Author's response to reviews

Title: Pictorial Representation of Attachment: Measuring the parent-fetus relationship in expectant mothers and fathers

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Author's response to reviews: see over
Dear Editor and reviewer(s),

We were very pleased to read the positive comment of the reviewer on the second draft of our paper “Pictorial Representation of Attachment: Measuring the parent-fetus relationship in expectant mothers and fathers” which you invited us to resubmit in your e-mail of February 13th 2013.

We thank the reviewer again for the valuable comments and suggestions, which we closely followed in our second revision of the manuscript.

Below, we describe how we addressed the remaining issues raised by the reviewer.

1. “The van Bakel, Vreeswijk and Maas (2009) conference presentation reported a study of 80 mothers and 76 fathers who were administered the Condon measure of attachment and also the Pictorial Representation of Antenatal Attachment (PRAA). The Vreeswijk et al 2010 conference presentation discussed a study examining “the parental representation of the antenatal relationship with the fetus relates to a verbal self-report measure”. They administered the Condon measure of attachment and the PRAA to 169 pregnant mothers and their partners. The Hoffenkamp et al article published in Evolutionary Psychology in 2012 administered the PRAM as a measure of attachment to determine the impact of premature childbirth on parental bonding. The description of the PRAM, in the present study sounds very identical to the PRAA (Van Bakel, et al., 2009; Vreeswijk et al., 2010)). I am wondering why the change in the name of the measure, and why there is no discussion of the literature on the PRAM in the introduction, nor an explanation of what this particular study adds, or how it relates, to the previous literature. In fact, the statements, ”We here propose an alternative, non-verbal tool” and “we here introduce the PRAM” suggests this is the initial study using the pictorial tool. Also, in the discussion section, it would be interesting to have an explanation of how the authors feel the present findings relate to the previous research.”

Reply

We agree with the reviewer that this may be confusing. First, the reviewer is correct that the PRAA as reported on posters at conferences (Van Bakel, et al., 2009 and Vreeswijk et al., 2010) is similar to the PRAM. At the start of the study we named the new tool the Pictorial Representation of Antenatal Attachment (PRAA) but finally preferred the PRAM (Pictorial Representation of Attachment Measure), because we intent to also use this tool postnatally. Therefore we changed the PRAA into PRAM.

Furthermore, the present study is the first study / paper in which we presented the results of the whole sample (352 women and 268 partners). At the conferences in 2009 and 2010 we only presented the results of a subsample. Therefore, we used sentences in our
manuscript like “We here propose an alternative, non-verbal tool” and “we here introduce the PRAM”. The Hoffenkamp et al. (2012) study was set up after the present study and also used the PRAM. The focus of that study, however, was on the process of postnatal bonding in preterm infants and not on the PRAM as a new tool to measure prenatal attachment. Therefore we preferred to mention that study in the Discussion section and not in our Introduction section in which we explicitly focused on prenatal attachment.

2. “I have problems with the assumption that because the PRAM is correlated with a measure of prenatal attachment that it “is a valid instrument to assess prenatal feelings of bonding”. I think that further research is needed to determine more clearly what the PRAM measures about the parent-fetus relationship. Rather than assuming the PRAM is a valid measure of attachment, I prefer the representation of it on page 7, and in the earlier research, as a “measure of parental representations of the antenatal relationship with the fetus”. This latter statement could be used wherever the aims of the study are described.”

Reply
We adapted the sentences (measure of parental representations of the antenatal relationship with the fetus) in the introduction and discussion section according to the suggestion of the reviewer.

3. “there is a comment in the former review that this study is part of a larger project, but no description of what the larger project included. It would be particularly important to know what other measures preceded those used in this study.”

Reply
The larger study is a prospective longitudinal cohort study, in which pregnant women and their partners were followed from 15 weeks gestation until their child was 24 months old. More details about recruitment of the participants and the data collection used in this study have been reported earlier [Maas et al. 2012] and are briefly summarized in this manuscript. The purpose of the larger prospective study is to investigate the quality of parent-infant relationships from parents’ perspectives, both in the prenatal and postpartum period. Since our manuscript focuses on just a small part of this extensive cohort study we decided to describe only the relevant measures used in this study. For more detailed information about the prospective longitudinal cohort study we refer to Maas et al. 2012.

4. “What information about the aim and design of the study were the participants given both for the larger project and for the present study?”

Reply
Parents were asked to participate in a longitudinal study, in which parents were followed from pregnancy (approx. 15 weeks gestational age) until 24 months postpartum. The aim of the study was to gain more insight into feelings, emotions, behaviors and expectations about the pregnancy and the fetus and about experiences with and development of the child after birth. The purpose of the larger prospective study is to investigate the quality of parent-infant relationships from parents’ perspectives, both in the prenatal and postpartum period. This was also communicated to parents (see Maas et al., 2012). For
the purpose of the present study we informed parents that we wanted to gain more insight into feelings and emotions with the pregnancy and with the developing fetus.

5. “What instructions were given to them?”

Reply
With regard to the M/PAAS parents were asked to fill in the questionnaires with the original instruction (Condon, 1993). With regard to the PRAM we refer to the method section in which we described the instruction. As described in the introduction of our manuscript, the design and instruction of the PRAM were inspired by the PRISM, a well validated instrument previously used in different populations (see references 20-28).

6. “Why were the terms “the place of the baby in your life at the moment” chosen?”
   “Was there any kind of pilot work done to determine if this language was easily understood and what these terms meant to the participants?” “Did the authors find that any of the parents had difficulty understanding what “Where would you place the baby in your life at the moment” meant?”

Reply
With the instructions of the PRAM we wanted to stay close to those of the original PRISM. In this original instrument, administered to people who have a physical illness, subjects are asked ‘Where would you place the illness in your life at the moment?’. In the study of Büchi et al (2007), parents who lost their premature child were asked to to indicate the place of their lost child in their lives, with a modified version of the PRISM. Because former research showed positive and valuable results with the PRISM and this question, we preferred to minimally rephrase the original sentence and question for the purpose of our PRAM.

In the present study we also asked all parents to describe why they put the sticker at a particular distance. All (expectant) parents were able to answer this last question, indicating that there were no problems in understanding the instruction.

7. “In what order were the two tests administered? Where they counterbalanced for order effects? Or, was there a rationale for presenting them in the order they were given?”

Reply
The two tests were administered in the same order. We first send parents the M/PAAS at 24-26 weeks GA (by mail) and during the home-visit at 26 weeks GA parents completed the PRAM. At the home visit we collected all questionnaires that were filled out by the parents before and not send back to us. The reason for this was to limit the number of questionnaires that were not sent back. Our experience is that sending parents questionnaires before a home visit -with the instruction that we will collect the questionnaires at the home visit- improves the response rate. We realize that due to this -more or less convenience rationale- we are not able to control for a possible effect of the M/PAAS on the PRAM. We have mentioned this as a limitation in the discussion section.

8. “P3 “Prenatal attachment can be described as the unique relationship that develops between parents and fetus” implies to me that there is a two way relationship. My understanding of the use of prenatal attachment is that it relates to the parent’s emotions, perceptions, behaviours to the fetus.”
Reply
We agree with the reviewer that a relationship may imply a two-way relationship from mother to fetus and vice versa. We now changed the text with regard to the definition of prenatal attachment on page 3 into: “Prenatal attachment can be described as parent’s emotions, perceptions, and behaviors that are related to the fetus. These unique emotions and behaviors may be represented by an affiliation and interaction with the unborn baby and the desire of the parent to know and to be with the unborn baby.” However, throughout the text we will use the term relationship because this term is also used in former studies about this subject.

9.
“P3- l19-“the substance of maternal-fetal relationships” it is not necessary to add “during pregnancy”.
Reply
We agree with the reviewer and omitted this phrase from the text.

10.
“P8- what was the range of gestational age? What were the numbers of the primiparous and multiparous mothers and their partners?”
Reply
The range of gestational age administering the PRAM and M/PAAS was between 23-30 weeks. All women and men who filled in the measures after 31 weeks gestational age were excluded from the analyses to limit the gestational age range and since antenatal attachment is known to increase during the course of pregnancy with a peak towards the end of the third semester.
We now added the information on page 8 of the revised manuscript.

We already mentioned on page 8 that 53% of the mothers and their partners were primiparous. We now also added the number (n = 187) and the percentage and number for men (53% and n=143).

11.
“P16- l14- there is a typo- “a” should be removed”
Reply
That is correct. We changed the typo.

We wish to thank you and the reviewer again for the time spent on our manuscript and for the valuable comments and suggestions which have -in our opinion- certainly led to a considerable improvement of our paper.

Yours Sincerely,

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