THE AUSTRALIAN ASSOCIATION FOR INFANT MENTAL HEALTH (Inc.)

AFFILIATED WITH THE INTERNATIONAL ASSOCIATION FOR INFANT MENTAL HEALTH

Number 4 **Newsletter** *Autumn 1990*

Dr Mary Sue Moore in Sydney – A Report

Dr Mary Sue Moore is a Fulbright Scholar from America, with a doctorate in clinical psychology and a child psychotherapy training supervised by Bruno Bettelheim. Let us add to this her two years of exposure to the dynamic environment of the Tavistock Clinic and we can expect her to take us to the centre of the "think tank" of our professional world. Dr. Mary Sue Moore did not disappoint us.

Central to all her thinking are problems in attachment and separation especially those resulting from emotional, physical and sexual abuse or from serious or chronic illness in childhood. Her interest is in disturbed sleep patterns and drawings of children with psychosomatic disorders, disturbances to the immune system and arrests in emotional development caused by trauma.

"Why attachment and loss?" I asked her. "Why not some other theory of early childhood development. For example why not Mahler's symbiosis and individuation?"

"Ah! The answer to that is simple," she replied. "I was using John Bowlby's model because, as he emphasises, you can measure attachment by looking at the physiological effects relating to separation. Bowlby told me that is why he initially studied separation in the fifties. You can measure how long a child is separated from his mother. You can measure his physiological responses. When the relationship between mother and baby is going smoothly, 'psycho-biological synchrony' or attunement occurs; mother and baby are partners in a rhythmic 'dance', their reciprocal behaviours are perfectly 'in step'. But in separation, measurable changes occur: initially the baby's heart rate goes up, sleep becomes disturbed. Over time, the heart rate drops and becomes significantly depressed, the immune response is suppressed. Don't misunderstand me! It is my belief that beginning as early as the first year, it is in fact the internal representation which accompanies these observable, external manifestations that is important, but internal representations aren't measurable. We can study only external aspects – which can be measured – if we want to try to develop applications which will alter physiological responses."

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From the Editor

In the next few issues of this newsletter I would like to try to open up different topics for discussion. A topic will be suggested in one issue and I am hoping for your responses to be published in the following issue. Of course suggestions for topics are welcomed.

A problem that keeps emerging in my area of work is adequate care for adolescent mothers and their babies. These mothers sometimes have no families to support them and even when they do, the support may be overbearing or inappropriate. By and large these young women wish to mother their children but are also struggling with establishing their own adult identity.

Is there a need for long term supportive housing for some of these mothers and their babies?

I would like to open a forum in our newsletter to discuss the issue of adolescent motherhood. Please write to us telling us about your experiences in working with these families and how we can better ensure effective support of this group.

I am looking forward to your comments.

Renate Barth

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Dr. Mary Sue Moore began the week in Sydney at the Institute of Psychotherapy with a presentation of "Common Cognitive Features in Dreams and Drawings after Trauma". Strange that we need reminding that external events influence so seriously our internal world. We as psychotherapists are perhaps a little too accustomed to viewing it the other way around. Trauma is a bereavement response, a deep and raw wound, needing a protective and holding environment: "When first addressing a traumatic history is not the time to analyse. This is the time to listen and to hold," Dr. Moore said, describing how Dinora Pines had sat for three years listening to the facts of the concentration camp victims' stories, before being able to analyse the emotional affect of the trauma.

Moving from this base to the effect of trauma on sleep patterns, Dr. Moore said: "I first studied the literature on sleep and dream disturbances, and I was lucky in being able to ask questions of several people who had already worked in the field for some time. I was pleased when these researchers were interested in incorporating some of my questions into their own research, as I hadn't the ability to set up a sleep laboratory myself. I learned that sleep patterns after trauma are significantly altered: light sleep and awakenings are increased, deep sleep is generally decreased. Deep sleep or Stage 4, non-REM sleep is our most unconscious, physiologically restorative stage of sleep. Also, after trauma, both 'flash back' dreams (which occur in light sleep, not REM sleep) and drawings produced can become representational – a copy of the thing in itself – rather than symbolic. One important difference between the two projections is that the graphic 'flashback dreams' in light sleep carry intense affect, while the representations in drawings lack affective meaning for the individual."

In her second seminar, at the Department of Psychiatry, Royal Alexandra Hospital for Children in Camperdown, Mary Sue Moore explained how these findings influenced her thinking on psychosomatic disorders and immune problems in children. If the restorative sleep time was being shortened because the child felt it was 'not safe to sleep,' then the physiological system in general and the immune system in particular were not being built up. This left the child less able to cope with disease and psychosomatic problems. Here is how she summarised it for me later: "In psychosomatic illness, what we may be seeing in a mother and infant is an expression of loss of self. What can happen is that disturbed attachment produces areas where the mother does not 'mirror', does not hold, does not respond to the baby in ways which help him experience his existence. The baby, as a result of this, experiences a chronic loss in the development of self. What we see is a type of bereavement which may be expressed physically."

A clear, well organised conference sponsored by the Early Intervention Programme, Benevolent Society of NSW in conjunction with the Parent -Infant Team, Prince of Wales Hospital followed on Thursday. The paper "Anxious Attachment in Mothers and Infants" brought us in touch with research from Ainsworth, Main, Murray, Trevarthen, Hopkins and others. Dr. Moore shared this as we listened to Murray and Trevarthen's findings in studies of how mothers and infants responded to video versus real contact. We heard a very fine explanation about the difference between anxious-avoidant, anxious-ambivalent and anxious-disorganised/disorientated behaviour patterns in infants. The child whose behaviour is anxious ambivalent often shows the greatest distress, but there is also greater hope of making rapid positive changes in this mother/infant pair than in other anxious attachment patterns.

We were then treated to a fine professional presentation of work with a mother and infant by the Early Intervention Programme. It was impressive! We heard a physiotherapist, Jan Heath, who knew what real holding meant psychologically for a baby and who brought her professional skills to making it a comfortable experience for the mother – baby dyad; a social worker Melinda Hughes, who knew the meaning of real practical support as well as a psychological holding presence; a psychologist Beulah Warren who knew how to unobtrusively test an infant, encouraging the mother in her interaction with the baby. (I unfortunately missed the afternoon case presentations by the Parent-Infant Team of The Prince of Wales Hospital.)

In the afternoon session Mary Sue Moore presented a paper on "The Use of Drawings in theTtreatment of Sexually Abused Children". There it was for all to see: arms that could n[illegible] and would not hold; distorted an[illegible] immature body drawings; drawings developmentally arrested at the time the abuse began; genitals represented on the face or other parts of the body inappropriately, witness to the fact that symbolism could not take place; parts scratched out as a symptom of great anxiety and loss of self esteem. It was harrowing, telling more than any words how a trauma is experienced and how it affects a child.

Dr. Mary Sue Moore is a member of the new breed in our professional world, combining clinician, researcher and educationalist, bringing in a sense the best of these worlds to our thinking and [illegible] processing. The good news is that she is to return next year.

Norma Tracey
Psychiatric Social Worker and Psychotherapist in private practice

Training Opportunites in the USA for Practitioners Working with Infants, Toddlers and their Families

Readers interested in training courses in the USA on working with infants, toddlers and their families will find an extensive list of such new and ongoing training activities in the last issue of the Bulletin "Zero to Three" (Vol X No 1 September 1989). The list is the result of an invitation to readers of that bulletin to share information about such programmes.

From the President

Best wishes to all AAIMHI members and readers for 1990. We are now entering our second year at a time of enormous changes throughout the world and an increasing global emphasis upon freedom of individuals and many constructive attempts to preserve our environment. AAIMHI's goals of fostering the development of infants, the coming generation, would seem to fit with the many heartening signs of our times.

This year's activities follow upon the very successful ANZAP (Australia and New Zealand Association of Psychotherapy) Infant Development Conference with which AAIMHI cooperated. During 1990 we have so far had the workshop on "Understanding Maternal Grief: The Loss of a Baby" with Margaret Nicol. Margaret's workshop was well-attended and there were enthusiastic comments about her style and presentation. By the time this newsletter goes to press the Brazelton workshops run by Beulah Warren and Robyn Dolby will have also taken place. These are already nearly booked out indicating the needs of members to hear more about infant assessment.

There are more workshops coming up in the next quarter which are specifically designed for those nurses who feel the need for greater input as to how to develop therapeutic and counselling skills in their work with parents. The workshop by Dr. Robert Gordon will also be extremely useful to anyone interested in maternal attunement and the effect this has on the developing infant.

Although we have many ideas for the rest of the year we would still be interested in hearing from members both about areas of interest you would like presented or workshops you yourself would like to present. Try to remember that AAIMHI is a voluntary, non-profit organisation and therefore will survive on the enthusiasm and involvement of its members. *Keryl Egan*

AAIMHI Workshops

BOOKINGS ESSENTIAL

Giving Birth to Feelings: The Emotional Discourse Between Mother and Child

June 2, 1990, 9.30 a.m. - 1.00 p.m.

Workshop Leader
Dr Robert Gordon
Head of Department of Psychotherapy, Department of Psychiatry, University of Sydney, Westmead Hospital

This workshop will concentrate on the important contributions the mother can make in shaping the emotional experience of her child. Dr Gordon will outline recent findings in the early development of emotions and how these can by useful in understanding and facilitating the mother-infant interaction.

Venue: 15 Cooper Street, Double Bay, Sydney 2028

Cost: $50.00

Enquiries: Keryl Egan on (02) 328 6813 or Beulah Warren on (02) 339 4440

Registration and cheque payable to:

AAIMHI, PO Box 39, Double Bay NSW 2028

Therapeutic Skills for Nurses

July 28, 1990, 9.30 a.m. - 1.00 p.m.

Workshop Leaders
Keryl Egan
Clinical Psychologist, Psychotherapist
Marianne Nicholson
Early Childhood Nurse, Kings Cross Early Childhood Centre

This workshop will give both theory and practical demonstrations of how to listen empathically to clients, such as parents of infants, and how and when to intervene during a counselling interview.

Venue: 15 Cooper Street, Double Bay, Sydney 2028

Cost: $50.00

Enquiries: Keryl Egan on (02) 328 6813 or Beulah Warren on (02) 339 4440

Registration and cheque payable to:

AAIMHI PO Box 39, Double Bay NSW 2028

Infants with Depressed Mothers: Clinical Issues

(Abstract of a paper given at the First Annual Conference of the Australia and New Zealand Association of Psychotherapy (ANZAP), November, 1989).

*Bryanne Barnett**

This paper addressed four of the clinical issues to be kept in mind when treating infants with depressed mothers – or perhaps in infant psychiatry in general. Infant mental health is a function of the interactions between infant and caregiver; a function which depends on the psychological and physiological status of both parties. Interactions begin, of course, before birth. Problems which arise may originate from factors intrinsic to the infant (e.g. prematurity or difficult temperament) or factors intrinsic to the mother (e.g. physical or psychological disabilities) but the problem will inevitably become a relationship one.

1. *The problem may present or manifest in various ways* – through the infant, mother, father, marriage, or all of these. Whatever the presentation, a careful review of the whole 'system' is in order. Every assessment is, however, affected by the mind-set of the assessor....

2. *Depression in mothers is not only common (?40%), but also usually unrecognised and untreated.*
   With infants up to 12 months of age, this depression is often labelled postpartum or postnatal depression. A brief overview of current thinking about these early affective disorders, i.e. 'the maternity blues', postnatal depression and postpartum psychosis was given. The 'blues' are common, transient, and probably not an illness. Postpartum psychosis is a severe and florid mental illness, usually manic, depressive or a mixture of these. It often necessitates hospital admission, but the patient recovers well with appropriate treatment. Postpartum psychosis is fortunately rare – about 3 per 1000 deliveries, commoner with the first baby and after caesarian section. Postnatal depression occurs in some 10 to 40% of new mothers. It varies widely in severity, symptomatology and duration, and often, for various reasons, remains partly or completely untreated. Adequate and comprehensive support services during and after pregnancy are absolutely essential for all parents if the family is to get off to a good start.

3. *Maternal depression – what is the infant's experience and response?*
   Not all depressed mothers are slow, expressionless, quiet, withdrawn, sad people. Some are agitated, terrified, frantic, overwhelmed, overly concerned, noisy, intrusive, or very angry people. Some are confused and deluded. Depression manifests itself in different ways, at differing intensities and for different durations. But how these manifestations impinge on the mother-child relationship may depend mainly on the underlying personality of the mother. There will also be differences in the significance to the particular infant of such experiences.

   If the mother was depressed in pregnancy, the foetus will already have directly experienced the coincidental changes in activity, sleeping and feeding patterns, biochemistry and so on. After delivery the two will still share many physiological and emotional states. Human infants are preprogrammed to be interested in and responsive to the human face, so caregiver-infant face-to-face interaction is central to infant development. Infants possess an innate capacity not only to express emotions but also to recognise them. The affective quality of the mother's behaviour and her contingent responsiveness in the relationship with her infant are thus crucial. The intentions which the mother reads into her infant's behaviour are likely to be affected by her depressed state.

   If the mother is emotionally unavailable, the experience is akin to a separation, but this is only one possibility. Whatever the experience, the infant will make efforts to cope and adapt. Some infants are 'internalisers', others are 'externalisers'. Not all coping strategies are constructive in the long term. Withdrawal, by gaze aversion or other refusal to interact, may severely limit development if used too often. This may also become a permanent way of interacting not only with the mother but with the world in general.

4. *There may be many adverse effects for the children of depressed mothers.*
   These include not merely depressing the child, but other psychiatric problems and poor physical health. A high rate of psychiatric disorders is always found, around 30 – 50%. Not 100%, though. Many studies emphasise that these effects may be mediated not only directly through the mother-child relationship but also by other means, such as genetic transmission or strain on, and even disruption of the marital relationship.

In summary:

(a) Short perturbations in the mother-infant relationship are less influential in the long run than prolonged alterations, where the infant has to make adaptations of a chronic nature to persisting deviant parental communication;

(b) other environmental input will be extremely important during the stage of maternal illness;

(c) nevertheless, such input may not be able to prevent an adverse effect on the ongoing relationship between this child and this mother, unless psychotherapeutic work is undertaken.

Personality is built on the basis of reactions to the environment, and the mother is the environment for her infant in pregnancy and the puerperium.

*Senior Lecturer in Psychiatry at the University of NSW, Sydney.

Other Seminars, Conferences and Activities

April 17-20, 1990
Australian Child Protection Conference under the auspices of NSW Child Protection Council

Venue: Macquarie University, Sydney.

Enquiries:
Australian Child Protection Conference
NSW Child Protection Council
PO Box 228, Parramatta NSW 2150

April 26-27, 1990
Fourth Annual Conference of the Drug and Alcohol Nurses Association entitled "The Client, the Family and the Counsellor"

Venue: Concord Hospital, Concord, Sydney.

Enquiries:
Meredith Adams
Drug and Alcohol Services
Concord Hospital, Hospital Road, Concord 2137
Phone: (02) 736 7911

May 4, 1990
Workshop "Post Term Development and Treatment of the Very Premature Infant and the Early Discharge Programme"

Venue: Queen Elizabeth II Hospital Auditorium, Missenden Road, Camperdown, Sydney.

Costs: Members of the Australian Physiotherapy Association or other special interest group $75. Others $100.

Enquiries and applications to:
Helen Barkley, 7/3-5 Denham Street, Bondi 2026,
Phone: (02) 692 6543 or Ross Boyd on (02) 399 2851

July 10-13, 1990
Sixth National Developmental Conference

Venue: Currie Hall, The University of Western Australia

Enquiries:
Dr. Chris Pratt
Department of Psychology
The University of Western Australia
Nedlands
Western Australia 6009

July 16-19, 1990
Twelfth International Congress for Child and Adolescent Psychiatry and Allied Professions, hosted by the Japanese Society of Child and Adolescent Psychiatry. The theme of the Congress will be "Child Rearing, Education and Psychopathology".

Enquiries:
Professor Kosuke Yamazake
Executive Secretary, 12 Congress of ICCAPAP,
Department of Psychiatry and Behavioural Science
Tokai University, School of Medicine, Boseidai
Isehara City, Kanagawa Prefecture, Japan.

August 19-25, 1990.
National Child Protection Week

August 26-27, 1990.
NAPCAN Victoria is organising the NAPCAN conference entitled "Parenting Towards 2000".

Venue: Monash University, Melbourne.

September 4-7, 1990
Fifth International Conference of the Marcé Society entitled "Child Bearing and Mental Health"

Venue: York University, England.

Enquiries:
Conference Secretary (Marcé)
Bell Howe Conferences
1 Willoughby Street
Beeston
Nottingham, NG92LT, England

September 23-25, 1990
Fourth Biennial Conference of the International Association for Infant Mental Health (IAIMH)

Venue: Ann Arbor, Michigan, USA

Enquiries:
IAIMH Central Office
Att. Dr. H. Fitzgerald
Psychology Research Building
Dept. of Psychology
Michigan State University
East Lansing, M1 48824-1117, USA

September-October 1990
National Conference of the Adoptive Parents' Association of Canberra. The theme of the Conference will be "Inter Country Adoption – Making it Work! Issue for the 1990's"

Enquiries:
Adoptive Parents' Association of Canberra
PO Box 1030
Woden, ACT 2606

April 1991
Tenth Congress of the World Federation of Occupational Therapists. The theme will be "Focus '90 – the Directions in Close Up".

Venue: Dallas Brooks Convention Centre, 300 Albert Street, East Melbourne.

Enquiries:
Louise Read
The Congress Secretary
Sue Woods & Associates Pty Ltd
1st floor, 387 Malvern Road
South Yarra, Victoria 3141

Psychodynamic Assessment Discussion Group organised by The Jesmond Child and Family Health Team

People are invited to attend a monthly presentation of material from a session of a psychodynamic assessment of an individual child, adolescent or family.

Time and venue:
Every 2nd Monday of the month, 1-2pm
Conference Room,
L.E. King Building,
War Memorial Hospital
Waverley, Sydney.

Enquiries: Peter Blake on (02) 3311144

Project News

The Neonatal Intensive Care Unit Study

Barbara Bajuk *

During the past decade of rapid evolution in perinatal intensive care, improved survival rates of extremely low birth weight (ELBW) infants, weighing <1000 grams at birth, have been reported from major centres both overseas[1] and in Australia[2]. The treatment of ELBW infants raises complex ethical, moral and social issues because these infants are known to be at increased risk of disability. The neonatal intensive care unit study was commenced in 1986 in order to generate appropriate data, documenting the survival rate and long term outcome of these infants both in geographically defined populations as well as in individual institutions.

The hospitals (and investigators) participating in the study are King George V (Prof Henderson Smart), Prince of Wales Children's Hospital (Dr Barry Duffy), Royal Alexandra Hospital for Children (Dr Andrew Berry), Royal Hospital for Women (Dr Paul Garvey), Royal North Shore Hospital (Dr John Arnold), Westmead Hospital (Dr Elizabeth John) and the Mater Misericordiae Hospital in Newcastle (Dr Andrew Gill). Prof John Beveridge from Prince of Wales Hospital is the chairman of the study group and Dr Lee Sutton is the clinical epidemiologist.

The aims of the study are:

1. To establish a statewide data base for:
   a) ELBW infants (400 – 999 grams) and
   b) infants ≥1000 grams who received > 3 hours of mechanical ventilation commenced during the neonatal period.
2. To determine the survival rates of these infants and/or their prevalence of major disabilities.

Mechanically ventilated infants ≥1000 grams are documented in terms of their neonatal course and survival rate to one year. ELBW infants also have a follow up assessment at 1 and 3 years of age (corrected for prematurity) in order to document their long term survival rates and prevalence of major disability. This assessment consists of a detailed physical, neurological, psychometric, ophthalmological and audiological examination and is arranged by the hospital responsible for the neonatal care. It is performed by a paediatrician who is unaware of the infants' neonatal history.

* **Clinical Nurse Consultant, Neonatal Intensive Care Unit Study, Department of Health, NSW, Epidemiology Services Branch, Level 14 McKell Building, Rawson Place, Sydney.**

Data collected during the first 18 months of the study period are currently being analysed and will be published in the near future.

References.
1. Saigal, S. et al. Outcome in infants 501-1000g birth weight delivered to residents of the McMaster Health Region. The Journal of Paediatrics 1984, 105, 6, 969-976.
2. Kitchen, W. et al. Outcome on infants with birth weights 500-999 g; A regional study of 1979 and 1980 births. The Journal of Paediatrics 1984, 104, 6, 921-927.

Book Reviews

Making Sense of Adoption – A Parent's Guide by Lois Kuskai Melina Published by Harper and Row 1989.

Lois Melina is an adoptive parent and freelance journalist, who has been writing about adoption in the USA since 1981.

Her clearly written and well set out book describes what children of different developmental stages want to know and can understand about adoption. Melina's definition of adoption includes children adopted by stepparents, those conceived through donor insemination, in vitro fertilisation with a donor egg or embryo, and surrogacy, as well as those who meet the traditional definition of adoption. Melina also addresses the issue of oversea adoption where her emphasis is not on racial and ethnic differences, but rather on heritage and culture.

Adoptive parents (hopefully) will be helped to anticipate some of their children's concerns, and to respond to them in ways which serve to increase their self esteem. Sample conversations and examples offer practical guidelines to parents (and professionals) to help them respond sensitively to their childrens' queries. For example: "Child – Why didn't my birthmother keep me?" "Parent – You were born at a time in your mother's life when it was taking all her concentration to take care of herself and the children she already had, she couldn't take care of any new baby then."

The book is organised into developmental stages, but there is the reassurance that children are unique and develop at their own rate. For example, an older adopted child may have missed earlier developmental experiences due to neglect, abuse or lack of consistent parenting.

In chapter 2 "How Do We Begin" the focus for very young children is – when is the right time to tell the child he/she is adopted? Melina advises that children should first learn in a loving way from their parents. She suggests that the child's origins should be made into a story book, with pictures and photos of the child before he/she was adopted. Melina stresses that it should never

be conveyed to a child that adoption is second best. To tell a child he/she is "chosen" will mean that he/she will have expectations to fulfill if he/she is to remain chosen.

In subsequent chapters Melina covers the middle childhood years (7-11) which enable children to examine adoption in ways they were not previously capable of doing.

The start of school brings with it an awareness that most other children are not adopted. This can lead to children wondering why they were adopted and what their birthparents are like. The ways in which children view their adoptive families, the attitudes of others towards adoption and their racial heritage, can all significantly influence their self image. All these issues are discussed in detail in the book.

As the child gets older, he/she may struggle with understanding the significance of being adopted in the family and in the outside world. Not until the age of about ten do children develop an understanding of why their parents adopt. For an adopted adolescent, the task of developing an identity can be particularly difficult, especially if they do not know much about their biological family. Parents can help adolescents in their search for identity by providing them with factual information about their origins, and by allowing them the freedom to explore issues such as religious values and ethnic identity. The author also offers guidelines about discussion of sensitive issues such as previous physical abuse and incest. Older adopted children should be allowed to choose to whom such personal information should be divulged.

It is not uncommon for adopted teenagers to idealize their birthparents. Even if at times it may seem that adolescents want nothing to do with their adoptive parents, it is important to continue to offer support and acceptance during these difficult years. Parents are encouraged to seek professional help if they feel they are having problems.

The extensive list of resources at the end of the book is unfortunately only useful to American readers. However, the bibliography is relevant and helpful. This is a comprehensive book, and I feel is required reading for adoptive parents. It will also remind professionals of the parents' perspective. The book briefly acknowledges the feelings of the relinquishing parents, however, its main focus is helping adoptive parents cope with the many issues raised by their children.

Adoptive parents will gain from observing the author's consummate skill in being able to deal with different situations.

Lynne Perl
Post-Adoption Social Worker
The Royal Hospital for Women, Sydney

A Baby at Last – Having a Baby Late in Life by Gillian McFarlane, Yvonne Bostock and Maggie James, Collins Australia 1988

This book is an easy to read, economical, comprehensive handbook and deals very broadly with the topic of having a baby when the mother is in the 30-45 age group. The book covers a very wide range of issues in 150 pages, thus topics are not dealt with in depth. However, it is useful as a very quick reference and guide.

The chapters cover: getting pregnant and some of the difficulties (e.g. infertility and miscarriage); a healthy pregnancy and risk factors for a not so healthy pregnancy (e.g. hypertension, smoking, drinking); abnormalities and screening tests; the issues of the actual birth; breastfeeding; the early postnatal days; and subsequent post-natal experience (e.g. child care and the mother returning to work).

Although much of the book wold be relevant to having a baby at any age, the focus is on having a baby later in life. The book tries to present a realistic picture by talking about the problems that are faced by older women (e.g. the higher incidence of infertility amongst older women) but also tries to present some of the advantages when having a baby is postponed until later in life.

Although the book is very comprehensive, from my perspective, I could not give it my unequivocal endorsement. My reservations concern the authority with which the authors address the topic. There are no biographical data of the authors, so one does not know their professional training or experience. In addition, there is no acknowledgement of the source of the information or a bibliography. It is stated that "in researching the book many women who had their babies in their thirties and forties were interviewed" (p4). No other details are given. Also, some of the information is outdated, eg when talking of prematurity 1982 figures are quoted.

In summary, this book gives useful information and could be a valuable resource for women over 30 contemplating having a baby. In neglecting to give biographical data of the authors and a complete list of references or suggested further reading, the book makes it difficult for readers to follow up on areas of interest. Older women, in particular, often want to know the source of information so they can explore an issue in considerably greater depth, either for clarification or to alleviate anxiety.

Beulah Warren
Psychologist Co-ordinator, Early Intervention Programme, Benevolent Society of NSW, Sydney.

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Deadline for next AAIMHI Newsletter – 1 June, 1990

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