

Mother-infant bonding in the postpartum period

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ORIGINAL ARTICLE

Mother–infant bonding in the postpartum period: assessment of the impact of pre-delivery factors in a clinical sample

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Abstract This study aims to examine the extent to which a variety of pre-delivery factors (demographic, reproductive, psychological, psychiatric, and psychopathological) predict disturbances in mother–infant bonding (MIB) in the postpartum period. Two hundred fifty-one pregnant women enrolled at a public perinatal psychiatric service were assessed between the first and second trimester of pregnancy and at 6–7 weeks after delivery. During pregnancy, the psychological risk factors were assessed with the Vulnerable Personality Style Questionnaire, the Marital Adjustment Scale, the Early Trauma Inventory, and the General Health Questionnaire. To detect psychopathology, the Edinburgh Postnatal Depression Scale and the State-Trait Anxiety Inventory were used. At the postpartum evaluation, MIB was measured by the Postpartum Bonding Questionnaire. The results of the final regression model showed that emotional abuse in childhood, family psychiatric history, previous psychiatric hospitalization, and

anxiety during pregnancy were significant predictors of MIB disturbances in postpartum, explaining 10.7% of the variance. The evaluation of women's risk factors in pregnancy is important in order to prevent MIB disturbances and thus to ensure the well-being of mothers and their babies.

Keywords Mother–infant bonding · Pre-delivery risk factors · Clinical sample · Anxiety during pregnancy · Childhood abuse

Introduction

Mother–infant bonding (MIB) is the emotional relationship established between a mother and her newborn. A woman's personal identity changes when she becomes a mother (Stem 1998), and a mother–infant bond is created through adaptive maternal behavior during the early postpartum period (Feldman 2009). Newborns are particularly sensitive to environmental inputs during the postnatal period in which they are entirely dependent on the care of others (Mochler et al. 2006). Parents' responsiveness plays a crucial role in this interaction and there is a significant association between maternal–infant bonding disturbances and parenting behavior (Muzik et al. 2013).

The alteration of this natural relationship has three main characteristics: maternal expression of dislike, resentment, or hatred toward the child; expressed desire for permanent relinquishment of care; or the desire that the baby should disappear (Brockington et al. 2006).

In the general population, the reported prevalence ranges from less than 1% (Brockington 2011) to 2.9%, or even as high as 8.6% (Edlborg et al. 2005; Reek et al. 2006; van Bussel et al. 2010; García-Estève et al. 2015), while in mothers attending psychiatric services, it ranges from 10 to 25% (Brockington 1996) to 38.75% (Brockington et al. 2006).

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In the Spanish population, MIB disturbances may be as high as 15.9% (García-Estève et al. 2015).

Current evidence shows how MIB disturbances can have a negative impact on the child's brain development, maturational processes (Tienvarthen and Aitken 2001), and cognitive progress (Murray et al. 1996), including the growth of language during the neonatal period. This development depends on the verbal and emotional behavior of the mother, whose responsiveness is critical for the baby's emotional, affective, and social maturation (Hry et al. 2003; Feldman et al. 2004; Milgrom et al. 2004). Moreover, alterations of

measurement the criterion variable was used (García-Estève et al. 2015).

Methods

Study design, participants, and procedure

From 2011 to 2015, participants in this prospective longitudinal study were recruited from a variety of referral sources (general practitioner, psychiatric service, sexual and reproduc-