

Introducing a measure of mother to infant bonding into routine primary care in Better Start Bradford: Preliminary qualitative findings

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We are family
BORN IN BRADFORD

The Better Start Bradford Innovation Hub

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 **Better Start**
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INVESTING IN THE FUTURES OF OUR CHILDREN

What is Better Start Bradford?

The **Better Start Bradford** programme is supported by the Big Lottery Fund, using National Lottery funding, to help children in Bowling and Barkerend, Bradford Moor and Little Horton get the best start in life.



The Better Start Bradford Innovation Hub



Making a change

They deliver over 20 projects for pregnant women and families with children under four, aimed at improving children's:

- Social and emotional development
- Language and communication
- Diet and nutrition

Partnership working

They work closely with:

- Parents
- Voluntary and community groups
- Children's centres, schools, nurseries and childminders
- Midwives, Doctors and Health Visitors
- Bradford Council, West Yorkshire Police and the NHS
- Born in Bradford Better Start (BiBBS)

Link up and stay in touch

- www.betterstartbradford.org.uk
- Sign up to their monthly newsletter
- Facebook – @betterstartbradford
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Why measure the parent-infant relationship?

- 1) Highly predictive of later social and emotional well-being
- 2) Local and national policy priority
 - Two High Impact Outcome areas for Health Visiting
 - BSB core outcome
 - NICE guidance on maternal mental health (CG192) & children's social and emotional well being (PH40) & attachment (NG26)

No reliable tool suitable for use as a screener in universal public health available

MPAS was chosen as the best available option to pilot

Maternal Postnatal Attachment Scale (MPAS)

- Developed in Australia in the 1990s
- 19 questions – equally weighted
- Scored such that higher scores indicate stronger relationship
- Two subscales –
“Pleasure in proximity”
“Tolerance”

Better Start Bradford – Maternal Postnatal Attachment Scale
MOTHER'S COPY

PM12 When I am with the baby:

- I usually try to prolong the time I spend with him/her
 I usually try to shorten the time I spend with him/her

PM13 When I have been away from the baby for a while and I am about to be with him/her again, I usually feel:

- Intense pleasure at the idea
 Moderate pleasure at the idea
 Mild pleasure at the idea
 No feelings at all about the idea
 Negative feelings about the idea

PM14 I now think of the baby as:

- Very much my own baby
 A bit like my own baby
 Not yet really my own baby

PM15 Regarding the things that we have had to give up because of the baby:

- I find that I resent it quite a lot
 I find that I resent it a moderate amount
 I find that I resent it a bit
 I don't resent it at all

Aims of the evaluation of the BSB pilot

Aim:

To understand health visitors' views on the parent-infant relationship and their experience of using MPAS, and develop recommendations for future practice.

Questions:

How do health visitors assess the parent-infant relationship and why do they use these approaches?

What are the barriers and facilitators to using MPAS in clinical practice?

How do health visitors think assessment and support of the parent-infant relationship be improved in the future?

Preliminary quantitative and qualitative findings from the BSB pilot

Analysis of MPAS data entered in SystemOne by health visitors



In-depth interviews with 11 health visitors



Health visitors views on the importance of the parent infant relationship

- High importance to health visitors (stressed in interviews)
- But variations in ways that health visitors
 - Conceptualised the parent-infant relationship (mental health, parenting, wider context)
 - Assessed the parent-infant relationship (observation, discussion)

What health visitors liked about MPAS

- ✓ Helps to open up discussions about the parent-infant relationship
- ✓ Reinforces health visitors observations (a way of formally assessing/ reporting)

What health visitors didn't like about MPAS

- ✗ Appropriateness and wording of questions
- ✗ Difficult to translate in area with high EAL/ non-english speakers
- ✗ Length of questionnaire/ time for completion

MPAS stimulates conversation and adds to observations

Yeah it could, it could bring it to their minds a little bit you know whereas I think some people have thought these things but not articulated them probably? I do find it's quite a good tool for some bits of conversation but it can be too much for particular people

if you're not sure that there may be you know a relationship issue it's really good to have those question... you know obviously you can observe the interaction but obviously probe into what mums understand by the terms bonding and you know, attachment

Problems with understanding of questions - concepts and terminology

They just don't understand what we're trying to do with them.... it's not it's not a bad questionnaire to use but I just think they've, when they've given it, they've kind of just want us to do it.

For example there's a question in it that says, I think of my baby as my own. It's just a difficult thing for people to understand and they'll just shrug their shoulders or do a nervous laugh and not really get what it means

Concerns with length and repetition

It was, it felt like it was another thing that was added on, and given to us. We've already got quite long visits and it was just like another piece of work we had to do...

I think you've covered it. It is long, it is long so some of those questions are kind of repeated, it could be shortened but besides that I don't think, I think it's good, it's a good tool

Difficulties with interpretation or translation

So we... use an interpreter and that takes a lot longer, a lot of our case load is like that to be honest then we do have the European families where we do need interpretation. So we need a good, over an hour to do just that

There's times when they're speaking a bit longer and I'm just thinking "can you just tell me, you know, what you're saying to her?" You know, what is this discussion about? Because... they've got no training on what these questions mean interpreters.

Health visitors reported using discussion and signposting. Some queries about services to refer to.

some things I do like about it are it gives mums and health visitors a way to perhaps structure conversation or it gives an opening for a conversation

it's okay parents reporting concerns about attachment but where do we then go with that, where do we refer them? We can refer them to perinatal mental health, but we can also do that with our GADs and PHQ9s...

HV suggestions for adaptations

- Simpler language/ wording
- Shorten
- Clearer referral path/ more services to refer to
- A reliable screener to facilitate targeted use of a longer measure would be helpful

Proposed next steps for Better Start Bradford

- Reduce number of questions
- Simplify scoring
- Simplify terminology
- Test new, shortened version
- Screening question

Recommendations

- A valid assessment of the parent-infant relationship is important
- Screening all women is important as problems in the parent infant relationship are not something women are aware of themselves and have long term consequences for infants
- MPAS needs to be modified to reduce the time required, complexity and burden

Acknowledgements

Thanks to all the Health Visitors who took part in the evaluation of the MPAS pilot, and the families who completed the MPAS during the pilot

Thanks to the team at the Innovation Hub who have worked on this evaluation and contributed to this presentation