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Maternal-Fetal Attachment and the Culture of Life

Part One:

An Examination of Maternal- Fetal Attachment

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Pregnancy has always been regarded as a time of growth and development for the unborn baby. However, since the later part of the twentieth century, researchers have been turning their attention to the pregnant woman and the effects that this life-stage holds for her.¹ Far from being a time of simply waiting for the baby to be born, pregnancy is now regarded as a period with its own tasks, during which women undergo deep psychological change and development. While much of this is preparational insofar as it serves the wellbeing of the mother and infant in post-natal life, in fact researchers are finding that pregnancy is a very significant time in itself, with women bonding to their unborn children.²

PREGNANCY AND THE UNBORN CHILD

In human beings, pregnancy, that is the time from conception until birth, lasts about forty weeks. The development of the child during this time is well documented: from a cluster of undifferentiated cells moving from the fallopian tubes to the womb where implantation occurs, the tiny young human individual goes through the marked stages of

zygote, embryo and fetus, growing and developing until she or he emerges as a newborn baby able to live and thrive outside of the womb. All human beings alive have these developmental stages as part of their personal histories and the Catholic Church recognizes the value and dignity of all persons from the earliest stages of life and insists on the need to protect human life from conception onwards.³ For this reason alone, pregnancy is valuable. However, research is showing that, far from being a time of passive waiting, pregnancy is an active and important time for the pregnant woman herself.

PREGNANCY AND THE PREGNANT WOMAN

In her influential article, “Maternal tasks in pregnancy,” Reva Rubin wrote that pregnancy was more than a period of fetal development; it was, for the woman, “a period of identity reformulation, a period of reordering interpersonal relationships and interpersonal space, and a period of personal maturity.”⁴ She understood pregnancy as a time when women undertook very specific activities and identified four connected “tasks of pregnancy”:

- (1) seeking safe passage for herself [the pregnant woman] and her child through pregnancy, labour, and delivery;

- (2) ensuring acceptance of the child she bears by significant persons in her family;
- (3) binding-in to her unknown child;
- (4) learning to give of herself.⁵

Ultimately these tasks provide the basis for successful post-pregnancy life for mother and child—that they both survive pregnancy and childbirth; that the child is born into a safe and welcoming environment; that the woman develops positive feelings for and attachment to the child growing within her; that the woman matures from a person who is essentially self-centred to one who embraces and gives to others. This last point could be regarded as the development of maternal identity, but Rubin sees it as “one of the most intricate tasks of adulthood itself.”⁶

Underlying all of these tasks is a concern not simply for the child to be born but for the wellbeing of the unborn child herself. There is a sense, then, that in pregnancy the woman develops a deep relationship with her unborn baby. This is what researchers term “maternal-fetal attachment.”

MATERNAL-FETAL ATTACHMENT
Cranley in her very important work, “Development of a Tool for the Measurement of Maternal Attachment during Pregnancy,” describes maternal-fetal attachment as “the extent to which women engage in behaviours that represent an affiliation and interaction with their unborn child.”⁷ It is “the personal, unique relationship that develops between a mother and her fetus”⁸ and is marked by growing emotional attachment and by a drive to protect the developing unborn life.⁹

Researchers and practitioners have not always been attuned to this relationship, placing their focus instead on the bonding that occurs between mothers and their newborn babies. Women’s grief following perinatal loss became an indicator that the post-natal relationship between mother and baby might be a continuation of prenatal attachment.

While in the past there may have been a tendency for health care professionals to treat miscarriage as something of a non-event, directing a woman’s attention instead to future pregnancies, researchers discovered that in fact women grieved perinatal loss intensely. It became apparent that women were not simply grieving something (an idea of a child to be born perhaps) but *someone*. In other words, they seem to have established a very significant bond with their child prenatally.¹⁰

The activities of women during pregnancy support these observations. Here it is important to dispense with stereotypes that often diminish the value of these activities and rather see them for the important indicators of maternal-fetal attachment that they are. Cranley noted some of the more intimate behaviours: “talking to the fetus, reprimanding it for moving too much, offering food when the mother was eating, calling the fetus by a pet name, engaging the husband in conversations with the fetus”¹¹

Studies have been undertaken on more generalized behaviours. For instance, the urge to “nest,” that is, to prepare physical space for the baby is an activity associated with pregnancy. But “nesting” also includes pregnant women being much more selective

about their social contacts. This selectivity occurs early in pregnancy when women's immune systems are suppressed, leaving them and the fetus more susceptible to contracting disease, and in the third trimester as labour and delivery approach.¹²

Other protective behaviours, such as seeking prenatal care, adopting healthier eating habits and physical routines are regarded as indications that women have an active and positive relationship with their unborn child.¹³ Furthermore, developmental psychologists and those engaged in research about human relationships posit that the relational adaptations that occur during pregnancy have roots in our collective evolutionary psyche¹⁴ and work "at a hormonal and neurological level on the 'maternal circuit' ... and on the cognitions and emotions connected to parenting and relationships."¹⁵ There is the belief that bonding with her unborn child is a very important developmental step in a woman becoming a mother.

FACTORS INFLUENCING MATERNAL-FETAL ATTACHMENT

Despite the apparently deep-seated response that it is, there are nevertheless factors that can enhance or interfere with maternal-fetal attachment. The experience of fetal movement, or "quickenings" (usually felt around the eighteenth week of pregnancy), is one factor. As observable evidence of the fetus' existence, quickening was considered a significant moment in the development of attachment between a woman and her unborn child. In fact Rubin, writing in 1976, noted that this was often when attachment began.¹⁶ Researchers since then have found that with the routine use of ultrasound, women are

experiencing attachment earlier in pregnancy as they are able to "see" evidence of their baby's existence before feeling it.¹⁷ As pregnancy progresses, attachment grows.¹⁸

More and more research is uncovering the fact that familial and social supports are very important factors in the development of MFA. Echoing Rubin's observation that women seek to ensure acceptance of their child, one researcher notes that "a security in familial relationships that may promote the acceptance of a new member" is vital to the development of the relationship between a mother and her unborn child.¹⁹ In a more general way, studies are showing that maternal fetal attachment is tied to women having reliable and strong systems of social support.²⁰

While the use of ultrasound contributes to the development of maternal-fetal attachment, the use of other prenatal diagnostic techniques (such as maternal serum screening and amniocentesis) may delay it as women wait for the results of the tests before investing in the relationship.²¹ On the other hand, for women who are committed to continuing the pregnancy regardless of results, the detection of a fetal anomaly does not interfere with the development of maternal-fetal attachment.²²

Researchers have found, unsurprisingly, that depression and anxiety can negatively affect the development of maternal-fetal attachment.²³ Not having the social support or stability in familial relationships they need can intensify anxiety for pregnant women,²⁴ perhaps compromising their sense of safety for themselves and their unborn babies. As well, just as illicit drug use interferes with

the tasks of life generally, so it interferes with maternal-fetal attachment and the tasks of pregnancy:

Substance abuse during pregnancy itself severely reduces a woman's ability to accomplish those maternal developmental tasks deemed vital to successful attachment: acting on the welfare and developing a loving attachment to the fetus, reducing risk behaviors, and ensuring a safe prenatal journey for the baby.²⁵

It is important to identify factors influencing either positively or negatively the development of the bond between a woman and her unborn baby because the presence or absence of maternal-fetal attachment has far-reaching consequences for both mother and child.

WHY MATERNAL-FETAL ATTACHMENT IS IMPORTANT

Researchers have found that women who form an attachment to their unborn babies are more likely to engage in healthy practices during pregnancy—adopting a healthy diet, committing to physical activity, and accessing prenatal care. These practices lead to better health outcomes postnatally for both infants and mothers.²⁶

Furthermore the bonds developed between women and their unborn babies endure into the post-natal period, becoming the basis for attachment between the mother and her newborn baby. This attachment in turn is vital to the healthy physical, intellectual, emotional and social development of the child. A strong affective bond between babies and their mothers provides children

with the security that allows them to expand their horizons and move out into the world.²⁷

Finally we must not neglect the emotional content of the maternal-fetal bond and the pleasure that women experience getting to know and relate to in a very personal and intimate way the life they are carrying. ■

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NEXT

MATERNAL-FETAL ATTACHMENT AND THE CULTURE OF LIFE

¹ Jane Bliss-Holtz, "Developmental Tasks of Pregnancy and Prenatal Education," *International Journal of Childbirth Education* 6 (1991). <http://search.proquest.com.myaccess.library.utoronto.ca/docview.212868800>

Accessed September 2013.

² It should be noted that men also bond with their unborn children. Nevertheless, as important as paternal-fetal attachment is, this paper will focus on the attachment that develops between women and their unborn babies. For studies about paternal-fetal attachment, see: Deborah Smith Armstrong, "Emotional Distress and Prenatal Attachment in Pregnancy after Perinatal Loss," *Journal of Nursing Scholarship* 34 (2002), p. 340.

<http://search.proquest.com.myaccess.library.utoronto.ca/docview.220125567/fulltext.PDF> accountid=414771 Accessed September 2013.

³ See, among other documents, Congregation for the Faith, *Donum Vitae* (1980) http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19870222_respect-for-human-life_en.html

⁴ Reva Rubin, "Maternal tasks in pregnancy," *Journal of Advanced Nursing* 1 (1976), p. 367.

<http://simplelink.library.utoronto.ca/url/cfm/377202> Accessed September 2013.

⁵ *Ibid.*, p. 369.

⁶ Ibid., p. 374.

⁷ Mecca S. Cranley, "Development of a Tool for the Measurement of Maternal Attachment during Pregnancy," *Nursing Research* 30 (1981), p. 282. <http://simplelink.library.utoronto.ca/url.cfm/379450> Accessed September 2013.

⁸ Jean L. Alhusen, "A Literature Update on Maternal-Fetal Attachment," *Journal of Obstetric, Gynecologic, and Neonatal Nursing* 37 (2008), p. 321. <http://journals1.scholarsportal.info.myaccess.library.utoronto.ca/tmp/17032154801920101199.pdf> Accessed September 2013.

⁹ Smith Armstrong, p. 343; Judy Walsh, "Definitions matter: If maternal-fetal relationships are not attachments, what are they?" *Archives of Women's Mental Health* 13 (2010), p. 449. <http://journals1.scholarsportal.info.myaccess.library.utoronto.ca/tmp/17702320460941615132.pdf> Accessed September 2013; Jean L. Alhusen, et al., "The Influence of Maternal-Fetal Attachment and Health Practices on Neonatal Outcomes in Low-Income, Urban Women," *Research in Nursing and Health* 35 (2012), p. 3. <http://www.ncbi.nlm.nih.gov/myaccess.library.utoronto.ca/pmc/articles/PMC3313492/pdf/nihms363400.pdf>. Accessed September 2013.

¹⁰ Smith Armstrong, p. 339; Alhusen, p. 323.

¹¹ Cranley, p. 281.

¹² Marla V. Anderson and M.D. Rutherford, "Evidence of a nesting psychology during human pregnancy," *Evolution and Human Behavior* [in press] http://ac.els-cnd.com.myaccess.library.utoronto.ca/S1090513813000706/1-s20-S1090513813000706-main.pdf?tid=82e4a74e-15a3-11e3-9174-00000aacb35e&acdnet=1378327957_1074172a3c85f4c40dc96e8969a262cb Accessed September 2013; Jennifer Hahn-Holbrook, Colin Holbrook and Martie G. Haselton, "Prenatal precaution: Neurobiological means and adaptive ends," *Neuroscience and Behavioral Reviews* 35 (2011), p. 1059, <http://www.ncbi.nlm.nih.gov/myaccess.library.utoronto.ca/pmc/articles/PMC3345294/pdf/nihms369367.pdf> Accessed September 2013.

¹³ Alhusen, p. 322.

¹⁴ See the article by Hahn-Holbrook.

¹⁵ Walsh, p. 450.

¹⁶ Rubin, p. 373.

¹⁷ Adela Yarcheski, et al., "A meta-analytic study of predictors of maternal-fetal attachment," *International*

Journal of Nursing Studies 46 (2009), p. 714 <http://journals1.scholarsportal.info.myaccess.library.utoronto.ca/tmp/5691456630554651036.pdf>. Accessed September 2013.

¹⁸ Ibid.; Alhusen, p. 322.

¹⁹ Alhusen, p. 324.

²⁰ Cranley, p. 284; Alhusen et al., p. 7; Heather Rowe, Jane Fisher and Julie Quinlivan, "Women who are well informed about prenatal genetic screening delay emotional attachment to their fetus," *Journal of Psychosomatic Obstetrics and Gynecology* 30 (2009), p. 35.

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²¹ Rowe, p. 38.

²² Alhusen, p. 323.

²³ Ibid., p. 324; Cranley, p. 284.

²⁴ Cranley, p. 284.

²⁵ Alhusen, p. 324.

²⁶ Ibid., p. 322; Alhusen et al., pp. 2, 6.

²⁷ Smith Armstrong, p. 339; Alhusen et al., p. 3.