

Health Care Climate, Posttraumatic Stress Disorder and Mothers and Fathers' Attachment to their Babies

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Abstract

Postnatal attachment is relevant to future parent-child relationship and child development outcomes. Previous attachment research focused mainly on mother-child bonds and fathers' perception has often been excluded. Thus, studies that include both mother and father variables enable a more complete perspective of family relationships. Previous research highlighted the PTSD negative effect on mothers' attachment. The objective of this cross-sectional study with Portuguese couples, whose babies were born less than a year before, is to explore the correlations and effects of health care climate and mothers' PTSD symptoms associated with childbirth on mothers and fathers postnatal attachment to their babies. One-hundred seventy-seven couples aged 19-47 ($M=32.11$; $SD=5.92$), mostly married, answered the PPQ-Perinatal Posttraumatic Questionnaire, MHCCQ-Modified Health Care Climate Questionnaire, MPAS-Maternal Attachment Scale, and PPAS-Postnatal Attachment Scale. Results indicate that for mothers, age and PTSD symptoms are associated with health care climate perception; health care climate predicts post-natal attachment. For men, being a new parent and the perceived health care climate provided to the partner, act as predictors of postnatal attachment. In summary, mothers' PTSD symptoms have a negative effect on health care climate, the latter being a relevant variable with an impact on attachment for both parents. This study may contribute to deepen the knowledge of the impact of health care conditions and services during pregnancy and after birth on the primary affective bond between parents and their new babies.

Keywords: Childbirth PTSD, health care climate, attachment, mothers, fathers

Introduction

Currently, some negative effects of PTSD symptoms related to childbirth are already known as having an impact at individual and family relationship level. Previous studies have enhanced its impact on the mother or on her baby (Ionio, & DiBlasio, 2014; Nicholls, & Ayers, 2007); on the couple's relationship (Ayers, Eagle, & Waring, 2006); and on mother's bonding and attachment to her baby (Davies, Slade, Wright, & Stewart, 2008). Concerning the impact of childbirth and PTSD symptoms related to childbirth, individual and contextual variables must be taken into account. These variables include severity, duration and proximity to the traumatic event, personal and family history of the subject; social support, personality traits, and coping (Soet, Brack, & Dilorio, 2003; Iles, & Pote, 2015). Regarding mothers, the feeling of lack of choice or lack of involvement in decision-making and the poor quality of health care information provision, staff factors, continuity of care and environment (Nicholls, & Ayers, 2007) are contextual factors associated with PTSD symptoms. These factors highlight the importance of health care climate perception. Several studies concluded that "good and honest" communication from medical staff is highly valued by women at the time of birth (Hinton, Locock, & Knight, 2014; McKenzie-McHarg, Crockett, Olander, & Ayers, 2014). Previous results also focus on the mothers' need for more information before making prenatal decisions (Wohlgemuth, 2006) and during childbirth, as they are important factors that reduce the mothers' feeling of lack of control (Denis, Parant, & Callahan, 2011). Although research focusing on the fathers' role and relationship within the family is growing, only a small number of studies emphasise the fathers' attachment in the postnatal period. When transitioning to parenthood, fathers feel they play a secondary role and that their needs are underestimated (Kowlessar, Fox, & Wittkowski, 2015). Partner experiences are characterized by powerlessness and exclusion (*near-miss* events). Also, support (from staff) is very important, and clear, honest communication from medical staff is highly valued by fathers (Hinton, et al, 2014). First-time fathers report the need for formal support, for more and targeted information, and inclusion of prenatal, labour and delivery health care provision (Carlson, Edleson, & Kimball, 2014). Hence, for