

Case Study: Theory into Practice - Megan

The health visitor saw a mother and her daughter, Megan, at an eight-month assessment where the mother said she was having terrible problems with her daughter's sleep. The mother said that Megan used to go to sleep on the breast downstairs but now she went to sleep on her bottle. The mother said that she would then put her daughter into her cot where she would stay until she woke about midnight.

To get Megan back off to sleep after this she would rock her, put her back into her cot where she would sleep for perhaps another hour or two. After this Megan would wake and the mother would take her into her bed, which the mother did not mind doing.

The mother said she had borrowed a book from a friend by Richard Ferber and had tried the controlled crying, but Megan just screamed and screamed and she could not bear it.

During the eight-month assessment the health visitor noticed that there was a change in the mother. When she handled the baby there was no real eye contact and she was more anxious and negative than she had been at previous contacts.

A home visit was arranged a few days later so that there would be more time to talk.

At the home visit the health visitor explained about the Solihull Approach and introduced the assessment sheet. The health visitor started by asking about the birth and how she had felt at that time. The mother said that looking back it had been a mixed time. The pregnancy was not planned; she had just finished a degree course and had been hoping to leave the part-time job she had in an office and look for a job in the area she had been studying. She also felt sad

because her father had died the year before Megan was born.

Once she had started talking it was as though someone had turned on the tap. She said her mother had died when she was seven and her father had been both mother and father to her. She had vague memories of her mother but nothing too detailed. She had two sisters but they lived on the other side of town and had young families of their own, so she did not see them as often as she would like.

Her husband's family lived locally. In fact her mother-in-law lived just down the road but she had found her very difficult to get on with since the end of her pregnancy. Together with a childminder the mother-in-law helped with child-care. The mother-in-law also had a key with which she used to let herself in the house even when she was just visiting. The mother said that she found her domineering and when she returned from work she had to wait for the mother-in-law to leave before she would hand her daughter over to her.

She had spoken to her husband about this but he said she was being too sensitive and he never saw it actually take place (he worked 11am until 11pm). In addition he said that his mother had a hard time, his father had left when he was small. Her current husband would not let her do anything on her own now he had retired except look after Megan and she loved her so much. She said that her husband left most of the decision making about their daughter to her.

The mother also resented the mother-in-law because she criticised her decision to give her daughter only organic food and she was sure she gave her other things when she was not there.

The health visitor asked her if she had been able to talk to her husband about his mother without arguing. She said 'no' but that now she had the time to think about it she thought that she could, as having spoken to the health visitor she and realised by bottling it all up it never came out as she had intended. She said it was a relief to tell someone because although she had spoken to her sister-in-law who stood up to her mother, she could only say so much.

The health visitor reflected back to the mother the fact that from what she had told her it appeared that she seemed pretty unhappy. She had been feeling like this for some time but had tried to just get on with it. However, since she had started a new job she had had to rely on her mother-in-law more because she was so tired she had found it more and more difficult to cope.

During the visit the health visitor again noticed that she did not look at her daughter at all even when she pulled herself up to her mother's face trying to attract her attention. The health visitor mentioned this and said she did not look at Megan because she did not want her daughter to see the pain in her eyes. The health visitor said she could understand her feelings of trying to protect her daughter, but perhaps it also meant her daughter could not see anything else either. The mother said she had not thought of that, but it made sense.

The visit took about two hours and near the end the mother asked about how she could get her daughter to sleep more. The health visitor asked the mother how she felt about her feelings during the night when Megan cried. The mother said she did not feel able to leave her to cry. The health visitor asked what she thought her daughter was feeling when she was crying during the night. (Megan had gone to sleep in her mother's arms, in another room with the television and light on but

when she woke up she was in a different room, the TV was gone, she was in her cot, and where was her mum?). The mother said yes it was different however, when the health visitor asked how this might have made Megan feel the mother was rather vague and said she was probably a bit confused. The mother then began to reflect on her own feelings of pain when her daughter cried and her increasing anxiety when Megan was left to cry.

The health visitor suggested that perhaps they could agree a plan where she did not leave Megan to cry but moved the feeding and falling to sleep from the living room to the bedroom. The mother felt happy to do this and said that she had worried the health visitor would tell her just to leave her to cry; as her mother-in-law had done saying she thought she was being too soft.

The health visitor contacted the mother the next day by telephone and she said that she had been surprised that her daughter has gone to sleep in the bedroom and had in fact not woken up until 12 o'clock. The mother was contacted on the two following days by telephone and she told the health visitor that on the second and third night her daughter had gone to sleep in the bedroom but had then woken at the usual times. A home visit was then arranged for early the following week.

At the next visit the first half an hour was spent talking about how she was feeling and the ongoing struggle with her mother-in-law. She said it had been very helpful talking about it because she now realised that she was not being unreasonable expecting her mother-in-law to respect her wishes on how her daughter was being brought up and she had been able to talk to her husband more. Her husband had surprised her one day when they had gone for a walk saying "my mum sometimes upsets you the way

she is with Megan". She said she refrained from saying "yes and it is because she is a witch". Instead she said "I do find it difficult sometimes".

The health visitor and the mother then talked more about how her daughter felt when she was put into her cot. Again her answers were vague. However she did say that she thought in the beginning it was she who had probably found the closeness and Megan's reliance on her comforting and her daughter had got used to it.

It was then discussed whether the mother felt able to try to put Megan in her cot when she was almost asleep. The mother said she thought she might be able to do this if she did not take the bottle out of her daughter's mouth until she was in the cot as she felt Megan used this as a comforter.

Over the next two weeks the progress was good. She could put her daughter in her cot just as she was going to sleep and there had been the odd night when she had slept through. The mother also began to say that Megan must have been quite frightened when she had been falling asleep downstairs only to wake up without her and in fact Megan had never actually gone to sleep alone.

Then Megan developed an ear infection followed by croup. The health visitor reassured the mother that the baby might need extra comfort when she was ill and that they could carry on when she was better. It was about a month before the baby was well again. During which time the health visitor spoke to the mother on the telephone.

The health visitor's next contact with the mother was in clinic to re-test the hearing. During the contact the mother said that she had resigned herself to the fact that her daughter would never be a good sleeper and that she would have to

just get used to it. The attention then turned to Megan's development.

She was now 11 months old and walking around furniture. She had struggled off her mothers lap and made her way over to a table towards a brick she had seen. The brick was too far across the table for her to reach and so the health visitor who was sitting opposite picked it up and passed it to her. Megan dropped it. The health visitor leant over the table pointed at the brick and said "there its, go and get it". Megan looked a bit confused. So the health visitor stretched out her hand and said "ta".

Megan then looked at her mother as if checking it was ok. Her mother picked her up and carried on talking to the health visitor.

The health visitor said it was interesting what had just happened. She said that she had thought that Megan had been asking her mother in her own way if it was alright to get the brick. The health visitor asked her mother what she thought.

The mother said that by picking Megan up she had taken her away from the brick and perhaps Megan thought it was not safe to go and get the brick. The health visitor then said she wondered if when she was putting Megan into her cot at night the message was similar. That the cot was not a safe place to go but her arms were. It was like someone had turned on a light. There was recognition in the mother's eyes.

A home visit was arranged for later in the week as the mother was working until then.

The visit took about an hour and when the health visitor first arrived the mother said "I suppose you will want me to put her in her cot?" The health visitor asked if the mother thought Megan was ready to go to her cot, to which she replied she

thought she had got used to going to sleep downstairs.

The health visitor asked her how she thought things had been and she spoke about her mother-in-law again and a disagreement about Megan's birthday present. As she spoke the mother visibly began to relax and said that she had tried to let Megan experiment with things before she would pick her up and wait to see what she might be telling her. Although it had been difficult at first she had seen Megan had become much more confident. In addition she had made a conscious decision to change her childminder who she felt had too many things on in her own life to concentrate on Megan.

The new childminder was wonderful and Megan was much happier.

Later in the visit the baby started showing signs of wanting to go to sleep so the mother in complete contrast to the beginning of the visit said "I think I will take her up to her room to get her off to sleep".

At the end of the visit the health visitor gave the mother Dilys Daws's book *Through the night*, primarily because there is quite a lot about separation and loss.

At the next visit the mother said she found the book very interesting particularly the section which said that if the mother lost her mother when she was young it was possible she would look to her mother-in-law for confirmation of her mothering skills. She said that it had occurred to her that this was why she was so angry with her mother-in-law. Her mother-in-law had not offered that reassurance but had done the opposite and made her feel vulnerable. She also said that she realised now that she had been unable to bear to be separated from her daughter because of the pain she felt when she thought about how

much her father would have loved her and to make matters worse Megan had been born on Father's day.

The mother said that she now felt more confident to deal with the sleep and was happy to take it at a pace that was right for her and her daughter.

The mother then said that there had been a change in the bedtime routine. One night both her husband and herself were very tired and she had got up several times to Megan. She was about to get up again when her husband got up and just outside the door had said "that's enough Megan lie down and go to sleep". Much to both their amazement she lay down and went back to sleep.

The next night the mother said that when she was rocking her off to sleep in the chair Megan had tried to pull herself up and was trying to pull her face to look at her. She said that she thought about the previous night and thought "she does know what it means to go to sleep" so she said she turned her face away and said "no, sleep time". Megan then snuggled down to her and went to sleep on her lap.

The following nights she repeated the same routine and had reached the stage where she could put her daughter into the cot almost asleep. Megan had also begun to sleep until three or four a.m. The mother said she now felt confident that she could continue to proceed with the sleep programme and would contact the health visitor in a few weeks to see if she needed to discuss it further.

About three weeks after the mother telephoned the health visitor to say she thought she had made a break through. While giving Megan a bottle of milk in the afternoon sitting on the sofa instead of sitting her on her lap as she usually did, she put her down next to her. The mother said "drink you milk". Her daughter drank all the milk and then handed the bottle to



her mother who said “good girl now go to sleep”. To the mothers amazement she snuggled down on the sofa and went to sleep. The mother said this was the first time Megan had ever gone to sleep anywhere other than her lap. The mother said that her plan now was to continue this in the afternoon and then start it in the bedroom by giving Megan her bottle in the cot and then telling her to go to sleep.

The mother said to the health visitor that she felt confident to try this and would telephone the health visitor if she needed to.