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Reframing the Fetus as a Relational Participant: The Responsive Prenatal Engagement Framework

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Contemporary prenatal care has made major contributions to maternal and infant health through advances in medical monitoring, risk assessment, and evidence-based intervention. However, within this framework, the fetus is typically positioned as an object of care. This paper proposes Responsive Prenatal Engagement (RPE) as a conceptual framework that reframes the fetus as a relational participant within an emerging parent-child relationship. RPE does not claim evidence of fetal consciousness, intentional communication, or prenatal memory. Rather, it offers a relational perspective for understanding how parents may engage with the unborn child during pregnancy. Drawing on clinical observation, obstetric practice, and scholarship in attachment, prenatal psychology, and early relational development, the framework is organized around three principles: recognition, inclusion, and engagement. These principles describe how parents may acknowledge the fetus as meaningfully present within family life before birth and how such a stance may shape prenatal experience. RPE is presented as a complementary lens to existing models such as prenatal attachment, reflective functioning, and nurturing care, with potential implications for prenatal education, family involvement, and future research.

Keywords: Responsive Prenatal Engagement, fetus, prenatal relationship, prenatal attachment, perinatal psychology

Modern prenatal care has substantially improved the safety of pregnancy and childbirth. Advances in ultrasound imaging, fetal monitoring, prenatal screening, and evidence-based obstetric practice have contributed to better maternal and neonatal outcomes. Within this clinical framework, the fetus is necessarily a major focus of care. In practice, however, the fetus is most commonly approached as the object of observation, assessment, and protection rather than as a participant in an evolving relationship.

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A parallel line of thought in prenatal and perinatal psychology has long suggested that pregnancy should also be understood as a relational process. Authors writing on prenatal life, prenatal communication, and the psychological transition to parenthood have emphasized that the unborn child may already occupy a meaningful position within the family's emotional world before birth (Chamberlain, 1998, 2003; Raphael-Leff, 2009; Stern, 1995; Verny & Kelly, 1981). This perspective does not require definitive claims about fetal consciousness, intentionality, or prenatal memory; instead, it invites closer examination of how parents imagine, address, and incorporate the unborn child during pregnancy.

Existing frameworks have already illuminated important dimensions of this process. Prenatal attachment research has examined the emotional bond parents form with the unborn child and has generated influential conceptual and measurement tools (Condon, 1993; Cranley, 1981; Müller, 1993). Reflective functioning has highlighted the parent's ability to imagine the child as having an inner life, a capacity central to sensitive caregiving and developmental attunement (Fonagy et al., 2002; Slade, 2005). Nurturing care and caregiving-system perspectives have likewise emphasized the importance of supportive, responsive environments from pregnancy onward (George & Solomon, 2008; World Health Organization et al., 2018).

However, these perspectives primarily organize inquiry around parental feelings, parental representations, or caregiving conditions. The more basic conceptual issue of how the fetus itself is positioned within the emerging relationship has received comparatively less explicit attention. This paper addresses that gap by proposing Responsive Prenatal Engagement (RPE), which encourages parents and clinicians to consider the unborn child not only as a recipient of care but also as a relational participant within an emerging parent-child relationship.

The purpose of this manuscript is therefore not to resolve ongoing debates about prenatal consciousness, fetal memory, or intentional fetal communication. It aims to clarify how a relational-participant perspective might enrich current thinking about prenatal engagement, parental preparation, and future research in prenatal and perinatal psychology.

The Hidden Assumption in Prenatal Care

Modern prenatal medicine is one of the major achievements of contemporary health care. By prioritizing systematic observation, risk detection, and evidence-based intervention, obstetric practice has substantially reduced maternal and infant morbidity and mortality. Within these aims, it is entirely appropriate for clinicians to monitor fetal growth, movement, heart rate patterns, placental function, and other biological indicators relevant to safe pregnancy outcomes.

At the same time, every model of care rests on assumptions that may remain largely implicit. In contemporary prenatal care, one such assumption is that the fetus is viewed primarily as an object of assessment and intervention. This assumption is rarely articulated because the biological goals of prenatal medicine are clear and compelling. As a result, the fetus is most often understood through measurable developmental markers rather than through relational categories.

Medical care and relational care serve different, though potentially complementary, functions. The concern is not that prenatal medicine is wrong to focus on biological well-being, but that an exclusive emphasis on the fetus as a clinical object may leave important dimensions

of prenatal experience underdescribed. Parents frequently speak to the unborn child, interpret fetal movement as meaningful, imagine future encounters, and report an emerging sense of connection long before birth. Such experiences align with descriptions of prenatal communication, maternal psychological adaptation, and prenatal relationship formation in the perinatal literature (Chamberlain, 2003; Piontelli, 1992; Raphael-Leff, 2009; Stern, 1995).

Rather than viewing the fetus exclusively as an object of care, it can be useful to consider the fetus as a participant within an emerging relationship. The principal question then becomes not only how parents care for the fetus, but also how parents relate to the fetus during pregnancy. Responsive Prenatal Engagement (RPE) is proposed as a framework for articulating this relational dimension. It does not replace the clinical priorities of prenatal medicine. Instead, it offers a complementary lens through which pregnancy can be understood not only as a biological process, but also as the beginning of a relationship (Bowlby, 1969; Raphael-Leff, 2009; Stern, 1995).

How RPE Differs from Existing Frameworks

RPE is not designed to displace existing theories in prenatal and perinatal care. On the contrary, it builds on well-established relational traditions. Attachment theory has long argued that human development is fundamentally organized through early relationships, and subsequent scholarship has extended and refined this insight across the life span (Bowlby, 1969; Cassidy & Shaver, 2016). RPE enters this tradition by asking how the fetus is situated within the developing parent-child relationship during pregnancy.

Prenatal attachment frameworks have made an indispensable contribution by examining how parents feel toward the unborn child. Classic and later measurement work demonstrated that emotional bonding to the fetus is both psychologically meaningful and empirically approachable (Condon, 1993; Cranley, 1981; Müller, 1993). These approaches clarify the strength and quality of parental emotional connection, but they do not primarily address the relational status assigned to the fetus itself.

Reflective functioning contributes a different but related perspective. By emphasizing parents' capacity to imagine the child's thoughts, feelings, and subjective experience, reflective functioning deepens understanding of sensitivity, empathy, and developmental attunement in caregiving relationships (Fonagy et al., 2002; Slade, 2005). Even here, however, the main analytic focus remains on the parent's representational capacity rather than on the conceptual position the fetus occupies within the relationship.

Nurturing care and caregiving-system frameworks further underscore the significance of responsive environments, emotional security, and developmental support beginning in pregnancy and extending into early childhood (George & Solomon, 2008; World Health Organization et al., 2018). These perspectives are essential for understanding the conditions that support healthy development, yet they do not explicitly theorize the fetus as a participant in an already unfolding relationship.

RPE addresses that conceptual gap. Its central concern is not simply what parents feel, imagine, or do for the fetus, but how the fetus is positioned within the relationship. It makes explicit a dimension of prenatal life that has often remained implicit in practice: the place the

fetus occupies in the family's emerging relational world. In this sense, RPE complements existing frameworks by clarifying the relational status of the fetus within the experiences those frameworks describe (Table 1).

Table 1

Conceptual Distinctions Between Existing Frameworks and Responsive Prenatal Engagement

Framework	Primary Focus	Central Question
Prenatal attachment	Parental emotional bond	How does the parent feel toward the fetus?
Reflective functioning	Parental understanding of mental states	How does the parent imagine the child's inner experience?
Nurturing care	Caregiving environment and developmental support	What conditions best support development?
Responsive Prenatal Engagement	Relational status of the fetus	How is the fetus positioned within the emerging relationship?

Origins of RPE

The concept of Responsive Prenatal Engagement emerged from the convergence of several sources: long-term obstetric practice, clinical observation, research concerning children's reports of prenatal and birth-related memories, and engagement with scholarship in prenatal and perinatal psychology. Although RPE does not require acceptance of the validity of prenatal memory reports, the author's extended clinical work repeatedly highlighted the relational attitudes parents described during pregnancy. Similar concerns with prenatal communication, fetal responsiveness, and the psychological meaning of pregnancy appear in earlier literature (Chamberlain, 1998, 2003; Piontelli, 1992; Raphael-Leff, 2009; Verny & Kelly, 1981). The present article is conceptual and clinical in orientation; it does not present a formal empirical test of RPE.

Across clinical encounters, some parents tended to describe the fetus chiefly in medical terms, as a developing baby whose growth and health required monitoring and protection. Others adopted a more explicitly relational orientation: they spoke to the baby, imagined future interaction, involved partners or siblings, and described the unborn child as already present within family life. This latter pattern closely resembles the forms of psychological adaptation and prenatal relating described by Raphael-Leff (2009), Stern (1995), and Chamberlain (2003).

What appeared most striking in these observations was not merely variation in parental emotion or caregiving behavior, but variation in the way the fetus was positioned within the relationship itself. Some parents related to the fetus mainly as a future child, whereas others related to the fetus as a child already present (Piontelli, 1992; Raphael-Leff, 2009). That distinction, while subtle, seemed to shape how pregnancy was narrated, how fetal movement was interpreted, and how connection and responsibility were experienced.

Existing frameworks explained important portions of these experiences but did not fully capture this specific relational distinction. Prenatal attachment clarified emotional bonding, reflective functioning illuminated parental mentalization, and nurturing care highlighted

supportive developmental environments (Condon, 1993; Fonagy et al., 2002; Slade, 2005; World Health Organization et al., 2018). What remained less explicit was the relational status assigned to the fetus itself. RPE emerged as an attempt to name and examine that neglected dimension.

In that sense, RPE is an effort to render theoretically visible something that has often been observable in practice but less clearly articulated in scholarship. It belongs within broader attachment and relational traditions while proposing a more focused question: How is the fetus positioned within the developing relationship? (Bowlby, 1969; Cassidy & Shaver, 2016).

The RPE Framework

RPE is a conceptual framework, not a therapeutic protocol or clinical intervention. It describes a relational orientation toward the unborn child during pregnancy and is organized around three interrelated principles: recognition, inclusion, and engagement.

Recognition

Recognition is the first principle. Within RPE, the fetus is acknowledged not only as a developing biological organism but also as a participant in an emerging parent-child relationship. This recognition does not depend on any particular claim about fetal capacities at a given developmental stage. Instead, it concerns the stance parents adopt toward the unborn child. Recognition is fundamentally a shift in perspective rather than behavior. Parents need not adopt specific rituals or practices; rather, they begin to orient themselves toward the fetus as someone already occupying a place within the family. In this respect, recognition is compatible with attachment-based understandings of early relational organization while extending them into pregnancy (Bowlby, 1969; Cassidy & Shaver, 2016).

Inclusion

Inclusion is the second principle. Parents may begin to include the fetus within the family's relational world before birth by speaking to the baby, sharing daily experiences, imagining future encounters, and involving partners and other family members in this process. Such practices have been described in prenatal psychology as forms of prenatal communication that may deepen relational awareness and involvement (Chamberlain, 2003). From an RPE perspective, their importance lies less in the behavior than in the relational meaning attached to it: the fetus is approached not merely as someone who will later enter family life, but as someone already being welcomed into it.

Engagement

Engagement is the third principle. Once recognition and inclusion are established, parents may develop an ongoing, relationship-oriented approach to attending to pregnancy. This may involve noticing changes in feeling, reflecting on the unborn child's place within the family, and cultivating a deepening sense of connection and responsibility. Engagement, however, should not be confused with instructional attempts to stimulate the fetus or optimize development through prescribed techniques. Rather, it refers to the gradual formation of a relational attitude

toward the unborn child. In this respect, engagement resonates with scholarship on caregiving systems and the developmental transition to parenthood (George & Solomon, 2008; Mercer, 2004; Stern, 1995).

Taken together, these three principles provide a concise account of RPE. Recognition addresses who the fetus is within the relationship. Inclusion concerns whether the fetus is treated as part of the family's relational world. Engagement describes how that relationship deepens over time. Through this framework, prenatal life can be viewed through a relational lens without displacing the biological realities that remain central to prenatal care.

Clinical Implications of RPE

If the fetus is understood as both a relational participant and an object of care, several implications for prenatal and perinatal practice emerge. First, RPE encourages greater recognition of the relational dimensions of pregnancy. Contemporary prenatal care rightly prioritizes maternal health, fetal development, and prevention of complications; RPE supplements rather than replaces those priorities by suggesting that the developing parent-child relationship may also deserve attention and support.

Second, RPE may enrich prenatal education. Many forms of prenatal preparation concentrate on pregnancy management, labor, delivery, and newborn care. A relational framework invites parents to reflect on how they imagine and address the unborn child during pregnancy, and how those perceptions may influence caregiving expectations and the transition to parenthood (Mercer, 2004; Stern, 1995).

Third, RPE may support more explicit inclusion of partners and other family members. When the fetus is conceptualized as a participant in an emerging family relationship, pregnancy can be approached not only as a maternal event but also as a shared relational process. This broader inclusion is compatible with caregiving-system perspectives that emphasize organized relational responsiveness around the child (George & Solomon, 2008).

Finally, RPE opens a research agenda. Future studies could examine how different ways of conceptualizing the fetus are associated with prenatal attachment, reflective functioning, caregiving expectations, family interaction, and later adjustment to parenthood (Condon, 1993; Cranley, 1981; Fonagy et al., 2002; Slade, 2005). It may also be useful to explore how relationally-oriented prenatal practices intersect with broader nurturing care frameworks that begin during pregnancy and extend through early childhood (World Health Organization et al., 2018).

These implications are exploratory rather than prescriptive. RPE does not provide a standardized intervention, and it should not be interpreted as a substitute for evidence-based obstetric care. Its value lies in offering a more explicit language for discussing aspects of prenatal life that many parents already experience in relational terms.

Conclusion

Contemporary prenatal care has achieved extraordinary success in safeguarding maternal and infant health. Those achievements are indispensable. Yet pregnancy is not only a biological process; for many parents, it is also the beginning of an evolving relationship with the unborn

child (Chamberlain, 2003; Raphael-Leff, 2009; Stern, 1995). Existing frameworks such as prenatal attachment, reflective functioning, and nurturing care have deepened understanding of this terrain by illuminating parental emotions, mentalization, caregiving capacities, and developmental environments (Condon, 1993; Fonagy et al., 2002; Slade, 2005; World Health Organization et al., 2018).

This paper has introduced Responsive Prenatal Engagement as a conceptual framework for clarifying one additional question: how the fetus is positioned within the developing parent-child relationship. By treating the fetus as a relational participant rather than solely as an object of care, RPE provides a language for understanding prenatal engagement as part of the formation of an early relationship. This perspective does not require resolving debates concerning prenatal consciousness, intentional communication, or memory. It requires only recognition that the relational stance parents adopt during pregnancy may itself be meaningful.

RPE is best understood as complementary to existing frameworks. Whether future research ultimately confirms its usefulness as a theoretical construct, it raises a significant question for prenatal and perinatal psychology: What changes when the fetus is understood not only as a recipient of care, but also as a participant in an emerging relationship? That question remains open, but it points toward a promising direction for scholarship on the relational foundations of human development.

Pregnancy marks not only the development of a human organism but also the emergence of a human relationship. Whether Responsive Prenatal Engagement ultimately proves to be a useful theoretical construct will depend on future empirical work. By inviting clinicians and researchers to ask how the fetus is positioned within the family's relational life before birth, the framework opens a new avenue for dialogue among obstetrics, developmental psychology, and prenatal and perinatal scholarship.

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