
Maternal-Fetal Attachment

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Pregnancy and Motherhood

- At the core of motherhood is the experience of a unique bond between two that begins with maternal-child attachment during pregnancy.
 - Motherhood is an extraordinary opportunity for both the mother and child to participate in a relationship that is irreplaceable in value and meaning.
 - Pregnancy is best characterized as a biologically and psychologically interdependent experience wherein mother and child develop a bond that is qualitatively distinct, unlike any other.
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Maternal-Fetal Attachment: Bonding to the Unborn

Maternal-fetal attachment (MFA) was defined by Cranley (1981) as:

“The extent to which women engage in behaviors that represent affiliation and interaction with the unborn child.”



What Maternal-Fetal Attachment Specifically Entails



- *Thoughts about the fetus, including imagined scenarios between mother and child.*
- *Maternal attribution of physical and psychological qualities to the fetus.*
- *A variety of nurturing and comforting responses such as stroking one's stomach.*

What Maternal-Fetal Attachment Specifically Entails

- Behaviors that demonstrate care and commitment to the fetus:
 - Eating well.
 - Abstaining from harmful substances, such as alcohol and drugs.
- Physical preparation (e.g., buying baby clothes and equipment).



Strength and Origin of the Maternal-Child Bond

- Science indicates the maternal-child bond may be the strongest bond in humans (Klaus & Kennell, 1976).
 - Rando (1993) noted that in no other relationships are so many dreams, hopes, needs, thoughts, feelings, beliefs, meanings, and expectations projected onto the other as in the parent-child relationship.
 - and..“The parent begins the process of projection onto a fantasized child long before the birth of the child”
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Nature and Timing of Maternal-Fetal Attachment

- An extensive scientific literature has established the existence of maternal-fetal attachment.
 - The focus now is on determining when during pregnancy it actually begins. There is evidence that many women begin to bond very early in pregnancy (Leifer, 1977; Peppers & Knapp, 1980).
 - As noted by Speckhard (1997) in reviewing the relevant data, attachment begins “often shortly after conception, but far before birth.”
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If Maternal-Fetal Attachment is so powerful and biologically based, do women planning to abort experience it?

In an Australian study (Allanson & Astbury, 1996), a significant segment of the sample of women attending an abortion clinic reported fantasies about the child and engaged in attachment Behaviors.

- Talking to their fetus (40%)
 - Rubbing their stomachs (30%)
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Maternal-fetal attachment reported by women who abort

One participant in a study by Patterson and colleagues (1995) described the bonding experience prior to her abortion ***“I believed in the bonding between us which was insane because anything could have happened to me...but somehow what kept me going was this – it wasn’t exactly your regular kind of love, but it was a very special thing for this person (fetus).”***

Similarly, a subject in a study by Keros et al. (2004) conveyed similar feelings of attachment ***“...I had maternal feelings when I understood that I was pregnant...I try to convince myself that I do not want children.”***

Understanding Perinatal Loss

With maternal-fetal attachment established scientifically, scholarly attention has been directed toward the psychological consequences of perinatal loss.

At least 25% of women who experience a voluntary or a nonvoluntary perinatal loss will suffer from clinically significant psychological distress.



The Nature of Perinatal Grief

- Grief is a natural process lacking a precise time frame.
 - Experienced in unique ways, the nature of grief is based on individual characteristics and beliefs, the person lost, the relationship between the bereaved and the deceased, and many situational factors.
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The Nature of Perinatal Grief

- There are commonalities in the ways that individuals respond emotionally to perinatal loss, regardless of whether the loss was voluntary or involuntary.
 - Grief from perinatal loss has been found to involve physical, emotional, cognitive, and behavioral reactions.
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The Nature of Perinatal Grief



Physical Reactions Include:

- A poor appetite
- Disturbed sleep patterns
- An empty feeling in the stomach
- Restlessness
- Low energy/fatigue
- Weakness
- Chest tightness
- Pain

The Nature of Perinatal Grief



Emotional reactions
Include:

- Anger
- Sadness
- Depression
- Frustration
- Self-blame/guilt
- Numbness
- Anxiety/panic
- Persistent fears
- Nervousness
- nightmares

The Nature of Perinatal Grief



Cognitive reactions may take the form of the following:

- Intrusive thoughts
- Hallucinations of a baby's cry
- Visual images of the baby
- Phantom fetal movement
- Difficulty with concentration and decision-making
- Fantasies about the fetus
- Diminished situational awareness

The Nature of Perinatal Grief



Behavioral responses may include any of the following:

- Substance abuse
- Avoidance of medical facilities/personnel
- Avoidance of pregnant women and children
- Isolation
- Impaired social and occupational functioning

The Unique Burden of Abortion

In contrast to the pain of involuntary loss, which tends to resolve in 2 years, the pain of abortion is inclined to worsen as women learn more about prenatal development and have children.



The Unique Burden of Abortion

- Unlike with involuntary forms of perinatal loss, opportunities designed to foster healing are rarely routinely available with abortion.
- Women seeking help for an abortion typically must identify sources of professional help on their own.



The Unique Burden of Abortion

- In many cases, women may suppress thoughts and emotions related to an abortion, because they have not been able to process and/or openly express negative emotions.
- Kluger-Bell a psychotherapist states:
“When other people are reluctant to listen to us, when there are no ceremonies to publicly acknowledge the impact of our experiences, we receive the covert message that others would rather not hear what we have to say, and this makes it difficult to even identify our reactions to our losses.”

Conclusion



Review of relevant research clearly suggests maternal-fetal attachment is real, powerful, and is inclined to begin early in pregnancy.

When this bond is severed through death of the fetus women are at risk for many adverse mental health consequences.