Child Welfare

KEEP SMILING

Being a mother is valuable and hard work, which makes it important to celebrate the women who play that role: the experienced mothers, the new mothers, and the mothers-to-be. Whichever one of these mothers you are, the birth of a child is always a new and unique experience.

Pregnancy is an emotional period for any woman; unique changes occur on a physical, emotional, and social level. Even the perceptions and representations of woman change: the way she perceives herself, views her environment and the world, thus also altering her interpersonal relationships as she prepares to play her new role as mother.

Among the many perceptions that change for a woman during her pregnancy, the most significant one is the perception of her baby.

Since the very beginning of their pregnancies, some mothers-to-be already have an image of what they believe or wish their child would be like. It can start with their gender, their character, their temperament, down to the smallest details of physical appearance, like the color of their eyes and hair.

The psychiatrist Lebovici (1983) describes "the imaginary baby" as the pre-conscious and conscious fantasies that allow a mother to create bonds and interact with her child throughout her pregnancy. A mother also helps establish the relationship of the father with his child through this bond. The "imaginary baby" is based on women's dreams, their expectations, their fears, and their desire to become mothers.

Through her constant interactions with her child in the womb, a mother will project her ideals onto the baby's traits (physical, behavior, gender, values). She will also imagine the interactions her child will have with their surrounding (with her, with the father, with his environment).

On the day of birth, parents meet their real child and the image of the "imaginary baby" is confronted with reality.

This month, a special appreciation goes out to the parents who face the unexpected when their child is born; be it the unexpected discovery of an illness or of a physical deformity. These parents protect and love their children regardless and strive to create the safest environment for them. children abuse which is still considered a taboo. This section is to help you recognize different forms of abuse and stop them from happening to ensure the safety and welfare of a child.

This was the description of a mother whose beautiful son was born with a cleft lip and palate:

"I first "saw" my baby though the eyes and reaction of the nurse, she seemed horrified. She looked back at me with sadness and pity. My heart stopped, I was afraid my little baby's health was at risk. "Is my baby ok? I want to see him." But the medical team said they would take the child away to get him cleaned up. I insisted: "Doctor, let me see and hug my baby first!" and when they showed me my baby, my own mother began to cry and pray, but all I could see was these beautiful big eyes looking at me and I thought to myself: He looks like an angel."

British psychoanalyst and pediatrician D.Winnicott explained the important "mirror role" the mother plays in the emotional development of a child : "The mother is looking at the baby and what she looks like is related to what she sees there."

If a mother sees her baby as beautiful, she will reflect that perception onto the child and make him/her feel beautiful, appreciated, and thus worthy of being loved. On the other hand, if a mother is going through a difficult time and is unavailable or does not give her baby a sense of self-worth, then her baby will renounce "exploring him/herself in the mother."

Thus, it is essential for mothers to support their children's need for connection.

Interact with your child, from the very early age. Talk to them, reassure them, convey your feelings and know that babies are aware and understand emotions very early on.

Going back to the mother whose child was born with a facial deformity. Although she understood she was going to face challenges regarding the health of her baby, she was able to convey love and most importantly comfort her child.

Naturally, she had fears and questions: Is it my fault? What will be the reaction of my friends and family? Will he be accepted by society? Will my child face difficulties in school, finding a job, finding a life partner?

She found answers to her questions by consulting with professionals and found support when she met other mothers who had gone through the same experience.

It is important for mothers not to blame themselves or their partners. Solidarity in the relationship is key for the wellbeing of the child and long term positive support. Research has shown an important link "between how well mothers coped with their child's cleft and how well their child adjusted."

The most common advice from parents who have gone through the birth of a child with cleft lip and palate is: "You are not alone." Don't ignore your own needs during this time. Recognize when you need help and be prepared to ask for it. In LEBANON, the development of cleft deformities is 1 in 440 births. More awareness is required to reach the public and more vulnerable populations who have never heard about this condition. However, people and resources are available to support you, even in Lebanon.

The beautiful child in the story received free reconstructive surgery from an amazing team of surgeons at the Global Smile Foundation, an organization whose mission is to alleviate the suffering of underserved patients born with facial congenital deformities with special emphasis on cleft lips and palates.

"Finally the world sees him as handsome as I saw him from the second I set eyes on him," said his mother after her baby's surgery.

Cleft lip and palate is a common congenital facial malformation.

A cleft lip or palate happens when the structures that form the upper lip or palate fail to join when a baby is developing in the womb.

The exact reason why this malformation occurs in in some babies is often unclear. However, in a few cases, cleft lip and palate is associated with:

- the genes a child inherits from their parents (although most cases are a one-off)
- smoking during pregnancy or drinking alcohol during pregnancy
 - obesity during pregnancy
 - a lack of folic acid during pregnancy
 taking certain medication during early pregnancy, such as some anti-seizure
 - (sources:
 - GSF-MENA
 - NHS.UK)

