



The Importance of the Relationship with the Unborn Baby

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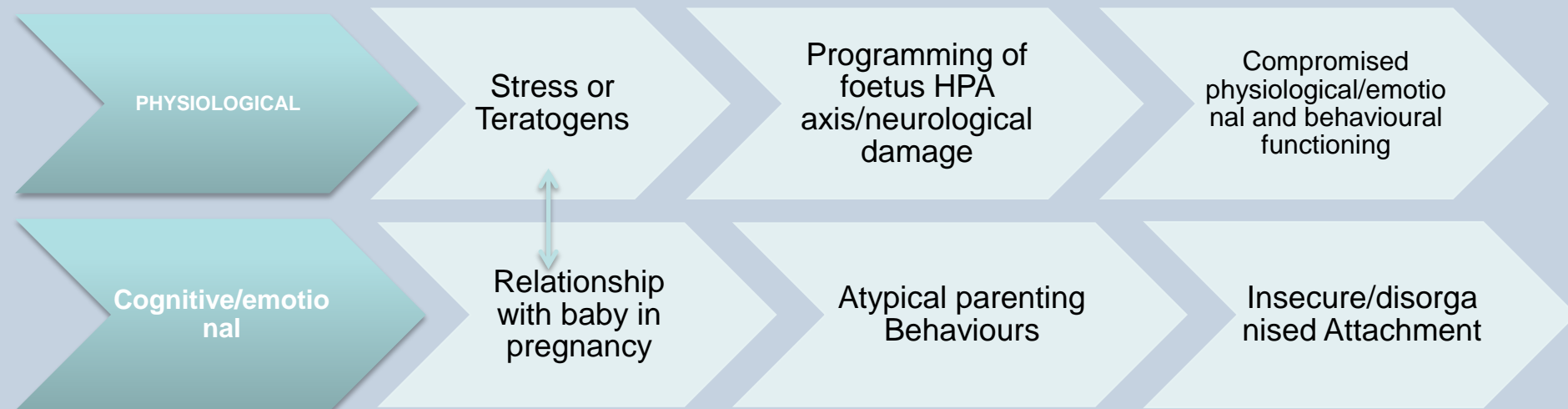
Parenting begins in pregnancy...

Parenting begins in pregnancy with:

- prenatal behaviours that are designed to protect and promote the wellbeing of the foetus;
- a process of 'bonding' with the foetus that begins in the second trimester



Pathways in Pregnancy



The relationship with the baby in pregnancy

- Maternal attachment to baby (e.g. MAAS)
- Mental representations in pregnancy:
 - representations of baby, self and other (e.g. WMCI); or triad (e.g. Lausanne Triadic Play)
 - reflective functioning (e.g. Pregnancy Interview)

Videoclip of parents

`...I know its there and I know I'm pregnant...but I don't feel anything for the baby. I don't like to touch my tummy. I don't imagine it in any way. I haven't thought about what it might look like. And I don't think I'll love it when its born...But I'll look after it, and I'll love it eventually'.

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Maternal-foetal attachment

- Term ‘attachment’ being used here not to refer to the attachment system but to a bond
- “the emotional tie or bond which normally develops between the pregnant parent and her unborn child” (Condon and Corkindale 1997)
- Range of tools designed to measure strength of the relationship to the unborn baby (e.g. PAI; MAAS; MFAS)
- Some of these measures are psychometrically weak

Maternal foetal attachment (MFA) (1)

- Systematic review (Alhusen 2008)
- Affects health behaviours before birth (Lindgren 2001)
- Association between MFA and increased alcohol consumption but not smoking (Sedgeman 2006) or drug use (Shieh & Kravitz 2006)

Maternal foetal attachment (MFA) (2)

- Impact of MFA and caretaking postnatal (Bloom 1995); sensitivity and involvement at 3 months (Siddique & Hagloff, 2000); mother-infant attachment 1-2 months (Muller 1996; Damato 2004); and 1-8 months in high risk pregnancies (Mercer and Ferketich 1990), maternal sensitivity, self identify and identification with baby 1-6 weeks (Shin et al 2006); infant temperament at 8 months (White et al 1999 but not Wilson 2000)

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Representations of baby, view of self as parent etc

- During pregnancy women reorganise their representations of themselves, their relationships with their mother, and the baby
- Typically begins in 2nd trimester
- Has been measured using both self report (e.g. Child Concept Questionnaire) and interview-based (e.g. WMCI; IRMAG-R; IRMAN) tools

Working Model of the Child - WMCI

- *Balanced* mothers are able to tell richly detailed, coherent stories about their experiences of their pregnancies and their positive and negative thoughts and feelings about their fetuses
- *Disengaged* mothers seem uninterested in the fetus, including their relationship with the fetus, and they have few thoughts about the babies' future traits and behaviors or themselves as mothers; thus, their narratives tend to be quite short
- *Distorted mothers* tend to be tangential or express intrusive thoughts about their own experiences as children, often viewing their fetuses primarily as an extension of themselves or their partners (Levendosky et al 2011)

Factors Affecting Representations

- Presence of 2-3 children under 7 years in the household and planning of the current pregnancy; childhood maltreatment; domestic violence; prenatal health behaviours, parity; maternal personality traits (e.g. openness and agreeableness; conscientiousness; extraversion; object relational experiences of self and other; marital adaptation maternal education, social support and substance use.
- Factors not found to be associated with prenatal maternal representations include social class, previous abortions, duration of gestation, somatic problems in pregnancy

Prevalence

Prevalence in population samples:

- One study showed 51% of women had balanced representations with 30% being disengaged and 19% having distorted representations in pregnancy (Theran et al 2005).
- A second showed 53% balanced; 29% disengaged, and 18% distorted representations (Huth-Bocks et al 2011)

Stability

- Women with distorted or disengaged prenatal representations were likely to still have them at 1 year post-partum (Theran et al., 2005; Benoit, Parker and Zeanah 1997)
- 79% of the women with balanced representations in pregnancy were also balanced postnatally; and 62% of women with non-balanced representations in pregnancy still had them postnatally (Theran et al 2005)
- The women who were unbalanced in pregnancy and then became balance postnatally were less sensitive, more disengaged, and less warm in their interaction than women who were balanced at both times.

Impact on parenting behaviours

- Five studies measured impact of representations in pregnancy on parent-infant interaction; 3 included high risk populations (e.g. substance dependency; DV; depression) (Theran et al 2005; Tun Hohenstein et al 2005; Crawford et al 2009; Dayton et al 2010; Tambelli et al 2014)
- Overall, balanced reps associated with greater sensitivity, responsiveness, regulatory ability;
- Non-balanced associated with lower sensitivity; structuring; child responsiveness etc

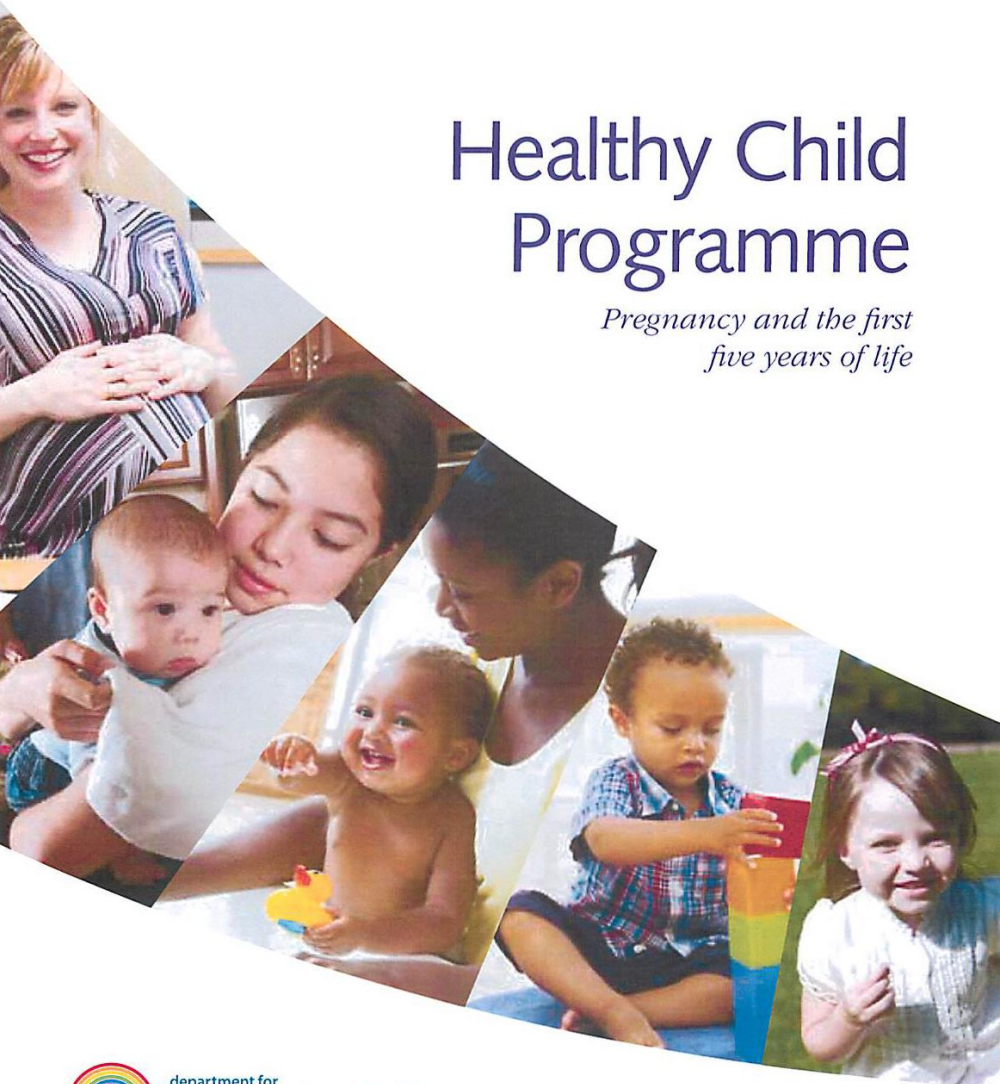
Impact on Attachment

- Four studies measured impact of representations on attachment at 12-14 months (SSI) (Benoit et al 1997; Huth-bocks et al 2011; Crawford et al 2009; Atkinson et al 2009)
- Prenatal representations predicts infant attachment security at 1 year with between 60 to 74% concordance
- Two studies that added a 'disrupted' or 'irrational fear' category showed an association with 'disorganised' attachment in infant

Healthy Child Programme

*Pregnancy and the first
five years of life*

Promoting sensitive
parenting and secure
attachments



Implications for intervention

- Supports existing provision (e.g. HCP ante-natal promotional interviews)
- Suggests need for better methods of working with women in pregnancy specifically in terms of identifying women where there are problems; and methods to improve bonding, representations and reflective functioning



Universal

Pregnancy

- Supporting the transition to parenthood - using group-based antenatal classes in community or healthcare settings that respond to the priorities of parents
- Identify and intervene with families in need of additional support:
 - Medium level problems: low self-esteem relationship problems
 - Severe problems: domestic violence; drug/alcohol abuse

Primary prevention

- Preparation for Parenthood Programmes (replacing antenatal classes) for women with subthreshold symptoms
- Ante and Postnatal Promotional Interviews (HCP 2007) – promote wellbeing; identify early problems;

Preparation for Parenthood Programmes

- Relationship issues and preparation for new roles and responsibilities
- Emotional changes
- Importance of the parent–infant relationship
- Development of problem-solving skills
(e.g. Preparation for Parenting, First Steps in Parenting, One Plus One)
- Supporting fathers through the transition to fatherhood

Promotional Interviews

Universal component

- 2 Promotional visits to ALL pregnant couples to promote well-being and relationship with infant
- Screening to identify families in need of

Progressive component

- Moderate Need - The health visitor/community nurse provides 6 – 8 visits to support parents and/or parenting
- High need – referral on via care pathways

Prenatal Interview

- Pre-natal interview takes place as part of a home visit **during pregnancy** and focuses on:
 - Feelings about pregnancy and emotional preparation for birth
 - Parents' perceptions of their unborn child
 - Parent-infant relationship
 - New roles

Postnatal Interview

- Conducted at home **6-8 weeks** after the birth
- **Infant should be present** so that interaction can be observed
- Post-natal interview focuses on:
 - Birth Experience
 - Perception of the baby
 - Parents emotional resources for the baby
 - Parent-Infant Interaction
 - Development of new roles



Universal Plus

Targeted Preparation for Parenthood programmes

- NSPCC Baby Steps or Mellow Bumps
- Group-based programmes beginning in pregnancy and continuing into postnatal period
- Delivered by two specially trained practitioners to vulnerable parents-to-be



Partnership Plus

Minding the Baby

- Minding the Baby is an interdisciplinary, relationship based home visiting program for young, at-risk new mothers
- Delivered by a team that includes a nurse practitioner and clinical social worker- uses a mentalisation-based approach that involves working with mothers and babies in a variety of ways to develop mothers' reflective capacities
- It aims at addressing relationship disruptions that stem from mothers' early trauma and derailed attachment history

MTB Evaluation

- Pilot RCT: 105 primip women recruited in pregnancy
- Families were more likely to be on track with immunization schedules at 12 months and lower rates of rapid subsequent childbearing
- Less likely to be referred to child protective services
- Mother–infant interactions were less likely to be disrupted at 4 months' more likely to be securely attached and less likely to be disorganized in relation to attachment at 1 year of age
- RF improved for most high risk mothers (Sadler et al 2013)

Key Messages

- Parenting begins before the baby is born
- The relationship with the baby in-utero is strongly associated with a) later parenting behaviours; b) long-term outcomes for the infant
- Significant implications in terms of supporting women during pregnancy.