**Astudiaeth Achos G-PIMHS – Ionawr-Mawrth 2024**

Ymyrraeth seicotherapi rhiant-baban.

Mae’r rhieni yn eu 30au ac mae gan y ddau blant o berthnasoedd blaenorol. Cafodd eu babi ei eni'n gynamserol yn dilyn beichiogrwydd anodd. Mae gan y fam ddiabetes a chafodd drafferth gyda'i hiechyd ei hun yn ystod beichiogrwydd a disgrifiodd synhwyro bod rhywbeth o'i le ar ei babi a gafodd ei eni ar ôl 26 wythnos o feichiogrwydd ac yna treuliodd amser yn yr Uned Gofal Dwys Newyddenedigol. Rhuthrwyd y fam hefyd i ofal dwys gan bod ei horganau yn methu. Unwaith yr oedd hi'n iach ac yn gallu ei weld, roedd y fam yn cael trafferth gyda theimladau o fethiant gan nad oedd wedi ei gario am y tymor llawn.

Dilynodd cyfnod hir o ymweld â babi yn yr ysbyty ac yn poeni am ei iechyd; roedd ganddo dwll yn ei galon a chlefyd yr ysgyfaint ac roedd yn cael trafferth anadlu. Dywedodd ei fam ‘bu bron inni ei golli cymaint o weithiau’. Ar ôl 10 wythnos, daeth adref ond roedd yn aml yn sâl, ar ocsigen ac yn cysgu llawer. Roedd edrych ar ei ôl yn teimlo’n ‘ddi-baid’.

Yn 9 mis oed, atgyfeiriwyd y fam a'r babi gan yr ymwelydd iechyd at y Gwasanaeth Iechyd Meddwl Rhiant-Babanod am gymorth. Roedd y fam yn cael trafferth gyda phryder ynghylch bwydo’r babi a heb deimlo fel eu bod wedi bondio; roedd ganddi bryder aruthrol y byddai'n tagu ac yn marw pe bai'n bwydo solidau ac felly'n bwydo bwydydd meddal iddo'n bennaf. Roedd hi'n cael trafferth mynd ag ef i grwpiau rhag ofn iddo fynd yn sâl a theimlai, o'i gymharu â phlant eraill, ei fod ar ei hôl hi yn ei ddatblygiad.

Rhoddodd therapydd PIMHS le i'r fam rannu ei theimladau a phrosesu ei phrofiadau. Siaradodd am y beichiogrwydd, genedigaeth a phrofiad yn yr Uned Gofal Dwys Newyddenedigol yn ogystal â'r pryderon parhaus am iechyd y babi. Roedd y sesiynau hefyd yn caniatáu lle i’r fam a’r babi chwarae ac i’r fam adnabod datblygiad y babi.

Cefnogwyd y fam a'r babi gan y Tîm Blynyddoedd Cynnar gyda bwydo ac roedd y therapydd yn bresennol ar rai adegau bwyd i dawelu meddwl ac annog. Roedd y fam yn gallu gwneud cysylltiadau rhwng ei hofn o’r babi yn marw yn ei wythnosau/misoedd cyntaf a'i hofn ohono'n tagu. Roedd y fam hefyd yn gallu bod yn onest am deimladau anodd am faint haws oedd ei bywyd cyn iddo gael ei eni. Roedd ei anghenion yn uchel ac roedd yn cael effaith arnynt hwy i gyd.

Dros amser, lleihaodd pryder y fam, ffynnodd y babi ac roedd yn effro am gyfnodau hirach gan ddangos Anna ei frwdfrydedd dros bethau newydd. Ychydig fisoedd i mewn i'r sesiynau therapi rheolaidd, roedd angen llawdriniaeth fawr ar y galon ar y babi. Roedd y fam, yn ddealladwy, yn bryderus iawn ac yn gallu mynegi'r teimladau hyn mewn therapi. Helpodd y therapydd hi i feddwl am sut brofiad y gallai fod yn yr ysbyty a phethau a allai helpu’r babi i deimlo’n fwy diogel a chyfarwydd.

Ar ôl llawdriniaeth lwyddiannus, parhaodd y babi i ffynnu a chwrdd â cherrig milltir datblygiadol. Dechreuodd y fam fwynhau chwarae gydag ef gan fynd ag ef i sawl lle. Roedd hi’n gallu siarad am sut oedd blwyddyn gyntaf ei fywyd wedi effeithio ar y teulu, cydnabod y cynnydd a wnaed a dechrau cynllunio ar gyfer y dyfodol. Roedd hi'n gallu dweud pryd roedd hi'n teimlo ei bod am i'r therapi rhiant-baban ddod i ben, a phan ddaeth y therapi i ben, roedd ei hagwedd llawer mwy cadarnhaol.

**G-PIMHS Case Study – Jan-March 2024**

Parent-infant psychotherapy intervention.

Parents are in their 30s and both have children from previous relationships. Their baby was born prematurely following a difficult pregnancy. Mother has diabetes, struggled with her own health during pregnancy and described sensing something was wrong with her baby who was delivered at 26 weeks pregnant and then spent time in Neonatal Intensive Care Unit. Mother was also rushed to intensive care with organ failure. Once she was well and able to see him, mother struggled with feelings of failure from not being able to carry him to term.

There followed a long period of visiting baby in hospital and worries about his health, he had a hole in his heart and lung disease wo struggled to breath. His mother said ‘we nearly lost him so many times’. After 10 weeks he came home but was frequently ill, on oxygen and slept a lot. Looking after him felt ‘relentless’.

At 9 months old the mother and baby were referred by the health visitor to the Parent-Infant Mental Health Service for support. Mother struggled with anxiety around weaning baby and not feeling like they had bonded, she had overwhelming anxiety that he would choke and die if fed solids and so fed him mainly soft foods. She was struggling to take him to groups for fear of him becoming unwell and felt, compared to other children, he was behind in his development.

The PIMHS therapist provided mother with space to share her feelings and process her experiences. She spoke about the pregnancy, birth and experience in NICU as well as the ongoing worries about baby’s health. The sessions also allowed space for mother and baby to play and for mother to recognise baby’s development.

Mother and baby were supported by the Early Years Team with weaning with the therapist being present at some mealtimes to reassure and encourage. Mother was able to make links between her fear of baby dying in his first weeks/months and her fear of him choking. Mother was also able to be honest about difficult feelings about how much easier their life had been before he was born. His needs were high and it was having an impact on them all.

Over time, mother’s anxiety lessened, baby thrived, was awake for longer periods and showing Anna his enthusiasm for new things. A few months into the regular therapy sessions, baby needed major heart surgery. Mother was understandably very anxious and was able to express these feelings in therapy. The therapist helped her think about what it might be like in hospital and things that might help baby feel more secure and familiar.

After a successful operation, baby continued to thrive and meeting developmental milestones. Mother started to enjoy playing with him and taking him places. She was able to talk about how the first year of his life had impacted the family, recognise the progress they had made and start to plan for the future. She was able to say when she felt it was time for the parent-infant therapy to come to an end and the therapy ended with a much more positive outlook.