



Bonding and Wellbeing

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Rosemary Mander asks 'support by whom?'

The benefits to mother and baby of good support during the childbearing cycle are too familiar to bear repetition.

Suffice it to say that what women and midwives have known for centuries was, in the late twentieth century, endorsed by research evidence. So I learned with eager anticipation of the establishment of UKPEA (UK Prenatal Education Association - www.ukpea.org). This new charity, with a focus on perinatal psychology, seeks to enhance the experience of mothers and babies by facilitating a strong attachment for parents. Such splendid ideals are to be achieved by drawing on a strong research evidence base. The importance of women being able to access good support during pregnancy and after the birth cannot be over emphasised. So the arrival of this charity onto the childbearing scene is more than welcome.

UKPEA has, very sensibly, embarked on its mission by undertaking a research project, which endeavours to demonstrate the ongoing need for such support and to establish UKPEA's research-based credentials. The research project¹ comprised an online survey, involving 1438 childbearing women, using a questionnaire to investigate women's state of mind.

So far so good.

The background and the theoretical basis rely on the work of Goecke,² whose wide-ranging study of depression in childbearing serendipitously identified an association between attachment in pregnancy and postnatal depression (PND). The negative correlation led Goecke and colleagues to an assumption of cause and effect; "*that poor attachment or bonding leads to PND*". This is not a safe assumption, as a depressed pregnant woman may find difficulty relating to her unborn baby.

Rachel Gardner's summary of the research project details the findings. Although she claims that the questionnaire reached 'a wide variety of women', the snowball technique which it used carries a risk of bias. That Gardner eventually found that the sharing of the questionnaire could 'no longer be tracked' meant that she did not know where or to whom it was being sent. This is a particular problem for readers because information is lacking about the sample, such as age, childbearing experience or even respondents' gender. The data is numerical, but analysis, such as for significance, is lacking. Some of the figures are surprising, such as that only 18% of women reported feeling 'worse' after the birth. further, the women's experience of feeling anger (p3) is presented as serious, but without any indication that anger was unusual for the women.

The researcher highlights the problem of what she calls 'medical professionals'; a phrase clearly intended to include midwives. The data are difficult to follow because there is (p3) a subset of 647 women with no indication of their characteristics. Of those 647 women, 172 reported isolation or loneliness and 'more than half ' of the 172 stated that professional support, care or compassion was lacking.

That these women were unable to find the support they sought and needed is a sorry reflection on the milieu in which women experience pregnancy and birth. The women whose partners, parents, friends are unavailable to offer support should be able to find that help from the midwives and others who offer maternity services. So what has happened to the midwife's ability to respond to women who are feeling vulnerable?

The answer to this question may be found in the findings of a survey by the birth Project Group (BPG).³ While the UKPEA survey collected only data from women, the other side of the coin, midwives' views, were accessed by the BPG study. The BPG paints a very clear picture of midwives who are keen to provide women with the standard of care which they know to be necessary. This includes education and psychosocial support, as well as a high standard of clinical midwifery care.

The midwives told the BPG, though, of practising within a system which prevents them from caring appropriately. They are prevented by understaffing, by bullying, by poor management and by a blame-ridden environment. The midwives were all too clear about what they know to be necessary for women, especially those who are more needful. Their main focus, though, is on safety and avoiding the incidents which endanger not only the childbearing women, but also their own futures in midwifery.⁴

The blame for a service which does not meet the needs of childbearing women should be laid where it belongs. This is at the door of a political system which assumes that well-meaning midwives will tolerate stringencies to the point where their own welfare is jeopardised. It is clear that UKPEA do an admirable job of providing support for vulnerable women, but they have not campaigned strategically. To improve the situation for women the problem also needs tackling at its roots by campaigning beyond the interpersonal and taking political action addressing our hostile maternity system.

References

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