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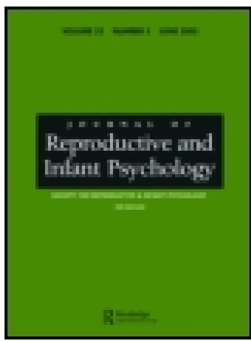

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# A psychological group intervention for high-risk pregnant women: a protocol of a feasibility and acceptability study of the STAR Mums program

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**ABSTRACT**

**Background:** In pregnancy, the attachment relationship between a mother and her baby begins to develop and women are more motivated and willing to make changes to become more engaged and responsive mothers and have better relationships with their children. A transgenerational framework has proposed that dysfunctional relationship patterns are often repeated across generations and this has broadened the understanding of early difficulties in parenting. Despite this there has been little research specifically examining high-risk perinatal women and how their interactions with their infants are related to attachment or relational outcomes.

**Methods:** This pilot study aims to evaluate, and to explore the acceptability and feasibility, of participating in the Supporting Transitions, Attachment and Relationships (STAR Mums) program, a psychodynamic attachment-based group intervention, for pregnant women with risk factors for attachment difficulties. The STAR Mums program aims to intervene during pregnancy to assist women with risk factors in the transition to parenthood with the desired outcome to improve the quality of mother-infant emotional interactions, regulation and the attachment relationship. This is a mixed-methods design study incorporating both qualitative and quantitative assessments of five groups of five first-time mothers over a 12-month period.

**Conclusions:** This paper outlines the STAR Mums intervention and protocol for assessing acceptability and feasibility. The STAR Mums program takes a preventative approach and supports early intervention for parents at risk of attachment difficulties with their infants. The results of this study will inform revisions to the current treatment manual and a larger-scale program evaluation to further examine the efficacy of this intervention.

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Attachment; early intervention; pregnancy; high-risk; group program; perinatal mental health

## Background

The attachment relationship between a mother and her unborn baby begins to develop during pregnancy, with major psychological and emotional changes in the mind of the mother as she focuses on the emerging relationship with the infant (Ellman, 1991).

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Maternal capacity to think about the baby to be and to adapt to changes in an expectant mother's self-representation and relationships are important components of the normative transition to parenthood. Central to the establishment of successful adaptation to parenting is parental reflective capacity (Fonagy et al., 2002). Parental Reflective Function refers to a parent's capacity to recognise and understand their child's internal experiences, including understanding their mental states and linking these to behaviours in meaningful and accurate ways. Children are then able to learn about their internal experiences through seeing them reflected by their parents (Slade, 2005). This capacity to reflect on the child's experiences stems from the ability to hold the child in mind, which begins in pregnancy when the mother imagines her unborn baby, childbirth and parenting (Raphael-Leff, 2010; D. Winnicott, 1956/1984) and comes to integrate her own wishes, expectations and hopes about parenting and a new relationship. An important component of this process is reflection on her own infancy, experiences of being parented and early attachment relationship.

Pregnancy is an important developmental period psychologically for new mothers, who begin to think about themselves as parents, which includes changes to their identities, priorities and relationships. Stern (1995) proposed a theory that new mothers create a motherhood constellation, which emerges during pregnancy. A mother's sense of self during this time becomes organised around the presence of her baby, its' wellbeing and their mutual connection. She becomes preoccupied with thinking about and protecting her child during this time (Stern, 1995). This theory expanded on an earlier theory developed by Winnicott (1956/1984), which described a state beginning in late pregnancy which he termed, 'Primary Maternal Preoccupation', which involves a heightened state of awareness, attunement and sensitivity to the baby where mothers become completely preoccupied with their baby's needs. These important changes begin to prepare women for the demanding task of caring for a newborn and developing their attachment relationship. Winnicott also suggested that if mothers have their own histories of trauma or neglect, or if they have significant stressors in their lives, they may fail to develop this state, which may impact the baby's sense of self and their developing attachment relationship (D. W. Winnicott, 1956/1984).

Some women can experience difficulties in the transition to parenthood, and these may be experienced as anxiety, depressive symptoms, and ambivalence about the pregnancy. Risk factors for disrupting this process can include: women's current or past history of any mental illness, poor early parenting experiences, and experiences of early abuse or trauma (Nakano et al., 2019). Unresolved attachment-related trauma can be problematic in the transition to parenthood as these traumatic memories can be triggered through thinking about the baby and oneself as a parent, or lead to a denial or blocking of this process (Iyengar et al., 2019). A recent synthesis of meta-analyses regarding antecedents for child maltreatment also identified parental experience of maltreatment in their own childhood, low socioeconomic status, dependent and aggressive parental styles and intimate partner violence as risk factors (Van et al., 2020).

Other identified potential risk factors to disrupting the transition to parenthood are current psychosocial stressors, including poor social support, unstable accommodation, intimate partner violence, drug or alcohol abuse or contact with the Department of Human Services, Child Protection (Nakano et al., 2019). These adverse experiences in pregnancy can lead to long-term consequences for the parent and the child, including relational trauma, which refers to trauma in the relationship between the infant and primary caregiver. This can significantly affect the attachment relationship and lead to

long-term difficulties for the child, including mental health problems, alcohol or drug abuse and offending behaviours (Catania et al., 2011).

Attachment to the newborn is built on the mother's relationship to her fetus, which has been developing throughout the pregnancy. This relationship involves both the baby the mother is imagining and the developing fetus, which exhibits movements and personality, which increase over the nine months prior to birth. . This activated attachment system means pregnant women are likely to be more motivated and willing to make changes to become more engaged and responsive mothers and have better relationships with their children (Perry et al., 2015).

A transgenerational framework (Iyengar et al., 2019) has been significant in theorising about the repetition of dysfunctional relationship patterns (such as distorted emotional interactions and disturbances of attachment) across generations and has broadened the understanding of early difficulties in parenting. Despite this, while there have been a number of studies focusing on the treatment of antenatal depression (Dennis et al., 2007), there has been little research specifically examining high risk parents and how their infant interaction experiences are related to attachment or relational outcomes.

The Supporting Transitions Attachment and Relationships (STAR Mums) program aims to provide intervention during pregnancy to assist women identified as having the aforementioned risk factors in the transition to parenthood with the desired outcome to improve the quality of mother-infant emotional interactions, regulation and the attachment relationship. Hypothetically, prevention of disturbances of parent-infant emotional interactions and the regulation and reduction of infant stress are key to protecting infant development (Newman et al., 2016). In pregnancy, this includes supporting the development of a maternal model of the infant based on understanding of the infant's need for emotional regulation and support, as well as assisting the development of the mother's self-representation as a parent.

In clinical experience with difficulties in the transition to parenthood these psychodynamic theories are often used and well regarded, however, there is little extant research looking at specific translation into clinical practice. Further, there are methodological difficulties in assessing these complex psychological constructs and their response to intervention. This program was therefore developed based on the existing *BEAR (Building Early Attachment and Resilience)* model (Newman et al., 2021, *under review*) targeting a similar population in the postnatal period.

Review of the psychological and psychoanalytic literature identified no attachment based group interventions in the antenatal period, although both clinical experience and theories suggest an intervention could usefully focus on these issues. This paper thus reports on the development of an antenatal intervention designed using an attachment based relational framework which specifically addresses maternal transgenerational attachment related trauma and mental health issues.

## Overview of the STAR Mums program

The STAR Mums program was developed in response to the clinical need for psychological intervention in pregnancy where mothers have risk factors for difficulties in the transition to parenthood.

**Table 1.** STAR Mums weekly program summary.

| Module Topic | Purpose |
|---|---|
| Module 1: Becoming a Parent | Elaboration of issues related to pregnancy, becoming a parent for the first time and common experiences of anxiety. |
| Module 2: Attachment | Focus on the influence of past experiences on parenting and what could be done differently and the same. |
| Module 3: Relationship with the Baby | Discussion about expectations of the baby when they arrive and the influence of culture and social networks. |
| Module 4: Thinking about the Baby | Exploration of the developing relationship with the baby and the importance of reflecting on the baby and their role in the family. |
| Module 5: Moving Forward | Focus on thinking ahead to the birth, early parenting and becoming a mother for the first time. |

The STAR Mums Program focuses on the experience of the transition to parenthood and the developing relationship between the mother and their unborn child, a concept also operationalised as prenatal attachment. It aims to facilitate the transition to parenthood and support the normal psychological processes that are known to occur in pregnancy to prepare for the relationship with the infant and to reduce risk factors, which may negatively impact this relationship. The manualised program is based on the principles of psycho-analytic and attachment theory and the techniques include mentalisation-based approaches. The topics included in the intervention also focus on areas known to be risk factors including women's own experiences of being parented and the '*Ghosts in the Nursery*' that are likely to arise in pregnancy and early parenthood, tolerating anxiety and ambivalence, and exploring women's hopes and expectations for their pregnancies and babies (Fraiberg et al., 1975). Concepts have been drawn from the previously developed BEAR postnatal program, which has shown some promising results (Newman et al., 2021, *under review*). In each session there are also mindfulness exercises to assist women in managing their anxiety and to feel they have some control over their experiences. These exercises progressively have more focus on the unborn baby and are used to assist women to connect with their child and to imagine their baby's experiences. STAR Mums is comprised of five sessions each of approximately 1.5 hours duration, which will be delivered over 5 weeks (see Table 1).

## Aims

The primary aim of the study is to evaluate and explore the subjective feasibility and acceptability of participating in this program for first-time expectant mothers with risk factors and of the facilitators delivering the program. The secondary aims include exploring first-time mothers' experiences, and the development of parental reflective functioning in the transition to parenthood in the context of risk factors for attachment difficulties.

## Methods and design

This is a mixed-methods design study incorporating both qualitative and quantitative assessments of five groups of five first-time mothers over a 12-month period. Participants attended five 1.5-hour sessions of an attachment-based group program. Follow-up assessments after birth and at approximately 12–16 weeks postpartum are then conducted.

## Methodological framework

Given the challenges associated with effectively measuring these complex parameters and evaluating this type of intervention, a mixed-methods approach is used to enable triangulation of data. Qualitative research methodology was chosen to allow these sensitive topics to be explored in depth and to explore participant's perceptions without the constraints of predetermined or closed questioning. A phenomenological approach to the qualitative methods informed the study design as it emphasises understanding phenomena from the perspective of individuals experiencing it. In order to explain how people make sense of their experiences, and the meanings they give to their actions, it is necessary to understand it from their point of view (Lester, 1999). This approach allows both participant and facilitator perspectives and internal experiences to be explored.

## Participants

The program focuses on families at risk of early relational or attachment trauma. Individuals are considered 'at risk' if they have one or more of the following risk factors; current or past personal or family (first degree relative) history of anxiety, depression, personality disorders, substance use (excluding unmanaged substance abuse disorder), psychosis (excluding acute psychosis) and/or current psychosocial stressors (e.g. poor social support, unstable accommodation, intimate partner violence, contact with Child Protective Services). Participants are recruited through the Royal Women's Hospital (RWH) Parkville campus, Victoria, Australia, when attending for antenatal care. They are referred to the program through the Centre for Women's Mental Health (CWMH) central intake service by their treating clinicians. Clinicians explain the basic nature of the program and if women express interest, forward their details to the CWMH triage nurse. The triage nurse screens the referral to check the basic eligibility requirements are met and forwards this to the research team to contact potential participants.

To be eligible to participate in the study, participants must meet the following inclusion criteria; they are 18 years or over; have basic English literacy and communication skills to enable them to participate in the assessment and intervention processes; are receiving antenatal care and will deliver at RWH; they are between 20–30 weeks gestation with their first child; they are considered 'at risk' as defined above. Participants will be ineligible to participate if they meet any of the following criteria; they are experiencing acute psychosis; uncontrolled substance abuse; a diagnosed intellectual disability which will prevent the woman from understanding and communicating sufficiently to participate in the assessment and intervention processes; a known serious medical illness which will preclude participation; a known serious fetal abnormality or illness; major depression requiring hospitalisation or precluding them from participating.

## Procedure

Women meeting eligibility criteria are presented with the participant information & consent form (PICF) in person and given an opportunity to ask questions or clarify issues, before providing informed written consent for participation and video-taping of

interviews. The women are informed that their consent to participate in the program is purely voluntary and that they may withdraw at any time without disadvantage or impact on their care at the RWH. They are also informed that information disclosed during the assessments will remain confidential; however they will also be informed that non-disclosure of confidentiality will be contingent on the nature of the information provided. If any information (in the postnatal period) deemed detrimental to the infant's welfare is disclosed, confidentiality will be waived and the appropriate (mandatory) authorities notified.

Following informed consent being obtained, participants complete baseline questionnaires to describe the demographics of the sample and the risk factors present, and interview to explore parental reflective function in pregnancy, themes arising in pregnancy for women with risk factors for attachment difficulties, and expectations for the program (see Table 2). The first part of the interview uses the Working Model of the Child Interview (WMCI) Prenatal Version (Zeanah et al., 1996). This is a standardised interview which uses open questioning to assess parents' internal representations of their fetus. The interview enquires about an expectant parent's views of their baby and their relationship, including their perceptions, feelings, motives, and interpretations of the baby they expect and their relationship to that baby. This is followed by semi-structured open-ended interview questions designed by qualified and experienced clinician-researchers to explore participants' hopes and expectations for the STAR Mums Program. All interviews are audio taped and transcribed verbatim.

A note taker sits in on each session of the STAR Mums program to take field notes of the issues discussed and fidelity to the therapeutic manual. This note taker then interviews each participant individually following each session of the group to obtain their perspective of the session, as well as interviewing the facilitators. Following the completion of the five-week program, the note taker interviews participants regarding their overall experience of participating in the program and their recommendations for future groups held.

Participants are interviewed following giving birth with the interview questions enquiring about their birth experience, preparation and coping skills for the experience and initial feelings and reactions to their baby.

**Table 2.** Study outcome measures.

| | Screening (T0) | Baseline (T1) | Intervention sessions (T2) | Post-group (T3) | Birth (T4) | 12–16 weeks (T5) |
|---|---|---|---|---|---|---|
| Eligibility criteria | X | | | | | |
| Informed consent | X | | | | | |
| Sociodemographic & Medical history (including pregnancy and delivery related information) | | X | | | X | |
| EDPS | | X | | | | |
| PAI | | X | | | | |
| CTQ | | X | | | | |
| WMCI (prenatal version) | | X | | | | |
| Semi-structured interview questions | | X | X | X | X | X |
| PDI | | | | | | X |
| MIRS | | | | | | X |

**EDPS** = Edinburgh Postnatal Depression Scale; **PAI** = Prenatal Attachment Inventory; CTQ = Childhood Trauma Questionnaire; **WMCI** = Working Model of the Child Interview; **PDI** = Parent Development Interview; **EAS** = Emotion Availability Scale; **MIRS** = Mother-Infant Relationship Scale.

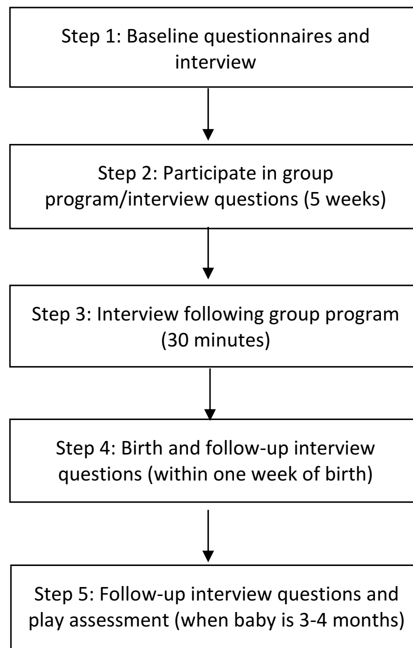


**Figure 1.** Flowchart of procedure.

Participants are then interviewed again 12–16 weeks postpartum (see Table 2). The first part of this interview involves administration of the Parent Development Interview-Revised (PDI-R), which is a semi-structured interview that explores Parental Reflective Function (PRF), a parent's capacity to reflect on her experience as a parent and her child's emotional experience (Slade, 2005). The interview enquires about a parent's views of their child and their relationship, their experience of parenting so far, their own family history and their fantasies and hopes for their child's future. This interview is followed by semi-structured interview questions that enquire about participants' experiences and acceptability of the program and learning and confidence in parenting as a result of taking part now that their baby has arrived. The interview also focuses on whether their views and representations of their baby has changed since the baby has arrived and whether women feel the program has prepared them for the early months of parenting. Participants also complete a final questionnaire (see Table 2). Figure 1 shows a summary of this procedure.

## Ethical considerations

Ethical approval for this project was obtained through the Royal Women's Hospital Human Research Ethics Committee (Project 19/21), Australia. All participants are assigned a de-identified study number which is used to track their progress and data throughout the study period to maintain their confidentiality.

While it is not expected that the assessments or the proposed interventions will cause any additional distress or anxiety, participants have access to mental health clinicians at all

times during the assessment and intervention phases of the study. Any participant who becomes distressed during the research period may withdraw from the study and receive appropriate treatment and follow-up care. If participants become acutely distressed, they will be triaged through the mental health team and psychiatric consultants and registrars provide 24-hour care and support. It is also not anticipated that there will be any unexpected information disclosed during the research process, however if during the process of the assessment or intervention phases of the study a participant reveals any information that poses a threat to the infant's safety and well-being, their confidentiality is waived, and the appropriate bodies notified. Participants are informed of this in the information in the consent form and reminded in the initial session of the postnatal intervention program.

## Data analysis

The demographic and medical data collected will allow us to describe some of the characteristics of this sample of at-risk mothers. This data will be analysed using the descriptive and frequency functions in IBM SPSS software.

All interviews are conducted by the primary researcher to allow for consistency in the style and technique of the interviews. Throughout the data collection process the study team will meet regularly to discuss and review the themes arising from the interview data. To explore and interpret the data for the semi structured interviews, including the WMCI (prenatal version) and the PDI-R, the researchers will use thematic analysis (Attride-Stirling, 2001; Cresswell, 2014; Liamputtong & Ezzy, 1999). Thematic analysis is a method of identifying and describing patterns, or themes, which emerge from qualitative data. It involves describing data in rich detail, as well as interpreting aspects of the research topic (Braun & Clarke, 2006). A coding process will be used to analyse the data and NVIVO Computer Assisted Qualitative Data Analysis Software (CAQDAS) will be utilised to assist in managing the data. The researchers will undertake a six-staged coding process to organise and further analyse the data, call thematic network analysis (Attride-Stirling, 2001; Cresswell, 2014; Liamputtong & Ezzy, 1999). Once the interviews are transcribed, the first stage will be to establish basic themes to begin the coding process. These are broad groupings that will capture the initial ideas emerging from first analysis. Following this, thematic grouping will occur and data assembled into 'organising' themes. With further examination, 'global' themes will then be established (Corbin & Strauss, 1990).

Once global themes are established, the researchers will arrange these into a visual format to illustrate the network of themes that emerge. Describing and exploring the emerging networks is the fourth stage of the process. The fifth stage entails summarising the themes and patterns developed in each of the networks. The final stage involves summarising the networks, highlighting patterns and coming to conclusive themes related to the STAR Mums program (Attride-Stirling, 2001). Two secondary researchers will examine a subset of five separate transcripts each, to achieve consensus on themes. If any differences in interpretation were identified, the primary and secondary researchers would discuss these differences to reach a consensus.

## Conclusions and future directions

STAR Mums is an attachment-based, psychoanalytic approach to working with traumatised and at risk families, which aims to improve early parent-infant interactions and attachment, and parental reflective functioning. This program is currently being tested in research and clinical settings. From a public health perspective, the STAR Mums program takes a preventative approach and supports the early intervention for parents at risk of attachment difficulties with their infants. It is also an assertive approach to promoting parental reflective functioning, a healthy transition to parenthood, and the organisation of attachment relationships, which are important for long-term child development.

This is a pilot study, which will likely be used to inform revisions to the current manual and a larger-scale program evaluation to further examine the efficacy of this intervention. The program is also currently being adapted to be delivered via distance technology to assist in targeting at-risk families in the current COVID-19 context, as well as to utilise with pregnant women in regional or remote areas.

If the results of this feasibility and acceptability pilot study are favourable, a much larger-scale Randomised Control Trial (RCT) should be conducted to determine the efficacy of the revised program. This RCT would likely include receiving the STAR Mums antenatal intervention as well as the BEAR postnatal intervention based on the same framework, the antenatal and postnatal programs alone, or treatment as usual.

## Disclosure statement

No potential conflict of interest was reported by the authors.

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