Welcome to the fourth bulletin from the Relationships Alliance!

The Relationships Alliance comprises organisations working to strengthen couple relationships. Alliance members are Relate, OnePlusOne, The Tavistock Centre for Couple Relationships, and Marriage Care.

What is the purpose of this bulletin?

This bulletin, produced by OnePlusOne, delivers a set of key evidence messages (derived from recent research) that are of relevance to those interested in strengthening couple relationships including practitioners, policy-makers, commissioners, and local authorities to help them make informed and evidence-based decisions.

The key evidence messages represent a summary of high quality and robust research and are drawn from a wide range of sources including recent research papers, latest statistical releases, unpublished literature, and research in progress. The evidence is carefully selected on the basis of its high quality research scope (e.g. reviews of reviews, meta-analyses), research design, methodology, and analysis.

Focus of this bulletin

This fourth bulletin presents key evidence messages in the area of relationships and the transition to parenthood. It includes a focus on:

• What can happen to couple relationships when becoming parents?
• What factors are associated with greater negative outcomes for couples?
• Why couple relationships are important during transition to parenthood and what can be done to support couples at this time?

Previous bulletins have focused on topics including understanding relationship quality (September 2013), parental conflict (December 2013), and young people’s relationships (March 2014). All these bulletins can be found in the Knowledge Bank – an open-access online repository of resources on families and relationships curated by OnePlusOne on behalf of the Relationships Alliance: knowledgebank.oneplusone.org.uk.

Relevance to policy and Practice

The bulletin closes by including implications for research, policy, and practice and a full reference list. Please note that the full journal papers will not be available due to Copyright restrictions, although abstracts can be sent on request.

Get in touch

Research@oneplusone.org.uk

Feedback on these key evidence messages is always welcome, and we are interested in hearing about how they may have been used.

1 The Knowledge Bank contains up to date published and relevant grey literature in core subject areas surrounding couple and family relationships. The repository aims to contribute to the development of policy that is well-informed, balanced, and relates to the wider social environment.
1. Introduction

The majority of people will become a parent at some point in their life. Statistics for England & Wales in 2012 outline that 81% of women have given birth to a child by the time they reach age 45. (1) An almost equal number of men (78-81%) have also been a father to a child by this age. (2)

For most parents raising children brings happiness, the fulfilment of reproductive desires, and a sense of achievement. (3) For many having children is a definitive aspect of coupledom, although social changes and medical fertility treatments (e.g. contraception, embryo freezing) mean that people are having children later in life, having fewer children and childlessness is increasingly common in particular groups such as graduates. (4)

Although societal attitudes are more accepting towards different child-raising arrangements than in the past, the great majority of children are still born into couple families. In 2012, 6% of births were registered to a lone parent and 11% were registered to two parents that were neither married nor living together. The remaining 84% were registered to couples; either married, in a civil partnership, or living together. (1)

2. What is the transition to parenthood?

In the context of couple relationships, the transition to parenthood is the long-term process of couples reorganising their existing relationship into a new form to accommodate children. (5) Literature on the transition to parenthood commonly focuses on the arrival of the first child, however, given that every child necessitates adjustment within a pre-existing relationship, it could also be considered to include the arrival of further children.

The transition can be seen as having several phases; starting with the decision to have a baby and subsequent efforts to become pregnant, or else upon the discovery of an unplanned pregnancy. After this are the stages of pregnancy itself, the birth, the settling period immediately postpartum, and finally the child’s developmental phases up until around two years of age. (5) Over this time parents need to make many adjustments to their individual lives, within their couple relationship, and in their relationship with others such as family, friends, midwives, etc. (6) This involves changes in the roles they play, their expectations of these relationships, and how needs are prioritised within them. Each phase is characterised with potential challenges for couples. An understanding of the nature of these challenges is essential in the development of any policy or practice that aims to promote healthy social and emotional development in infants in early life, promote positive co-parenting, and support couple relationships in general.

3. Why do couple relationships matter during the transition to parenthood?

Supportive couple relationships equate to better personal wellbeing for the parents, and as a result, for their children. (7) Relationship breakdown, on the other hand, can put a strain on the wellbeing of parents and can be detrimental to their ability to be attentive to the needs of their child and provide the best quality care possible. (8; 9)

Research also suggests that infants begin to model their understanding of relationships and interaction on those around them from a very early age. Babies are more socially engaged (10) and adjusted (11; 12) later in life when raised in more harmonious co-parenting
4 Key Evidence Messages on Young People’s Relationships

situations. Some evidence reports that the relationships that children experience at home may even affect their own future relationship satisfaction. (13)

Furthermore, there is growing concern into the effects of maternal stress on the foetal environment (14) and epigenetic expression (15) in unborn babies, which suggests that emotional distress during pregnancy may lead to high-stress emotional and cognitive predispositions in an unborn child.

Finally, unresolved tension between parents during the child’s infancy sets a template for continued parental distress further on. (16) From birth to adulthood, development in a context of high parental conflict is associated with greater distress and lower adjustment later in life. (17)

4. How might the transition to parenthood affect the couple relationship?

There are some UK findings suggesting that generally couples having children become less likely to separate, (18) even couples not originally intending to have a baby together. (19) Cohabiting couples are also more likely to get married prior to a birth. (19) Social pressures may be one explanation for these findings (especially prior to birth). However, following birth this increased stability is also explained by the practicalities of co-parenting, and often through the bonding experience of becoming parents together.

Although couples may be more likely to stay together, research also consistently finds that the overall quality of couple relationships and relationship satisfaction declines during the transition to parenthood. (20) Comparison group studies find that relationship satisfaction for non-parents also declines over time, but significantly less sharply than in parents. (21) In addition to relationship satisfaction, other areas of decline include lower sexual satisfaction and poorer communication patterns, as well as increased levels of conflict. (22–24) Studies commonly report a U-shaped dip in relationship satisfaction which starts from the transition to parenthood and lasts until children ‘fly the nest’. (25) Decline is strongest when the child is under the age of 2 compared to the rest parenthood, most likely because children at this age demand more direct care; the decline in satisfaction is also generally stronger for women than men. (21; 26; 27) This decline has become stronger in more recent generations, partly linked to the higher likelihood of both parents being in paid work.

This decline in relationship quality during the transition to parenthood is common, but it is not inevitable. Estimates show that between 40% and 70% of parent couples experience a decline in relationship satisfaction (compared to that typically experienced by non-parents). (23) However, that leaves a sizeable remainder who navigate the transition to parenthood with no decline or even show an improvement in their relationship quality; 19% of new parents in one study, (28) and 23% of mothers and 37% of fathers in another more recent study. (6)

5. What factors of the parents are associated with greater relationship breakdown during the transition to parenthood?

Service providers looking to support parents can better target their services by identifying the traits of couples that are most likely to experience negative outcomes. Also, by studying the traits of those with the most positive outcomes, researchers can learn what advice can be given to others. Some of the relationship risk-factors include:

Relationship status

Marital status gives some indication of higher risk for couple breakdown. Overall, married couples are less likely to separate or experience a decrease in relationship satisfaction than cohabiting couples during the transition to parenthood. (29; 30) This may be accounted for by differences between couples who get married and those who do not (a selection effect); factors such as age, economic vulnerability, family complexity, prior relationship quality, pregnancy intentions and other future intentions, among others. (29; 31; 32)

The relationships of unmarried parents can vary greatly; they may be couples who are romantically involved, and subscribe to similar norms to married couples, or couples who were together but have since separated, or else were never together in an established close relationship and ultimately only have the child in common. (33) A good couple relationship is not essential for a good
Unmarried couples who remain together through the transition to parenthood are more likely than those who separate or those who were never together to cooperatively co-parent their child. (33)

**Previous intimacy**

The quality of the couple's relationship and ability to engage with each other positively prior to the transition to parenthood has been found to act as a buffer against relationship decline. (26; 35) Positive marital interaction pre-birth from the father is a particularly important predictor of how both mother and father will experience parenthood and parental supportiveness later on. (34)

**Socioeconomic status**

Child raising is costly, and financial stressors can have a strong impact on mother's emotional state. (36) Some evidence suggests that lower socioeconomic status may be linked to greater decline in couple relationship satisfaction. (31) However, other studies contradict this finding suggesting that those with higher socioeconomic status experienced a greater decline, perhaps due to perceiving greater career and lifestyle sacrifice. (21) This area is in need of further research.

**Support networks**

Some studies have found that couples have better coping across the transition to parenthood if they are supported by friends and family. (11) Additional care from family members (most commonly grandmothers) can prove a source of support for many parents. (37) Family networks may also be an important source of financial support. (38) However, in some cases families involvement may also become an additional stressor, (39) especially where conflicts of generational and cultural norms might arise. (40)

**Mental health**

Experience of depression prior to the birth of a child is linked to a greater decline in relationship satisfaction after birth. These outcomes are especially apparent when pregnancy is unplanned. (35) Furthermore, at least 1 in 10 women experience postnatal depression, a disorder that leads to additional strain on relationships and a decline in satisfaction experienced by both the mother and her partner. (41; 42)

**Same vs opposite sex couples**

One longitudinal study into relationship quality of opposite-sex and same-sex adoptive parents during the transition to parenthood found an similar level of decline in relationship quality and an increase in conflict regardless of sexuality, and similar to that experienced in other routes to parenthood. (43) Same-sex couples may face different challenges to those of opposite-sex couples, such as facing raising children outside of mainstream norms, but this may be compensated in other areas. For example, a study of lesbian couples who became parents via IVF treatment suggests that they did not experience the same inequalities in the division of labour and resultant relationship distress that heterosexual couples often face. (44)

**6. Planned vs unplanned pregnancy – effects on relationship satisfaction?**

Whether a pregnancy can be considered planned is commonly recognised to depend on factors including intention, timeliness, and partner agreement. (45) A planned pregnancy is one where the mother has the intention to fall pregnant, is comfortable with the timing, and has agreed these with the partner. Unplanned pregnancies are those that do not meet these criteria, however, it is important to recognise they can still vary greatly in their form and associated outcomes. Decline of relationship satisfaction in couples is apparent in many cases whether a pregnancy is planned or not, (46) but there is evidence that a planned pregnancy may act as a buffer during the transition to parenthood, (47) and can increase positive interactions. (35; 48)

In some cases parents have a shared intention to be parents, but did not intend for it at the present time. Untimely pregnancies are associated more negative feelings from the mothers, although not as much as from those with no intention at all. (49)

In other cases women may not have specific intentions to fall pregnant yet are not averse to it, or taking action to prevent it either – classed as ambivalent. (50) Recent survey results in the UK found that two in every six women aged 16-44 who had experienced a pregnancy
in the last 12 months were ambivalent about pregnancy, compared to three in six who had intended to fall pregnant and one in six that had not. (51) Parental relationship quality following ambivalent pregnancy is not well researched, but may be more likely in couples with less satisfying and lower quality relationships initially.

Research on fatherhood intentions and its effects on couples relationships is scarce, but the few existing studies suggest that fathers who were actively involved in the decision to have a baby were much more likely to be eager about their responsibilities. (48) They were also less likely to be uncomfortable and uneasy in regard to childbearing decisions. (36) These factors make the father appear more supportive, which is a strong factor in maternal satisfaction.

Although research is scarce, opposing intentions towards parenthood may be grounds for conflict between parents during the transition to parenthood. (52)

Women who fall pregnant without any intention often experience comparatively greater negative emotional outcomes. (49) A pregnancy that was unintended by both parents is linked to the highest levels of relationship dissatisfaction during the transition to parenthood; this can be explained by both the unexpected transition and, in many cases, by comparatively lower levels of relationship closeness beforehand. (26) Cohabiting couples in this situation also do not experience the increase in relationship stability found in couples where at least one parent intended for a baby. (19) In an exception that highlights the importance of cultural context, one study reported that low-income, inner-city mothers actually report that an unplanned pregnancy improved their couple relationship. (53)

7. What other factors prior to birth have an effect?

Beyond pregnancy intentions, there are a number of other factors that may impact upon a couple’s experience of the transition to parenthood:

**Fertility problems**

It is estimated that one in seven couples trying to conceive will experience difficulty. (54) Those who fail to conceive may begin to experience doubts, which may turn to despair as time passes, leading to growing anxiety and dissatisfaction with the relationship. (55)

Regardless of which party it is attributed to, infertility (inability to fall pregnant after 1 year of trying) is associated with a decline in relationship quality. (56) Age, education, sexual satisfaction, and the extent to which couples share views of fertility determine the extent of this decline. Couples who turn to assisted reproductive technologies in order to fall pregnant are recognised to experience a decline in relationship quality during this transition, despite protective factors, such as stronger intentionality, time, and financial resources to commit. (57)

**Experience of pregnancy**

It has been previously suggested that during pregnancy couples can expect to experience a boost in relationship satisfaction, due to shared anticipation of parenthood and pride in their achievements, (27) – however this has not been strongly supported by other research evidence. (47) Anxieties about the forthcoming birth and parenthood, and the mother’s experience of her changing body have been linked with stress for couple relationships. (36) During pregnancy mothers generally experience the need to feel supported, particularly by their partners. (58) Higher levels of conflict during pregnancy is linked to lower levels of satisfaction later on in the transition to parenthood. (24)

**Experience of birth**

Although an intensely rewarding time for parents, unforeseen circumstances at birth may strain couple relationships. Miscarriage or stillbirth at this point is a major loss that is strongly associated with relationship breakdown. (59) It is also estimated that 1-2% of mothers in the UK experience Post Traumatic Stress Disorder following birth, associated with negative effects on maternal wellbeing as well as on the partner relationship.(60)
8. What factors of the child have an effect?

Following birth children join the family, and their traits and dispositions contribute additionally to the impact of the parents’ transition:

Gender

Several studies have found that the birth of a girl compared to a boy is linked to greater declines in relationship interaction and overall satisfaction for the parents. (27; 35) This is particularly the case for unplanned daughters. One explanation is that fathers feel more enthused to engage with boys, and so the mother’s expectation that the father will be active in bringing up the child is less violated, a major cause of relationship breakdown.

Temperament

The irritability and fussiness of a new baby, how demanding they are and how easily they develop regular patterns for food and sleep have a big impact on the experience that the parents have. (61) The resulting mood and (im)patience can lead to a deterioration of parents’ shared balance and communication.

Illness and Disability

Early infant health problems and spending time in neonatal wards is distressing for parents and may be linked to relationship breakdown, (62) however research in this area is scarce.

Parents of children with additional needs report comparatively greater strains on their relationships compared to other parents. (63) The increased demands, responsibilities and roles for providing care, extra financial costs related to specialist care and possible grief at the loss of a hoped for baby are contributing factors.

9. In what ways do some relationships deteriorate?

Most of the time a new child brings many rewards to the parents, but at the same time the trials of providing nurturance, persistent crying, disturbed sleep, and the demands of breastfeeding, among other changes that new parents experience, present significant challenges. (3) This usually means a dramatic change to day-to-day schedules at the expense of the time and mental energy that couples have to spend resolving issues, being intimate and doing activities together. (64) During times of transition, partners are reorganising their roles, and individuals are often particularly sensitive to perceived imbalances in responsibilities. (65) Lower relationship quality and satisfaction emerges alongside poorer couple interaction and greater conflict. (66; 67) There are a number of explanations for how and why this increased conflict occurs:

Fatigue

The physical exertion, noise, time and energy demands of parenthood often leads to fatigue, which presents a great obstacle to parental communication and leads to decline in parents’ relationship satisfaction. (61) Both mothers and fathers are found to experience similar levels of fatigue after having a new baby. (68) As a result of fatigue, parents are less able to regulate their emotions, leading conversations on small issues to be less constructive and more unforgiving. (20)

Destructive communication styles

Communication includes verbal and non-verbal expressions of engagement, availability, and responsiveness, all of which generally deteriorate over the transition to parenthood. (69) Research indicates that couples who maintain an open communication style make the transition to parenthood most effectively. (70) However, more often couples become less constructive in their conflict styles, with the most difficult period when the infant is around three months up until a year old. (71) Parents are more likely to follow a destructive “demand/withdraw” pattern, (20) engage in “passive avoidance” and evade facing troubles causing them to build up unchecked in the long-term. (72) Relationship satisfaction of new mothers in particular is sensitive to the positive vs negative behaviour of their partners (e.g. expressions of fondness vs disappointment) at this time. (26; 73)

Decline of sexual intimacy

Sexual intimacy is an important feature to many people’s couple relationships, but often declines during the transition to parenthood. (3) Sexual interest and responsiveness is lower in 20% of men and 50% of women, and these sexual patterns can persist even three to four years later on. (74)
Gender roles and the division of labour

In spite of broader social changes in the gender division of labour, women are still much more likely to be the main carer when a child is born, which can be a common cause for conflict and often leads to dissatisfaction with the couple relationship. (20; 75) Dissatisfaction is highest for mothers, most likely because parenthood often requires a disproportionately strong personal sacrifice in terms of career and social life for mothers. (76) Mothers may feel that their efforts are under-appreciated, and that the degree of support they receive is not in line with what they had expected. These changes in gender roles are harder for parents who are more egalitarian, suggesting personal attitudes have an effect. (77)

Unmet expectations

Most parents understand that having a child will cause additional stress. However, some parents may have more comprehensive expectations of the lifestyle and support levels they can expect than others. (52) Anticipating difficulties can encourage couples to better prepare, (78) with better outcomes for parenting and couple satisfaction. (6)

For mothers generally, overoptimistic expectations are linked to worse relationship and personal outcomes six months post-partum. (78) However, at the other end, pessimistic mothers with extensive reservations about their partner’s parenting competence may block them from getting involved in childcare, which can also lead to greater tension and negative outcomes. Regardless of whether expectations are overly high or even relatively minimal, research has found that persistent violation of expectations can be highly distressing and put a great deal of strain on co-parent relationships. (6; 79) Fathers expectations show similar patterns, their marital love decreased when their own expectations were violated, and their conflict levels increased when mothers reported violated expectations. (6)

The most positive outcomes for parents can be found when expectations of parenthood are comprehensive, and when issues are discussed prior to the arrival of the baby. Following birth outcomes are best when parents are seen to be following their prior plans and negotiating positively to resolve any arising dissatisfaction.

10. Is the transition to parenthood different for subsequent children?

In couples where the mother works, the likelihood of having a second child is greater if the couple distributes domestic tasks more equally and if they utilise formal child care. (37) There is little research evidence but the existing studies suggest that the couples who had a second child were most likely to be the ones that demonstrated a strong ability to maintain their relationship quality the first time around. (37)

When couples have children from previous relationships, the intention to have further children together is commonly reduced, although this reduction is far less if the father has previous children compared to the mother. (80) However, the effects of a transition to shared parenthood on couple relationships in these circumstances is under-researched at present.

11. Is there an integrative model for the transition to parenthood?

The Transition to Parenthood Model draws together the evidence on the transition to parenthood (see above) and outlines how becoming parents is linked to relationship quality and satisfaction. (20)

The model illustrates that the transition to parenthood is the trigger for a series of challenging couple interactions that require adaptive processes, such as the ability to resolve conflict, be supportive, and retain intimacy and closeness. The outcome of these interactions influences relationship quality/satisfaction. Concurrently, the level of relationship quality/satisfaction also feeds back into these adaptive processes, leading to cyclic effects. Pre-birth resources of the individuals, such as socio-economic status, childhood experiences and pregnancy intentions, as well as pre-birth relationship characteristics like conflict frequency and communication skills also feed into the couple’s interactions and their relationship satisfaction. Similarly, post-birth factors, such as infant temperament and the distribution of labour also influence relationship quality directly, and the way they engage with challenging couple interactions. Taken together this model explains why some couples have better outcomes than others.
The most important application of this model is as a guide for understanding and improving relationship quality and satisfaction. It implies that stakeholders can increase the positive outcomes across the transition to parenthood by promoting positive interactions (through adaptive processes), while accounting for their pre- and post-birth resources and vulnerabilities.

12. What support is available and what works?

For couples transitioning to parenthood there are several sources of support available. Some services offer general support to couples and some are targeted specifically towards couples when becoming parents – either assisting those experiencing problems presently or working to reduce the risk of difficulties before they arise.

Online resources & programmes

Early intervention is an important way of preventing stress and conflicts associated with the transition to parenthood before they arise and one way of accessing services early is finding help online. Online relationship support in the forms of parental information sources, interactive forums/chatrooms, and online courses bring relationship support to wide audiences and allow flexibility with engagement. Interventions may be either early, to prepare parents for difficulties, or else be aiming to reach out to couples experiencing difficulties in the present. There is robust evidence for the effectiveness and value of online relationship interventions for couples generally, (81) and in Randomized Controlled Trials for interventions specifically during the transition to parenthood. (82)

Couples Relationship Education

Couple Relationship Education (CRE) programmes aim to improve relationship stability by promoting relationship knowledge, communication, and problem solving skills to ease the occurrence and process of future conflicts. Typically, the couples will attend several hours of a curriculum-based course to develop and practise skills.

CRE programmes are most effective for couples that can be identified as being at high risk, such as those
transiting to parenthood. (83) Couples completing a CRE programme during the transition to parenthood have shown enhanced maintenance of relationship satisfaction half a year, one year and even 5 years later. (84; 85) Significant effects depend on the programme being led by professional educators rather than semi-trained volunteers, and the effect is strongest when the intervention lasts for at least five sessions and includes an antenatal and postnatal component. (86)

Counselling

Couples counselling brings couples or individuals together with a counsellor/therapist to discuss specific problems or talk through the state of their relationship more generally. Counselling has a promising evidence base for improving couple outcomes (81), however the intense time commitment may make it unsuitable during certain stages of the transition to parenthood. Nevertheless, for specific distresses during the early transition to parenthood such as miscarriage, fertility troubles, or mismatched fertility intentions, couples counselling is well suited to prevent couples from a wrong-footed start. (87)

Support groups

Couple support groups allow parents to learn skills from experts and share experiences with other expecting parents in a semi-structured environment over a series of weeks. Evaluation of a fairly high intensity programme (2.5 hours, 24 weeks) has found that such groups experience significantly less decline in satisfaction over the transition to parenthood. (88)

Health Professionals

Using knowledge of risk factors, health workers can be trained to identify couples that are at the strongest risk of experiencing decline in relationship quality, and recommend them to appropriate services. Evidence around such interventions suggests a valuable impact on increasing help seeking behaviours leading to more positive outcomes. (41)

The possibility of a decline in parental satisfaction during the transition to parenthood poses a risk to the quality of parent's individual wellbeing, to the caregiving they provide, and to the emotional development of infants. In many cases such outcomes may be avoided by understanding the factors that can lead to dissatisfaction, and supporting parents with education, readily available relationship tools and accessible support and advice in times of distress, thus preventing problems from developing or escalating.

A number of the factors associated with a higher risk of decline, such as mental health issues and parents experiencing fertility or birth difficulties (see above) will be known to health professionals. This knowledge can be used to flag particular couples to support services, and enable better targeting. The Transition to Parenthood Model stresses that individual pre- and post-birth resources and vulnerabilities must be considered when conceptualizing or seeking to intervene with couple interactions, and resultantly, couple satisfaction.

Policy and Practice Implications

These key evidence messages on the transition to parenthood have a number of implications for researchers, policy makers, and practitioners:

1. Decline in parent's relationship quality and satisfaction during the transition to parenthood poses a risk to the quality of parent's individual wellbeing, to the caregiving they can provide, and to the emotional development of infants.

2. Decline in relationship quality and satisfaction due to the transition to parenthood is a problem on a large scale, affecting as many as 40-70% of new parents.

3. The Transition to Parenthood Model stresses case-by-case variability, suggesting that pre- and post-birth resources and vulnerabilities must be taken into account within policy and practice when seeking to intervene with couple interactions, and resultantly, couple satisfaction.

4. Particular parental factors are associated with a higher risk of relationship decline. These includes those who hadn't intended to fall pregnant, those that experienced difficulties with conception, those experiencing a troubled relationships prior to the infant's birth, those with little family support, and those that experience difficulties at birth or have a child with a specific needs or a stressful temperament.

5. Training health professionals to recognise the most high-risk couples, and direct them to assistance, may encourage greater uptake of services by those in most need.
6. Relationship quality measures and screening tools that recognise early breakdown may also be useful to highlight particular couples for support.

7. Early intervention reduces negative outcomes by averting serious relationship breakdown before it occurs. Such programmes promote helpful expectations and teach parental communication skills before the arrival of the child. Skills and education can be delivered face-to-face in parenting courses and support-groups, and cost-effectively on a wide scale through the use of the internet and communication technology.

8. The transition to parenthood is highly likely to be a time of conflict between work and family life. Given the bi-directional nature of work-home stress, the promotion of flexible working within employment policy and by employers at this time may encourage more positive long-term outcomes both at home and in the workplace.


