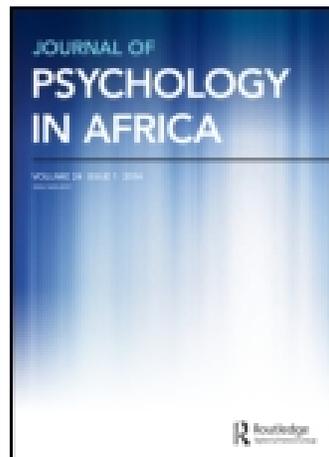


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Samantha Lynne van Reenen^a & Esmé van Rensburg^a

^a North-West University, South Africa

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The Influence of an Unplanned Caesarean Section on Initial Mother-Infant Bonding: Mothers' Subjective Experiences

Samantha Lynne van Reenen
Esmé van Rensburg

North-West University, South Africa

Address correspondence to Samantha Lynne van Reenen, Oakfields 179, Paperworks X43, Benoni 1501, South Africa. E-mail: samanthavanreenen@gmail.com

This study explored the impact of an unplanned Caesarean section on mother-infant bonding, by examining the development of maternal identities and mothers' subsequent relationships with their babies. In-depth interviews with 10 women (mean age=28; SD=1.97) explored their lived experiences of mother-infant bonding after an unplanned Caesarean childbirth. Participants perceived an unplanned Caesarean birth to adversely impact the development of a maternal role identity, the formation of balanced maternal attachment representations, caregiving abilities, and initial mother-infant bonding.

Keywords: attachment; Caesarean section; failed natural birth; interpretive phenomenology; mother-infant bonding; mother-infant relationship.

Childbirth and the transition to motherhood are special experiences for women (Fenwick, Gamble, & Hauck, 2007). However, the experience of birth by unplanned Caesarean section can place women at risk of having a negative or even a traumatic delivery experience (Gamble & Creedy, 2009; Roux & van Rensburg, 2011). A mother may experience an unplanned Caesarean section to impede the quality of her post-partum psychological experience and related attachment representations, as well as initial mother-infant bonding (Forcada-Guex, Borghini, Pierrehumbert, Ansermet, & Muller-Nix, 2011; Wijnroks, 1999; Wilkinson & Scherl, 2006).

Unplanned Caesarean Birth Effects

An unplanned Caesarean section delivery has been identified as a potentially traumatic experience for those mothers expecting a natural birth (Rijnders et al., 2008). The sense of loss of control and the series of subsequent rapid psychological adjustments may be distressing, anxiety-provoking and emotionally unsettling for women (Roux & van Rensburg, 2011). Furthermore, the traumatic experience and its consequences have the potential to adversely affect women's well-being in the long-term (Rijnders et al., 2008). A mother's unresolved traumatic experiences and negative emotions associated with the birth may then interrupt the maternal representation process that takes place in the post-partum period (Borghini et al., 2006; Korja et al., 2010), and may be related with disorganization of the Caregiving System and maternal attachment behaviours (Pianta, Marvin, Britner, & Borowitz, 1996).

Within the context of traumatic birth experiences, attachment has mainly been examined from the infant's attachment perspective (Forcada-Guex et al., 2011). The development of secure attachment early in life is a key developmental task that influences the child's representations of the self and others. This dictates aspects of the internal working model which influences future expectations of the self and others, and determines strategies for processing attachment-related thoughts and feelings (Bowlby, 1973, 1980). However, very little re-

search has focused on maternal representations of their infants, and how these representations may affect early mother-infant bonding and maternal attachment processes.

Maternal Representations

Maternal attachment representations of the infant and mother-infant interactions (behaviours) are highlighted in attachment theory as the Caregiving System (Bowlby, 1982). The subjective experiences that affect the mother-infant relationship are the mental representations of each individual's interaction history (Bowlby, 1982; Korja et al., 2010). Mothers develop internal subjective experiences of the relationship with their infant (Zeanah & Benoit, 1995), and in the same way, maternal interaction patterns are experienced by the baby (known as internal working models) (Ainsworth, 1993). When the interactive, reciprocal "dance" between the caregiver and infant is disrupted or difficult, bonding experiences are difficult to maintain (Carter et al., 2005).

Research indicates a high concordance exists between mothers' representational models of their own attachment experiences and the quality of their infants' attachment, with maternal responsiveness and sensitivity playing a major role in this construction (Schmucker et al., 2005). It has been suggested that maternal representations are relatively stable (Benoit, Parker, & Zeanah, 1997) and are based on mothers' own attachment developmental processes in childhood (Bowlby, 1982; Korja et al., 2010). However, Slade, Belsky, Aber, and Phelps (1999) suggest that adult attachment representations are not the only determinants shaping maternal representations, but that factors associated with pregnancy, the nature of the labour and post-partum experience, the actual infant, and the relationship also modify maternal representations (Korja et al., 2010).

Goals of the Study

This study therefore aimed to explore and understand the subjective experiences and perceptions of white South African women who had delivered their babies by an unplanned Cae-

sarean section, as well as how these experiences may have influenced maternal attachment representations and mothers' relationships with their babies. The research question asked in this study was: What is the subjectively perceived influence/impact of an unplanned Caesarean section on initial mother-infant bonding?

Method

Research Design

An exploratory, descriptive, qualitative research design was used to explore women's subjective experiences of an unplanned Caesarean section, as well to describe how these experiences influenced mothers' relationships with their babies. Qualitative research examines the lived experience in an effort to describe, explain, understand, and give meaning to people's experiences, behaviours, interactions and social contexts (Fossey, Harvery, McDermott & Davidson, 2002; Strauss & Corbin, 1998).

Participants

Ten women who had delivered their babies by unplanned Caesarean section were recruited as participants using a snowballing sampling method. To be admitted to the study, participants met the following criteria:

1. Married women
2. Mothers aged 25-30 years
3. It was the birth of each woman's first-born child that culminated in a Caesarean delivery
4. A period of 2 to 4 years had passed since each woman's unplanned Caesarean delivery
5. No previous miscarriages had been experienced

Data Collection

Data on women's subjective experiences of their birth experiences were collected using in-depth phenomenological interviews. The interview questions further focused on how women perceived these experiences to have influenced maternal attachment representations and their relationships with their babies.

Interviews were not limited to a certain number, but continued until data saturation had taken place in order to deepen, enrich and complete categories, themes and concepts (Brink & Wood, 2001).

Procedure

Ethical issues and standards were critically considered in this research project. In accordance with the ethical rules of conduct for practitioners registered under the Health Professions Act, 1974, as stipulated in the HPCSA Ethical Code of Professional Conduct (2004), several measures were taken to ensure the ethicality of this research. Firstly, the research protocol was approved by the relevant ethics Committee. Thereafter, prospective participants were informed of the background to the study and the voluntary nature of participation in the study. Interviews proceeded once participants had given verbal and written consent. The researcher was fully aware of the sensitive and emotional nature of exploratory inquiry, and the rights and needs of the individual were therefore considered at all times. Furthermore, the participants were assured of confidentiality. Finally, participants were debriefed by a Clinical Psychologist at the resolution of the interview process to resolve any questions, unease or queries.

Data Analysis

Thematic content analysis was used to summarize the evidence from the interviews. The analysis involved systematic readings of the transcripts and field notes to construct emergent and recurrent themes.

Findings

Thematic content analysis gave rise to the identification of the following themes: *The pre-natal relationship*; *A sense of detachment*; *Anticipation*; *Delayed initial contact*; *Recovery attachment*; *Diminished caregiving capacity*; *Emotional discomfort*; and *Progressive engagement*. The categories are discussed next.

The Pre-Natal Relationship

For the women in this study, pregnancy was conceptualized as a 'spiritual...' (Mom #1) and '...special bond[ing]...' (Mom #10) process. Mothers described developing attachment relationships with the fetuses during this time: 'I loved him fiercely from the minute he was conceived' (Mom #3). Mom #4 further explained that pregnancy was '...personal, intimate, just between [me and my baby]'. Natural delivery was then perceived to be a significant and symbolic extension of this process; encompassing the idea 'of the baby coming out through the canal, and the closeness, the bond that you form then in that process' (Mom #1). Therefore, each mother considered her pregnancy to represent the formation of a unique bond between her and her baby.

A Sense of Detachment

The desire to have a natural birth was often associated with a conscious and active process of birthing. Nine of the mothers aspired to work with their bodies to deliver their babies themselves: 'It's what my body was designed to do, I was supposed to do it; me, not the doctors' (Mom #8). However, due to the sedating effects of the medication and the surgical nature of a Caesarean section, women reported a passive labour and birth process: 'You are just sitting there and your baby is being born for you' (Mom #7). Delivery by unplanned Caesarean section was therefore perceived as having been impersonal, with mothers describing a sense of detachment and a loss of intimacy between mother and infant.

Anticipation

Despite the anxiety, uncertainty, distress, and sense of detachment experienced during an unplanned Caesarean section, mothers continued to await their babies with anticipation: 'You're really happy that this is finally happening and [your baby] is finally coming' (Mom #9). Acknowledgement of the imminent arrival of their baby can be a powerful reminder of the positive expectations and emotions associated with pregnancy. Mom #1 explained that: 'It's fantastic at the same time because you also realise that this is it; your baby is being born, this life is coming into the world, and you're aware of this miraculous moment.' Thus, in the midst of the frantic activity and emotional turmoil surrounding the emergency Caesarean surgery, there is still an eager expectancy and excitement for their babies' arrival.

Delayed Initial Contact

Immediately post-Caesarean, all of the women in this study reported their initial contact with their babies to have been delayed. In most cases, this is due to routine Caesarean procedure: 'So baby doesn't come straight to mom... they do that,

they take baby away to check. There was that distance, that separation...' (Mom #1). For those mothers not prepared for it, this was anxiety-provoking and somewhat distressing: 'I was lying there, not really sure what was going on, I didn't know where my baby was and it made me nervous' (Mom #6). Mom #4 further explained that 'I just wanted my baby, they had him in the nursery and I couldn't get to him. It was horrible'. In some instances, the baby's incubation delayed initial physical contact: 'I just wanted him, I didn't want to be seeing him through a glass box, I wanted to hold him' (Mom #3). As Mom #8 explained: 'I felt like I was a mom with no baby... he felt so far away, he wasn't with me, he just wasn't there' (Mom #8). Thus, regardless of the length of separation, women considered the separation to interrupt initial mother-infant contact and subsequent bonding, and they described a sense of disconnection from their babies.

Recovery Attachment

Despite this initial separation period, for some mothers these feelings of detachment and disconnection dissipated on contact with their babies. On hearing their babies' initial cries, or on holding their babies for the first time, these mothers' apprehensions and anxieties associated with the Caesarean section dissolved: '[When] they brought him to me I remember thinking, wow, this is my baby'. Feelings of relief and gratitude referred to a perception that despite the traumatic delivery experience: 'it is all about a happy, healthy baby. That is more important than anything else' (Mom #3). Other mothers reported a slightly more gradual, but still powerful bonding process in their relationships with their babies: 'Seeing him and touching him made the adjustment so much easier, then I could start to bond with him' (Mom #1). Furthermore, some mothers reported a strengthened and reinforced attachment to their babies. Mom #4 explained: 'If anything, it made me more protective over him... It's almost as if you went through this rough patch together, so now you must stick close to each other'. For these women, their emotional reactions to their babies were positive and resulted in affectionate attachment representations.

Diminished Caregiving Capacity

For all the women in this study, the prolonged and painful recovery period post-Caesarean was extremely taxing, primarily because they 'almost didn't even have the energy to care' (Mom #4). Physical limitations included diminished energy levels and a reduced capacity to perform several self-care and care-giving tasks: 'It was just very uncomfortable, very painful. You're changing the baby's nappy and the baby's kicking right on your stomach and you just want to cry but you've just got to carry on' (Mom #10). Furthermore, mothers consistently described the negative impact of the birth trauma on their breastfeeding experiences: 'My breasts were so sore' (Mom #7) and 'I just battl[ed] so much to feed' (Mom #5). This period was frustrating for some mothers as they struggled to care for their newborns: 'Walking her, carrying her, moving, sitting, coughing, sneezing, laughing, was all stuff that I couldn't do... I felt useless' (Mom #7). Therefore, due to physical limitations, some mothers were left with a feeling of emptiness at not taking part in caring for their babies.

Emotional Discomfort

For some mothers in this research, the transition to motherhood was complicated by post-traumatic stress responses. Mothers expressed feelings of high emotional turmoil in relation to their unplanned Caesarean birth: 'By the end I was finished... I was absolutely drained' (Mom #4). The delivery experience was described as 'an emotional rollercoaster' (Mom #9), and was associ-

ated with emotions such as frustration, anxiety, disappointment, and anticipation. Negative post-Caesarean emotional responses included acute trauma symptoms, post-partum 'baby blues' or depressive mood disturbance, and grief. Mom #8 explained how she '...just cried and cried. Every time he cried, I cried. Every time I cried, he cried. I really battled with him, I just wanted to shut him up. I was so annoyed with him'. Mom #10 agreed, saying that 'I felt like I didn't have any patience with her, I was so angry inside'. Thus, for these women, adjusting to motherhood and connecting with their infants was complicated by their post-partum emotional distress.

Progressive Engagement

For these women suffering post-traumatic stress responses, coming to terms with their labour experiences was a longitudinal course. Although 'that initial period was crazy, and I battled for a long time after [the Caesarean]' (Mom #7), mothers described a gradual process of acceptance in the months following the birth: 'It took a while for me to take it all in, and process it all' (Mom #8). Nevertheless, it increasingly '...got easier. It was slow, but it did get easier' (Mom #3). Several years after their labour experiences, all of the women in this research reported positive relationships with their children: 'As hard as the whole [Caesarean section] was, I still loved him from the second he was born' (Mom #3). As Mom #7 explained: 'It was something that happened to me, it was my experience, that I had. It was outside of her control. It wasn't her fault, she wasn't responsible for it. To try and blame her for it isn't going to change anything'. Thus, despite the trauma linked with their birth experiences, mothers described an association of their feelings with the Caesarean surgery itself, rather than with their babies.

Discussion

In this study, women depicted a special bonding process during pregnancy. Parratt (2002) explains that a natural delivery is then understood to promote further maternal-infant connection, and ease the transition to motherhood. An unplanned Caesarean section was therefore described as a distressing, difficult and disappointing experience; one that confronted women with considerable adjustment difficulties (Roux & van Rensburg, 2011). Darvill, Skirton, and Farrand (2008) explain that a disruption of the expected natural continuity between pregnancy, delivery and motherhood can be both negative and traumatic. Research then suggests that unmet childbirth expectations and the consequent traumatic responses may disrupt the Caregiving System (Forcada-Guex et al., 2011; Gibbons & Thompson, 2001; Schmucker et al., 2005).

Women perceived the effects of medication and the nature of the Caesarean surgery to depersonalize the experience; that is, the experience had not been as intimate as they had hoped for (Roux & van Rensburg, 2011). As evidenced in other research, feelings of physical invasion and exposure, together with physical reactions to medication and anaesthesia, have been described in the literature as feelings of detachment (Clement, 2001; Fenwick, Gamble, & Mawson, 2003; Nystedt, Hogberg & Lundman, 2008; Ryding, Wijma, & Wijma, 1998). Anaesthesia and medication numb all physical sensations of birth, and mothers feel disconnected from their bodies and their babies (Goldbort, 2009; Herishanu-Gilutz, Shahar, Schatner, Kofman, & Holcberg, 2009). Furthermore, mothers described compromised early mother-infant interaction post-Caesarean and related feelings of detachment. Passivity, initial separation, delayed physical contact, and feelings of detachment have

been suggested to disrupt the expected natural continuity between pregnancy, delivery, and motherhood (Darvill et al., 2008; Nystedt et al., 2008; Olin & Faxelid, 2003), and negatively impact maternal role acquisition, the formation of initial maternal attachment representations, and early mother-infant bonding (Korja et al., 2010; Forcade-Guex et al., 2011; Eden, Hashima, Osterweil, Nygren, & Guise, 2004).

Despite this, some mothers described feelings of devotion, overwhelming love and protectiveness towards their infants. Research (Fenwick, Holloway, & Alexander, 2009; Nystedt et al., 2008; Wilkins, 2005) suggests that for some women, becoming a mother after the emotionally challenging unplanned Caesarean section involves feelings of having a deep and significant bond with their babies. This emotional bond and sense of connectedness is representative of mothers' positive attachment representations (Bryanton, Gagnon, Hatem, & Johnston, 2009; Darvill et al., 2008), and is likely to influence affectionate maternal caregiving and bonding behaviours (Herishanu-Giltuz et al., 2009; Korja et al., 2010).

In the post-partum period, mothers described the impact of pain and physical recovery on caregiving behaviours. Physical tenderness and overwhelming fatigue have been acknowledged as factors were that may compromise mothers' abilities to be responsive and available to their newborns (Karlstrom, Engstrom-Olofsson, Norbergh, Sjoling, & Hildingsson, 2007). Furthermore, breastfeeding after a Caesarean birth may be impeded by the pain and fatigue that results from having a major operation (Beck & Watson, 2008; Karstrom et al., 2007). This is understood to have important implications for a woman's perceptions of herself as a mother and her ability to provide for her infant, her self-esteem, and feelings of relatedness with her baby (Beck & Watson, 2008; Manhire, Hagan, & Floyd, 2007; McGrath & Phillips, 2009).

Some women in this study acknowledged the impact of emotional discomfort in the post-partum period on initial mother-infant bonding. More recently, the link between maternal mood disturbances and mother-infant interaction has become an area of interest in research (Noriko, Mequmi, Hanako, & Yasuko, 2007; Olde, van der Hart, Kieber & van Son, 2006). The potential traumatic impact of the birth may cause adverse physical, anxious, or depressive stress reactions (Kersting et al., 2004; Kersting et al., 2009; Singer, Salvator, Guo, Collin, Lilien, & Baley, 1999), which may be linked with cognitive distortions (Paris, Bolton, & Weinberg, 2009), lower maternal self-esteem (Good Mojab, 2009), and greater parenting stress (Creedy, Shochet, & Horsfall, 2000). Such consequences may be associated with initial non-balanced attachment representations, and could affect a mother's maternal sensitivity and responsivity towards her infant (Meijssen, Wolf, van Bakel, Koldewijn, Kok, & van Baar, 2010; Rosenblum, McDonough, Muzik, Miller, & Sameroff, 2002; Sokolowski, Hans, Bernstein, & Cox, 2007). This is significant in that, after a traumatic birth experience, emotional disturbance and post-traumatic stress responses could influence growth and transformation in the establishment of a maternal role identity, the formation of balanced maternal attachment representations, the Caregiving System, and ultimately the engagement and bonding process in mother-infant interaction (Korja et al., 2010; Nelson, 2003).

Nevertheless, in the long-term mothers reported positive relationships with their toddlers. Theran, Levendosky, Bogat, and Huth-Bocks (2005) explain that maternal attachment representations of the child, after a traumatic event, show less stability over time. Research further suggests that as coping strategies

change (Strumpfer, 2005; Aldwin & Werner, 2007), passage of time may promote mothers' emotional engagement with the experience as well as with their babies (Roux & van Rensburg, 2011; Yokote, 2008). However, Schmucker et al. (2005) warn that this should not negate the presence of initial unbalanced maternal attachment representations. Although maternal attachment representations may stabilize (Benoit et al., 1997), a mother's unresponsiveness and maternal insensitivity during infancy can have debilitating and lasting effects on an infant's attachment development (Barnes et al., 2007; Herishanu-Giltuz et al., 2009; Raval et al., 2001).

Implications for Practice and Future Research

This exploration has important implications for therapeutic intervention, preventive measures and guidance. These findings can contribute to midwifery and nursing literature by highlighting the difficulties associated with adjusting to an unplanned Caesarean section, and the impact that this may have on initial mother-infant bonding. Caregivers should be aware of the range of possible psychological responses to Caesarean section so that they may recognize psychological difficulties and distresses in the Caesarean mothers they care for, and so that they are able to provide the appropriate care and support. Furthermore, professionals involved in prenatal care should consider strategies for preventing post-Caesarean psychological distress through greater prenatal preparation for Caesarean deliveries. Moreover, the qualitative data contribute to the continuously developing body of knowledge about the diversity of mothers' experiences of unplanned Caesarean sections.

Limitations of the Study

Several methodological limitations may underestimate or misrepresent the impact of the present study. The small sample may limit the generalizability of results. The study did not discriminate between planned versus unplanned pregnancies. This discrimination could have important implications for pre-natal maternal attachment representations, as well as the levels of preparedness, anxiety, and adaptation experienced. Maternal attachment representations linked to the mother's own experiences in childhood are understood to play a major role in a mother's attachment representations of her infant, as well maternal behaviour post-partum (Bowlby, 1982; Korja et al., 2010). Mothers' own attachment styles were not explored in this study. This may be useful to investigate in further research to determine the impact of mothers' own attachment styles on post-natal attachment representation, initial mother-infant bonding, and the management of traumatic birth experiences. Lastly, the women that participated in this study were all white. Within the South African context, there are women from other racial groups who experience unplanned Caesarean sections. These women live in communities that hold different cultural values and it is important that their perspectives be explored to investigate how different cultural backgrounds influence women's experiences of unplanned Caesarean sections.

Conclusion

In conclusion, the experience of an emergency Caesarean section has been identified as a potentially traumatic experience, which has added to professional understanding of the adverse emotional consequences of surgical delivery on childbearing women (Creedy et al., 2004; Roux & van Rensburg, 2011). Although mothers report positive mother-child relationships in the long-term, this research significantly draws attention to the possi-

ble risk of a traumatic birth experience on initial maternal attachment representation and the mother-infant bonding process. Disruption of initial mother-infant attachment processes may then have significant and far-reaching consequences in the development of a child's attachment security and representational development (Forcada-Guex et al., 2011; Korja et al., 2010; Toth, Cicchetti, Rogosch, & Sturge-Apple, 2009).

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