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SANITARY AND SOCIAL INTEGRATION IN THE MANAGEMENT OF THE BABY EXPOSED TO JURIDICAL RISK

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EXPOSED BABIES

We call “exposed” a baby whose mother has decided not to recognize him/her at birth. Consequently, the baby is admitted in Neonatology and Intensive Care Unit while waiting to be adopted, though they do not present any pathology

This project has been planned after observing the behaviour of the babies by the physicians, the nurses and the psychologist of the Unit. The babies showed **signs of suffering** caused by an early separation from their mothers, such as a desolate and inconsolable weeping, an unnatural asleep/awake rhythm and eating disorders.

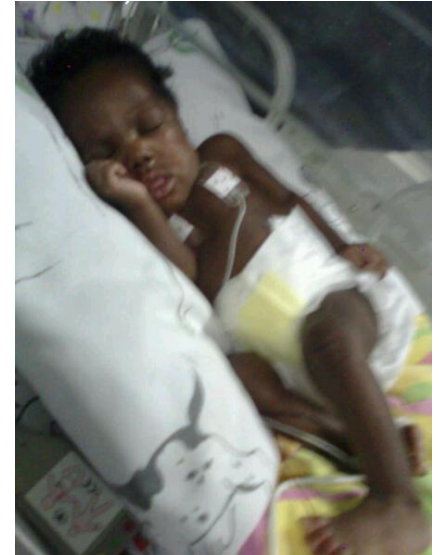


The length of staying in the Unit was of an average time of three months, from a minimum of 3 to a maximum of 8.

The exposed baby does not have the possibility to recognize his mother's voice, her odour, he can't be breastfed, and, above all, as he is managed by many different people according to the rhythms of the Unit, he can't establish that relationship that is fundamental in the building of his own firm identity. This traumatic condition is often made worse by a suffering related to his pathology.



GENERAL AIMS



Prevention of mental disease. The earliest contact with the baby's own body happens through his mother's care. This contact represents the model on which the concept of his own body and his following relationships will develop.

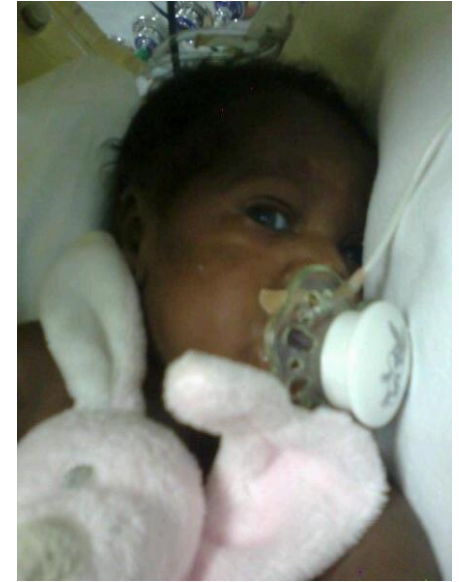
SPECIFIC AIMS

- Granting a management of the exposed newborn so to limit the suffering deriving from his special condition
- Limiting as much as possible the permanence in the Unit. This solution would be the best both for the baby and for the Hospital that always must reduce the costs due to a long, as well often ill-suited, staying in Hospital
- Making doctors and citizens aware of the problems of these children



METHODS

Creating a solid group composed of 4 **nurses** involved in the care of the exposed baby;



Appointing a **paediatrician** who can meddle if necessary as to competence;

Involvement of the Hospital's Care **Social Service** that it should keep in contact with the **Juvenile Court**, in order to fasten the bureaucracy concerning the temporary foster or adoption;

Supervision of the **Psychologist** on the care group work.

RESULTS



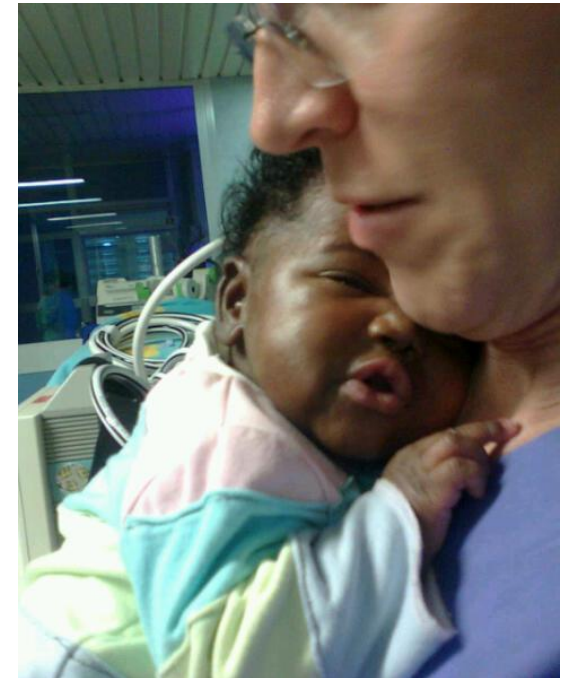
Reduction of the baby's diseases or their absence

Reduction of the permanence in the Unit owing to legal reasons

CONCLUSIONS

The experience of this year has pointed out an **unbalance** between the burocratic length of time proposed for the affidavit and the children'è need to get out of the hospital as soon as their clinical conditions allow them to.

The **nurses** appointed to take care of these children are deeply affected by the difficulties created in this situation, and their emotional involvement reflects on the equipe of the whole unit.





THANK YOU...