

Strengthening parent-infant* relationships

***The iHV acknowledges that the baby's main caregiver may not be their biological parent. For the purposes of this resource, the term 'parent-infant' will be used throughout.**

The first 1001 days, from pregnancy to two years of age, is a critical period for a baby's development. The experiences, environment and, particularly, the caregiving relationships that a baby is exposed to will influence their physical, social, behavioural, cognitive, and emotional outcomes across their lifetimes and those of subsequent generations¹.

Early sensitive and responsive interactions support:

- The development of secure attachment behaviours, enabling babies and toddlers to feel safe, explore their environments and play
- Language skills, social competence, and overall higher academic achievement
- Emotional and impulse regulation
- The capacity to make and sustain relationships in later life
- Positive mental health across the life course

Conversely, the absence of responsive, nurturing relationships and exposure to adversity increases the risk of babies experiencing 'toxic stress', leading to long-lasting negative impacts on their physical and mental health. Prolonged or frequent exposure to such stress, resulting from insecure relationships or unpredictable environments, can result in:

- Poor emotional regulation which may lead to higher rates of depression and anxiety and other significant mental health disorders
- Risky behaviour such as substance misuse, harmful sexual behaviour or engaging in unhealthy relationships
- Increased risk of developing an eating disorder
- Intergenerational transmission of trauma

National guidance encourages all healthcare professionals in contact with parents in the antenatal or postnatal period to discuss the importance of bonding and emotional attachment and the approaches that can help parents to bond with their baby².

Bonding refers to the tie of affection between a parent and their baby. It is a two-way and generally gradual process that can be enhanced antenatally, for example, when parents see scans of their baby, or postnatally through oxytocin release when breast or chest feeding or offering skin-to-skin contact.

Attachment is one specific aspect of the relationship between a baby or child and their caregiver that is involved with making the baby or child feel safe, secure, and protected.

Attachment theory describes the strategy by which a baby or child seeks comfort and closeness to their primary caregiver when they are distressed or in need. The term 'attachment' should be used with caution as it has differing lay and clinical meanings depending on a person's background or level of clinical training and is only one of several related constructs, including reflective function and mind-mindedness that relates to the parent-infant relationship. However, it is one of the most extensively researched constructs with the largest body of accompanying evidence and remains widely used as the most reliable (if imperfect) measure of the parent-infant relationship.

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For additional resources see www.ihv.org.uk

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Health Visitors have a clinically and cost-effective role in perinatal mental health care³

Health visitors are also well-placed to identify strengths or emerging difficulties in the parent-infant relationship. They have skill in assessing the complex interplay of factors that can impact on the parent-infant relationship (see Table 1). Exploring these factors with families can provide 'entry points' to identifying underlying parental mental health or parent-infant relationship difficulties⁴.

Table 1. Factors that can impact on the parent-infant relationship^{5, 6, 7, 8}

Experience of a traumatic birth	Feeding concerns
Baby having been in Neonatal Intensive Care	Parental relationship difficulties
Previous miscarriage, stillbirth or loss of a baby	Domestic violence and abuse
Parental mental ill-health	Alcohol and substance misuse
Teenage pregnancy	Financial, employment or housing concerns
Unplanned or unwanted pregnancy	Parents having experienced the Care System or other adverse childhood experiences (ACEs)
Physical and emotional recovery from birth	Lack of family or community support
Sleep deprivation	

Assessing Parent-Infant Interactions

There is currently insufficient evidence to make recommendations about the use of a specific measure of parent-infant relationships⁹. HVs should use evidence-based measures, alongside their observational and clinical skills, to assess the quality of the parent-infant relationship and identify emerging needs.

Good Practice Points to strengthen early relationships

- Ask parents about their relationship with their baby at each contact, exploring what they are enjoying and what they are finding difficult.
Evidence shows that parents rate the quality of parent-infant relationships as the third most important influence on child development, but most are not routinely asked about it. The Parent-Infant Foundation recommends that¹⁰:
*"All parents, specifically including partners and dads, younger parents and those with an allocated social worker, to be asked directly about their relationship with their infant at universal contacts. The parent-infant relationship [should be] an explicit topic of conversation at multiple points in the perinatal journey with midwives, health visitors, GPs and nursery nurses"*¹⁰
- Encourage parents to begin 'bonding with their bump' antenatally and thinking about their baby as an individual with their own thoughts and feelings by:
 - Asking how hearing their baby's heartbeat during scans makes them feel
 - Asking how they imagine their baby to be
 - Noticing their baby's movements and responses to sound and light
 - Recognising positive attempts to 'put baby first' by cutting out cigarettes or alcohol
 - Suggesting mindfulness and good stress management techniques
 - Validating feelings of ambivalence or fear
 - Signposting to resources that support the importance of early relationships.

Rich antenatal mental representations of the unborn baby are associated with infant attachment security at one-year old¹¹.

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Good Practice Points continued

- Support parents to identify their baby's sleep and wake states and behavioural cues, enabling them to respond appropriately at the right time. Many HVs are trained to offer the Brazelton Newborn Behavioural Observation system¹² which enables them to share with parents the uniqueness of their baby through observing the baby's first 'language', their behaviour.
- Promote the benefits of 'making everyday moments matter' by encouraging parents in skin-to-skin contact, use of soft baby carriers, copying their baby's expressions and vocalisations, reading, singing and playing with their baby. Healthy, positive interactions between babies and their caregivers create robust brain architecture and form a strong base that can support more complex functions in later life.
- Model principles that can strengthen the therapeutic relationship and help parents to feel 'held in mind', enabling them in turn to 'hold their baby in mind'¹³. Many HVs are trained in the Solihull Approach where the underlying principles of containment and reciprocity provide a helpful framework and common language when discussing parent-infant relationships¹⁴.
- Explore with parents what might be helpful for them to access locally, such as antenatal education, cues-based infant massage, baby sensory and other groups organised by Family Hubs or Children's Centres, churches, voluntary and peer organisations. Creating social networks can provide emotional support to parents and reduce family stress, enabling parents to normalise any concerns they may have about their relationship with their baby, find strategies to cope and build trust within a peer group setting¹⁵.
- Offer 'dad-specific' information and signposting, and ensure fathers are welcome and included at all contacts¹⁶. The benefits of father involvement on the father-infant relationship are well documented with improved attachment security, behavioural, cognitive and social outcomes for the child when they are able to enjoy close connections with their father¹⁷.
- Acknowledge the diversity of family structure in UK¹⁸ and be mindful of specific needs and roles of LGBTQI+ parents, co-parents, non-resident parents, intended parents, kinship or foster carers¹⁹.
- Recognise that every family has its own unique cultural identity. The home is a symbol of a family's culture and race, how they organise their infants, and how they play. Culturally informed and sensitive practice involves understanding how interracial, intercultural, and interfaith issues influence parent-infant relationships, rituals and care practices. Consideration should be given to how interpreting services are used to ensure accurate translation of key concepts such as bonding and attachment. It may be helpful to brief interpreters ahead of any visits.
- Refer families on, via local integrated pathways, to facilitate access to appropriate and timely support when concerns around the parent-infant relationship are identified. This may be to HVs or Specialist HVs trained in video-feedback interventions such as VIG (Video Interaction Guidance), to local specialist perinatal mental health teams, or to specialised parent-infant relationship teams who can offer a range of therapies and interventions²⁰.

Resources

To support the importance of early relationships:

- Harvard Center on the Developing Child
 - [Experiences Build Brain Architecture](#)
 - [Serve & Return Interaction Shapes Brain Circuitry](#)
 - [Toxic Stress Derails Healthy Development](#)
- Oxford Brain Story
 - [Brain Builders](#)
 - [Brain Architecture](#)
 - [Serve and Return](#)

To support parents to understand baby cues and behaviour:

- [Getting to know your baby](#) resources

To help parents sing, play and read with their baby:

- [Words for Life](#)
- [BBC Tiny Happy People](#)
- [Brazelton Centre UK](#)
- [Hungry Little Minds](#)
- [Big Little Moments videos](#)
- [NHS Start for Life](#)
- [Parenting Counts](#)
- [National Literacy Trust](#)
- [Baby Buddy App](#)
- [Talk with me](#)

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Resources continued

To support fathers:

- GPP- [Engaging with Fathers](#)
- GPP- [Understanding Fathers' Mental Health & Wellbeing](#)
- [New Dad Factographic](#)

To support observations of parent-infant relationship†:

- Lanarkshire [Infant Mental Health Observational Indicator Set](#)
- Ages & Stages Questionnaire–Social-Emotional version (ASQ-SE)²¹
- Karitane Parenting Confidence Scale²²
- Mothers' Object Relations Scales short form (MORS-SF)²³
- Early Attachment Observation²⁴

† without particular endorsement

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