

BACKGROUND

- The relationship between mother and child plays an important role in both maternal and child wellbeing during the postpartum period.
- Impairments of the mother-infant bond are associated with insecure infant attachment and increased risk for child abuse and neglect.
- A wide range of factors, including maternal demographic characteristics, interpersonal factors, and psychiatric characteristics may be related to mother-infant bonding.
- The goal of this study was to provide a systematic review of the empirical literature assessing predictors of mother-infant bonding.

METHOD

- A comprehensive literature search identified all empirical studies in which mother-infant bonding was assessed using a validated self-report measure during the first 12 months postpartum (see Figure 3).
- Characteristics of studies and data for calculation of effect sizes were coded according to a manual by two raters.
- Agreement ranged from 78-100%; discrepancies were resolved by a third rater.
- Meta-analyses were conducted using random effects models to estimate the overall effect size for all predictors assessed in at least 3 independent studies.
- Effect sizes for continuous predictors were calculated using correlation coefficients (*r*); effect sizes for categorical predictors were calculated using Cohen's *d*.
- We also conducted analyses to assess for the presence and influence of outliers, publication bias, and potential moderators of effect size (supplemental analyses available upon request).

A Systematic Review of Predictors of Mother-Infant Bonding

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RESULTS

Table 1. Random weighted effect sizes from studies assessing continuous predictors of mother-infant bonding.

	k	Range	r	95% CI	Q(df)
Infant Sex	4	-0.04-0.29	0.20**	0.06-0.35	1.94(3)
Maternal Education	3	-0.61-0.53	-0.12	-0.89-0.64	30.05(2)***
Interventions (Tx vs. Control)	6	-0.42-0.89	0.29†	-0.01-0.59	12.01(5)*
Intervention (Pre-Tx vs. Post-Tx)	5	0.20-1.04	0.72***	0.34-1.10	14.73(4)**

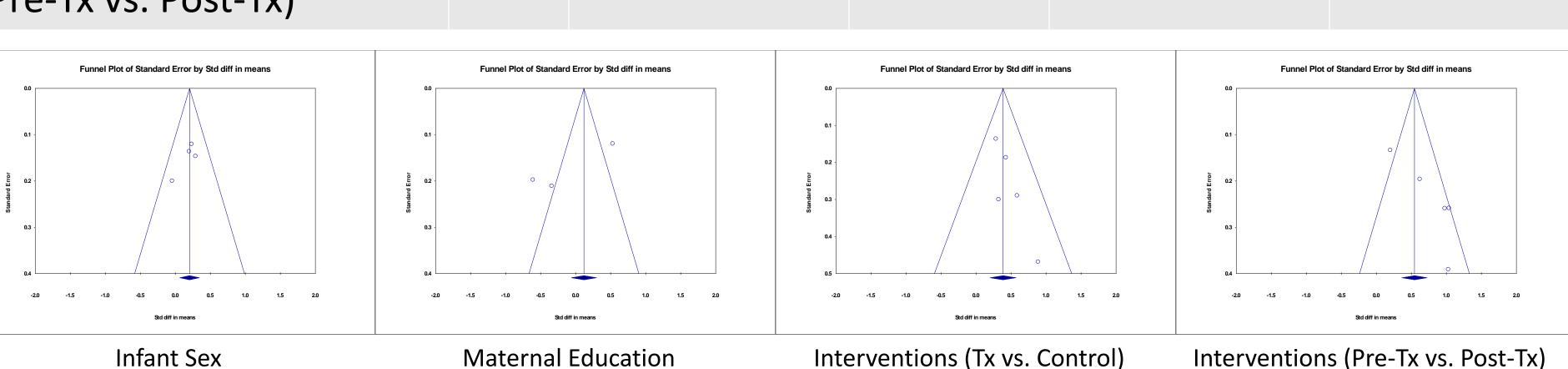


Figure 1. Funnel plots depicting the relationship between study quality and effect size.

Table 2. Random weighted effect sizes from studies assessing categorical predictors of mother-infant bonding.

	k	Range		d	95	5% CI	Q(df)	
Parity	3	-0.02-0.39		0.12	-0.13-0.35		9.78(2)*	*
Fetal Attachment	4	0.17-0.46		0.35***	0.16-0.51		19.25(3)*	**
Maternal Anxiety	5	-0.40-(-0.19)		-0.32***	-0.42-(-0.22)		8.83(4)	
Maternal Depression	13	-0.71-(-0.20)		-0.41***	-0.48-(-0.34)		83.63(12)	***
Funnel Plot of Standard Error by Fisher's Z	0.00 Funnel Plot of Stan	ndard Error by Fisher's Z	0.00 - 0.10 - B	Funnel Plot of Standard Error by Fisher's	z	0.00 0.05 -	ot of Standard Error by Fisher's Z	
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Parity Fetal Attachment Maternal Anxiety Maternal Depression

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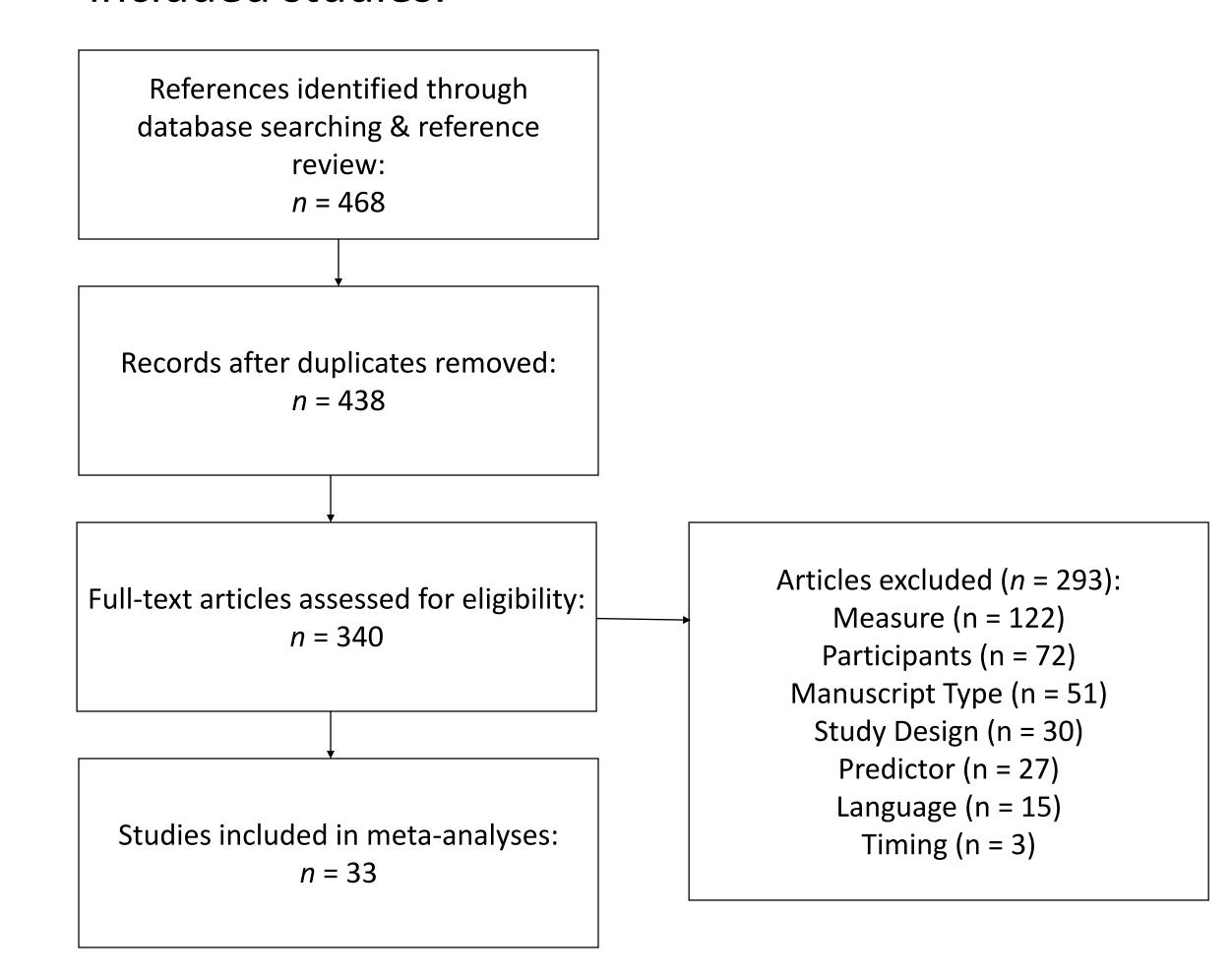
Figure 2. Funnel plots depicting the relationship between study quality and effect size.





METHOD Continued

Figure 3. Flow chart depicting identification of included studies.



DISCUSSION

- We identified a range of predictors of impaired mother-infant bonding, including demographic, interpersonal, and psychiatric characteristics.
- Mothers of female infants are at greater risk for impaired mother-infant bonding.
- Prenatal fetal attachment is a robust predictor of postnatal mother-infant bonding.
- Maternal psychiatric characteristics, including symptoms of depression and anxiety, appear to be the strongest predictors of impaired mother-infant bonding. Interventions targeting maternal psychological symptoms also result in improvements to the mother-infant bond.
- Clinicians should consider potential impairments to the mother-infant bond among women experiencing perinatal depression and anxiety.
 Clinicians and researchers should assess mother-infant bonding outcomes when studying maternal well-being during the postnatal period.