

Introduction

Objective:

Examine how participation in the High-risk follow-up Program (HRF) impacts:

1. Maternal Quality of life
2. Maternal-infant attachment
3. Postpartum depression

Background:

- High-risk infants and their caregivers face increased stress due to prematurity, NICU stays, and socioeconomic adversity. These conditions may disrupt attachment formation and elevate maternal mental-health risks (Feldman, 2017).
- **Attachment Theory** highlights the importance of caregiver responsiveness and co-regulation for healthy infant development.
- **Postpartum Depression (PPD)** can disrupt maternal sensitivity and bonding, affecting infants' emotional and stress-regulation systems.
- **Quality of Life (QoL)** shapes caregiving capacity and family functioning; improving QoL may strengthen maternal mental health and attachment.

Hypothesis:

H1: Mothers closer to completing the HRF program will report higher QoL and stronger maternal-infant attachment than mothers at the start of the program.

H2: Mothers nearing completion will show lower postpartum depression scores than early participants.

Method

- **Participants:** N = 55 mothers of high-risk infants (ages 0-3)
- **Materials:** EPDS, MPAS, WHOQOL_BREF, Demographic questionnaire
- **Primary Analysis:** MANCOVA
- **DV:** PPD, Attachment, QOL, *IV:* Cohort year
- **Auxiliary analyses:** bivariate correlations
- **Covariates:** income, Education, Number of HRC

Procedure

Recruitment flyers → Informed Consent → Qualtrics

Results

A MANCOVA was conducted to examine whether High-Risk Children, education, income, and cohort condition predicted the combined outcomes.

Results indicated a significant multivariate effect for education, Pillai's Trace = .261, $F(3, 48) = 5.653$, $p = .002$, $\eta_p^2 = .261$. Education have a negative relationship with PPD and Attachment scores.

High-Risk Children ($p = .276$), income ($p = .248$), and cohort condition ($p = .285$) were not significant predictors.

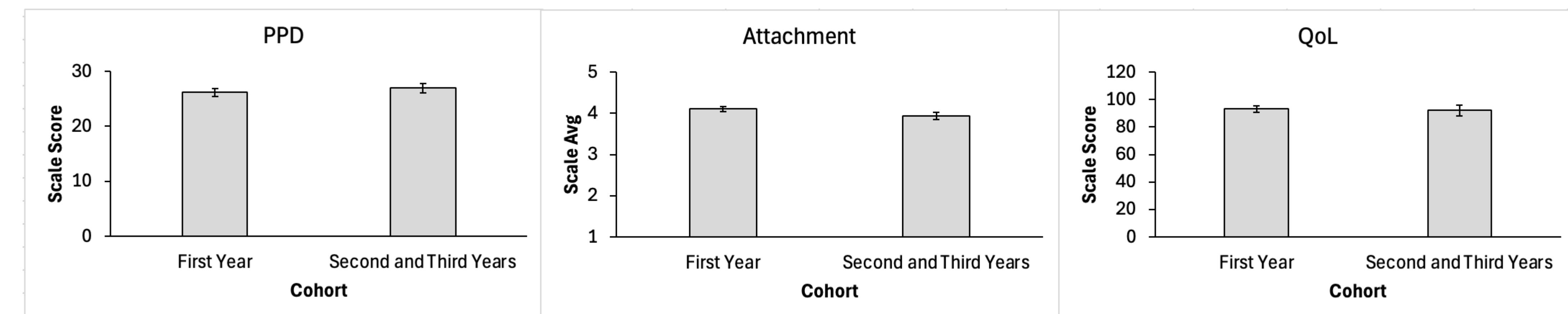
Discussion

• Education emerged as the only significant predictor of maternal outcomes, suggesting that mothers with higher education levels may have additional resources or coping skills that support better quality of life, attachment, and postpartum mental health.

• Although there were no direct effects of cohort on outcome variables, group means were not in clinically relevant ranges.

• Together, these patterns indicate that maternal wellbeing, bonding, and depression symptoms are interconnected, and that education may play a protective role.

• Enhancing psychoeducation, support resources, and stress-management within HRF services may help strengthen maternal adjustment and early relational health.



Variable	PPD	Attachment	QoL	Education
PPD	—	.30*	.59**	-.44**
Attachment	.30*	—	.22	-.27
QoL	.59**	.22	—	-.20
Education	-.44**	-.27	-.20	—
Income	.06	-.14	-.08	.04

Note. N = 55 p < .05* p < .01**

References

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