The Correlates of Maternal Fetal Attachment

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Maternal Fetal Attachment (MFA)

- There is a common misconception that the relationship between a mother and her child begins after birth. However, a mother's first emotional bond with her child originates during pregnancy, known as maternal fetal attachment (MFA). [1]
- Early childhood systems overlook support for mothers during the prenatal period and have focused their efforts on supporting attachment after birth. This may be because the maternal fetal attachment relationship is less tangible than attachment during childhood, but this does not mean that it is less important. [2]
- Effective early childhood programs seeking to support attachment outcomes and promote subsequent socio-emotional development MUST target mothers earlier while they are still pregnant. To be effective, policies and programs supporting caregiver-child attachment should be implemented at the earliest roots during pregnancy to intervene before challenges arise and accumulate.

Key Takeaways:

- **The relationship between mother and child begins with maternal fetal attachment.** The emotional bond between a pregnant woman and her unborn child is important for future attachment and socio-emotional outcomes, thus it needs attention early.
- Our study found **significant** relationships between maternal fetal attachment and depression, state anxiety, and social support.
- **No significant** relationship was found in our study between maternal fetal attachment and discrimination.
- Policymakers should direct efforts toward maternal mental health and interpersonal supports during pregnancy.
Why is maternal fetal attachment important?

A mother's environment during pregnancy has an important impact on the development of the maternal fetal attachment relationship. [4] A pregnant woman facing a multitude of stressors has less time and energy to think about her fetus and form an emotional connection. A mother's experiences during pregnancy and their influence on the emergence of maternal fetal attachment are highly relevant to early childhood systems. Policymakers must know which factors influence maternal fetal attachment so they can identify effective targets. Then, programs can be implemented to support these areas and promote attachment outcomes.

Researchers have studied the relationship between maternal fetal attachment and factors including anxiety, depression, self-esteem, planned pregnancy, age, parity, ethnicity, marital status, income, education, social support, and prenatal testing. [5] However, policymakers cannot rely on existing research for several reasons. [6] First, studies on maternal fetal attachment are scarce. Second, most studies on maternal fetal attachment include small, homogenous samples of White, middle-class women. Third, findings have been inconsistent across studies examining the correlates of MFA.

What influences maternal fetal attachment?

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Why is maternal fetal attachment important?

Infants born to mothers who displayed strong maternal fetal attachment during pregnancy have positive outcomes across physical, psychological, and social development. [7] A mother's attitudes and behaviors during pregnancy are predictive of the caregiver-child attachment relationship during infancy. [8] Infants who develop a secure attachment to their caregivers have better socio-emotional and cognitive developmental outcomes. [9] A child's developmental success can be traced back to the maternal fetal attachment relationship which precedes early caregiver attachment. Policymakers should focus on the origin of this relationship during pregnancy to proactively promote child development.
The Present Study

The current study collected data from 61 pregnant mothers in their third trimester of pregnancy. Mothers were recruited locally (in Durham) and nationally across the US. Surveys were administered online in order to gather data about maternal fetal attachment in addition to depression, anxiety, social support, and discrimination. We examined the relationship between MFA and each of these variables in order to inform prenatal policies and programs.

A Novel Look at Discrimination

This study is the first to examine the relationship between maternal fetal attachment and discrimination.

Discrimination was selected as a factor of interest for 2 reasons:

1) There are stark racial and ethnic disparities observed across measures of maternal and infant health in the US [10]
2) Discrimination is a psychosocial stressor, and past studies have found a relationship between other forms of stressors and maternal fetal attachment [11]

The study aimed to examine maternal fetal attachment in a diverse sample of women to overcome the limitations of past studies which have relied on small, homogenous samples

- Participants were 49% White, 18% African American, 8% Asian, 10% Mixed Racial Background, 3% Native Hawaiian or other Pacific Islander, and 12% other.

Our sample achieved improved racial diversity compared to other studies on MFA, however, SES diversity was poor and most of the participants reported a high level of educational attainment and total household income.

This brief examines the relationship between MFA and the following 4 factors in order to direct the attention of policymakers and early childhood systems toward effective intervention targets to support maternal fetal attachment:

I. Depression  III. Social Support

II. State Anxiety  IV. Discrimination
Exploring the Correlates of Maternal Fetal Attachment

I. Depression

Pregnant women who reported greater symptoms of depression on the Edinburgh Postnatal Depression Scale (EPDS) also reported lower maternal fetal attachment on the Maternal Antenatal Attachment Scale (MAAS).

Policies and programs designed to support maternal mental health during the prenatal period may improve maternal fetal attachment outcomes. Preventative interventions addressing maternal mental health could benefit mental health outcomes, attachment relationships, and infant development based on the negative correlation observed between depression and maternal fetal attachment in our sample.

II. State Anxiety

Pregnant women who reported greater anxiety on the State Anxiety subscale of the State Trait Anxiety Inventory (STAI) also reported lower maternal fetal attachment on the MAAS. State anxiety is a temporary state, often in response to a stressful event in the environment.

Access to prenatal mental health services should be accessible for all pregnant women, especially those often at the greatest risk of experiencing environmental stressors due to a lack of resources and access. Preventative interventions targeting maternal mental health implemented in communities exposed to a disproportionate number of environmental stressors may promote equity in attachment and outcomes in socio-emotional development.
Exploring the Correlates of Maternal Fetal Attachment

III. Social Support

Pregnant women who reported greater social support on the Interpersonal Support Evaluation List (ISEL) reported greater maternal fetal attachment on the MAAS. Pregnant women can receive social support from partners and spouses, family members, friends, healthcare providers, community members, support groups, and more.

Policymakers should direct effort toward strengthening prenatal resources to build interpersonal support systems, such as through prenatal screening, support groups, and education initiatives. This has the potential to strengthen family relationships, promote early development, and build stronger communities that are equipped with the knowledge to set an example for future generations.

IV. Discrimination

Pregnant women in our sample exhibited NO significant relationship between maternal fetal attachment on the MAAS and discrimination as measured by the Everyday Discrimination Scale (EDS).

Further studies are needed before drawing definite conclusions. The current study was limited by a small, high SES sample, which could serve as a protective factor that accounts for the observed lack of relationship.

Discrimination is a stressor, and depression and state anxiety were related to MFA, which indicated that a relationship may exist if individual experiences about coping with discrimination are examined.
Summary of Study Findings

- Pregnant women with greater depression and state anxiety have a *lower* maternal fetal attachment.
- Pregnant women with greater interpersonal support have a *higher* maternal fetal attachment.
- There was *no significant relationship* between the experience of discrimination and maternal fetal attachment.

Recommendations

1. **Policymakers** and **early childhood systems** must support pregnant mothers to foster strong maternal fetal attachment relationships and promote infant attachment and socio-emotional development from the earliest roots. **Researchers** must establish effective targets for intervention to support maternal fetal attachment outcomes and inform future policies and programs.

2. Current findings suggest attention should be directed toward enhancing **prenatal mental health services** and building **interpersonal support networks** for women during pregnancy as promising pathways to promote positive maternal fetal attachment outcomes.

3. Factors that drive disparities in maternal and infant health outcomes, such as **discrimination**, must be considered further in relation to maternal fetal attachment. Policymakers can promote equitable opportunities for socio-emotional development by implementing effective programs that are accessible and support all mothers during pregnancy.

Conclusion

We all must focus on the bond between pregnant mothers and their unborn children to promote developmental outcomes and strengthen family relationships. Before a child is even born, the attachment relationship begins. Policymakers, health care providers, and families must recognize this and intervene early during pregnancy.
References


