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## Evaluation and management of (Postpartum Bonding and Attachment)

**1. Definition or Key Clinical Information:** Bonding is “the intense psychological and psychic connection a parent (mother) feels for her child” and “is essential for the baby’s survival” (Lim, 2001). This process begins in the uterus and continues throughout a person’s life. Without proper bonding a child may suffer from emotional, intellectual, or physical difficulties.

### 2. Assessment

#### i. Risk Factors that may prevent bonding

1. Previous history of issues with bonding or attachment
2. Loss of child previously
3. Traumatic birth
4. Surgical delivery
5. Separation from baby
6. Medication use during labor and birth
7. History of mood disorders
8. History of ACES
9. Postnatal depletion
10. Exhaustion

#### ii. Subjective Symptoms

1. Not feeling connected to the baby
2. Not wanting to take care of the baby
3. Ignoring the baby’s cues
4. Wanting someone else to care for baby
5. Feelings of guilt about “replacing” your lost child

#### iii. Objective Signs

1. Chemical imbalance
2. High score on EDPS

#### iv. Clinical Impressions

Client may be struggling to bond with child if they exhibit these symptoms.

#### **v. Clinical Test Considerations**

1. Blood test for hormone levels
2. EDPS for postpartum mood disorders
3. Screening for Trauma/PTSD

#### **vi. Differential Diagnosis**

1. PMADs
2. Hormonal imbalance
3. Trauma response

### **3. Management plan**

#### **i. Therapeutic measures to consider within the CPM scope**

1. Natural birth
2. Waiting to clamp cord until it stops pulsing or longer
3. Skin to skin with parent for minimum of 1-2 hours undisturbed as much as possible
4. Staying in bed with baby for first 5 days of life
5. Body feeding established within first 2 hours

#### **ii. Therapeutic measures commonly used by other practitioners**

1. Delayed cord clamping
2. Skin to skin
3. Rooming in
4. Encourage body feeding

#### **iii. Ongoing care**

If a client is struggling with bonding and attachment they may need additional postpartum visits, extra support from family, friends, and community, or help from a medical professional for additional treatment.

#### **iv. Indications for Consult, Collaboration, or Referral**

1. If parent has no interest in caring for baby
2. If baby is being neglected or abused
3. If parent is suffering from PMAD or other medical disorder that needs treated

#### **v. Client and family education**

1. Bonding and attachment are an essential part of parenting and vital to the survival, well-being, and health of the baby.
2. Give client handout on bonding

### **4. References**

Johnson, K. A. (2017). The fourth trimester. Shambhala Publications, Inc.

Lim, R. (2001). After the baby's birth. Celestial Arts.

**MCU Practice Guideline Template**

**v. Winter 2023**