically prepared environment. Nowadays, a Department of Pediatrics without the presence of the mothers and families of in-patient children would be unthinkable.

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