MIDWIFES EVALUATION OF THE MATERNAL ANTENATAL ATTACHMENT SCALE (MAAS) IN PREGNANCY CHECK-UPS

Stormark K.M., Korsviken H.

Regional Centre for Child and Youth Mental Health and Child Welfare, NORCE-Norwegian Research Centre, Norway

Prenatal maternal-fetal bonding represents the earliest and one of the most basic forms of human intimacy. The strength and the quality of bonding is influenced by maternal prenatal health behavior, mental well-being, internal attachment representations, and predict infant attachment behavior. This attests to a possible public health potential in addressing maternal-fetal bonding as a topic during pregnancy check-ups.

The purpose of this study was to examine midwives in prenatal clinics’ evaluation of the Maternal Antenatal Attachment Scale (MAAS).

39 midwives completed an anonymous web survey in September 2018, comprising both midwives’ practice profile and a Norwegian translation of the MAAS. The scale on practice profile comprised nine items, capturing the extent to which midwives ask pregnant women during pregnancy check-ups about health and prenatal bonding issues. Subsequently, the midwives responded to each of the 19 items in the MAAS, by indicating how useful they found each of the MAAS items to be for their practice.

A one-sample t-test showed that the midwives found 18 of the 19 MAAS items to be significantly useful for their pregnancy check-up practice. A principal component analysis yielded a two-factor model that we labeled “Health-focused practice profile” and “Relation-focused practice profile” in prenatal care. The midwives MAAS evaluation scores also yielded a two-factor model based on 13 of the 19 items, labelled “Strength” and “Quality” of bonding, in accordance with the original two subscale solution of the MAAS.

The subscales capturing the midwives’ practice profile and their evaluation of the MAAS were inter-correlated, respectively. Regarding the relationship between the midwives’ practice profile and their evaluation of the MAAS, only the MAAS-Quality of bonding subscale were correlated with the Relation-focused practice (r=.45, p<.01). Thus, neither the midwives’ health-focused practice were correlated with the evaluation of any of the MAAS subscales, nor were the midwives’ evaluation of MAAS-Strength of bonding correlated with their practice profile.

These findings show that the midwives’ evaluation of the MAAS is influenced by their practice profile in prenatal care. The results from this pilot study are a promising first step in assessing prenatal bonding during regular pregnancy check-ups, but these findings need to be replicated in a larger study before considerations for implementing as part of regular pregnancy check-ups could be made.