



Psychometric properties of the Postpartum Bonding Questionnaire and correlates of mother–infant bonding impairment in Italian new mothers

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ABSTRACT

Objective: impaired maternal bonding is a risk factor for problems with infant well-being and development. The investigation of perinatal variables related to disorders of the mother–infant relationship as well as the administration of reliable and valid screening tools to new mothers in the postpartum can help identify early signs of a disturbed mother–child relationship. The Postpartum Bonding Questionnaire (PBQ) has been shown to be a valid screening instrument, but its dimensional structure is still controversial. An analysis of the literature demonstrated the need for research into the perinatal correlates of the quality of mother–newborn bonding as measured by the PBQ, and for information about the reliability and validity of the Italian version of the questionnaire.

Aim: to (a) carry out preliminary analysis of the psychometric properties of an Italian version of the PBQ and (b) explore how mother–infant disturbances are related to relevant perinatal psychological variables.

Design: the research design consisted of a prenatal and a postnatal phase.

Setting: prenatal education classes delivered in public and private institutions.

Participants: 123 pregnant Italian women were recruited from prenatal education classes.

Measurements: in the prenatal period participants completed a questionnaire measuring maternal–fetal attachment; at the postnatal assessment (3 months postpartum) participants completed the Italian PBQ together with measures of mother–infant attachment, the couple’s adjustment and maternal psychological well-being. Exploratory factor analysis was used to investigate the factor structure of the PBQ. Internal consistencies were evaluated using Cronbach’s alpha. Nomological validity was assessed via Pearson correlations.

Findings: a three-factor model provided the most meaningful representation of the PBQ data, with one factor reflecting annoyance and anger towards the infant, another reflecting detachment and rejection and the third reflecting anxiety about infant care. Internal consistencies were good. Impaired mother–infant bonding was negatively correlated with prenatal and postnatal mother–infant attachment and couple adjustment, as well as being positively correlated with maternal depressive symptoms.

Key conclusions and implications for practice: the Italian PBQ is a reliable, valid screening instrument and can be used for research, including transcultural comparisons in perinatal psychiatry. It can also be used clinically to detect signs of a disordered mother–child relationship. Knowledge of the variables generally associated with mother–infant bonding problems combined with data from postpartum administration of the PBQ could be used in midwifery to develop preventive programmes based on the specific needs of new mothers.

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Introduction

For new parents constructing a relationship with the ‘real baby’ is one of the core psychological processes of the postpartum period (Stern, 1995). Although the foundations for this relationship are laid in the prenatal period, it is with the birth that the parental bond with the child becomes concrete (Taylor et al., 2005; Tambelli et al., 2014). Parental bonding, far from being an innate and automatic process, depends on a variety of factors, including the characteristics of the child, the parents’ psychosocial resources, environmental factors and so on. The belief that all mothers are genetically programmed to love and nurture babies unconditionally has been called into question because of observations that sometimes mothers can be reluctant to take care of their offspring (Hoffenkamp et al., 2012). When the mother experiences a persistent negative feeling towards her child it is possible to speak of a ‘disorder of the mother–child relationship’ (Bramante and Brockington, 2016). Crucial symptoms of this disorder are regret at having had the child, hostility to the baby - including extremes of hatred and rage, a marked sensation of relief on separation from the child, attempts to escape from the dyadic relationship context, requesting that someone else take care of the baby and a desire that the child should somehow go away (Brockington, 2006b; Bramante and Brockington, 2016). Research has shown that impaired early bonding with the mother is a risk factor for problems with infants’ emotional, behavioural and cognitive development (Murray et al., 2003; DeKleyn and Greenberg, 2008; Lyons-Ruth and Jacobvitz, 2008; Pawlby et al., 2008), which makes the quality of the early mother–child relationship central to perinatal psychiatry (Brockington, 2004). Timely assessment of potential bonding problems can be very important from both a predictive and a preventive perspective.

Sophisticated methods of investigating mother–infant interactions, mostly based on observation and interview, have been developed for use in perinatal psychological and psychiatric research. Observation and interview are crucial aspects of midwifery care of the postpartum patient, particularly with regard to identification of adjustment problems; however it is time-consuming to collect and code the data and to do so requires specific training (Klier, 2006; van Bussel et al., 2010). The clinician or the investigator may not have the time to use such time-consuming methods. This means that despite the problems associated with self-report methodologies (e.g. social desirability bias, subjectivity), maternal self-report questionnaires dealing with the mother’s emotional, cognitive and behavioural responses to her infant are useful because they are shorter and quicker to administer.

Among the self-report questionnaires dealing with characteristics of the early mother–infant bond are some developed specifically to assess attachment, e.g. the Maternal Postpartum Attachment Scale and the Postpartum Maternal Attachment Scale (Condon and Corkindale, 1998; Nagata et al., 2000). Brockington uses the term ‘bonding’ instead of the expression ‘mother–child relationship’ and stresses the difference between mother–infant bonding and the attachment a mother has to her child (Brockington et al., 2006a, pp. 238–239). Attachment is a fundamental aspect of the mother–child relationship, but the latter is not entirely accounted for by the former. Brockington’s research team developed the Postpartum Bonding Questionnaire (PBQ; Brockington et al., 2001), a screening instrument specifically designed to detect disorders of the early mother–child relationship.

The PBQ items were derived from draft screening instruments being developed concurrently by two UK university teams. The two draft questionnaires were combined to give an initial set of 84 items that was administered to a group of 218 women, including mothers from the general population, mothers of babies with fetal abnormalities and depressed mothers. Principal component analysis (PCA) was used to reduce the initial set of 84 items to a set of 25 items representative of four factors that are clinically relevant to disorders of the mother–infant relationship and together account for more than 50% of the variance: *impaired bonding, rejection and anger, anxiety about care*

and *risk of abuse* (Brockington et al., 2001). Brockington et al. also interviewed a subsample of 51 new mothers using the third edition of the Structured Interview for Pregnancy-related Disorders (later named the Birmingham Interview for Maternal Mental Health, BIMMH; Brockington, 1996) to assess the presence of bonding disorders. New mothers were assigned to diagnostic groups and, by comparing scores on the PBQ and BIMMH, Brockington et al. demonstrated that the PBQ was a specific and sensitive method of detecting maternal bonding disorders in both depressed and healthy mothers, as well as establishing cut-off points for each subscale (Brockington et al., 2001; Wittkowski et al., 2010). The PBQ was subsequently validated in a clinical sample of 125 women who were all suffering from some kind of mother–infant bond disorder as well as comorbid mental disorders (Brockington et al., 2006a). All participants in the validation study were also interviewed using the fifth edition of the BIMMH and assigned to diagnostic groups. On the basis of comparison of PBQ and BIMMH results from the new sample the authors recommended that the cut-off points of two of the four subscales should be altered.

Since its publication many studies have made use of the PBQ (e.g. Edhborg et al., 2005; Moehler et al., 2006; Hoffenkamp et al., 2012; Muzik et al., 2013; Mitchell et al., 2015; Kerstis et al., 2016; Tikotzky, 2016). Because the questionnaire has been shown to be a sensitive and valid method of screening for early mother–child bonding disorders it has been widely used in clinical centres in numerous countries (Brockington, 2007; Garcia-Esteve et al., 2015; Mitchell et al., 2015).

However, the factor structure of the PBQ is controversial; no study has been able to confirm the original four-factor structure. A Japanese group (Suetsugu et al., 2015) reported that their data had a four-factor structure, but the composition and meaning of their factor only partially overlapped with the descriptions of Brockington et al. (2001, 2006a). Another study reported that the PBQ had a three-factor structure (Wittkowski et al., 2010), but most have concluded that PBQ data can be represented effectively using a single general factor (Reck et al., 2006; Kaneko and Honjo, 2014; Garcia-Esteve et al., 2015). On the basis of their factor analyses some of these authors proposed the use of a shorter form of the questionnaire, composed of 16 (Reck et al., 2006; Kaneko and Honjo, 2014) or 14 items (Suetsugu et al., 2015).

To date the psychometric properties of the Italian version of the PBQ have not been described. Our research aimed to fill this gap, as we consider it important to have a tool that can be used in clinical and in research settings to provide a rapid assessment of early difficulties in the mother–child relationship.

Method

Aim and hypotheses

The aim of this study was to gather preliminary data on the reliability and validity of an Italian version of the PBQ from a sample of new mothers. Our intentions were to examine the factor structure and internal consistency of the questionnaire and to explore how mother–infant relational variables were related to perinatal psychological variables. In other words, we wanted to investigate the nomological network of the Italian PBQ.

Our first hypothesis was that the four-factor model proposed by Brockington et al. (2001) would also apply to the Italian translation of the PBQ (*Hypothesis 1*).

We examined the associations between disturbances in the mother–infant relationship and related constructs, namely prenatal and postnatal maternal attachment, dyadic adjustment and postnatal depressive symptoms.

The bond that a pregnant woman develops with her unborn baby has been described as *prenatal maternal–fetal attachment* (Condon, 1993; Cranley, 1981; Müller, 1993, 1996). Doan and Zimerman (2003, p. 110) proposed a working definition of prenatal attachment as ‘an abstract concept representing the affiliative relationship between a

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