

Mother-child attachment dynamics in pregnancy and predictors of disruption

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Background

The "psychic womb" is essential in modulating the quality of the loving relationship between mother and child after birth. The attachment process begins long before delivery, even before conception, when the "child of dreams" is fantasized and loved. After conception, prenatal attachment can be defined as the range of behaviours, interactions and affective involvement that the mother feels and expresses towards her baby during pregnancy. The ideal attachment dynamics are experienced when the child is desired and conceived by a loving couple in serene environmental conditions and when the pregnancy is physiologic. Disruptors of the prenatal attachment phase may impair the postnatal attachment and be associated with an increase of postnatal depression and child' psychosomatic problems.

Aim of the study

To evaluate the nature and role of more frequent disruptors of mother-child attachment dynamics in pregnancy with special focus on the role of prenatal diagnosis.

Method

Review of the literature and Author's clinical experience.

Results

Disruptors of attachment during pregnancy include pre- and post-conception factors. Among the preconceptional factors, most frequent predictors of disruption include: unwanted pregnancy, substance abuse, young age (adolescent mothers have the highest vulnerability), being single mother, depression, conflicting couple relationships, poor economic conditions, poor family support. Among the post-conceptional, prenatal diagnosis has a special and still underevaluated role. Data indicate that women undergoing prenatal diagnosis are more vulnerable to emotional withdrawal from the child until results are reassuring; their attachment is significantly lower in comparison to women who did not do the prenatal testing; they have lower relation with the child and lower capacity of attributing desired characteristics to the child himself. Other disruptors include sleep disorders in the first trimester (significantly associated with depression in pregnancy and postnatally), and medical and obstetric disorders that may impair the child' outcome.

Conclusions

Prenatal positive attachment between mother and child is essential for the quality of postnatal bonding dynamics. Different disruptors – biological, context dependent or iatrogenic – may affect the bonding. Physicians should be more aware of the psychodynamic implications of prenatal diagnosis. Counseling should be offered to women who face the prenatal diagnosis to reduce its potential negative impact on mother-child attachment dynamics during pregnancy.