

Tentative pregnancies and mother-child' attachment

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Background

Mother-child attachment dynamics begin long before delivery. The "psychic womb" is as important as the biological one. It has a parallel "gestational phase" that may begin even before pregnancy, when women dream about the child to come, more so when conception is delayed by infertility issues. Prenatal attachment is defined by the range of behaviours of interaction and of affective involvement that the mother act towards the child during pregnancy. Unfortunately, awareness and attention to this critical phase of the motherhood process are still scant in the medical setting, more focused on the biological side of prenatal care and prenatal diagnostic exams.

Aim of the presentation

To briefly review the key aspects of the prenatal attachment and evaluate the type and role of potential disruptors.

Method

Review of the literature and a questionnaire administered to pregnant women who underwent prenatal testing and controls who did not.

Results

3% of children will present some degree of anomaly or disease at birth. Many of these issues are diagnosed during pregnancy, at least in high income countries. Uncertainty about the child' health may prevent women from the emotional investment on the child until they have the final result that he/she is healthy, or until a final decision (termination of pregnancy) is decided because of an unacceptable disease or defect; in between are those who accept to continue the pregnancy in spite of a child' problem. "Tentative pregnancies" are characterized by higher anxiety and the block or reduction of the attachment process during the prenatal testing. Preliminary data indicate that women who do not undergo prenatal testing have a higher capacity to relate with the child, are more willing and able to give features to the child, to dream about him/he; overall, the attachment process appear to be stronger in women who do not undergo prenatal testing. The negative impact of prenatal testing on prenatal attachment is higher in depressed women, single or in a difficult couple relationship at conception, with poor family support and/or who manifest sleep disorders in the first trimester of pregnancy.

Conclusion

Prenatal testing may constitute a vulnerability area in the critical process of mother-child attachment dynamics. More attention is needed to support these women and couple in the disrupted process of their transition to motherhood and parenthood. More studies are needed to better define the entity of the disruption and the type of support that may prove more effective in preventing/reducing the negative impact of prenatal testing on prenatal and postnatal attachment.