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## The Child Abuse Potential inventory and pregnancy outcome in expectant adolescent mothers☆

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### Abstract

**Objective:** The study explores the prenatal Child Abuse Potential (pCAP) scores derived from the Child Abuse Potential Inventory administered to expectant adolescent mothers. The aim of the study was to assess the association of the pCAP scores with maternal negative prenatal behaviors, and evaluate the contribution of the pCAP scores to neonatal morbidity.

**Method:** The pCAP scores, demographic data, and self-report on prenatal behaviors were obtained during the second half of the pregnancy in a sample of 45 poor single adolescent mothers. A pediatrician blind to the prenatal data reviewed the neonatal records to assess neonatal morbidity. Maternal prenatal records were reviewed for obstetric risk assessment by an obstetrician who was blind to the rest of the data. The relations among the pCAP scores, prenatal behaviors, and neonatal morbidity were analyzed.

**Results:** In the prenatal period, the pCAP scores were positively correlated with self-reported prenatal smoking and substance use. The multiple linear regression analysis showed that the pCAP scores significantly contributed to neonatal morbidity independently of obstetric risk factors.

**Conclusions:** The Child Abuse Potential scores obtained during pregnancy in poor single adolescent mothers reflect domains of maternal functioning that are associated with negative prenatal behaviors

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and appear to be important for predicting neonatal morbidity. Further studies are warranted to validate the prenatal use of the Child Abuse Potential Inventory. © 2001 Elsevier Science Ltd. All rights reserved.

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## Introduction

The association between neonatal morbidity and child maltreatment has been a topic of considerable interest. The reports of high incidence of neonatal medical problems, premature births, and low birth weights in abused children have suggested that these problems may place a child at a higher risk for maltreatment (Famularo, Fenton, & Kinscherff, 1992), possibly because of maternal depression and negative feelings related to the birth of a sick infant (Drotar, Baskiewicz, Irvin, Kennell, & Klaus 1975; Emde & Brown, 1978), unrealistic expectations of a child's development (Blacher, 1984), early separations that might interfere with the development of affectionate bonds between the infant and the parents (Egeland & Vaughn, 1981), or a lack of behaviors in a sick infant that are requisite for reciprocal interaction with the parent (Wasserman, Lennon, Allen, & Shilansky, 1987).

In contrast, some studies have failed to show differences between abusive and nonabusive families in rates of premature birth and medical complications of infancy (Egeland & Brunnuell, 1979; Egeland & Vaughn, 1981). A prospective prenatal-postnatal study showed that mothers prenatally determined to be at high risk for maltreatment were more likely to be identified as neglectful during the first 2 years of the children's life, and the neglected children were born with lower birth weight than children who were not neglected (Brayden, Altmeier, Tucker, Dietrich, & Vietze, 1992). The authors suggest that some neglect may be initiated prenatally and present as negative prenatal behaviors. Examples of these negative behaviors may include failure to provide prenatal care and adequate nutrition for the fetus (Work, 1994), failure to protect the fetus from chemical assault by drugs and alcohol (Little & VanBeveren, 1996), denial of the pregnancy (Spielvogel & Hohener, 1996), and physical assault of the fetus (Condon, 1986; 1987; Risemberg, 1989). In our previous study (Zelenko, Lock, Kraemer, & Steiner, 2000), we found that neonatal morbidity in cases reported to Child Protective Services (CPS) was higher than in the general population *only* if the CPS report was based on deficient prenatal maternal functioning (e.g., inadequate prenatal care, drug use, alcohol use, and psychological disturbances during pregnancy). We called this deficient functioning of the expectant mother "Early Maternal Inadequacy."

The above studies suggest that neonatal morbidity in some cases may be preceded by inadequate treatment (i.e., negative attitudes and consequent negative behaviors toward the fetus) by the expectant mother. Considering serious health, development, and financial implications of inadequate prenatal maternal functioning, we undertook this longitudinal prenatal-postnatal project to explore the phenomenon of the Early Maternal Inadequacy further. Because the negative behaviors are often covert and not available to measure, it might be helpful to study attitudes underlying the behaviors. In search of a measure of early

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