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Abstract

Eight pregnant women, considered to be 'vulnerable' due to exposure to a number of underlying risk factors, participated in semi-structured interviews regarding their experiences of pregnancy and of Mellow Bumps, a 6-week targeted antenatal intervention. Interview transcripts were explored using interpretative phenomenological analysis. The analysis revealed five superordinate themes: pregnancy as a time of reflection; the body being taken over; pregnancy as an emotional rollercoaster; relationships as important; separating identities. Pre- and post-natal attachment theories were found to be useful in interpreting the data. Findings suggest that pregnancy may be 'normalising' and provide an important opportunity for building more positive representations of the self. Findings also provide clinical support for the assertion that the attachment relationship begins before birth. The Mellow Bumps intervention was uniformly seen as helpful. It appeared to nurture prenatal attachment relationships, playing a potentially protective role, by helping to establish the foundations for secure mother–infant relationships in the future. Meeting similar women and engaging in ordinary, supportive conversation during Mellow Bumps seemed to reduce feelings of isolation and stigma. Implications for clinical practice are considered.

Keywords

Pregnancy, Mellow Bumps, vulnerable women, qualitative, prenatal attachment

Introduction

Extensive guidance relating to health during pregnancy (e.g. National Collaborating Centre for Mental Health, 2007; National Institute of Health and Clinical Excellence, 2010) has identified populations of women considered to be 'vulnerable', due to social and psychological difficulties that pose a potential 'risk' to the foetus, infant and child. These populations include women who

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are non-white, socially deprived, under the age of 20, with substance misuse problems, mental health problems, experiencing domestic violence, who were sexually abused as children and with a history of involvement with child protection services (National Institute of Health and Clinical Excellence, 2010). Many such women have multiple and complex needs. The guidance (National Institute of Health and Clinical Excellence, 2010) has identified three underlying 'risk' factors purported to be common to these populations: (1) social inequality; (2) maternal stress; (3) the reduced capacity for developing a healthy attachment relationship.

The UK is one of the most socially unequal societies in the Western world (Wilkinson & Pickett, 2010; Williams, 1999). Gross social and health inequalities are associated with a lack of universal maternity service use (Downe, Finlayson, Walsh, & Lavender, 2009), as well as poor pregnancy outcomes, including stillbirth, neonatal death, preterm birth and low birth weight (Confidential Enquiry into Maternal and Child Health, 2009). Identified barriers to the use of universal maternity service include lack of finance, transport and childcare, negative attitudes of healthcare professionals, inaccessible language, embarrassment about life circumstances and fear of involvement with social services (National Institute of Health and Clinical Excellence, 2010).

Maternal stress during pregnancy is also an identified risk factor. Empirical studies have found the causes of maternal stress during pregnancy to include domestic violence, poor housing, homelessness, poverty, unemployment and separation from partners (Braveman et al., 2010). The 'foetal-origins hypothesis' (Kinsella & Monk, 2009) argues that stress directly affects foetal development. Correlational studies have established a small reliable association between maternal stress and pregnancy outcomes (Talge, Neal, & Glover, 2007). Maternal stress is also associated with behavioural reactivity, negative affect and poorer motor and cognitive development in infants (Lazinski, Shea, & Steiner, 2008), as well as poorer cognitive functioning, behavioural problems, psychological distress, difficulties with peers and problem-solving and anxiety disorders, in childhood (O'Connor, Heron, Golding, Beveridge, & Glover, 2002).

Vulnerable women are also at risk of failing to develop healthy attachment relationships with their babies. Prenatal attachment has been found to correlate positively with postnatal attachment (Muller, 1996), which is known to be crucial for optimal social, emotional and cognitive development in childhood (Fonagy, Gergely, & Target, 2007; Van Ijzendoorn, Schuengel, & Bakermans-Kranenburg, 1999). Conceptual frameworks for prenatal attachment (e.g. Condon & Corkindale, 1997; Cranley, 1981; Doan & Zimmerman, 2003; Muller, 1990) vary in the emphasis they place on emotional, cognitive and behavioural aspects of this relationship. It remains unknown which aspects of prenatal attachment are most important. This lack of knowledge contrasts with the well-established theory about post-natal attachment. A possible convergence exists between what contributes to the development of both pre- and post-natal attachment (Brandon, Pitts, Denton, Stringer & Evans, 2009). For example, both conceptual frameworks pay attention to maternal representations of care-giving and the important effects of these representations on feelings and behaviour (Solomon & George, 1996).

Universal antenatal interventions are typically directed towards the physical aspects of pregnancy, rather than addressing the identified risks for vulnerable groups of women who, in any case, tend not to use them (Mabelis & Marryat, 2011). As a result, targeted interventions have been developed to specifically engage vulnerable women in antenatal care. These interventions focus on varying aspects of pregnancy, including mental health, drug and alcohol use, smoking, parenting, stress reduction and social support. One programme that addresses multiple risk factors, including those specifically identified in National Institute of Health and Clinical Excellence (2010) guidance, is 'Mellow Bumps' (Puckering, 2011), a 6-week group intervention, based on attachment and self-regulation theories. Mellow Bumps aims to build relationships with families who typically find it hard to engage with services. To help overcome barriers to engagement,

transport, childcare and refreshments are provided and the group format is focused on engaging in activities and discussion, rather than teaching. Mellow Bumps also aims to increase maternal well-being and reduce stress by providing social and professional support and practising relaxation. In addition, Mellow Bumps aims to help mothers understand the importance of sensitive and responsive interaction with their baby during pregnancy and infancy, by providing developmental guidance about baby brain development and the interactive capacities of infants. Activities are aimed at encouraging participants to interact with and build a relationship with their baby. To date, there have been no qualitative studies examining women's experiences of this intervention.

Literature relating to vulnerable women and pregnancy is largely dominated by the theoretical and professional discourse about 'risk'. Scant research exists into the actual experiences of pregnancy as recounted by vulnerable women themselves (Smith, 1999). These stories privilege personal narrative over professional discourse, which may inform theory and practice. The personal accounts of pregnancy that do exist speak of a different reality from that of risk. Relevant qualitative study findings include women who grew up in care (Chase, Warwick, Knight, & Aggleton, 2009) describing pregnancy as bringing hope and aspiration to their lives. Some reported feeling more responsible and wanting to take more care of themselves. The women were excited and anxious about fulfilling their new role. Young women leaving care saw pregnancy as an opportunity for change, to act differently and adopt a different lifestyle (Maxwell, Proctor, & Hammond, 2011). Women suffering from depression reported pregnancy as a time of worry and rumination (O'Mahen et al., 2011). Pregnancy placed physical limits upon them and some reported feeling isolated from social support. Women who had experienced past sexual trauma described pregnancy as representing a new life, beginning, direction and hope (Schwerdtfeger & Wampler, 2009). Some felt proud about carrying their partner's child. Women using illicit drugs felt happy and excited about being pregnant, but felt anxious about how they would cope with motherhood (Lewis, Klee, & Jackson, 1995). The present study was motivated by a desire to develop a greater understanding of the experiences of pregnancy for vulnerable women and, specifically, vulnerable women who had participated in an intervention targeted at addressing identified risk factors for the mother, baby and mother-baby relationship, pre- and post-natally. In addition, this would allow an assessment of the relevance of the above findings to a specific group of vulnerable women who had engaged in an intervention.

Aims

The study had two aims, first, to better understand the experiences of pregnancy for a group of vulnerable women and, second, as their journey through pregnancy had included participating in a group intervention designed to address some of their vulnerabilities, to understand their experiences of this intervention. As such, the broad phenomenological approach adopted incorporates an element of evaluation by the women themselves.

It was hoped that gaining an understanding of these experiences may contribute towards clinicians developing a better understanding of how to intervene effectively with vulnerable women during pregnancy. It would also allow an appraisal of the 'fit' between women's views and relevant theory and research (Smith, Flowers, & Larkin, 2009) and consideration of whether theory and research adequately captures and conceptualises the experiences of vulnerable women.

The research aimed to answer the following questions:

How does a group of vulnerable women, who participated in Mellow Bumps, understand and make sense of their experiences of pregnancy; what was their experience of the Mellow Bumps intervention as an aspect of their pregnancy?

Method

Design

A qualitative design was chosen to address the research questions. Data were collected and analysed using interpretative phenomenological analysis (IPA) (Smith et al., 2009). IPA examines participants' individual experiences in detail. It is interested in the sense that participants make of their experiences and the personal meaning of these experiences to the participants (Smith et al., 2009). IPA also explores the 'double-hermeneutic' of the researcher seeking to make sense of the participants' meaning-making (Smith, 2011). The study was quasi-longitudinal, as participant accounts were partly retrospective.

Interview schedule

A semi-structured interview schedule was developed which reflected the literature and was consistent with IPA methodology. The interview schedule covered three broad areas of experience: the experience of pregnancy; the experience of participating in Mellow Bumps; women's thoughts about themselves and their baby in the future. These broad areas acted as a guide for the interview, enabling it to explore the women's experiences of pregnancy as well as to incorporate an element of evaluation of the group. Consistent with IPA methodology, questions were open-ended, allowing themes to emerge from data. A number of prompts could be used to gain more detail if necessary. The interview was piloted on one participant and revised in light of this experience.

Participants

Once ethical approval was obtained from the Canterbury Christ Church University Ethics Committee, a purposive sample of eight female participants were recruited, all of whom had completed Mellow Bumps. The sample size was consistent with recommendations by Smith et al. (2009). Participants were aged between 17 and 37 and lived in areas with high rates of social and economic deprivation. Five were white Scottish, two white British and one mixed white/black Caribbean. Participants were between 14 and 40 weeks gestation. Five participants already had children. Five participants attended all six sessions of Mellow Bumps, two attended five sessions and one attended two sessions. For more detailed demographic data, see Appendix 1.

Procedure

During week 4 of the Mellow Bumps intervention, potential participants were provided with an information sheet by group facilitators, explaining the purpose of the study, the practicalities of participation, confidentiality, informed consent and the right to withdraw. During week 5 of the intervention, participants were asked to consent to researcher contact. The principal researcher contacted consenting participants by telephone 1 week after the end of Mellow Bumps to arrange the interview. A choice of interview location was offered and all participants chose to be interviewed at home. Interviews took place 3–5 weeks after completing Mellow Bumps. Before the interview commenced, all ethical information was repeated and participants were asked to give written consent, including consent to publish.

Data analysis

All interviews were audio-taped and transcribed. The data were analysed using Smith et al.'s (2009) method. This involved reading each transcript several times while making notes about

questions, meanings, understandings and the sense made by the participant and the researcher. For each transcript, relevant text was coded as important if it referred to either the meaning or sense the participant was making of their experiences, or the meaning or sense the researcher was making of the participants' experience. After coding all the relevant text of each transcript, code names, which captured the meaning of that part of the text, were ascribed. After this, the code names were clustered across transcripts in order to consider emergent master themes. Names for master themes were created and adjusted until they reflected the researcher's interpretation. Master themes were grouped into superordinate themes, which broadly reflected the shared experiences for the group of participants.

Yardley's (2000, 2008) principles for demonstrating validity were adhered to throughout this process. In order to demonstrate 'coherence and transparency', an independent audit of codes emerging from three transcripts was undertaken by a colleague familiar with IPA methodology to ensure codes were grounded in the data. This process highlighted a good level of agreement, minor disagreements were discussed and emerging themes were agreed. 'Reflexivity' was ensured by the principal researcher being interviewed using the schedule, keeping a reflective journal and engaging in reflective discussions with the other researchers following interviews. These processes allowed preconceptions of interviewee responses to be made explicit before, and suspended during, the analysis, in order to enable themes to emerge from the data. In order to ensure 'commitment and rigour', established guidelines for carrying out IPA were followed (Smith & Osborn, 2003), examples of 'good' IPA studies were consulted (Smith, 2011) and an audit was kept showing all stages of the analysis.

Results

Five superordinate and 14 master themes were identified (Table 1). The superordinate themes represent broad aspects of shared experience. Each master theme is broken down into multiple sub-themes. The number of women who described each sub-theme is given.

Quotes are used to illustrate the master themes. These are then synthesised to describe the superordinate themes. All participant names have been changed to protect confidentiality.

Superordinate theme 1: A time of reflection

Most women were reflective about their past in considering the meaning of their pregnancy.

Master theme 1.1: The past affecting feelings about the future. Two women described difficult life experiences as beneficial for motherhood, as they believed these made them stronger.

I mean it was a bit of a rough time, at the time, but I've come through the other end and it's made me stronger. It's also made me stronger for the weans as well. (Marie)

Three women expressed fears about managing the challenges of motherhood based on difficulties in the past. Jemma had previously lost the custody of three children. She talked with sadness about difficulties she experienced at this time. She worried about what might happen if she were to experience these difficulties again.

Yeah, and I want this baby to have everything, I want us to be together, I worry about 'Oh, what will happen if we're not going to be together?' You know? Make sure that this baby has everything and I'm fine. (Jemma)

Table 1. Overview of themes.

Superordinate theme	Master theme	Sub-theme	Number describing sub-theme	
1. A time of reflection	1.1 The past affecting feelings about the future	Difficult life experiences have made me stronger	2	
		Anxiety about managing motherhood	3	
	1.2 Pregnancy as an opportunity	Continuing to make positive change	1	
		Being different and repairing the past	4	
		Recreating experiences from the past	3	
2. My body being taken over	2.1 Pregnancy as a physical process	Pregnancy is physically demanding	4	
		Experiences are out of control	3	
		Impact on attractiveness	2	
		Feeling restricted	2	
		Feeling relieved	1	
	2.2 Feeling uncertain	Uncertainty about pregnancy	2	
		Uncertainty about labour	2	
2.3 Being responsible	My ability to carry the baby safely	2		
3. Pregnancy is an emotional rollercoaster	3.1 Adjustment	Taking better care of myself	5	
		Emotions involved in adjusting	8	
	3.2 Heightened emotions	Feeling less in control	3	
		Wanting to manage emotions better	2	
		Feeling more tuned in	1	
4. Relationships are important	4.1 Forming new relationships	My relationship with the baby	7	
		Giving my partner a baby	3	
		The sibling relationship	4	
		Friendships	2	
	4.2 Solidifying relationships	The baby will make us stronger	4	
	4.3 Impact on relationships	Creation or completion of 'family'	3	
	4.4 A need for support and sharing	Impact on other children	2	
	5. Separating identities	5.1 Developing an identity as a mother	Valuing family support	5
			Valuing sharing experiences	8
			Valuing the identity of 'mother'	5
Letting go of other identities			2	
Am I good enough?			3	
Acknowledging the responsibility			4	
Valuing the responsibility			3	
5.2 The baby becoming real		Finding motherhood hard	2	
		The baby becoming real	8	
		How will the baby look?	5	
5.3 Separating from others		Hopes for the baby	4	
		Separating from the father	3	
		Separating from friends	1	

Master theme 1.2: Pregnancy as an opportunity. Two women saw pregnancy as an opportunity to continue making positive changes. Danielle described her experience of moving from a life of substance misuse, towards a 'family life'. Pregnancy seemed to motivate her to stay away from using drugs.

We absolutely love it, we really like it, so we have never turned back, you know, we're just loving family life.

Three women saw pregnancy as an opportunity to be different from their own parents. They expressed a strong desire not to make the same mistakes.

I will do a lot more than what my mum did for me, you know? And I won't have... cause my mum and my dad got divorced... And I wasn't a family, like a proper family... Yeah, like not a strong family... Eh, I want to be a better person than my mum. (Cara)

Jemma saw pregnancy as an opportunity to be a better parent than she had been in the past.

I think it means a lot to me, like I've kind of been given another chance... like a chance to learn from my mistakes maybe and to do things differently. (Jemma)

Three women saw pregnancy as an opportunity to recreate experiences they valued as children, for their children.

I think it's a good space between the both of them because it means he'll be in school when his wee brother goes into school and he'll be able to watch after his wee brother. Like the way I was in school with my wee sisters. (Faye)

Summary of superordinate theme 1

Women reflected on how past experiences made them feel stronger and more anxious about managing motherhood. Some saw pregnancy as an opportunity to move away from negative experiences in the past and create something new and positive. Pregnancy seemed to motivate some of the women to stay away from risk (e.g. substance use).

Superordinate theme 2: 'My body being taken over'

All women talked about the physical experiences of pregnancy taking over their bodies.

Master theme 2.1: Pregnancy as a physical process. For four women, pregnancy was clearly experienced as physically demanding.

I was exhausted, I actually stayed in bed for about three days, I only got out of bed to pee! (Lana)

However, for one woman, pregnancy seemed to provide temporary relief from her ongoing health problems.

To me it was like, putting all my illnesses into remission for a wee while, you know? And just focusing on the pregnancy. (Marie)

Three women described the physical experiences of pregnancy as feeling out of their control.

Your body's changing constantly and you can't really say anything about it, you've got no say in it, it just goes! (Jemma)

For two women, this left them feeling vulnerable. They felt particularly worried about the impact of pregnancy on their attractiveness to partners.

I didn't think he would fancy me as much now, like with this pregnancy I thought I'm going to get even bigger and that's what I said to him, the minute I found out I was pregnant, I said 'You ken, I'm going to get fatter'. (Danielle)

For two of the younger women, pregnancy was restricting and, at times, this caused frustration and resentment.

I wanted to get back into my normal routine and doing the things I was doing before, but I couldn't because I was pregnant. (Lana)

That's what I said to my mum, I was like 'Oh, if my pals go out, I'm going to miss it'. (Danielle)

Master theme 2.2: Feeling uncertain. Five women felt uncertain about the physical experiences of pregnancy and labour.

I thought that you could feel more pregnant earlier. (Lana)

I am nervous about giving birth again, because that is really scary! (Jemma)

Seven women talked about how helpful it was to discuss their anxieties with others at Mellow Bumps and the positive impact this had on them.

It just makes you feel better talking to somebody else, getting different advice from different people instead of like always speaking to the same people. (Danielle)

Master theme 2.3: Being responsible. Five women spoke of the huge responsibility of pregnancy.

I'm looking after another person inside of me, which is very important. (Jemma)

Two women felt anxious about this. Marie had been told there was an increased chance of her baby having Downs Syndrome:

I kept thinking, is that because of my health problems? Is it because of my anaemia? My haemoglobin went so low, would it affect the wean?

Five women described how pregnancy meant focusing on and taking better care of themselves.

It kind of gave me permission to invest the time I've always needed to in myself. (Angela)

Two women described how Mellow Bumps helped them do this.

Mellow Bumps has been really good at influencing, confirming, giving me permission to do all the things I feel is right. (Angela)

Summary of superordinate theme 2

The experience of pregnancy taking over the body had a range of meanings. It was physically demanding and, for some, it felt out of their control and challenging. Pregnancy impacted upon how attractive some women felt. Two women saw pregnancy as restricting, which led to frustration and resentment. Uncertainty about the physical process of pregnancy and labour, and the huge responsibility involved, made some women feel anxious. Mellow Bumps was seen as helpful for sharing anxieties. One woman felt pregnancy relieved her health problems and the majority talked about how the responsibility helped them take better care of themselves. Pregnancy appeared to legitimise women's wishes to prioritise their own needs when, in ordinary circumstances, they might have found this difficult. Mellow Bumps was seen as helpful in this process.

Superordinate theme 3: Pregnancy is an emotional rollercoaster

All the women described pregnancy as a powerful emotional experience.

Master theme 3.1: Adjustment. All women described a range of emotions during the adjustment to pregnancy.

Em – mixed emotions, like happy, and a bit scared... even though you plan it, it's still a shock because then it's like oh, it's actually happening now. (Jemma)

Master theme 3.2: Heightened emotions. Three women described feeling more emotional than usual.

I cry about everything and anything. (Jemma)

One woman described how she wanted to manage her emotions, in order to protect the baby.

I've been trying to – well, deal with, get rid of anger – not get rid of it, but deal with anger and dealing with things that you've had going on...well dealing with, especially with stress and things like that, to try and not influence a natural creation badly. (Angela)

One woman described how she found herself more emotionally attuned to the mother-infant relationship during pregnancy.

There was this baby crying the other day – and this mum went up to it and said 'Shut up or I'll give you something to cry for!' and I was just so angry and I just wanted to go over and say 'How dare you talk to your child like that?' And then, and when the baby started crying, I started crying, I couldn't help it, I just started crying, it just made me feel so sad. (Jemma)

Four women spoke of Mellow Bumps as being helpful for discussing emotions during pregnancy. Danielle found it helpful to talk about her worries and feeling isolated:

Just like my worries, like about obviously money and like missing out with my pals and just somebody to talk to about the way I was feeling...I thought I was like the only one.

Three women appreciated spending time practicing relaxation at Mellow Bumps. They referred to the benefits of this for the baby and themselves.

And do you know the amazing thing about it, during the relaxation thing, it was as if the weans just slept as well. They just calmed right down as well. (Marie)

Summary of superordinate theme 3

The women referred to a range of emotional experiences and found Mellow Bumps helpful for sharing these. Some felt more emotional, which left them feeling rather out of control, vulnerable and concerned about the impact on the baby. The women appreciated having a space to practise relaxation to help manage their anxiety. One woman described being particularly sensitised to a baby's emotional experience during an interaction that she found abusive. This may have been particularly poignant for a mother who had been taken into care herself as a teenager and who had three children who were not in her care. Her desire to be a different mother from her own, and different from herself in the past, may have acted as a powerful trigger for this response.

Superordinate theme 4: Relationships are important

All women referred to the importance of relationships during pregnancy, including those with the baby, partners, friends and family.

Master theme 4.1: Forming new relationships. For the majority of women, pregnancy signified the formation of new valued relationships.

Seven women described pregnancy as an opportunity to develop a mother–baby relationship. Jemma described this relationship as:

A chance to kind of love and get loved back.

Five women talked about how Mellow Bumps helped them develop this relationship.

Well, that was the good thing about Mellow Bumps. I felt that I had already built a relationship with her, you know? I already had time to bond with her and stuff like that, so I had built up that bond and built up that relationship. (Marie)

Three women talked about pregnancy as a way of giving their partners something they desired.

He thinks it's going to be another wee boy, he said 'If it's another wee boy, I'll have my two wee boys!' (Danielle)

This gave the women a sense of pride and worth.

I'm just so happy to give him his own baby. (Faye)

The four women with children in their care saw pregnancy as an opportunity for a sibling relationship to develop.

So it'll be good I think to have a wee brother or sister. He will have to learn to communicate, and it's somebody to look after. (Danielle)

For two women, Mellow Bumps provided a valued opportunity to make new friends. This seemed particularly important for those who felt isolated.

We all stayed friends afterwards and that's been a bonus to us. (Marie)

Master theme 4.2: Solidifying relationships. For four women, pregnancy was seen as a way of solidifying their relationship with the baby's father. Jemma hoped this would be the case for her relationship.

I do think that once I do have the baby – I think that our relationship will get stronger. (Jemma)

Three women saw pregnancy as an opportunity to form, or complete, a desired and perhaps idealised 'family', imbued with hopes for the future.

I thought 'oh, this is going to be our wee family, complete. And I could see us at Christmas, like me making the Christmas dinner and my two bairns running about, I always look at it like that, it makes me happy. (Danielle)

Master theme 4.3: Impact on relationships. In contrast to this, two women feared the impact of pregnancy on their other children, especially Jemma, whose other children were no longer in her care. She was tearful when she talked about this. Having another baby appeared to make her feel guilty.

Yeah, because like – because they're so young, I worry about how they might feel left out and stuff like that, because that would not be good. (Jemma)

Master theme 4.4: A need for support and sharing. The need for support was raised by all women.

If it wasn't for my mum, I don't know what I'd do. (Tammy)

All women found sharing their experiences and hearing about others at Mellow Bumps to be supportive.

It was dead good, like, meeting other pregnant lassies and hearing them talking about what their pregnancies were like. (Faye)

This seemed to be helpful in providing reassurance.

You just want to speak to people with that experience, and they're all different and you know, you kind of go 'oh well if they did it' – huh! – It's just helpful. (Angela)

However, for Jemma, the age difference between her (age 25) and others in her group (17 year olds) hindered her from sharing her feelings, as she feared she would not be understood.

I just didn't feel very comfortable in telling my private stuff to them. Like if...somebody might like kind of understand a little bit on my level, but they were not on my level.

Summary of superordinate theme 4

The women spoke of their relationship with the baby as positive and a source of pride. Many felt Mellow Bumps helped with this. Some saw pregnancy as an opportunity to feel loved, perhaps suggesting a hope of receiving affirmation from the baby. For some, giving babies to their partners engendered feelings of pride and worth. For women where opportunities to feel loved, proud and worthwhile may have been lacking, the development of these new relationships was experienced as very positive. Having positive feelings, such as this, in relation to themselves and the pregnancy, may have enabled some women to share their experiences with others and make new friends. All the women spoke of needing support and, importantly, Mellow Bumps was seen as a place they could find this. Some women saw pregnancy as an opportunity for valued sibling relationships to develop. However, for two women, the impact of pregnancy on other children led to feelings of anxiety and guilt. Some women saw pregnancy as strengthening already existing relationships or important in the formation of their family. This appeared to represent security and safety.

Superordinate theme 5: Separating identities

All of the women talked about their identities developing or changing during pregnancy.

Master theme 5.1: Developing an identity as a mother. Five women talked about a valued and positive identity of a ‘mother’ developing, regardless of whether they already had children.

I love being a mother. I wouldn’t change it for the world. (Marie)

For women who had experienced other negative identities, becoming a mother appeared to be an opportunity to experience a highly valued identity. For Danielle, becoming a mother made her feel proud, not only of her baby, but also of herself.

It’s just dead excitement about being a mum because it’s like seeing the wee baby and to see its first smile and – it makes you feel proud, you always feel proud.

However, for two women, pregnancy meant giving up and losing a valued identity.

Yeah, so having to give up my A levels really did suck. (Lana)

The loss of her education appeared to feel to Lana like the sacrifice of something precious to her sense of self and her future.

Three women questioned their ability to be ‘good enough’ mothers.

I was like ‘What am I going to be like with two kids? Will I be able to cope?...Is it fair to bring another bairn into – ‘ and that was my first question ‘Is it fair to, like, to bring another kid into my life right now?’ (Danielle)

Four women referred to the responsibility involved in becoming a mother, and seemed to value this.

To have a responsibility for someone, another life, it is a very big thing, it’s not something you take lightly but I think it means a lot to me. (Jemma)

Two women acknowledged just how difficult they found motherhood.

Because like motherhood's hard, and any lassie who sits and says it's like a piece of – that's absolute bull, it's really hard! (Danielle)

Six women suggested that Mellow Bumps was helpful in thinking about how they might manage motherhood and that hearing how others managed was particularly reassuring.

Well, you get to hear their experiences and stuff, and how they dealt with it and how they like overcame, or what they're planning to do, to see if like you can apply what they did to your life, sort of thing. (Lana)

Master theme 5.2: The baby becoming real. All women talked about the baby becoming a real individual. This seemed to occur particularly at the ultrasound scans and when foetal movements were felt.

Jemma described her 12-week scan.

That was like – 'This is a real human being inside of me!'

Five women described activities they completed during Mellow Bumps also helping them to see the baby as real.

We've got this bell and a little torch and we got told to...told to ring it and see if the baby reacts, and I've done it, but I noticed that noises, that the baby hears and it generally will be like me and my partner talking, or the TV, but the baby will react more to that than anything. (Jemma)

Five women talked about looking forward to seeing what the baby looked like.

I just can't wait to see actually what he looks like. (Faye)

Four women talked about hopes and aspirations they had for their baby.

It's going to be like me! Lively, bubbly, sort of energetic, sort of a happy person – yeah, smart – I don't know – funny. (Lana)

Master theme 5.3: Separating from others. For three women, pregnancy meant separating from partners and friends.

Lana talked about realising her baby's father was not someone she wanted to have a relationship with.

He's not the type of person that I would actually want to have around my child...he is not responsible enough, I'm not depending on him at all.

Faye talked about men experiencing pregnancy differently and this creating a division between her and her partner.

Cause obviously women feel it all and they feel everything inside...I've always said, men should be able to feel what it feels like to feel every kick and every move and everything else.

Lana described the difference she felt from friends and the loss this involved.

I guess I do worry that I've seen the majority of my friends... a lot less. It's quite horrible.

Four women described Mellow Bumps as helping to alleviate the feeling of being different from others to whom they had once felt close.

I think meeting up with any mums at this stage, particularly because a lot of your friends might be, you know, still enjoying going to the pub or whatever so you're kind of like, in a way 'Oh let's have a cake!' (Angela)

Summary of superordinate theme 5

Pregnancy was seen by many as an opportunity to build a socially accepted and highly valued identity as a mother. For women who had past identities associated with harm or damage, who may also have experienced marginalisation within society, pregnancy appeared to be a means through which they could reconnect with the 'normal', ordinary and responsible within themselves. Most felt able to make new connections with other group members on this basis.

For some, however, pregnancy meant giving up valued parts of their identity or separating from those with less responsible or different identities, to whom they had once felt close. Some women questioned their capacity to be good enough mothers. Mellow Bumps was seen as helpful for thinking about how to manage motherhood. During pregnancy, the baby became more real, developing its own identity. This involved imagining the baby and its future. Mellow Bumps was experienced as actively supporting this process. Importantly, the group experience may also have contributed to enabling women to build more 'healthy' mental representations of themselves – as women and mothers seeking to offer the best to their unborn babies – as opposed to self-perceptions of being different or set apart from ordinary women's experiences by virtue of their adverse life circumstances.

Discussion

The twin aims of the study were to understand the experiences of pregnancy for a group of vulnerable women who had participated in Mellow Bumps and to understand their experiences of this intervention. Findings are discussed and compared with those from previous qualitative studies. In addition, they are considered in relation to theory and research relating to pregnancy.

The current findings demonstrate a significant overlap between these vulnerable women and 'ordinary' women's experiences of pregnancy. Women experienced their bodies being taken over (Darvill, Skirton, & Farrand, 2010). This gave rise to feelings of being out of control, restricted and responsible, which created feelings of anxiety, vulnerability, stress and resentment (Lundgren & Wahlberg, 1999). The women described feeling more emotional and less in control of their emotions (Armstrong & Pooley, 2005). They saw pregnancy in a context of important relationships (Lundgren & Wahlberg, 1999). They expressed hope in relation to the solidification of relationships, the formation of a 'family' (Darvill et al., 2010) and the developing relationship with the baby (Armstrong & Pooley, 2005). The women described the baby becoming real at ultrasound scans and with foetal movements (Yarcheski, Mahon, Yarcheski, Hanks, & Cannella, 2009). They described taking on a highly valued identity as a mother during pregnancy regardless of whether they already had children (Nelson, 2003; Seibold, 2004).

There was also significant overlap between these women's experiences and those of other vulnerable women. The women expressed anxiety about coping with pregnancy and motherhood (Chase et al., 2009; Lewis et al., 1995; O'Mahen et al., 2011). Pregnancy was experienced by some as a time of loss of others, including partners and friends (Furber, Garrod, Maloney, Lovell, & McGowan, 2009).

In terms of how the findings relate to theory, they provide important clinical support for, and lend weight to, the proposition that the attachment relationship begins before birth and that the foundations for post-natal attachment may develop during pregnancy (Cranley, 1981; Fonagy, Steele, & Steele, 1991). Consistent with different frameworks of prenatal attachment, the women spoke of behavioural aspects of their relationship with the baby (Cranley, 1981), mental representations of themselves as care-givers (Muller, 1990) and feelings towards the baby (Condon & Corkindale, 1997). These findings support the hypothesis that prenatal attachment is a multi-dimensional construct (Doan & Zimmerman, 2003) involving behavioural, cognitive and affective aspects. Future research could concentrate on developing a coherent theory of prenatal attachment and ways of measuring this. The links between pre- and post-natal attachment could then be investigated further through longitudinal studies.

Several women were actively reflective about the past in considering the meaning of, and their feelings about, pregnancy and motherhood (Lewis et al., 1995). The capacity to reflect is argued to be vitally important in breaking the cycle of repeating patterns of behaviour (Fonagy, Steele, Steele, Higgitt, & Target, 1994; Slade & Cohen, 1996). For some women, there was an explicit wish to do things differently from their recent past, as parents, or from what was done to them by their parents, as children. This is consistent with 'family script' theory (Byng-Hall, 1995), which postulates that individuals develop 'corrective scripts' to avoid the replication of difficult past experiences. However, research (Byng-Hall, 2008) consistently highlights that the conscious wish to do things differently is not in itself sufficient to prevent past patterns from repeating.

In addition, women identified pregnancy as a time to make positive changes, including avoiding risk (e.g. drug taking). Pregnancy generated hope for the future (Pryce & Samuels, 2010). The responsibility of pregnancy was seen in a positive light, stimulating self-caring and protective behaviour (Maxwell et al., 2011). Pregnancy was also seen by some women as an opportunity to receive love, suggesting a, perhaps sadly misplaced, hope that the baby might meet some of the mothers' own unmet emotional needs.

One way in which pregnancy appears to be potentially reparative is because it may be experienced as 'normalising'. It appears to give women the opportunity to develop new, benign representations of the self (e.g. as responsible and/or caring), linked to the ordinary, socially acceptable, experience of pregnancy, alongside past negative representations (Hodges, Steele, Hillman, Henderson, & Kaniuk, 2003). This suggests that pregnancy may act as a 'critical period' for potential new developments and transformations and, thus, be particularly amenable to clinical intervention. Importantly, the development of alternative representations of the self has been argued to be a protective factor for children's development (Fonagy et al., 1994; Hodges et al., 2003).

The findings clearly suggest that the women experienced Mellow Bumps as a positive intervention. This was reflected in their accounts and the high rate of attendance. Mellow Bumps was successful at engaging women, overcoming barriers to their attendance (National Institute of Health and Clinical Excellence, 2010) by providing transport, childcare, refreshments and non-judgemental facilitators. Mellow Bumps provided opportunities to gain social support and share experiences. Consistent with previous research, women appreciated ordinary, benign conversations, which reduced feelings of stress and isolation (Darvill et al., 2010). These conversations also appeared to support the development of new, 'healthy', socially valued identities as mothers, which may have been important in motivating the women to remain 'healthy' and avoid exposing themselves to risk.

It seems that pregnancy may well act as a major transitional point for the development of more positive representations of the self and that interventions targeted here may have maximum impact. Meeting other similar women in a group seemed to be helpful for strengthening the development of these positive representations.

The explicit aims of the Mellow Bumps programme of taking time to get to know the baby, and on the development of an emotional relationship with the baby, were both perceived very positively by the women who participated. This highlights the potential protective role that the intervention may play in nurturing prenatal attachment and in establishing the foundations for secure mother–infant relationships into the future.

Summary

Overall, these experiential findings enrich our understanding of the experiences of pregnancy by providing a narrative that suggests that, in addition to the risks vulnerable women are exposed to during pregnancy, pregnancy can also be experienced as ‘normalising’, providing an opportunity for building different, more positive, representations of the self. These may be helpful for moving away from the past and may also be protective for mother–infant relationships in the future.

The findings support the theory that prenatal attachment is a multi-dimensional construct and suggest any comprehensive prenatal framework must encompass the cognitive, affective and behavioural aspects inherent in this relationship. The findings also highlight the importance of targeting prenatal attachment as an explicit focus of therapeutic intervention and of addressing all three domains within any such intervention. It seems highly likely that, as with post-natal attachment, mental representations of the self as a care-giver, and of the baby, are particularly crucial components. Consistent with previous research (Fonagy et al., 1991), this study suggests that these representations are highly charged and may be unusually receptive and amenable to transformation during pregnancy. This suggests that pregnancy could provide a unique opportunity, which, if capitalised upon, may lead to critically important changes in women, which could positively impact upon their babies.

The Mellow Bumps intervention was experienced as positive. Women found interacting with other women in similar circumstances helpful. Mellow Bumps appeared to support the development of more positive representations of the self and foster the developing relationship between women and their ‘bumps’.

Limitations

One of the key strengths of IPA is that it allows a thorough and in-depth analysis of a small number of transcripts. However, the small number of participants is also one of its key limitations. Although this study attempted to illuminate the experiences of a homogeneous sample of participants (Smith et al., 2009) – all the women participating being drawn from identified groups of ‘vulnerable’ women (National Institute of Health and Clinical Excellence, 2010) – in reality, the sample may represent more divergence than convergence owing to the likelihood of considerable variation between participants, for example, in terms of personal history and background (Lewis et al., 1995). Additionally, there was a broad range of gestational age (14–40 weeks) and participant age (17–37 years), with some women experiencing their first pregnancy, while others already had children. Further, while the majority of women had their children living with them, the children of one mother had been taken into care. They also all chose to participate in the study, while other women did not. These factors may be important in shaping women’s experiences of pregnancy and this study, therefore, could be criticised for including a self-selecting sample with considerable variation.

Although IPA aims to gather detailed phenomenological data about the meanings of experiences for participants, as with other methodologies that rely on self-report, this is limited to the reporting of conscious narratives. This methodology cannot comment upon unconscious determinants that may be as, or more, influential in shaping thoughts, feelings and behaviour (Clark & Hoggett, 2009). Research has long highlighted the role that unconscious determinants play in shaping parenting behaviours (Byng-Hall, 2008; Fraiberg, Adelson, & Shapiro, 1975).

Clinical implications

This study highlights that this group of vulnerable women were keen to engage in antenatal care when it was carefully tailored to their needs. The women appreciated the efforts made to help them access the service, e.g. transport, childcare, refreshments, non-judgemental staff, and they reported that they would not have attended without such provisions. As service providers and clinicians, it is incumbent on us to actively consider barriers to engagement, especially for vulnerable and marginalised groups, and seek to configure services to meet their needs. One important step might be to locate such services with other perinatal services, e.g. within children's centres, where resources such as transport and childcare could be shared and stigma lessened.

Importantly, this study supports the notion that the period of pregnancy may provide a unique and optimal opportunity to intervene to effect change at the level of prenatal attachment, with possible subsequent benefits for longer term post-natal attachment. Interventions could capitalise on this 'window' for maximum impact. Women described benefiting from the company of other pregnant women and found sharing their experiences helpful. This suggests that group interventions, compared to individually focused work during pregnancy, may be particularly beneficial. The particular format of this intervention, which facilitated sharing and minimised 'teaching', may also be significant. This allowed women to have a genuinely normalising experience, thereby reducing feelings of social isolation and stigma and supporting the development of more benign representations of themselves as a healthy counterbalance to negative personal and societal evaluations.

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Christine Puckering is a clinical psychologist and is Programme Director of Mellow Parenting. She has a lifelong commitment to work with the most troubled families who are often seen as difficult to engage in services even though their need is most critical. Investing in infant mental health and working with parents and babies in the early months is clearly the most effective time to make a difference for the most vulnerable in society.

Appendix 1. Participant demographic information.

Name	Age	Ethnicity	With partner	Other children	Gestation starting at group	Gestation at interview	Referrer	Vulnerability factors	No. attended
Marie	37	White, Scottish	Yes	3	22	23 weeks ^a post-partum	Health visitor	Previous history of stillbirth. Previous history of being a victim of domestic violence. Previous history of substance misuse. Recent previous history of poor housing, homelessness and living in a violent neighbourhood. Recent previous history of post-natal depression.	6
Tammy	24	White, Scottish	No	3	32	40	Social worker	Recent previous history of relapse (substance misuse). Single mother, no contact with father. Recent history of homelessness. Current involvement of Social Services, concerns about the care of the children related to hygiene. ^b	5
Faye	25	White, Scottish	Yes	1	24	32	Parenting worker (voluntary agency)	Previous physically high-risk pregnancy. Previous history of post-natal depression. Previous history of anxiety and depression. Previous history of substance abuse.	6
Cara	23	White, British	Yes	0	23	29	Midwife	Previous history of homelessness. Query learning difficulties? Extremely socially isolated. First baby. Family history of poor post-natal mental health (depression, bipolar).	6
Angela	35	White, Scottish	Yes	0	20	25	GP	History of being in care of grandparents from birth. Previous history of long-standing substance misuse Smoked during pregnancy Reported difficulties in her relationship during early pregnancy	6

Appendix 1. (Continued)

Name	Age	Ethnicity	With partner	Other children	Gestation starting group	Gestation at interview	Referrer	Vulnerability factors	No. attended
Jemma	25	White, British	Yes	3	16	24	Substance misuse keyworker	First child adopted age 16 (not in a relationship with father). Two further children placed in custody of different father because of substance misuse. History of being in care as a teenager. Recent history of substance misuse. Recent history of homelessness.	5
Lana	17	Mixed white/black Caribbean	No	0	22	24	Keyworker at homeless hostel	Teenage pregnancy, unplanned, not with baby's father, first baby. Homeless with lack of support. Family history of poor mental health.	2
Danielle	24	White, Scottish	Yes	1	7	14	Substance misuse keyworker	Previous history of anxiety and depression. Previous history of long-standing substance misuse. Recent history of post-natal depression.	6

^aThis participant was asked to complete the pilot interview after she had given birth.

^bAs reported by participant, unable to obtain any further information from Social Services.