

'Phone: 01384 392599; 07983 482 804 E-mail: jnock@hotmail.co.uk

Website: www.jennifernocktrainingandconsultancy.com/

Twitter: @jennifer nock

Facebook: https://www.facebook.com/jennifernocktrainingandconsultancy

MONDAY 30TH MARCH 2020 STAYING CONNECTED AND CURIOUS DURING THE COVID-19 PANDEMIC

EARLY YEARS SPECIAL – BUT RELEVANT TO ALL!

Knowledge and understanding of attachment and trauma

Prenatal Attachment

Attachment in the womb: Mother

Attachment does not begin at birth, but in the womb. Ruben, a specialist maternity nurse at the University of Chicago laid the foundation for an exploration of prenatal attachment. She was interested in the transition to motherhood, that is, how women achieve the maternal role. She concluded that the instant bond between a newly delivered mother and the infant was a consequence of processes that had taken place in the womb. Although she did not use the term 'attachment," Ruben noted: "By the end of the second trimester, the pregnant woman becomes so aware of the child within her and attaches so much value to him that she possesses something very dear, very important to her, something that gives her considerable pleasure and pride" (Ruben, 1975, p.145).

The capacity of expectant mothers to engage with their developing baby is influenced by a number of factors, including:

- biological and chemical changes
- social and psychological states, including the mother's own conscious and unconscious memories of her own early relationships
- family traditions
- hopes, fears and fantasies
- whether or not the baby is planned and/or wanted

The intensity of the mother's engagement is indicated by the mental representations they develop, that is, the way they are able to visualise their developing baby in an increasingly human way over time, particularly during the fourth and seventh months of gestation (Stern 1985), when for many mothers, the baby becomes 'a real, little person'. Early views of the foetus through ultrasound technology can facilitate and enhance the mother's capacity and willingness to imagine the baby and its characteristics, both physical and psychological. If the unborn baby is seen to be sucking her thumb, yawning, moving around, having rapid eye movements or sleeping, this can elicit delight in mothers (and fathers!), as the baby is increasingly perceived as 'real'. This quotation from my own daughter at her twelve-week scan illustrates the point:

'Look at its little nose! It's turned up. Snooty baby! I think it's a girl because it looks prim.'



'Phone: 01384 392599; 07983 482 804 E-mail: jnock@hotmail.co.uk

Website: www.jennifernocktrainingandconsultancy.com/

Twitter: @jennifer_nock

Facebook: https://www.facebook.com/jennifernocktrainingandconsultancy

'It' was a boy, by the way!

The mental representations that mothers develop for their unborn babies also contribute to the mother interacting, for example, in playful exchanges. Play is an integral element in the attachment relationship, and the seeds of play are sown in pregnancy, when mother and baby experience playful episodes, usually while the baby is active in the womb.

So, the pregnant mother is biologically and psychologically predisposed to connect with the baby. Although the transition into motherhood is by no means smooth, the mother attaches to the baby before birth, which ensures that the mother is ready and willing to place the baby's needs above her own, for example for sleep, food, grooming, for an extended period of time.

Some questions for reflection:

1. Prenatal Attachment

Underdown (2011) makes the following suggestions for midwives to share with expectant mothers to facilitate the development of attachment:

- Put on some of your favourite music and notice whether s/he seems more active or whether they go off to sleep
- Try playing gentle, soothing music while you are going to sleep. See if s/he remembers it and goes off to sleep after they are born
- Babies love nursery rhymes and songs if no one is around why not sing a few songs?
- When you feel a kick, put your hand on your stomach and say it's okay I am right here!
- Try sitting down and relaxing. Gently rub your 'bump' and ask your baby how he or she is
- Get your partner to do the same and have a chat with your baby
- As you go from one activity to another, talk to your baby as though she or he were right there in front of you. Say what you are doing? "Okay, let's see what we going to have for dinner? Are you hungry?"

Do you think that all the children you work with have mothers who were able to engage in the types of activities listed above? Spend some time thinking of a child who may not have had the benefit of a mother who was willing and able to connect. How might that have affected the attachment relationship?

How can you and others in your setting support pregnant mothers to develop strong pre-birth bonds with their babies?

2. Covid-19 relevance

Pregnant women are being advised to stay at home for 12 weeks whether they are currently working or not. They are also having limited access to antenatal care and appointments, which they must attend alone. Some



'Phone: 01384 392599; 07983 482 804

E-mail: jnock@hotmail.co.uk

Website: www.jennifernocktrainingandconsultancy.com/

Twitter: @jennifer nock

Facebook: https://www.facebook.com/jennifernocktrainingandconsultancy

hospitals require women to labour alone, and are not currently allowing birth partners, including fathers.

- How do you think these necessary restrictions will impact on the mental health of pregnant women during the current situation?
- Do you think the restrictions might disrupt attachment bonds for mothers pregnant during this time?
- How can you and others in your setting support pregnant women throughout the pandemic?
- What about the future? What protective factors can you put in place to support mothers and babies/toddlers whose attachment bond may have been disrupted through anxiety, loneliness, fear etc. during the pandemic?

Extension

This may be enough for you for today. If you want more, develop a questionnaire to use when welcoming new families into the setting, where the mother has been pregnant during the Covid-19 pandemic. This may simply be an add-on to your current induction interview, or it may form a separate assessment tool. Example questions could include:

- Did mother receive consistent antenatal care?
- What support systems were available during pregnancy?
- Who were the most significant people in mother's personal support network during pregnancy?
- What were the stresses and anxieties during the pregnancy?
- What were the mother's dominant thoughts, feelings, reactions during the pregnancy?
- Was mother able to engage in healthy mental and physical self-care routines during pregnancy?
- How was the labour and delivery?

NB Prompt to recall Covid-19 pandemic if necessary, throughout.

Next Monday, we shall look at prenatal attachment from the perspective of the baby

Don't forget your self-care today, and be sure to walk in a green space.

Have a good day, keep safe and healthy and ring or email me to chat if that would help. Jenny x