

Early Maternal Attachment Experiences of Mothers in Postnatal Period

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ABSTRACT

Background: Mother-infant attachment is very important for development of child. **Purpose:** The purpose of the study was to describe the early maternal attachment experiences of postpartum women. **Methods:** A qualitative design was used. Data were collected through in-depth interviews with 20 postpartum women from hospital using semi-structured in-depth interview. Participant's each word has been recorded. Records were transcribed and content analysis was made. **Results:** Four main themes were emerged regarding the experiences of mothers; 1) *feeling disorganization/ obstacle*, 2) *feeling vulnerable –stress- insecure*, 3) *avoidance-uninvolved-guilty*, and 4) *cooperation-self-confidence-responsive*. **Conclusion:** Mothers expressed many positive and negative experiences on maternal bonding such as happiness, self-confidence. These findings provide evidence of maternal bonding issues on attachment. Future studies should examine broader experiences on this field from the mothers in various socio-cultural levels to better understand the problems related to attachment and mothers should be supported the formation of maternity roles.

Key words: Early maternal attachment, bonding, mother, postnatal period

INTRODUCTION

Postpartum period is a significant stage in the development of family health, as well as community health, which is considered a period of emotional vulnerability in women's lives due to physical, social and psychological changes (8, 14). For this reason, women face some difficulties while trying to care or interaction with the baby in the postpartum period and they need help in meeting their attachment roles. This relationship with their babies stimulates mothers' health during perinatal period and facilitates maternal role acceptance. When the considering the mechanism of motherhood concept has multiple biological and psychosocial aspects, which may decrease mother's attention

to the baby (5, 10). Many studies determined that women are more tend to physiological problems such as depression, anxiety, insomnia, fear, nervous, especially when they get to the motherhood role stage immediately after childbirth, which is effect on maternal and newborn health (1, 6, 4,7)

Additionally, some personal characteristics, sources, beliefs, spiritual, and cultural factors may negatively affect with maternal infant attachment (MIA) that include less socioeconomic status, higher or earlier age, first pregnancy, previous or current health problems, maternal complications, prolonged hospitalization, lower gestational age, unplanned pregnancy, low self-esteem or self-confidence, fatigue, guilty, pain, difficult delivery, ineffective breastfeeding,

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inadequate prenatal care, lack of awareness or information about MIA, lack of social support, and being single mother. Indeed, maternal-attachment behaviors play a central role in motherhood such as talking to baby, making eye contact, touching baby, and trying to care of baby (9, 13, 17, 16, 19, 20, 15, 21, and 11).

On the other hand, insecure attachment style, distant, withdrawn, and punitive behaviors may negative influence in affiliation with their children. Different studies have demonstrated the adverse consequences of a poor MIA for baby such as with worse language, cognitive impairment, infant sensorimotor development, regression of the growth curve, as well as weak social interactions, school refusal, more tendencies towards alcohol, smoke and drug abuse during adulthood, more aggressive and hostile behaviors during childhood which can cause long-term issues (24, 23, 22, 12, 27, 26). Therefore, early intervention in the MIA is a great important to prevent problems that may occur in establishing the attachment later. However, there are only a limited number of studies on postpartum maternal infant interaction in Turkey.

PURPOSE

This qualitative study was conducted to examine women's experiences and behaviors of attachment with their babies in the postpartum period.

MATERIALS AND METHODS

In this qualitative study, a total 20 women who were admitted to the postpartum polyclinic at a State Hospital for first visit (one week after birth) were included using a purposeful sampling method in Ankara, Turkey in 2016. Turkish speaking women who did not have any medical problems, volunteering to participate in the study, age 18 and older primiparous with singleton pregnancies (37-42 gestational weeks), planned pregnancy, normal delivery, uncomplicated situation for mother and their infants were eligible to participate. Exclusion criteria included a history of fetal abnormality and mothers whose children have died. In data collection, questionnaire form was used. Also, semi-structured in-depth interviews were conducted to better understand how experiences influenced their attachment to their children during women's postnatal first visit in the patient room. Qualitative data were analyzed using conventional content analysis. Interviews were recorded during face-to-face interaction and then transcribed by researcher. It lasted

approximately 30 minutes. Each transcript was read through multiple times, and examined for accuracy. Sufficiency was obtained by interviewing the participants thoroughly until no new data could be obtained. The interview questions led the women to share their own experiences with open-ended question such as: Please,

- Could you tell me about your relationship with your baby? How was your communication with the baby?
- How do you feel about bond you formed with your child during the postnatal period?
- How do you describe your experience or behaviors of attachment in as much detail as you can?
- How much do you think you have control of your baby's care?
- How do you evaluate your communication and connection with your baby?
- What were some of difficulties, upsetting or reward experiences you encountered while interacting with your baby?

Approval for the study was obtained from the university institutional review board. After a description of the study, informed consent was obtained. Rules specified in the Helsinki Declaration were observed in the data collection phase.

RESULTS

The average age of the mothers was 25. (20-32). The largest proportion of women had unemployed (73%), had medium economic level (76%), and had completed high school (71%). All of mothers had health insurance. Four main themes were emerged regarding the attachment experiences of mothers;

Feeling Disorganization and Challenges

The mothers felt some challenges in attachment style and they were not able to enough sufficient motherhood bonds. However, they came to understand the developmental process of interaction with their baby. The mothers also felt sad and anxious due to some obstacles, especially lack of information about MBA. However, they wanted to get to know about attachment methods. Among the interviews that mentioned these feelings, the following stand out:

"I had emotionally hard time at first time after birth. My baby was very tiny and I was scared how I could respond to her reactions promptly. I was wondering if I capable of taking

care of my little baby. Also I sad for limited information about attachment with my baby. I think, I need a certain guide for the correct interaction. I have already started ask questions how to made good attachment with my baby. I feel more relief now and I feel more connected to my baby. I feel my baby relax when I hold him in my arms. This makes me very happy”.

“I loved my baby but I experienced distress and powerlessness until now. I could not actively respond to my baby’s needs. I cried sometimes and I realized this intense emotionally experience with my baby creates a boundary. Actually, I try to figure out how I can solve this problem quickly. I would like to be a great mother to take care of my baby. But I did not get to support from my family and friends.”

“I am trying to be an understanding mother. I used to discomfort when I have to do something for my baby. I received information about baby care and I learned how to control problems and to establish effective interact with my baby from a counselor. I enjoy doing my baby’s care now. My baby has also become more peaceful and I am getting close with my baby. I feel less concerned now”.

Feeling Vulnerable- Stress -Insecure

The mothers expressed their emotional situations including vulnerable and insecure positions. They were aware of the need to improve their problematic issues with attachment methods. Although women are confused they tried to handle it, especially when they felt a supportive partners’ presence. Their approaches make them feel better finally. Among the interviewees who mentioned these feelings, the following stand out:

“It was stressful to meet my baby’s needs at first. Particularly, I struggled to continue breastfeeding. I spent so much time to fix it. Finally I tried pumping, but I was not able to even feed him correctly. So, I concerned about my relationship with my baby at the future stages and I felt a little bit guilty. I think breastfeeding truly is the key to promote bonding. I try to push myself to deal with this. I need find a way to bond with my baby. I hope I will develop self-confidence concerning baby care”

“It was super hard these days to understand my child’s behaviors, especially when she was crying. But I try to stay focused on quality interaction with my baby and I tied tightly my baby’s needs. When my baby cried, I experienced distress and obstacles in the beginning. My fear is getting

decreased gradually. I could not do without my husband and my mom”.

“I do not have definite explanation for my feelings. Because, this adaptation period was very complicate for me. I am not sure how I am feeling for developing mom-baby attachment. I think, I feel pressure on me while trying to care my baby. I did not enough experience that I can easily bond with my baby. I am interested to know any information about closer with my baby. However, I did not supported by anybody. I felt frustrated and lonely; it breaks my heart so much”.

Feeling Avoidance-Uninvolved-Guilty

Mothers described having involved problem during transition period for motherhood. They concerned that their baby would negative affected for well-being due to immaturity related to the motherhood. Their experiences indicated a change their normal life after birth. Some of them felt a sense of regret or guilty when they encounter some problems after birth. They were not ready to be a mother and they did not have concrete approach for raising the baby with attachment. Among the interviewees who mentioned these feelings, the following stand out:

“I have had a very difficult birth. I still have pain and tenderness on my body. I am a little bit idealist people. I need to give more compassion with my baby. If I have not been involved with my baby in very well capacity due to hesitate of doing something wrong. I have suspicion outlook on my baby related thoughts. I felt sorry. I am feeding, kissing, and hugging him, I hope I will able to more intimate relation with him and having enjoyable time”.

“My feelings were complicated. I did not know how I become a good mom to my baby. My life has forcibly changed. So, I become more emotional. Indeed, I would like to feel a strong sense of passion for my baby. Thus, I could build more bonded to him. Unfortunately, our economical problems affected me more deeply that I thought. Therefore, I could not take care of my baby perfectly. I started to criticize my motherhood. This situation makes me regretful and me feel tired in advanced.”

“It is hard to express my feelings. I feel not bad, but I did not feel satisfied about my recovery period. I believe, if I rest a little more I may able to establish intimacy with my child and keep my child healthy. According to me, the comfort level of the mother is very important to facilitate the early mother-newborn bond. I am worried that this prolonged process might cause psychological and social problems in my child. But I would like to be hopeful”.

Feeling Cooperation-Self-Confidence-Responsive

Mothers have stated about their positive attachment style such as cooperation, motivation and responsive. They also described emotionally closeness with their baby with self-confidence and they had supportive sources for greater attachment to their newborn.

“I felt very close to my baby when I made eye-contact with her for the first. I definitely felt like a mother. So I can say, I feel comfortable to initiate connection with my baby and this is the most beautiful feeling. I am very happy, my baby looks very happy too, she sleeps very well and I arranged her location next to my side of the bed. When I would cuddle her, she often would settle down. I think, bed sharing can be necessary to enhance mom-baby attachment as well as touching”.

“I found my comfort style for responding to my baby correctly. I feel so luck. I am always smelling and kissing my baby. I am also playing game with her. I often try to keep her entertained, especially when carrying, cuddling, feeding or changing diapers. I have already had positive feedback from my family and nurses about my motherhood. I don't like to push myself. If I feel any critical things, I will re-visit to the clinic immediately”.

“I honestly believe that I did a great job with my baby's needs shortly after birth. I am monitoring to my baby closely all the time. I am doing regularly massage my baby with baby oil and I am carefully breastfeeding her to sustain the health of my baby. I usually smile at her and talk to her with love all the time. I did not feel any concern about to care of my baby. I really enjoy being a mother. I like to share my baby' pictures with my friends and family”.

“It was fantastic to be a mother. I spent so much time to have the quality mom-baby bonding. I always watch my baby's movement and make eye contact to assure of her health. I literally feel confidence take care of my baby's signals. My small baby recognized me. It was a very unique feeling that I had never experienced before. And I try to perform all daily tasks myself including, playing, giving a massage, getting dress, singing, co-sleeping, and feeding appropriately”.

DISCUSSION

Mother-infant attachment concept starts long before birth, and it continues throughout postpartum period. Mothers need to appropriate response to signals from the infant. However, this process can be stressful by potentially changes in the

physiological and physiological state of the women after birth, which is likely to activate some negative or positive reactions in the postnatal period (5, 27, and 28). Studies indicated that the responsibilities of child bonding and caring practices should have not been left entirely to the mother, should be shared to provide support by social facilities. Early intervention may need to focus on mom-baby attachment as a key factor of later child development (18, 29, and 10).

In this study, mothers reported that they spent a lot time together to start involving infants within a week, they were able to hug, touch or hold them for quality of involvement consequently, majority of them had a positive perception, they were able to involve in their children's care during this period. All of these experiences may have shaped their own attachment orientations models. Enabling the mother and infant to spend more time together could positively contribute to the development of the mother's self-confidence. Current findings are consistent with our findings (1, 24, 29, and 27).

Breastfeeding should be strongly encouraged as a measure to sustain the health of baby. In addition, breastfeeding has a number of psychological benefits for mothers, such as establishing a bond with their infants, meeting motherhood expectations, and gaining motherhood identity (20, 21). In the present study, the mothers reported that when they breastfed their babies they felt in more close contact with them. Except for the breastfeeding efforts, mothers tried to some methods to develop of attachment with baby such as sharing to same room or bed, cuddling, getting social support, giving infant care, and singing, talking, monitoring, and giving a massage. All of these routines can lead to favorable outcomes for the baby development in the entire life (13, 24, 30, 29, and 10).

In the attachment theory, poor maternal sensitivity may lead to insecure or disorganized infant attachment (13). In the present study, mothers have concerns on the transmission of attachment. They were insensitivity and powerless to meet their infant's needs. A few of them experienced fear and guilty for insufficient mom-baby bonding. Due to all these experienced difficulties, there might be delay in establishing the MIA.

Social support may help the mothers to be more sensitive and responsive to their child in the postnatal period (18, 19). In this study, some of women also stated that their expectations about support were not met and they experienced discomfort and guilty due to not fulfilling their maternal roles. This stressful or avoidant attachment experience is similar to those reported in the literature. Several studies also found

that women did not feel supported by the partner or family members. On the other hand, mothers having strong social support during perinatal period experienced less attachment problems with their babies. In conclusion social support has been emerged one of the protective factor against poor attachment (16, 30, 22, 14).

In this study a few of mothers expressed that they did not have adequate information about the establish interaction with their babies. According to the literature, among mothers, lack of information about the need of infants is one of the essential reasons for insufficient attachment. Adopting the role of motherhood, planned educational program can be used to increase women's commitment and taking responsibility for their infant's care (9, 23, and 15). In the present study, it was determined that difficult delivery, pain and fatigue had a negatively impact maternal attachment behaviors. Women faced difficulties in taking care of the baby and in taking care of their own in attachment process. This finding is consistent with the previous studies (3, 25, and 31). Another study by (2) did not find an association between traumatic birth experience and maternal-infant attachment.

CONCLUSION AND RECOMMENDATIONS

In this study, four themes were emerged from mother's statements. The feelings and behaviors of mothers in the postpartum period were varies from mothers to mothers in this study. Some of them begin a positive mom-baby attachment in early stage. Some mothers needed to be enhancing their maternal role. According to the mothers, physical comfort and social support was essential role for accomplishing early maternal-newborn bonding. In this regard, the mothers must be supported by family members and professionals in order to solve their attachment problems timely. Further in depth analysis and longitudinal comprehensive studies are still needed to explore mothers' feelings in this field to get a better understanding of the potential reasons. The development of new intervention programs on the mother and baby friendly-centered intervention may prevent the negative consequences regarding poor attachment style, which may allow mothers more opportunities to establish early attachment for both mother and child in the postnatal period.

LIMITATION

In this study, results may not be generalizable to the rest of the population.

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