

A Relationship Based Approach to the Early Years

Submission for the Early Years Strategy

██████████ Founder of Becoming Us

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The transition into parenthood has been described as a crisis for couples, with mothers, fathers and parents being blindsided by multiple life changes, unexpected stressors and steep learning curves. This happens relatively early on in their relationship, before they are likely to have had opportunities to build relationship resilience. Despite the greatest of intentions and best efforts of parents, infants and young children are starting life with 92% of their parents reporting increased conflict and disagreements in their first year of parenthood (Cowan & Cowan) and 67% reporting being “very unhappy” in their relationship. (Gottman & Gottman). Tragically, family and domestic violence increases during pregnancy and the first years of parenthood. Clearly, this is not a good start for any family.

The goodwill and energy needed to work together to raise a baby or young child is often expended and depleted due to unexpected, complex, layered and ongoing unresolved conflicts. Furthermore, increased conflict, without context, explanation and meaning, leads to increasing blame and resentment –further undermining partners’ willingness and ability to co-operatively co-parent. And all this at a time when parents are not only sleep deprived and juggling too much, but many are cut off from their “before baby” support systems – meaning they have to lean harder on each other.

Relationship and mental health decline during early parenthood is a slippery slope. In pregnancy, relationship concerns are the number one contributor to antenatal anxiety (Rosand et al, 2014). Wendy Le Blanc (1999) reports that 85% of women experience changes in their partner relationship to the point where it impacts on their ability to cope. COPE, the Centre for Perinatal Excellence, further found 74% of women experiencing anxiety or depression during pregnancy will not reach out for help until they are at crisis point.

Shapiro, Gottman and Carerre (2000) found in a longitudinal study that male partners’ negativity towards mothers, father’s disappointment in the marriage or either partner describing their life as chaotic predicted marital decline over the transition into parenthood. Cowan and Cowan (2000) further found couples grew apart in five domains: sense of self, gender roles and communication, parenting ideals, perceptions of Family of Origin influences, social support, life stresses and work patterns.

Our silo systems need more touchpoints, ideally including continuity of care, to prevent mental health decline and relationship problems escalating for parents.

Relationship problems negatively affect both parent's ability to parent their child. Jay Belsky and John Kelly discovered in their study:

"When a woman entered the room, the quality of her husband's parenting changed – for the better in good marriages and for the worse in troubled ones. And when the man and woman began talking, the quality of their interaction affected the child's behaviour – for the better when the interaction was positive and for the worse when it was negative."

And it works both ways:

Researcher Wendy le Blanc further found in her study:

"There has been shown to be a direct correlation between the extent to which a father is able and willing to support his partner once their child is born and her ability to derive meaning, purpose and enjoyment from caring for their child. When the father is understanding, 75% of women enjoy childcare and 85% find strong meaning and purpose in doing so. When he is intolerant, 80% of mothers are irritated by the duties of child care and 87% derive little meaning or purpose from their role as mother." (Naked Motherhood 1999).

Lack of preparedness for the normal and common challenges of new parenthood is costing parents' (and families') mental health, marital and family relationships. Expecting and new parents need and deserve to be prepared, resourced and supported to build the happy, healthy family they desire – and improve outcomes for children.

The Stresses of New Parenthood

First-time fathers have identified work related factors (Genesoni, 2009) and financial stressors as a significant contributor to depression in the third trimester of pregnancy (Da Costa et al., 2015). Magnified financial problems, along with greater negative emotions and troubled marriages, contribute to both parents' unhappiness in the postnatal period (Pollman-Schult, 2014, Nelson et al, 2014).

Increased conflict is a commonly cited factor in reduced relationship satisfaction (Kluwer & Johnson, 2007, Huss & Pollann-Schult, 2019), with more frequent conflict likely to be a determinant, rather than a consequence of poorer relationship quality (Kluwer & Johnson, 2007). Underlying factors such as unmet expectations, decreased communication and increased conflict are consistently cited as causes for emotional and relationship distress. Further, both mothers and fathers report parenting difficulties and discrepancies contributing to decreased intimacy (O'Brien, 2002). Decreased intimacy then becomes a stressor and the whole family is caught in a vicious cycle.

Stress is the strongest predictor for depressive symptoms in both mothers and fathers (Anding et al., 2016). Both depression and anxiety are common complications in the perinatal period for both mothers and fathers. Up to 33% of new mothers and 17% of new fathers report symptoms of anxiety (Wynter et al, 2013). Self-reported depression in mothers ranges from 4 to 64% around the world (Arifin, 2020) whereas 14% of fathers report symptoms of postnatal depression (Da Costa et al., 2019), rising to 25% in the six months postpartum (Edward et al., 2019).

While most new parent couples experience the same stresses and argue about the same issues, not all will experience a decline in relationship satisfaction or a negative impact on their mental health (Cowan & Cowan, 2000, Gottman & Gottman, 2007).

A number of psychosocial factors contribute to how parents cope and adjust to the transition into parenthood in terms of their relationship resilience and emotional wellbeing, including expectations and parental self-esteem.

Women whose experiences of motherhood are negative relative to their expectations report more depressive symptoms and poorer relationship adjustment (Harwood, 2007). This can be exacerbated through unrealistic portrayals of parenthood in social media (Welch et al., 2019).

Self-esteem is an important mediator in relationships (Weidmann et al., 2017). Mothers' self-esteem tends to decrease during pregnancy (van Scheppingen, 2018), with a sudden decline in the year after childbirth and gradual decrease for the next five years (Bleidorn, 2016).

For fathers, pregnancy is the most demanding period for psychological adjustment (Genesoni, 2009) and yet many fathers report being under-engaged (or even ostracised) from antenatal (maternity) services.

Contemporary research has also identified loss of individuality and couplehood, parental equality and managing expectations have also been identified as major challenges (Levesque et al., 2020).

Relationship satisfaction can be negatively impacted by a couple's birth experience (Wee et al, 2011). Additionally, there is evidence of a generational transmission of declined relationship quality following the birth of a first baby (Perren et al., 2005).

Nonterah (2016) asserts "working to resolve even one major stressor in the life of a pregnant woman could make a dramatic difference to reducing the risk of her child having health and wellbeing issues later on." (The First 2000 Days Framework).

While there is a growing interest in matrescence to address these issues for women in the processes of becoming mothers, little attention is paid to the processes of men becoming fathers and even less to the experience of trans parents. Parents of any gender need family-centred preparation, guidance and support to cope with rapid life changes, new challenges and steep learning curves.

Perinatal relationships and emotional wellbeing

Studies have shown that positive social support, especially from a partner, is essential for postnatal wellbeing (De Sousa et al, 2020). The lack thereof is one of the top contributing factors to Postnatal Depression (Gan et al, 2019, Webster et al., 2011).

Perinatal intimate partner relationship satisfaction and emotional wellbeing are intertwined, both during pregnancy and postnatally (Rosand et al. 2011, 2012, Kung 2000). Relationship anxiety in pregnancy predicts depressive symptoms in new mothers, but this is moderated by husband/partner's caregiving style. Depression is further linked to relationship dissatisfaction in both partners (Feeney et al., 2003).

Relationship satisfaction in first time mothers decreases sharply around the time of childbirth and gradually declines in following years (van Scheppingen, 2018). Relationship satisfaction is a strong predictor of women's emotional distress both in pregnancy (Rosand et al., 2011) and postpartum (Whisman & Uebelacker, 2006, Clout 2016) and this is also true for men (Da Costa et al., 2015), with impaired spousal support being a factor (Don, 2012).

The strongest predictor of depression for a father, is maternal depression in his partner (Goodman, 2003, Paulson et al., 2010). Where both partners are depressed, fathers' depression predicts significantly worsening symptoms in mothers, but not vice versa (Paulson et al., 2016).

Whilst programs supporting the adult/infant relationship have been successfully implemented (for example Circle of Security, Keys to Caregiving and Bringing Baby Home), to date there is no program which focuses exclusively on the relationship between adult partners, despite this being a recommendation in the Australian Government House of Representatives Standing Committee *To Have and to Hold* report, conducted in 1998.

Hope ahead

Two studies are compelling evidence for the success of such programs. In Australia in 1994 a committee was convened by the now defunct NSW Ministry for the Status and Advancement of Women. The NSW Women's Consultative Committee resulting publication surveyed 882 women across NSW and the results reported in *"If Motherhood is Bliss, Why do I feel so Awful?"* One of the recommendations from the report was that all antenatal classes include a component for couples on "adjustment to parenthood", since it was shown that just two 40 minute sessions significantly reduced the likelihood of Postnatal Depression and stress.

In the Gottman study that preceded their book *And Baby Makes Three*, they found 66.5% of mothers in the control group developed symptoms of post-partum depression, in contrast to only 22.5 % of mothers in the workshop group that had undertaken relationship preparation education.

Finally, the good news is that whilst transitions are a high-risk time for relationship breakdown, by the same token, they are also a critical opportunity for preventive interventions to buffer intimate partner relationships and families (Schulz, et al, 2006).

Parents report that their partner is a main source of emotional support (Pilkington, 2016). Partner support is a protective factor against perinatal mental health problems (Pilkington et al., 2016). Mutual empathy is linked with relationship wellbeing during the transition (Rosen et al., 2016). Sense of humour is a protective factor (Theisen et al, 2019), as is the equal efforts of both partners to support each other (Meier et al., 2020). Parental self-esteem is also related to infant bonding and intimate partner relationship satisfaction in early parenthood (Cowan & Cowan, 2000).

So whilst intimate partner relationship satisfaction is a major psychosocial contributing factor to perinatal mental health, parents and partners are unsure about how to specifically meet each other's needs (Rowe et al., 2013).

The long term and generational benefits of relationship strengthening during the transitions into parenthood is supported by neuroscience. Secure attachment has been consistently linked to almost all aspects of mental and emotional health and wellbeing (Johnson, 2019). Adult Attachment theory originated from Bowlby's (1970) and Ainsworth's (1978) original work in adult/infant attachment.

Early attachment patterns mostly hold true over time and are taken into an adult's intimate partner relationships (Bartholomew, 1993, Main et al., 1985, Shaver & Hazan & Bradshaw, 1993). Initial bonding patterns have implications for both parents' mental health and their marital relationship: parents with low bonding patterns experience increased anxiety, parenting stress and less partner support (de Cock, 2016).

Promisingly, neuroscience professor Walter J. Freeman asserts there are two windows of opportunity in an adults' life when they are *biologically primed* for neuronal brain circuitry to become more securely wired towards secure attachment: falling in love and becoming parents (Doidge, 2010).

Becoming Us professional training builds capacity for perinatal care providers to work in strength-based family-centred ways, relationship-developmental parents' programs for antenatal preparation and postnatal support and a model for integrated family-centred care to:

- engage fathers and partners and keep them engaged
- address both parents' needs
- facilitate the adjustments involved in matrescence and patrescence
- develop healthy parent self-esteem
- reduce conflict and increase communication between parents and partners
- maximise this window of opportunity for priming towards more secure attachment
- link both/all parents into professional and community supports for prevention and early intervention, and
- build foundations for a co-parenting partnership to support partner/parent/infant bonding and relationship resilience.

The whole family benefits from this, and well into the future.

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