

“I Owe Her So Much; Without Her I Would Be Dead”: Developing a Model of Mother–Infant Bonding Following a Maternal Antenatal HIV Diagnosis

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Women can face a period of psychological vulnerability following antenatal HIV diagnosis, affecting feelings about both the pregnancy and motherhood. Our study explored the impact of being diagnosed with HIV during pregnancy on mother–infant bonding. Grounded Theory was used to assess perceived challenges and facilitating factors for mother–infant bonding for 10 mothers given an HIV diagnosis during pregnancy. Data analysis led to a model of mother–infant bonding composed of four theoretical codes: (a) facing barriers to bonding, (b) feeling disconnected from the baby, (c) developing a special bond, and (d) strengthening and moving on. Challenges with bonding emerged primarily during early stages after diagnosis and birth, with maternal resilience and positivity about the future developing as the infant HIV testing process progressed. Study recommendations include more timely information regarding vertical transmission and more targeted psychological support along with greater promotion of services to support women diagnosed with HIV antenatally.

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Maternal HIV testing has become a routine component of antenatal care in the United Kingdom, bringing with it a significant reduction in the vertical transmission of HIV from mother to child (Townsend et al., 2014). Antenatal HIV testing has also become more prevalent on a global scale, with 70% of countries ($n = 118$) participating in a global study (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2013) reporting widespread integrated HIV testing within antenatal care services.

Women can face a period of psychological vulnerability following a diagnosis of HIV during pregnancy, impacting feelings about pregnancy and

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motherhood (Alder, Fink, Bitzer, Hösli, & Holzgreve, 2007) and functioning as a mother (Psaros, Geller, & Aaron, 2009). A diagnosis of HIV during pregnancy can also be associated with the presence of suicidal thoughts (Kelly, Alderdice, Lohan, & Spence, 2012). In recent years, the antenatal care provided to women with HIV has been overwhelmingly focused on physical health and reducing the risk of transmitting HIV to the baby, for example, through guidance to avoid breastfeeding (Sanders, 2008). Much less is known about the ways in which a diagnosis of HIV in pregnancy impacts the development of early mother–infant relationships.

Challenges Faced by Mothers Living With HIV

Motherhood, in the context of a chronic and stigmatizing illness such as HIV, brings with it many unique challenges (Nelms, 2005). Qualitative studies have reported that mothers experience HIV-related discrimination, a fear of transmitting HIV to their unborn children, restrictions related to breastfeeding (Treisman, Jones, & Shaw, 2014), and the dual challenges of caring simultaneously for themselves and their children (Murphy, Marelich, Herbeck, & Payne, 2009).

An additional factor impacting women diagnosed with HIV prior to, or during, pregnancy is the infant screening process following birth. Studies interviewing mothers living with HIV and diagnosed postnatally reported that levels of maternal anxiety were notably increased prior to confirmation of their infant's HIV status, suggesting that this could impact women's mental health and maternal role during this period (Lazarus, Struthers, & Violari, 2009).

Mothers with HIV have also been shown to have a tendency to internalize stigma, experiencing feelings of guilt, shame, and worthlessness as mothers because of their HIV status (Lazarus et al., 2009). Qualitative research has provided personal accounts of the burden that HIV-associated stigma can place on pregnant women and their relationships. A heightened sense of shame and fears of negative disclosure outcomes, such as discrimination or rejection by family and friends, has been documented as a factor leading women to distance themselves from family and friends (Green & Smith, 2004).

Mother–Infant Bonding

Much research in the general population has focused on the impact of early mother–child relationships on subsequent child outcomes across different cultures and socioeconomic levels. Mother–infant bonding, defined as “the feelings of a mother towards her infant” (Myers, 1984, p. 243), is highly predictive of later attachment security, quality of the mother–child relationship, and resulting child outcomes (Pawlby, Hay, Sharp, Waters, & O’Keane, 2009).

Two of the most widely documented risk factors for disrupted mother–infant bonding are social isolation and maternal postnatal depression (Moehler, Brunner, Wiebel, Reck, & Resch, 2006), with a strong relationship between the two (Crouch, 2002). Additional factors associated with disrupted bonding include a lack of physical contact between mother and infant after birth, previous maternal negative life events, and restricted opportunities for infant breastfeeding (Treisman et al., 2014).

A steadily growing literature has demonstrated the high prevalence of poor long-term outcomes for children of mothers living with HIV, who are shown to be at risk of behavioral, developmental, and emotional difficulties (Bauman, Silver, Draimin, & Hudis, 2007). In an attempt to explain these behavioral and developmental difficulties, a number of authors have suggested that maternal HIV may impact negatively on mother–infant relationships after birth (Oswalt & Biasini, 2010). However, to our knowledge, no studies to date have explored maternal perceptions of mother–child bonding following a diagnosis of HIV during pregnancy.

Unique Characteristics of HIV Diagnosis During Pregnancy

Receiving an HIV diagnosis can be challenging at any time, bringing with it the potential for depression, denial, and fears surrounding unintended disclosure (Anderson, Riesch, Pridham, Lutz, & Becker, 2010). A small number of studies have explored the specific experiences of women diagnosed with HIV during pregnancy, suggesting that the news of HIV

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