Amid all the adjustments new parents need to make, the couple relationship can often become vulnerable as partners struggle to maintain their pre-parenthood focus on each other. Practitioners can help new parents through the transition via programs that focus on the couple relationship alongside the challenges of parenting. Drawing on a selection of recent research, this paper is aimed at informing practitioners working with individuals and couples about the major factors impacting on relationship satisfaction for new parents and the optimal characteristics and content of programs to support both the couple and their parenting through the transition to parenthood.

Marital satisfaction\(^1\) often declines over time, but may be particularly notable following the birth of a child (Halford & Petch, 2010; also see Doss, Rhoades, Stanley, & Markman, 2009; Twenge, Campbell, & Foster, 2003, for brief discussions) when the decline tends to be steeper and more rapid (Lawrence, Rothman, Cobb, Rothman, & Bradbury, 2008), probably in response to the stresses of looking after a newborn (Halford & Petch, 2010). While becoming a parent can be a time of great joy, there are also many challenges, which, if particularly difficult, may have implications for child development (Doss et al., 2009). Therefore understanding the factors associated with the decline in satisfaction, and the interactions among them, can arm practitioners with information to help clients prepare for, and perhaps counteract, the ways in which becoming a parent impacts negatively on couple relationships (Twenge et al., 2003). This may be especially important if the birth occurs in the first 5 years of marriage, when relationships appear to be vulnerable to separation and divorce (Doss et al., 2009).

Research indicates associations between a number of factors that impact on marital satisfaction during the transition to parenthood, although the findings can be contradictory. Practitioners may need to

\(^1\) Much of the research in this field is conducted in the USA and participants are usually married rather than cohabiting couples, hence the use of the term "marital" rather than "relationship" satisfaction. In this paper we will use the terms "marital" and "relationship" satisfaction interchangeably unless referring to research in which the two groups are specifically compared or analysed separately.
The Australian Family Relationships Clearinghouse (AFRC) is an information and advisory unit funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs. The Clearinghouse aims to enhance family relationships across the lifespan by offering a resource and a point of contact for providers of family relationship and support services, policy makers and members of the research and broader communities. The Clearinghouse collects, synthesises and disseminates information on family relationships and facilitates networking and information exchange.

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canvass both broad and specific issues with their clients in order to provide the most effective information and/or intervention.

Key factors affecting relationship satisfaction across the transition to parenthood

Below are key findings from a selection of research studies examining factors that affect couple relationships when partners become parents, and that are particularly relevant to practice.

Gender and gender roles

While women tend to experience the decline in relationship satisfaction during the transition to parenting more significantly than men (for a meta-analysis see Twenge et al., 2003), the findings for men have been inconsistent (see for example, Van Egeren, 2004). Interestingly, compared to the early studies of satisfaction for new parents, recent research tends to find declines in satisfaction to be steeper (Twenge et al., 2003). A suggested explanation for this comes from research into changes in gender roles following the birth of a child. A longitudinal study of first-time and “experienced” (already had one child) parents and their gender-role attitudes (Katz-Wise, Priess, & Hyde, 2010) found that both groups of parents became more traditional in their gender-roles from pregnancy to 12 months post-partum. With increases in workforce participation by women over recent decades (Australian Bureau of Statistics, 2008), first-time mothers may experience this gender-role discrepancy more intensely now than mothers from previous generations.

Division of labour and perceptions of fairness

Women may be particularly vulnerable to the impacts of new parenthood, as their workload—through primary child care and housework
duties—tends to increase significantly in the early post-partum period. For example, one study found that women's total workloads (paid employment, child care and housework) after the birth of their child increased significantly more (by 64%) than men's (37%) (Gjerdingen & Center, 2004). Perceptions of fairness in how domestic tasks are distributed may also affect women's relationship satisfaction (Gjerdingen & Center, 2004). Furthermore, if expectations that child care will be shared between partners are not met, co-parenting experiences (how couples feel they work together as parents) tend to be poor, more so for women as they generally do more child care than they expected (Van Egeren, 2004). These feelings may abate as the child grows and child care and household labour becomes more evenly distributed. However, the impact of domestic workload—alone and in concert with other factors affecting life as a new parent, such as sleep disturbances—should be explored by practitioners seeking to help parents adjust to parenthood.

Socioeconomic status

Findings regarding socioeconomic status (SES) and declines in marital satisfaction across the transition to parenthood have yielded some interesting findings. Some studies suggest that younger, less educated individuals tend to struggle more with the transition (e.g., Howard & Brooks-Gunn, 2009) while other research has found the transition more disruptive for those from high SES backgrounds, particularly women who may have left high-status and well-paid jobs to become mothers (Twenge et al., 2003). These findings suggest that in different types of families, for different reasons, the impact of the transition to parenthood may be greater for families where there is a higher degree of disruption to their pre-parenthood lifestyle.

Parental expectations

Pre-birth expectations of parenthood have been found to be related to psychological wellbeing of mothers. If their parenting experiences were contrary to their expectations before giving birth, their relationship quality tended to decline; however, post-birth experiences that were more positive than expected were related to improved relationship quality (Harwood, McLean, & Durkin, 2007). These particular findings underline the importance of preparing couples for, and supporting them through, the myriad of changes parenthood brings.

Sleep disturbances

Although many parents report disturbed sleep in the post-partum period and it is known to have implications for a range of individual functions, including parental competence (Gay, Lee, & Lee, 2004), there is limited research into how sleep affects new parents' adaptation to their role. Further, Medina, Lederhos, and Lillis (2009) pointed out that although much is known about how sleep disturbance affects mood and cognition, almost no studies have examined the role of those disturbances in changes in relationship satisfaction. Their review led them to suggest a process by which sleep disturbances (e.g., interruption or deprivation) negatively affect the cognitive and emotional resources needed to cope with the multiple demands of new parenthood and exacerbate the stresses new parents face. If conflict then increases and positive feelings begin to decline, relationship satisfaction may also suffer. From a practice point of view therefore, it would seem useful to also explore with clients how a lack of or interrupted sleep might affect the couple relationship.
Relationship factors

In studies of married couples, marital satisfaction and health (i.e., marital friendship, thinking about how the partner feels, fondness and affection, prenatal conflict, and withdrawal) prior to parenthood (Shapiro, Gottman, & Carrere, 2000) and the length of the marriage prior to the birth of the first child (Doss et al., 2009) tend to buffer against the stressors related to the transition. This suggests that exploration of the couple relationship prior to the pregnancy and birth would be a useful part of any program or service supporting couples in the transition to parenthood. Being in a marital or cohabiting relationship has been linked to postnatal supportiveness for low SES couples—compared to non-cohabiting dating couples or couples who were not romantically involved—however satisfaction has been found to decline more sharply for cohabiting than married couples (particularly mothers) (Howard & Brooks-Gunn, 2009). Declines in satisfaction have also been found to occur more suddenly for first-time fathers who cohabit before marriage, and first-time parents who cohabit before marriage tend to express higher levels of observed negative communication with their partner after the birth of their first child (Doss et al., 2009).

The impacts of prenatal relationship quality on the transition to parenthood may be particularly salient for men. In one study, fathers’ prenatal marital withdrawal (i.e., avoiding eye contact, increasing/maintaining physical distance, giving up on the discussion, and being unresponsive) was related to less positive whole family interactions at 24 months post-partum (Paley et al., 2005). Furthermore, another study found fathers’ feelings about the relationship before parenthood to be an indicator of their postnatal feelings, and also of their wives’ perceptions of their co-parenting (Van Egeren, 2004).

Child factors

Some child factors have been found to impact parental wellbeing in the transition to parenthood. Child temperament, particularly having a fussy or difficult child, has been linked to difficulty

Some methodological considerations

Methodological differences contribute to the seemingly contradictory findings from studies of the transition to parenthood (Doss et al., 2009). Research into the transition to parenthood has been criticised for several common methodological issues, including:

- the use of small samples of generally homogeneous, middle-class, married, educated, heterosexual Caucasian couples in the USA;
- the use of cross-sectional designs, which have limited capacity to isolate the effect of having children on the transition to parenthood; and
- the collection of information during pregnancy when relationship satisfaction may be artificially inflated by the heightened togetherness of being pregnant (although these findings are inconsistent, refer Lawrence et al., 2008).

These design issues limit the generalisability of findings to broader populations. However, findings of significant relationships between the transition to parenthood and a wide range of factors highlight the need for practitioners to help couples examine several areas of their relationship that might be affected by the arrival of their child.
or stress by parents, particularly fathers (Baxter & Smart, 2010; Perren, von Wyl, Burgin, Simoni, & von Klitzing, 2005; Spielman & Taubman, 2009; Van Egeren, 2004). Having a low birth weight child was found to impact fathers’ reports of declines in the mother’s relationship supportiveness in one study (Howard & Brooks-Gunn, 2009), perhaps a function of the added burden experienced by mothers of caring for a more fragile infant. Lastly, child gender has been found to differentially impact relationship quality in some studies (e.g., Doss et al., 2009; greater drops in satisfaction reported for mothers giving birth to daughters rather than sons) but not others (Howard & Brooks-Gunn, 2009; child gender was unrelated to either parent’s perception of partner’s emotional supportiveness).

Since a large number of factors have been shown to impact on how well couples make the transition to parenthood, it can be difficult to decide where to start when helping new or soon-to-be parents prepare for and navigate their new and changed circumstances. In some cases, specific issues may be identified that affect, or have the potential to affect, the safety of the child or a parent, in which case prompt assistance from relevant professionals should be sought. The following section briefly outlines a framework that provides a systematic way for practitioners to identify possible information and intervention needs of new or soon-to-be parents.

Transition to parenthood—what’s important?

Drawing on research into risk factors for couples adjusting to parenthood, Halford and Petch (2010) suggested that, to promote couple/parental coping, satisfaction, involvement, and parent–infant interaction, interventions should address the following content areas:

- **Factors specific to parenthood:**
  - *Skills training in basic infant care*—managing infant sleeping and feeding, crying and irritability.
  - *Expectations of parenting*—roles, support, affection, equity, conflict, relationship satisfaction.
  - *Parenting competence/efficacy*—understanding infant behaviour, interpreting and responding to infant cues.

- **Factors related to context:**
  - Seeking and obtaining *support from family and friends*—identifying actual and possible support needs and possible solutions.

- **Couple process factors:**
  - *Effective communication and conflict management skills.*
  - *Mutual practical, emotional support*—articulate support needed and currently received, identify and apply new or additional methods of support.
  - *Affection and intimacy*: caring behaviours and sexual satisfaction—articulate caring received and given, identify ways to increase caring behaviours; acknowledge common sexual difficulties for new parents and help find ways to address these if necessary.

It is generally accepted that interactions between the couple and between parents and their children are interrelated. Being in a high quality relationship is associated with sensitive and responsive parenting (Erel & Burna, 1995; Krishnakumar & Buehler, 2000) whereas poorer quality relationships can lead to “an escalating cycle of negativity and upset between the parents, and between the parents and the infant” (Halford & Petch, 2010, p. 167). Australian data showed
that low parenting warmth was consistently linked to lower relationship satisfaction and lower perceived support for both primary (typically mothers) and secondary (typically fathers) carers (Zubrick, Smith, Nicholson, Sanson, & Jackiewicz, 2008).

Given the robustness of this association it could be expected that programs addressing factors that affect both the couple relationship and the parents’ capability to provide optimal parenting would have measurable impacts on the adjustment to parenthood. The following section summarises some of the evidence demonstrating the effectiveness of programs that aim to support couples through the transition to parenthood.

**Transition to parenthood—what works?**

Generally, programs for new or soon-to-be parents aim to promote relationship skills and support, and realistic expectations of parenthood. In a meta-analysis\(^2\) of 142 studies, programs that addressed both couple relationship and parenting issues were shown to have positive impacts on couple, parenting and child development variables (Pinquart & Teubert, 2010). The interventions started either during pregnancy or following the birth of the child, and addressed a wide range of individual, couple, and child factors. Around two-thirds of the interventions were attended by at-risk families,\(^3\) however the majority of participants were mothers.\(^4\) Improved outcomes were noted for:

- parenting quality;
- actual or potential for child abuse/neglect;
- parental stress and psychological health;
- couple adjustment; and
- aspects of child development.

In combining the findings of the studies examined, Pinquart and Teubert (2010) identified the following optimal program characteristics:

- Interventions of 3 to 6 months duration appeared to be effective for promoting parenting quality and for child social development.
- Selective, targeted programs run by professionals were associated with positive/increased child mental health.
- Child cognitive development was positively impacted if parents attended an intervention with at least some postnatal sessions.
- Individual/couple programs were effective with respect to complex issues such as parent–child attachment.
- Group programs impacted health-promoting behaviours (for example, immunisation).

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\(^2\) A meta-analysis is a way of reviewing groups of studies. A statistic that quantifies the amount of change in particular variables is calculated and used to indicate whether the effect of a type of program (e.g., parenting competence, adolescent resilience) is small, medium or large. The larger the combined effect, the more effective the program.

\(^3\) “At risk” in the analyses reported here is indicated by the labelling of an intervention as universal or selective prevention of negative parenting behaviours. No further information regarding specific risk factors is provided.

\(^4\) This limits the generalisability of the findings. Directing programs at couples (rather than individuals) makes sense since this enables partners to create shared understandings and expectations of the issues facing them as a couple. They will also be exposed to the same information and presumably achieve similar levels of competence with respect to the challenges of becoming/being a parent (Halford & Petch, 2010).
Overall the research suggests that programs that focus on both parenting skills and the couple relationship will provide the most optimal outcomes.

Findings across the range of factors examined in the meta-analysis were somewhat variable (but not contradictory). Some moderate to large effect sizes were found, but overall the effect sizes—while statistically significant—tended to be small to very small. However, as Pinaquart and Teubert (2010) noted, small improvements such as those found for parenting quality, parental stress, and child cognitive and social development and mental health, can reflect meaningful improvements for participants. Even very small effects (such as those found for potential for child abuse/neglect) can have important implications for the lives of parents and their children.

Findings from these kinds of combined analyses of programs, however, highlight the inherent tension for service providers trying to allocate resources across interventions with different proposed outcomes. For example, an organisation may wish to provide an intensive service for a small number of families considered to be at risk of child maltreatment (selective or targeted interventions). Alternatively, resources may be allocated to providing more general, information-based services to all families (universal interventions). These decisions are often influenced by funding agreements and associated outcome measurements.

One approach to resolving (or at least addressing) these tensions is suggested by the stepped approach outlined by Halford and Petch (2010) (and also implemented in the field of parenting education by the Triple P Parenting Program). Halford and Petch (2010) noted that at present our ability to anticipate who might benefit most from support in becoming parents is limited. They suggested a graduated approach in which varying levels of information, support and skills training is offered, allowing providers to reach potentially large numbers of people and participants to choose the level of intervention that best suits their needs. The minimum level

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**Transition to parenting programs in Australia**

There is a limited number of programs/interventions that deal with both couple relationship and parenting practices across the transition to parenthood that are available in Australia for new or soon-to-be parents. Three of these have been evaluated and are outlined below.

- **Couple CARE for Parents program**—the program includes 6 units over 7 months, both pre- and postnatal, and includes baby care and parenting information as well as skills training in key relationship areas related to relationship quality. [www.psychology.sunysb.edu/ftrlab-/projects/ccp.php](http://www.psychology.sunysb.edu/ftrlab-/projects/ccp.php)

- **Bringing Baby Home**—a 2-day workshop that focuses on what to expect over the transition to parenthood, optimal child development and positive co-parenting, and strengthening couple friendship, intimacy and conflict regulation. [www.bbhonline.org](http://www.bbhonline.org)

- **What Were We Thinking! Psycho-Educational Program for Parents (PEPP)**—an early intervention program offered to parents soon after the birth of their first child to extend their knowledge and skills in managing infant needs and negotiating the new unpaid workload fairly, and improve the quality of the couple relationship by addressing adjustment to changes in the intimate relationship between partners after the birth of a baby. [www.whatwerewethinking.org.au](http://www.whatwerewethinking.org.au)

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5 Refer Footnote 1.

6 More information about the Triple P program can be found at the Triple P website [www.triplep.net](http://www.triplep.net)
of intervention, perhaps comprising assessment of parenting strengths and challenges and providing information about adapting to being a parent, could be available to all couples. Progressively more intensive or involved interventions (for example, 2-hour seminars or 2-day group programs) focusing on specific issues and skills could be offered to couples who want further support, or who are identified as being at high risk of difficulties in becoming parents. Approaches such as this may help service providers think through the most efficient and effective way of distributing resources while achieving positive outcomes across a range of clients.

Final comments

There are many factors impacting on parenting, child development and the couple relationship and any single program is unlikely to be able to address all of them in any depth. This, along with the often limited reach of interventions into disadvantaged groups, the relatively short time frame for follow up, and the variability of findings across the studies included in the meta-analysis suggest the need for further investigation of programs aimed at promoting both the wellbeing of couples as they adapt to being a parent and the subsequent development of their child. However, the meta-analysis identifying program characteristics, and the content suggested by research on risk factors for new parents, provide a guide for service providers working with or considering designing and delivering programs for new or soon-to-be parents.

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