

Promoting parental-foetal attachment for expectant parents who have had assisted conception

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Ante Natal Ward 

SANDS Suite

- **20-week scan**
- **Premature labour**
- **Rushed to theatre**
- **Had cervical cerclage**
- **Bed rest for the rest of pregnancy**
- **Spent 159 days in hospital**

**Fear of
losing
baby**

Anxiety

**Loss of
Control**

Anguish

Helplessness

**Emotional
pain and
distress**

Guilt

Despair

Hopelessness

Stress

Depression

Loneliness



TUNE IN TO YOUR BABY

BECAUSE BABIES DON'T COME
WITH AN INSTRUCTION MANUAL

Pregnancy to Four



Ruth Oshikanlu

What is parental-foetal attachment?

Parental-Foetal Attachment

“An abstract concept, representing the affiliative relationship between a parent and a foetus, which is potentially present before pregnancy, is related to cognitive and emotional abilities to conceptualise another human being, and develops within an ecological system”.

Doan and Zimmerman (2003)

Maternal-foetal attachment

Paternal-foetal attachment

5 Scales

- Maternal Fetal Attachment Scale (MFAS)
(Cranley, 1981)
- Maternal Antenatal Attachment Scale (MAAS)
(Condon 1993)
- Prenatal Attachment Inventory (PAI)
(Muller, 1993)
- Paternal Fetal Attachment Scale (PFAS)
(Cranley, 1981)
- Paternal Antenatal Attachment Scale (PAAS)
(Condon, 1993)

Importance of Parental-foetal Attachment

- MFA – positively associated with the well-being and positive health practices of the mother during pregnancy
(Van den Bergh and Simons, 2009)
- Quality of MFA predicts quality of postnatal maternal-infant relationship
(Siddiqui and Hagglof, 2000)
- PFA – better outcomes of childhood adaptation and improved family dynamics
(Wilson et al, 2000)
- Better cognitive outcomes, social interactions and fewer behavioural problems in childhood
(Thompson, 2008)
- Parental-foetal attachment – diagnostic tool in identifying parents for whom parent-child interaction is likely to be sub-optimal
(Siddiqui and Hagglof, 2000)

Strategies to promote parental-foetal attachment

- Foetal Movement Counting
- Ultrasonography (2D vs 3/4D)
- 4D Bonding scans
- Regular two-way communication with the baby

Foetal Movement Counting (FMC)

- An easy and inexpensive method for pregnant women to quantify their unborn baby's movements
- The rationale for recommending FMC is that decreased foetal activity can be detected at an early stage and thus adverse pregnancy outcomes can be avoided through early intervention.
- Evidence suggests that women who sensed foetal activity early in pregnancy appeared to be positively attached to the foetus.

Ultrasonography: 2D vs 3/4D scans

- Many studies have examined how the use of ultrasound has impacted MFA.
- Four of the studies (Righetti et al, 2005; Rustico et al, 2005; Sedgmen et al, 2006; de Jong-Pleij et al, 2012) showed that ultrasound has a positive effect on MFA, particularly in the first trimester.
- However, both three-dimensional (3D) and three-dimensional (4D) did not have any enhanced benefits in relation to MFA.

Ultrasonography: 2D vs 3/4D scans

- de Jong-Pleij et al (2012) compared the effect of third trimester 3D and 4D scan versus 2D scans of the foetal face on MFA.
- MFA increased within each of the groups studied as pregnancy progressed.
- There were no significant differences between those that had just 2D and those that had 3D/4D.
- They suggested that the effect of 3D/4D scans on MFA is stronger at better degrees of visibility and recognition.

Ultrasonography: 2D vs 3/4D scans

- Righetti et al's (2005) study included partners and also found no significant differences in paternal-foetal attachment after the women had 4D scans.
- Possible reasons for this include a 'ceiling effect' on attachment levels as those who had 3D scans had also received 2D scans and images.
- It was also suggested that the shadowy forms of a 2D image may intrigue the mother and allow for personal elaboration, while the more graphic 3D image leaves little to the imagination (Sedgmen et al, 2006).
- Even though there was no significant change in MFA in the women that had 4D scans, 60-67% of them reported that their perception of their baby had improved (Rustico et al, 2005).

Ultrasonography: 2D vs 3/4D scans

- Ji et al, (2005) found that pregnant women who received 3D scans showed their ultrasound images to more people
- 82% of these women had a greater tendency to form a mental picture of their baby post-examination, compared with 39% of those that had only 2D ultrasound.
- 70% of the women who had 3D scans felt they ‘knew’ their baby immediately after birth versus 56% who received 2D ultrasound.
- Although both 2D and 3D ultrasound experiences were positive, the comments made by mothers undergoing 3D scans were more exclamatory than those having 2D scans.

Bonding scans

- Commercial companies market 4D ultrasound scans to expectant parents for the stated purpose of reassurance, to promote bonding and to get ‘baby’s first picture’.
- Roberts (2012) observed 25 4D scans each lasting 20-45minutes in three geographically dispersed studios within the UK over a 3-month period.
- She observed 5 sonographers and took extensive notes of the interactions she observed.
- Her aim was to explore the construction of meaning during commercial 4D scans paying particular attention to the discursive exchanges.

Bonding scans

- Many people spoke to the screen as if they were communicating with the foetus.
- This ‘interaction’ with the foetus on the screen is arguably one way that expectant parents begin to create an identity for the new baby, prefiguring a new individual and family member.
- It is common to give the foetus a voice, speaking on the baby’s behalf, to narrate the process of the scan to the baby.
- The scan was often an opportunity for the woman and her partner to share information and compare experiences.
- It was also a chance for women to convey their experiences to their partners in new ways, thus enhancing parental-foetal attachment.

Qualitative research (Ross, 2012)

- Explored 9 women's accounts of MFA
- The participants reported that the ultrasound scan gave them a sense of 'reality' of the pregnancy and promoted their attachment to their unborn baby.
- Although only four of the women chose to find out the sex of the foetus, they reported that knowledge of the baby's sex helped them feel more connected to the foetus, as they were able to 'get the room ready' and buy baby clothes.

Qualitative research (Ross, 2012)

- Upon determining the sex of the foetus, one participant named the baby and used the name given which helped her feel closer to the baby.
- Another established a regular routine of talking to the baby.
- Similar findings were reported in a study of 99 women in the third trimester (Lewis, 2008), suggesting that while knowledge of the foetus' gender is significant to the development of the attachment to parents, it is the interaction of the parents and foetus that supports the strength of the attachment.

Qualitative research (Ross, 2012)

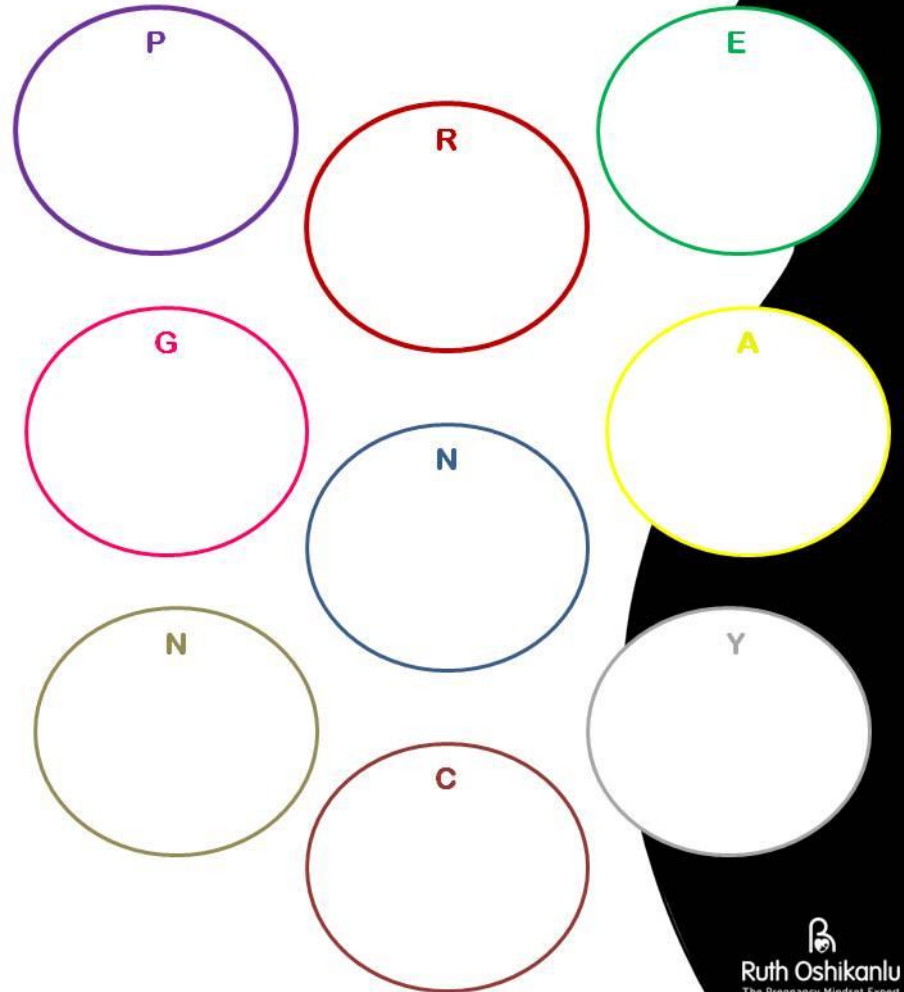


- For majority of the participants, feeling the baby kick helped feel connected to the foetus.
- One of the participants stated that she did not feel attached to the foetus until she felt the baby kick despite seeing the foetus during the ultrasound scan.
- Another participant stated that the pattern of foetal movements contributed to her feelings of attachment for her unborn baby as it helped her appreciate that the baby will have its own personality.
- Despite the limitations of this study, it highlights the complexity of the process of parental-foetal attachment which appeared to be a unique process for each participant.

Pregnancy without Fear

- Parenting programme that commences at the end of the first trimester
- Individual or group face-to-face and online support
- Monthly therapeutic sessions focusing on anxiety and stress management, promoting parental-foetal attachment, supporting pregnancy loss

Pregnancy Map™




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The Pregnancy Mindset Expert

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Any
Questions

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