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Effects of Depression and Fetal Attachment on Bonding at Two Years Postpartum

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Objective: The purpose of this study was to examine the impact of "depression", "fetal attachment" as risk factors during pregnancy on maltreatment and bonding at two years postpartum. Methods: Data from 68 pregnant mothers responding to surveys conducted in the 2nd trimester of pregnancy (12~20 weeks gestation), and at 2 years postpartum were used in this analysis. Results: Regarding bonding, moderate positive correlation was found with depression during pregnancy, in addition to negative correlation with fetal attachment. On the other hand, no significant association could be found between abusive tendency and either depression during pregnancy or fetal attachment. In other words, although the psychological risks of depression during pregnancy and low fetal attachment continued as risk factors in the formation of affective ties between mother and child, they were not directly implicated in subsequent occurrence of abusive acts per se. Conclusions: Mothers with strong depression during pregnancy or low fetal attachment were demonstrated harboring feelings of distaste or refusal towards interacting with their child, and of being prone to capturing child-rearing as a burden or source of anxiety.

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Ten Years Experience of the Postpartum Bonding Questionnaire

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In Birmingham, in the early 1990s, we began developing a screening questionnaire for mother–infant relationship disorders. In 2001, a 25 item questionnaire – the Postpartum Bonding Questionnaire (PBQ or PBI) was published. It had four factors. It was calibrated against a 2 hour interview conducted with 50 patients, and validated in a second sample of 125 patients from Britain and New Zealand. Factor 1 (a 12 item general factor) had a sensitivity for any 'bonding disorder' of .82, and for pathological anger of .93. Factor 2 (7 items targeting pathological anger and rejection) had a sensitivity of .88 for established rejection. Reducing the threshold on Factor 2 enabled 'threatened rejection' (the threshold for specific treatment) to be identified with a sensitivity of .86. The PBQ, therefore, has been shown to be sensitive and valid for the diagnosis of bonding disorders. It can also be used to measure progress in treatment. Like all screening questionnaires, it should be followed by a diagnostic interview; because it is important to distinguish these disorders from infant–centred anxiety and obsessions of child abuse. It is now being used by 50 centres in 18 countries.