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Title: Becoming parents by adoption: a systematic review

Author details:

Tracey Long (Community Practice Educator and PhD Researcher; Children's Care Group. Rotherham Doncaster South Humber NHS Foundation Trust, and University of Hull, Hull, UK)

Catriona Jones (Senior Lecturer in Maternal Mental Health, Institute for Clinical and Applied Health Research, University of Hull, Hull, UK)

Julie Jomeen (Professor of Midwifery, School of Health and Human Sciences, Southern Cross University, Bilinga, Queensland, Australia)

Colin R. Martin (Professor of Perinatal Mental Health, Institute for Clinical and Applied Health Research, University of Hull, Hull, UK)

Abstract:

Background Transition to parenthood (TP) for biological parents has been extensively explored in research, shaping healthcare service provision from pre-conception, birth and beyond. Adoptive parents are in a unique position. Despite growing number of studies on this issue there remains a demonstrable evidence gap about the experiences of adoptive parents. There is an urgent need to bring existing work in this area of TP together and synthesize the key messages for research and practice.

Aims To identify and summarise papers concerning the experiences of adoptive parents, becoming parents for the first time, in order to inform future research and clinical practice.

Methods A systematic review searched CINAHL, MEDLINE and PsycINFO.

Findings The search identified 21 papers and 7 areas of interest.

Conclusion Similarities exist between new biological and new adoptive parents however new adoptive parents face unique experiences and challenges as a result of becoming parents through adoption, not biology.

Keywords: New adoptive parents, becoming parents, transition to adoptive parenthood, systematic review

Background

Becoming a parent is a life changing event requiring a period of transition. TP is said to start before and during pregnancy and is considered to be a period of adjustment, placing pressures on relationships in the growing family (Public Health England, 2018). TP “lays the foundations for the parent-infant relationship, but can also be a time of increased vulnerability” (Wadephul et al, 2019: 353) and “physical, psychosocial, emotional and financial upheaval” (Foli et al, 2017: 483) and may impact on wellbeing (Sun et al., 2019). The experiences facing parents during TP have been substantially explored for biological parents shaping health care provision from pre-conception through to birth and beyond (DOH, 2009, DOH, 2011, Cross Party Manifesto, 2015, Public Health England, 2018).

Not all parents however experience ‘before and during pregnancy’ and instead are required to make a formal application to become parents of a child or children, not biologically theirs. TP is considered particularly challenging for adoptive parents (Zimmerman, 1977; Fontenot, 2007). It is a period of “constant negotiations between challenges and facilitating factors” (McKay and Ross, 2010: 609). An adoption survey of almost 3,000 respondents highlighted a quarter of all adoptive families to be in crisis and in need of professional help (CoramBaff, 2017).

Despite a growing number of studies on this issue there remains a demonstrable evidence gap about the experiences of adoptive parents. There is an urgent need to bring existing work in this area of TP together and synthesize the key messages for research and practice – which is the central aim of this paper.

Aims

To identify and summarise papers concerning the experiences of adoptive parents, becoming parents for the first time, in order to inform future research and clinical practice.

Methodology

A systematic review was undertaken. Informed by the Centre for Reviews and Dissemination (CRD), systematic review guidance for undertaking reviews in healthcare (2008), alongside the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) which directed the content and structure of this review (Mother et al, 2009). Following CRD guidance the research question was framed utilising the PICO (population, intervention, comparator and outcome), often used to form the question and facilitate the search (Schardt et al, 2007), (table 1).

Table 1. PICO framework

PICO dimension	
Population	New adoptive parents
Intervention	Becoming parents
Comparator	New biological parent
Outcome	Experiences of becoming parents
Review question	<i>How is the process of 'becoming parents' experienced by new adoptive parents?</i>

Search strategy

An EBSCO database search using search terms (table 2) was undertaken in June 2020, searching the Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE and PsycINFO for English language, academic papers. No start date limiter was applied in order to ensure all relevant papers were included and in light of the seemingly limited literature in this field; the end date was May 2020.

Inclusion and Exclusion Criteria

A robust inclusion and exclusion criteria were mapped against the PICO in order to ensure papers that answered the research question were identified (table 2).

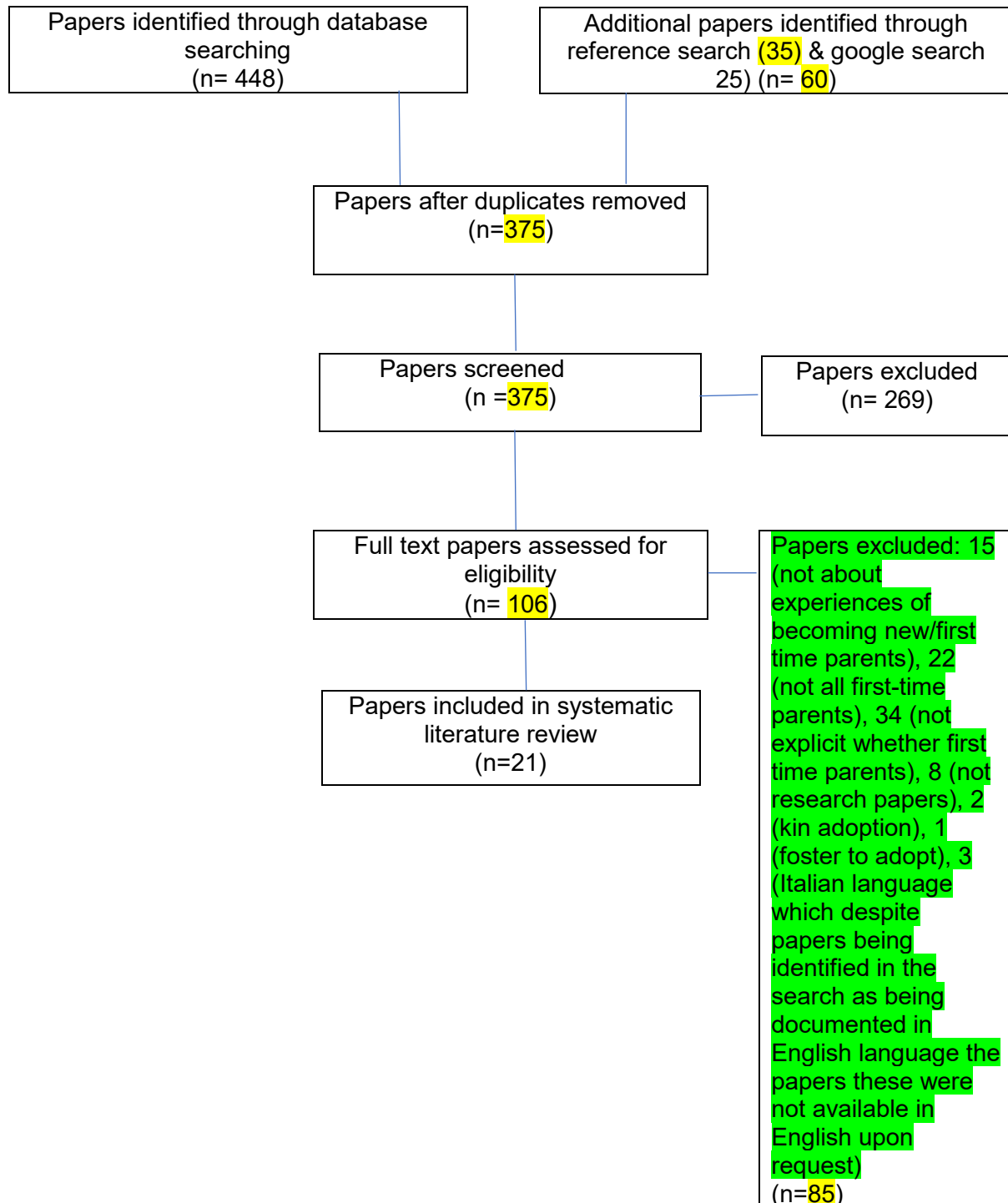
Table 2. Inclusion and exclusion criteria

Included papers	Excluded papers
<ul style="list-style-type: none"> ➤ Concerning those adopting first child ➤ Experiences of first-time parenthood ➤ 'New' nature of parenthood or 'becoming new parent' experiences 	<ul style="list-style-type: none"> ➤ Not explicit in documenting the 'new or becoming' nature of parenthood ➤ Not transparent in highlighting first time experiences of becoming adoptive parents
<ul style="list-style-type: none"> ➤ Typical new adoptive parent experience 	<ul style="list-style-type: none"> ➤ Parents with adopted and biological children ➤ Those becoming adoptive parents by foster to adopt route ➤ Regarding becoming adoptive parents to children with 'special needs' or those requiring 'specialised care' services
<ul style="list-style-type: none"> ➤ Comparisons with new parenthood experiences for adoptive and biological parents 	<ul style="list-style-type: none"> ➤ Made comparisons of new adoptive parenthood with step or foster parents ➤ Parents of children by birth and by adoption
<ul style="list-style-type: none"> ➤ Those that highlight experiences of new adoptive parents becoming parents 	<ul style="list-style-type: none"> ➤ Those that highlight experienced parents or those parents with mixed families of both adopted and biological children
<ul style="list-style-type: none"> ➤ Quantitative, qualitative and mixed methods papers 	<ul style="list-style-type: none"> ➤ Documenting book, scoping, literature, and systematic reviews

Papers identified in search

The database search yielded 621 papers; limiters were then applied which resulted in 448 academic journal papers. A further 35 papers were identified from a reference search and 25 papers were identified from a google search which resulted in 375 papers following the removal of 133 duplicates. Of those papers 269 were removed which did not meet the inclusion criteria, leaving 106 papers for full text eligibility analysis. Following full text eligibility a further 85 papers were excluded, leaving 21 papers of primary empirical data were included in the review due to their relevance and applicability to the research question. See figure 1 for the systematic review flow chart.

Figure 1. Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) flowchart (Mother et al, 2009).



Quality Assessment

The Mixed Methods Appraisal Tool (MMAT), developed to provide quality appraisal for quantitative, qualitative and mixed methods (Pluyné and Hong, 2014) was utilised. Screening questions were applied, determining design type and appraisal of the study's quality; this indicated their suitability. In line with the MMAT the appraisal process was undertaken, independently by two authors. The papers were rated against the set criterion, however an overall score calculation for each paper was not undertaken as this is discouraged (Hong et al, 2018). Whilst all studies met the criteria to be included, the quality of the studies was variable. Study limitation and quality issues are highlighted in the article summary (table 3).

Table 3. Summary of papers included in the systematic review

Article details	Participants	Data collection and analysis	Quality appraisal
Bejenaru and Roth (2012) Romanian adoptive families: stressors, coping strategies and resources (Romania)	Adoptive mothers (n=9)	Narrative interview and thematic content analysis	<ul style="list-style-type: none"> ➤ Small scale, non-representative sample (Romanian woman) study ➤ The retrospective nature of the interviews could lead to errors in the information gained ➤ There appears to be limited data ➤ The methodological and analytical strategy appears mixed; whilst it claims a narrative approach it utilises a thematic analysis and Grounded Theory
Canzi et al (2019a) “What makes us strong?”: Dyadic coping in Italian prospective adoptive couples (Italy)	Adoptive couples (n=103)	Questionnaires and measures (including dyadic coping, relationship satisfaction, couple generativity) and statistical data analysis	<ul style="list-style-type: none"> ➤ Limitations acknowledged by authors ➤ Small scale sample and limited generalisability ➤ Uses self-reports measures could introduce bias
Canzi et al (2019b) “Your stress is my stress”: A dyadic study of adoptive and biological first-time parents (Italy)	Adoptive (n=36) and biological couples (n=31)	Longitudinal study using measures, questionnaire and statistical data analysis	<ul style="list-style-type: none"> ➤ Small scale sample ➤ Self-reports measures could introduce bias ➤ Focused only on heterosexual couples ➤ Overall a good study however it was not clear whether confounders were accounted for
Daniluk and Hurtig-Mitchell (2003) Themes of hope and healing: infertile couples’ experiences of adoption (Canada)	Couples (n=39)	In-depth narrative interviews and Phenomenological analysis	<ul style="list-style-type: none"> ➤ Small scale sample ➤ Considered a high quality paper ➤ Methodology described well ➤ Replicable ➤ Data was well integrated into the findings and flowed into the discussion and implications
Gair (1999) Distress and depression in new motherhood: research with	Adoptive mothers (n=19)	In depth interviews and use of the Edinburgh Postnatal	<ul style="list-style-type: none"> ➤ Small scale sample ➤ The use of the EPDS was not as recommended by the developers

adoptive mothers highlights important contributing factors (Australia)		Depression Scale (EPDS) and analysis of EPDS scoring	<ul style="list-style-type: none"> ➤ The study design was not clear ➤ It was part of a larger study however this was not described
Gianino (2008) Adaptation and transformation: The transition to adoptive parenthood for gay male couples (USA)	Gay couples (n=8)	Phenomenological study using open-ended interviews, coding and on-going data analysis in line with grounded theory methodology	<ul style="list-style-type: none"> ➤ Small scale study ➤ Non representative sample (Caucasian, educated and middle-upper middle class) ➤ The author acknowledges bias however reflexivity is not integrated throughout the analysis and interpretation ➤ Overall a good study which has a clear approach and methodology ➤ The findings are supported by the data
Gjerdingen and Froberg (1991) The fourth stage of labor: the health of birth mothers and adoptive mothers at 6 weeks postpartum (USA)	Adoptive mothers (n=108), Biological mothers (n=72) and women with no children (control group) (n=133)	Questionnaire and Chi-square analysis	<ul style="list-style-type: none"> ➤ Challenges with matching and the lower response rates for adoptive mothers could have impacted on the results ➤ The choice of validation of its measures is not clear ➤ Overall a good paper
Goldberg et al (2009) The transition from infertility to adoption: perceptions of lesbian and heterosexual couples (USA)	Lesbian (n=30) and heterosexual (n=30) couples	Questionnaire, telephone interview and Constructivist framework and coding analysis	<ul style="list-style-type: none"> ➤ Limitations acknowledged by author ➤ Small scale study with limited data
Goldberg et al (2007) Choices, challenges and tensions: perspectives of lesbian prospective adoptive parents (USA)	Lesbian couples (n=35)	Data from a larger study; open-ended interviews which were transcribed. A Constructivist framework, Grounded Theory and coding analysis	<ul style="list-style-type: none"> ➤ Small, non-representative sample (did not consider single lesbian adopters, majority were Caucasian, educated with a mean age was 39) ➤ Well described and replicable methodology ➤ Limitations are acknowledged by authors

Goldberg et al (2010) Pre-adoptive factors predicting lesbian, gay and heterosexual couple's relationship quality across the transition to adoptive parenthood (USA)	Lesbian (n=44), gay (n=30) and heterosexual (n=51) couples	Telephone interview to each parent and multi-level modelling statistical analysis	<ul style="list-style-type: none"> ➤ Small scale non-representative sample (financially affluent) ➤ Self-reports measures could introduce bias ➤ Some data was not included (interview had not taken place before end of study) ➤ Robust study ➤ Limitations acknowledged by authors
Goldberg et al (2013) Lesbian, gay and heterosexual adoptive parent's perceptions of parental bonding during early parenthood (USA)	Lesbian (n=15), gay (n=15) and heterosexual (n=15) couples	Semi structured telephone interview which were transcribed and analysed using thematic analysis	<ul style="list-style-type: none"> ➤ Small scale non-representative sample (predominantly white and well educated) ➤ Good study, well described ➤ Data limited but integrated well into the interpretation ➤ Limitations are acknowledged by the authors
Goldberg et al (2014) Intimate relationship challenges in early parenthood among lesbian, gay, and heterosexual couples adopting via the child welfare system (USA)	Lesbian (n=42), gay (n=13) and heterosexual (n=12) couples	Incorporating family systems theory, this study used semi-structured telephone interviews which were transcribed and analysed using thematic analysis	<ul style="list-style-type: none"> ➤ Small scale, non-representative sample (predominately white, mean age of 37.5 years and a substantial mean income) ➤ Robust study ➤ Limitations acknowledged by authors
Goldberg and Smith (2008) Social support and psychological wellbeing in lesbian and heterosexual pre-adoptive couples (USA)	Lesbian (n=36) and heterosexual (n=39) couples	Telephone interview and questionnaire alongside multi-level modelling statistical analysis	<ul style="list-style-type: none"> ➤ Relatively small study ➤ Non-representative sample (predominantly white and well educated) ➤ Complex study with limited information about some aspects which may impact on replicability
Goldberg and Smith (2009) Perceived parenting skill across the transition to adoptive parenthood among lesbian, gay and heterosexual couples (USA)	N=47 lesbian, 31 gay & 56 heterosexual couples	Telephone interviews and questionnaires were used separately with each parent. An ecological framework was used and multi-level modelling statistical analysis	<ul style="list-style-type: none"> ➤ Volunteer sample and self-reports measures could introduce bias ➤ Robust study ➤ Limitations acknowledged by authors

<p>Goldberg and Smith (2011) Stigma, social context and mental health: lesbian and gay couples across the transition to adoptive parenthood (USA)</p>	<p>Lesbian (n=52) and gay (38) couples</p>	<p>Telephone interview and questionnaires pre and post placement including Depression scale (CES-D) state-trait anxiety inventory and predictor measures. A number of measured were analysed using multi-level modelling statistical analysis</p>	<ul style="list-style-type: none"> ➤ Self-reports measures could introduce bias ➤ Adoptive parents lived in states that were favourable to gay which may have affected the findings ➤ Robust study ➤ Limitations acknowledged by authors
<p>Goldberg and Smith (2014) Predictors of parenting stress in lesbian, gay and heterosexual adoptive parents during early parenthood (USA)</p>	<p>Lesbian (n=50), gay (n=40) and heterosexual (n=58) couples</p>	<p>Longitudinal study using questionnaire and telephone interview. Multi-level modelling statistical analysis.</p>	<ul style="list-style-type: none"> ➤ Small scale, non-representative sample (Caucasian, educated, employed) ➤ Crude measurement of behavioural, developmental and health problems ➤ Robust study ➤ Limitations acknowledged by authors
<p>Keopke et al (1991) Becoming parents: feelings of adoptive mothers (Canada)</p>	<p>Adoptive mothers (n=24) and birth mothers (n=24)</p>	<p>Structured interviews in the family home. Data analysis was not described</p>	<ul style="list-style-type: none"> ➤ Small scale study, non-representative sample (predominately couples, Caucasians living in middle-income communities) ➤ Older study ➤ No description of data analysis ➤ Interpretation is limited and it appears overly descriptive ➤ Limitation are not acknowledged by the authors
<p>Levy-Shiff et al (1990) Psychological adjustment of adoptive parents-to-be (Israel)</p>	<p>Adoptive (n=52) and biological (n=52) parents</p>	<p>An empirical study using numbers of measures and questionnaires (ego-strength scale, ways of coping checklist, Tennessee self-concept scale, self-rating depression scale, dyadic adjustment scale and social</p>	<ul style="list-style-type: none"> ➤ Older study ➤ Some missing data ➤ Overall a good study

		support questionnaire) and statistical analysis	
Levy-Shiff et al (1991) Transition to parenthood in adoptive families (Israel)	Adoptive (n=52) and biological (n=52) parents	Longitudinal study using questionnaires (parental expectations and perceptions of parenthood adjustment questionnaire, ego-strength scale, ways of coping checklist, Tennessee self – concept scale, self-rating depression scale, dyadic adjustment scale and social support questionnaire) and statistical analysis	<ul style="list-style-type: none"> ➤ Older study ➤ Some missing data ➤ Overall a good study
Moyer and Goldberg (2017) 'We were not planning this, but...': Adoptive parents' reactions and adaptations to unmet expectations (USA)	Couples (n=45)	Using the family stress theory findings from telephone interviews and thematic analysis	<ul style="list-style-type: none"> ➤ Small scale sample ➤ Good study ➤ Somewhat mixed theoretically
Tasker and Wood (2016) The transition into adoptive parenthood: adoption as a process of continued unsafe uncertainty when family scripts collide (UK)	Adoptive couples (n=6)	<p>A qualitative short-term prospective interpretative phenomenological (IPA) study using semi-structured interviews in the home</p> <p>Data analysis used transcription analysis and coded in line with IPA principles</p>	<ul style="list-style-type: none"> ➤ Small scale non-representative sample (white, heterosexual couples, mean age 36.5 years (mothers) and 38.5 years (fathers), in full-time employment ➤ Good paper ➤ Methods described ➤ Replicable

Data synthesis

Following scrutiny of all the papers included in the review (by both assessors) insufficient data to undertake a meta-analysis were revealed. Heyvaert et al (2017) offers an alternative option when meta-analysis is impossible or undesirable, in order to describe and summarise the data. They state that “the narrative summary approach can be used to summarize in words the evidence coming from qualitative, quantitative and mixed primary studies on a common phenomenon of interest” (Keyvaert et al, 2017: 231). Keyvaert et al (2017) highlight that this method requires an initial consideration of all the papers, followed by grouping of the papers (according to their focus) and finally a narrative summary, aligning to the groups as previously identified.

Findings

Early consideration of the papers identified ‘potential groups’ for the papers (pre-adoption, post-adoption, across the transition parenthood and sexual orientation) however this overcomplicated the process and shifted focus away from answering the research question and understanding the experiences of the new adoptive parents. Instead, the papers were grouped according and to what was discussed within them (table 4) in order to understand how the process of becoming parents is experienced by new adoptive parents .

The groups are as followed:

- Decision to adopt
- The adoption process
- Health and wellbeing
- Changing relationship
- Family bonding
- Parenting skill
- The nature of support

Table 4. Groups identified within papers

Group	Paper	Paper number
Decision to adopt	Bejenaru and Roth, 2012; Daniluk and Hurig-Mitchell, (2003); Goldberg et al (2009); Gianino (2008)	4
The adoption process	Bejenaru and Roth (2012); Daniluk and Hurig-Mitchell, (2003); Gianino (2008); Goldberg et al (2007); Levy-Shiff et al (1990)	5
Health and wellbeing	Bejenaru and Roth (2012); Canzi et al (2019:b); Daniluk and Hurig-Mitchell, (2003); Gair (1999); Gianino (2008); Gjerdingen and Froberg (1991); Goldberg and Smith (2008); Goldberg and Smith (2009); Goldberg and Smith (2011); Goldberg and Smith (2014); Goldberg et al (2010); Goldberg et al (2014); Koepke et al (1991); Levy-Shiff et al (1990); Levy-Shiff et al (1991); Moyer and Goldberg (2017)	16
Changing relationship	Canzi et al (2019:a); Canzi et al (2019:b); Daniluk and Hurig-Mitchell, (2003); Keopke et al (1991); Gianino (2008); Goldberg et al (2010); Goldberg et al (2014); Tasker and Wood (2008)	8
Family bonding	Bejenaru and Roth (2012); Gianino (2008); Goldberg et al (2013); Keopke et al (1991); Tasker and Wood (2016)	5
Parenting	Bejenaru and Roth (2012); Daniluk and Hurig-Mitchell, (2003); Gianino (2008); Goldberg and Smith (2009); Tasker and Wood (2016)	5
The nature of support	Bejenaru and Roth (2012); Daniluk and Hurig-Mitchell, (2003); Gianino (2008); Goldberg and Smith (2008); Goldberg et al, (2007); Goldberg et al (2014); Levy-Shiff et al (1990); Levy-Shiff et al (1991); Keopke et al (1991); Moyer and Goldberg (2017); Tasker and Wood (2016)	11

Decision to adopt

The decision to adopt for some couples was made following infertility (Bejenaru and Roth, 2012; Daniluk and Hurig-Mitchell, 2003; Goldberg et al, 2009). The study by Daniluk and Hurig-Mitchell (2003) **detailed important insight** into the grief from infertility and the contemplations surrounding the decision making required for taking the adoption route. Couples experiencing infertility treatment were said to “sustained” themselves with thoughts that “they could always adopt”, or they “could always adopt if the worse came to the worse” (Daniluk and Hurig-Mitchell, 2003: 392). Some participants considered adoption as a “backup

plan” which they hoped not to pursue (Daniluk and Hurig-Mitchell, 2003: 392). All of the participants (regardless of initial thoughts on adoption) wanted to know they had done everything to have “their own child”, (Daniluk and Hurig-Mitchell, 2003: 392) with some grappling with whether they could raise “someone else’s child” or considering the possibility of them as a couple without children (Daniluk and Hurig-Mitchell, 2003: 393). The emotions shared in the Daniluk and Mitchell (2003) study reflect that of Goldberg et al (2009) which considered the transition from infertility to adoption. They identified the physical effects of infertility treatment resulted in acknowledgment that they could not go on further with attempts to have a biological child.

The perceived ‘lack of guarantee’ associated with biological attempts for parenthood, made the decision to adopt “more of a sure thing” (Goldberg et al, 2009: 953). For another couple it was the “painful event” of miscarriage which ended the quest to conceive (Goldberg et al, 2009: 954). For some women in this study (who identified as lesbian) adoption was found to be the preferred option (particularly those women less invested in the notion of biological parenthood), but were motivated by their partner’s desire to parent. In these cases, sometimes adoption was seen as an easier option (Goldberg et al, 2009). Goldberg et al (2009) suggests that the lack of biological parenthood investment, together with an openness to adoption makes the transition from conceiving biologically to adoption, comparatively easy; lesbian couples were considered to be less likely to experience sadness or loss regarding lack of pregnancy long term.

Bejanaru and Roth (2012) highlighted that for all ‘infertile’ couples in their study the decision to adopt as a means towards parenthood was the second or third choice. For them the decision to adopt was found to be postponed for between 2 and 6 years, with some reporting “we thought we should wait a little longer. Maybe we’ll have our own” (Bejanaru and Roth, 2012: 1320). They highlighted personal and social factors hindered the initiation of this process. For some male, same sex couples in the study by Gianino (2008) the strong desire to parent was shelved following the discovery of being gay, however this distant yearning for parenthood

was 'reawakened' after forming a relationship. One man shared that "we have always known that we wanted to be dads, and I think that is what brought us together to begin with" (Gianino, 2008: 213). For some however a 'contemplation to parenthood' period was experienced, resulting in couples undergoing months of 'extensive' contemplation where reading and talking to gay and lesbian parents took place (Gianino, 2008).

The adoption process

The adoption process is a fundamental aspect of couples becoming parents by mean of adoption. Some papers refer to "tedious and stressful" adoption procedures (Levy-Shiff et al, 1990: 264), others refer to the adoption process as "inflexible"; "slow"; "tedious"; "laborious" or "complicated" (Bejenaru and Roth 2012: 1320). Bejenaru and Roth (2012) found the adoption process was a major stress factor for most of the adoptive parents with one woman reporting that it "stretches ones' nerves over the limit" (Bejenaru and Roth 2012: 1320). They identified factors including "time scales and finances"; for some it was the practitioners themselves who were considered a stressor because their attitude which was perceived to "discourage" and "intimidate" (Bejenaru and Roth 2012: 1320).

A range of views regarding the adoption process were highlighted by participants in same-sex relationships with some considering it to be smooth and quick, whilst others saw it as long and protracted requiring coping skills and resources to be drawn upon (Daniluk and Hurig-Mitchell, 2003). Participants spoke of the myriad of decisions they faced including child's age; special needs; race; sibling group adoption; or maternal characteristics (Daniluk and Hurig-Mitchell, 2003). One man referred to the adoption process as "gut wrenching" for the adoptive parents who reflected feelings of "uncertainty" and "helplessness", with one woman reflecting "it's amazing how little our needs count. "We're totally powerless" (Daniluk and Hurig-Mitchell, 2003: 394) another reported a "bitterness" of having to "jump through hoops" was reflected in parent who highlighted that "most parents don't have to pass any tests to have children" (Daniluk and Hurig-Mitchell, 2003: 394).

A further experience of the adoption process was highlighted by Gianino (2008) with regards to the specific challenges associated with the legality surrounding of male couples adopting. They identified negative stereotypes and subsequent powerlessness as same-sex male couples during the adoption process. One man shared that the decision to become the legal parent of the child was made by “flipping a coin” which they considered to be “grossly unfair” given that they both wanted this (Gianino, 2008: 218). Another participant reflected that the adoption process was a “clumsy, unpredictable journey that gets you the child you’re supposed to be with” (Gianino, 2008: 219).

Women in same sex relationships were further challenged and conflicted in relation to their decision-making around being open about their same-sex, non-mainstream identities (Goldberg et al, 2007). For some, their perceptions of discrimination rendered them believing that they had to wait longer than non-same sex parents for a child to be placed with them (Goldberg et al, 2007); others in contrast reflected they were treated the same way.

Health and wellbeing

Health and wellbeing featured regularly across the body of the literature, for example depression was found to be associated with couple’s conception history and anxiety was associated with aspects of the adoption process (Goldberg and Smith, 2008), depressive symptoms were linked to perceptions of parenting skill (Goldberg and Smith, 2009) and relationship quality (Goldberg et al, 2010). Dramatic increases in depressive and anxious symptoms was found in same sex couples living in areas of high homophobia and in states of unfavourable legal climates, in contrast to decreases in depressive symptoms across the transition, seen in societies with high levels of internalized homophobia, with favourable legal climates (Goldberg and Smith, 2011). They also identified that the perceptions of wider family member support was associated with depression and anxious symptoms at the time of adoption.

Levy-Shiff et al (1991) found that despite the associated stresses, transition to adoptive parenthood (TAP) was a “happy period” (Levy-Shiff et al, 1991: 139). They found that adoptive parents (when compared to biological parents) voiced “more positive expectations” with regards to parenthood effect on their lives and those of their families (Levy-Shiff et al, 1991: 136) and highlighted “more positive experiences” within several areas of their lives (Levy-Shiff et al, 1991: 137). A comparatively good psychological adjustment was found in expectant adoptive parents (Levy-Shiff et al, 1990). Adoptive parents “were not found to be psychologically less well adjusted” when compared to biological parents (Levy-Shiff et al, 1990: 264). They go on to suggest however, that adoptive parents may have made a “special attempt to appear normal in order not to jeopardise the adoption process” (Levy-Shiff et al, 1990: 265).

Another study (Gjerdingen and Froberg, 1991) found that adoptive mothers had the most favourable mental health outcomes however acknowledged that factors including the lower response rate for adoptive mothers could have impacted on these findings. Similar levels of wellbeing were found across heterosexual and non-heterosexual groups of adoptive parents (Goldberg and Smith, 2008), alongside the same feelings of sadness (Koepke et al, 1991). Gair (1999) identified some adoptive mothers were found to have adjusted well to the joys and demands of new motherhood, whilst others were identified as experiencing severe distress and even depression (Gair,1999). Results for six of the mothers indicated the existence of depressive symptomatology when using the Edinburgh Postnatal Depression Scale (Cox et al, 1987). Gair (1999) found most mothers had anxiety, and feelings of stress and distress, as well as thoughts of self-harm, with two participants reporting to have considering harming their baby.

Few differences in stress were found in parents of different sexual orientations (Goldberg et al, 2014) however for new adoptive parents, stress was found to be greater in those parents who adopted through the welfare system (Moyer and Goldberg, 2017). Sources of stress included the child’s behaviour, the child having a preference for one parent, differences in

parenting roles (Goldberg et al, 2014), unmet expectations, lack of support and perceived influence on "early development" (Moyer and Goldberg, 2017: 15), lack of confidence in the truthfulness of data, financial costs, separation from foster family and communicating with the child about adoption (Bejenaru and Roth, 2012). Greater post placement stress was reported in parents of older children, with perceived severe emotional/behavioural problems which decreased but increased if there were developmental problems with their children (Goldberg and Smith, 2014). An example of this is finding high levels of stress in parents (of young non infant children) where there was a perception of behavioural problems.

A strong interdependency between adoptive parents was found in the study on stress (Canzi et al, 2019b) where stress levels at the beginning of transition (as perceived by the mother) not only influenced their later perception but also that of their partners (positively and negatively). This interdependence was thought to be linked to prior experiences and experiencing the adoption process, leading to familial transition experience (Canzi et al, 2019b). The same partner interdependence was not seen with biological parents, who instead influenced their own level of stress, not that of the partners (Canzi et al, 2019b).

Physical health was explored in a small number of papers. Firstly, fatigue, as a result of having a new baby was articulated in the same way as birth parents (Keopke et al, 1991), alongside the need to maintain elevated energy levels (Daniluk and Hurig-Mitchell, 2003). Exhaustion and sleep deprivation were found to be intensified in parents with children with significant adjustment issues, such as behavioural and developmental issues (Gianino, 2008). Finally, Gjerdingen and Froberg (1991) reported experiences of fatigue and decreased activity alongside a reluctance to work. They found adoptive mothers had fewer physical health problems. They suggested that those individuals may not be inclined to complete a questionnaire and reported a disproportionate selection of healthy adoptive women which may have affected the results.

Changing relationships

Various aspects pertaining to the relationship between the couple emerged as an important factor across a number of papers. Firstly, adoptive couples were found to have high levels of positive dyadic coping alongside low levels of negative dyadic coping, suggesting ability for the couple to cope with common stresses (Canzi et al, 2019a); in addition, relationship satisfaction was found to be high. They suggest the pre-adoptive period and associated challenges perform a training function, enhancing and promoting competence and resources of couples during the adjustment to adoption.

Daniluk and Hurig-Mitchell (2003) highlighted parents feeling united, having a shared goal, and more certainty about counting on each other were highlighted, reporting a stronger sense of their relationship, as they felt able to rely on each other throughout the demands of the process. Reiterated by Canzi et al (2019a) identifying adoptive couples to be well-equipped, with relational resources; resources possibly deriving from personal skills and relational adjustment alongside the adoption transition experiences. Greater couple agreement and a significant increase in reciprocal influence between partners over time was found (Canzi et al, 2019b). They suggest it is possible that “adoptive parents tend to minimize their difficulties” (Canzi et al, 2019b: 6) in order to reassure themselves and others of their parental role.

Gianino (2008) identified that where the roles within the relationship had been in place for many years, the new parental role was incorporated seamlessly. Some parents highlighted that they were able to break out of the breadwinner role, which was liberating, giving opportunity for improved communication and proving transformational for their relationship (Gianino, 2008). Gianino (2008) further highlighted that for some the journey to parenthood transformed their same-sex identity, and was a catalyst for them being perceived as “grown up” (Gianino, 2008: 222).

Pre-adoptive parents however had concerns about adoption affecting their relationship and identified the ‘potential’ for children to threaten their relationship, alongside strengthening and challenging their relationships in the post-adoption period (Tasker and Wood, 2016). Keopke

et al (1991) highlighted the perceptions of having a baby as influencing the relationship they had with their husband, suggesting it may be helpful to inform mothers of the impact of a baby on marital relations and the changes in marital relations which are normally experienced. Keopke et al (1991) suggested that nurses can support maternal coping helping them recognise **and understand changes resulting from becoming parents**.

Regardless of sexual orientation all parents perceived a decline in quality of their relationship across the first year of parenthood (Goldberg et al, 2010). Gianino (2008) identified diminished couple time, a marked reduction in sexual and physical activity and dramatically changed social lives, alongside relationship challenges, work and parent tensions and conflict resulting in fear and even anger. They found that it was hard to be a parent, employee, partner at once. Reiterated by Goldberg et al (2014) who found evidence of reduced satisfaction during the transition to adoptive parenthood across lesbian, gay and heterosexual couple. Identifying shifts in the couples use of time and energy following child placement and the child being considered the focus of attention which resulted in a lack of couple time, reduction in quality time and a lack of quality time together. They found that those who adopted via the welfare system may encounter additional stressors which may affect relationship functioning.

Family bonding

Considering family bonding Keopke (1991) suggested that love feelings towards a baby develops at different times for different people and considered this to be true of both adoptive and birth mothers. It is important to consider how this may differ however for adoptive parents. In the pre-adoption period parents discussed “making connections”, stating they were already identifying with the children (Tasker and Wood, 2016: 526) gained being exposed to the child prolife and photos. Furthermore facilitation of and barriers to early bonding with the child following a suddenness of the transition (occurring without a 9 month pregnancy period in which to bond) were identified by mother who found it took “until the shock wore off” to bond fully (Goldberg et al, 2013: 159).

Goldberg et al (2013) found that that patterns of bonding did not differ much between gender or sexual orientation, however factors such as mental health challenges impacted on bonding and work commitments and work-related stress were highlighted as a barrier to early bonding. Developmental changes of the child were considered by some to contribute to the growing bond, citing initial lag in bonding to the demanding nature (Goldberg et al, 2013) whilst others described a “waning emotional connection to their child over time” which was linked to the developmental stage of the child (Goldberg et al, 2013: 146).

Consideration of the adjustment required by adoptive parents with regards to impact on family bonding. Gianino (2008) highlighted daunting challenges that parents of internationally adopted children faced, made worse when no common language existed. Parents reported doubt in “their abilities to understand and immediately respond to the needs of the child” and their “capacity to instantly form an affectionate relationship with their adopted child” (Bejenaru and Roth, 2012: 1320). They reflected upon the decisions to adopt an older child who can talk and therefore they “can understand the child’s needs” (Bejenaru and Roth, 2012: 1320).

A strong and stable bond in the beginning of the placement (for various reasons including the young age of the child) was identified in over half of the participants which continued over time. Other parents however (those more likely to have adopted an older child) attributed an initial slow bond, which strengthened gradually over time. One such example was a mum who reported her daughter “was like a little animal. That was tough. Then in the second year, she wasn’t aggressive anymore, but she was extremely defiant, and she lied a lot...Then-she was just a lot easier to manage, and she just relaxed into allowing love. She would just let us hold her, and she would look at us in the face. That was the turning point for me” (Goldberg et al, 2013: 154). The importance of the emotional connection (between parent and child) was highlighted by Goldberg et al (2013) who found some parents considered their emotional connection to the child to follow that of the child to them. They suggest that adoptive parents (those adopting older children) should be prepared for the possibility of a longer period of “trust building” followed by an intensifying mutual bond.

Parenting Skill

The perceived parenting skill of lesbian, gay and heterosexual parents was examined by Goldberg and Smith (2009). New parents were found to experience similar changes in perceived skill across the transition to parenthood (regardless of gender, sexual orientation and route to parenthood). Gianino (2008) highlighted that new parents were required to establish instantaneous rituals with the child including, presenting a united front, maximising flexibility and maintaining consistency of routine. The work involved in the development of such practices involves an intimate process of negotiation within the newly established family unit. Whilst Daniluk and Hurig-Mitchell (2003) identified feelings of frustration and inadequacy surrounding the lack of preparation for parenting that adoptive parents were offered, alongside perceptions and inferences of parental legitimacy. A parent spoke of being “completely unprepared...I had nothing of what a child needs” (Bejenaru and Roth, 2012: 1320). This was reiterated by some parents who reflected feeling completely unprepared for their child’s behaviour and the tasks associated with parenting (Tasker and Wood, 2016). One couple reflecting on the day their child moved in reported “There’s no preparation for what you are taking on...we just wanted time to stop still didn’t we?” (Tasker and Wood, 2016: 530). Another reflected on the practicality of parenting, considering “what do we do with them? or where shall we take them?” (Tasker and Wood, 2016: 530). Others considered that their novice new parent status would be visible to other people.

The nature of support

A number of studies allude to the support of new adoptive parents. Levy-Shiff et al (1990) highlight that adoptive parents ‘to be’ may express a satisfaction with social and group support from adoption workers as it is them that will provide them with a baby. This pre-child placement is in contrast however with that in the post-child placement period. Dissatisfaction with support was found by Daniluk and Hurig-Mitchell (2003), who highlighted resentment of parents who felt abandoned by adoption workers and agencies (following the placement of child). One parent stated: “Our sense was that we were just the adoptive couple and that once we had

the child it's like 'Okay, you should be happy, now go away'" (Daniluk and Hurig-Mitchell, 2003: 395). A lack of support (especially financial support required to meet the child's medical needs) resulted in the greatest levels of discontent (Bejenaru and Roth, 2012). One parent claimed the state had "simply placed him with us and stopped caring" (Bejenaru and Roth, 2012: 1321). Moyer and Goldberg (2017) found some parents reported receiving sufficient formal and informal support and adequate pre-adoptive training, whilst others reflected a lack of formal support (such as professional support) and lack of informal support (such as family and friends). Moyer and Goldberg (2017) discussed how unanticipated characteristics (especially unexpected behavioural needs) "seemed to exacerbate their need for support" (Moyer and Goldberg, 2017: 19) and highlighted the importance of considering such parental expectations in the pre and post child placement period. They discussed that support as a resource "has the potential to enhance parents ability to cope with stress" (Moyer and Goldberg, 2017: 19). A range of support measures for new adoptive parents was highlighted including supportive practice of agencies during the adoption process (Goldberg et al, 2007), family support and alliances with other adoptive families (Gianino, 2008). Goldberg et al (2014) found support groups useful in helping parents to make connections with others with comparable issues. They also found that therapy 'aided' with understanding of the child's behaviour and with same-sex couples supported in the preparation of this process.

Bejenaru and Roth (2012) highlighted training by the adoption services and (for some) psychological or psychiatric support) and suggested a need for parents to be informed and supported by specialised services and better trained specialists. Supportive measures were further discussed by Keopke et al (1991) highlighted that adoptive parents were often less supported for parenting and suggested they would benefit from the opportunity to learn skills for infant care, like that available for birth mothers. Supportive measures were further highlighted by Levy-Shiff et al (1991) who discussed the value of social support on family adjustment and by Goldberg and Smith (2008) who found depression may be alleviated by

feeling supported (outside of partner support) and by Daniluk and Hurig-Mitchell (2003), who found adoptive parents turned to family and friends for support with their stress. Challenges were highlighted with this strategy, particularly, when contact with family is restricted in the immediate post placement period. (Tasker and Wood, 2016).

Discussion

The review combined database, google and reference lists in order to identify papers addressing how the process of 'becoming parents' is experienced by new adoptive parents. The review identified papers (dated 1990 to 2019) concerning those adopting a child for the first time and the 'new' nature of parenthood or 'becoming new parents' for the first time. Incorporating qualitative, quantitative and mixed method approaches offered assurance that all available papers concerning this subject were identified and subsequently reviewed, in a systematic manner. There was a clear interest in the subject in US, Canada and Italy, with one group in the US publishing a significant number of papers. Despite the significance of this subject for the long term outcomes for children, young people and families it appears that this subject has been given little attention elsewhere.

TP is considered an important time for parents as they "learn how to cope with their new roles and responsibilities" (Jones et al, 2019: 239), characterised by challenges and opportunities (Wadepull et al, 2019). This review has been useful in highlighting how some new parents (biological and adoptive) may find this challenging and stressful. The review has been valuable in highlighting common factors experienced by adoptive and biological parents during the between TP and TAP such as changes to lifestyle, relationships and health. The review was consistent with other findings highlighting adoptive parents strengths (Pace et al, 2015; Santona and Zavattini, 2005), needs and services (Barnet et al, 2017, McKay and Ross, 2010), highlighting how these can be useful in mitigating against the additional challenges facing adoptive parents during TAP. Such insight is considered beneficial in the context of assessment and support for adoptive parents across the transition.

A number of challenges associated with parenting through adoption were identified. These included the decision to adopt, the adoption process, making a formal application to become parents and choices relating to the child. Some parents identified that they felt unprepared for the role because they had not experienced the transition period (afforded to birth parents through pregnancy) with some reflecting TAP had rapidly occurred. A rapid TAP has been highlighted previously by Weir (2003) who found that adoptive parents experienced “leap frogging” (a pattern occurring with a rapid TAP) whereby “infertile couples” felt “left or lagging behind” (their biological counterparts), experiencing an abrupt not gradual transition resulting in them feeling “caught up” within their social network (Weir, 2003: 27).

A notable lack of evidence was identified in the review addressing the physical health of adoptive parents. It is unclear whether this relates to the ‘lack of pregnancy’ or ‘birth’ experience by adoptive parents or other factors such as emotional wellbeing being considered of more significance within adoption. The lack of findings related to physical health could also be linked to a potential lack of health issues being present in adoptive parents who receive a medical as part of their ‘application’ to become parents. Understanding physical health needs of adoptive parents was further limited as in the paper by Gjedingen and Froberg (1991) differing recruitment for adoptive and biological parents were used. This may have resulted in a bias towards the adoptive parents ‘being healthier’. This conclusion was consistent within earlier findings documented in a literature review (concerning the adaptation to parenthood during the post-adoption period) by McKay et al (2010).

The findings from this review may resonate with health professionals, especially health visitors when working with biological families during the transition to parenthood period. Through their delivery of the **0-5 Healthy Child Programme (HCP)** health visitors make a “significant contribution” to the transition to parenthood and the “first 1001 days from conception to age two is widely recognised as a crucial period in the life course of a developing child” (Local Government Association, 2019: 5). The health visitor antenatal visit, undertaken in the pregnancy period “provides a relational basis for assessing mental health for mothers and

partners, and supports parents to form an image of their unborn child, laying the ground for parental bonding” (Public Health England, 2018: 9), its benefits are widely recognised (Christie, 2016; Institute of Health Visiting, 2017; Department of Health and Social Care, 2019).

It is an important consideration given that adoptive parents (typically) do not receive a visit in their ‘antenatal equivalent’ pre-adoptive period, instead, social workers, who as key worker lead the provision of support for adoptive parents. Social workers have historically been “considered the most influential profession for adoptive families” (Foil et al, 2017: 16) with input from health practitioners being **limited sometime** after family formation. This may pose a potential inequity of ‘health’ services which results in a missed opportunity for health practitioners to assess health and wellbeing and support parents prior to the arrival of their child (as is promoted with biological parents). This is an important consideration given that health and wellbeing was identified as a major grouping highlighted throughout other groups identified in the review.

According to the Department for Education (2019) data for the year ending March 2019 highlights that 5% of adoptions of children were under the age of 1 year. Adoptive parents therefore, have minimal control over factors influencing the child’s health and development during the 1001 critical days. The review highlighted that instead they are required to learn quickly the necessary skills to care for a baby, child or children, potentially with significant needs resulting from prior trauma or neglect during this critical period. This is **significant given** that the Department for Education (2020) report that looked after children were found to be almost four times more likely to have a special educational needs and almost nine times more likely to have an education, health and care plan (Department for Education, 2020). It is not surprising therefore that ‘their’ adoptive parents may also have specific needs or a unique nature of support as identified in the review which could result in them being vulnerable, throughout what could be a high risk ‘transition to parenthood’ period.

Limitations

This review is subject to some limitations. First of all the review only included papers which addressed the 'new' nature of becoming adoptive parents; this limited the papers available to be included in the review. Next the review only accounted for English language therefore did not account for non-English language paper findings. The review included papers from 1990 and 1991 which may not be relevant to adoptive parents in 2021 as there have been many changes concerning this area in recent years. Furthermore, some papers had small sample sizes potentially affecting the generalisability of the findings. Finally, there was only one paper from the UK and therefore the applicability of the findings to the UK have to be considered.

Conclusion

The process of 'becoming parents' as experienced by new adoptive parents is unique, complex and multifaceted. Becoming parents by adoption adds a variety of challenges to the TAP, contingent upon the age, health and social circumstances of the child. Children who are adopted (in the same way as those who are not) need and deserve parents who are supported and equipped with the knowledge and skills required for them to be confident, emotionally healthy parents; this in turn will positively affect the outcomes for the child/children.

Having awareness and appreciation of specific needs of adoptive parents (across TAP) is a fundamental priority in supporting and promoting the health and wellbeing of new adoptive parents and promoting adoption outcomes for the whole family. Health visitors, working in partnership with health and social care colleagues are ideally placed to support new adoptive families to make a safe transition. They are skilled and equipped to engage in therapeutic relationships with families and able to utilise specialised skills of assessment necessary in the delivery of the HCP. This cannot however be achieved in isolation and further consideration of TP for adoptive parents is required as despite a growing number of studies on this issue, there remains a demonstrable evidence gap about the experiences of new adoptive parents. Further research is therefore required to understand the 'present-day' experiences of new adoptive parents, in order to inform clinical practice further.

Key points

- Not all parents experience pre-conception, birth and beyond; adoptive parents are in a unique position
- Transition to adoptive parenthood is complex and multifaceted and has similarities and differences to that of new biological parents
- New adoptive parents have additional unique needs specific to adoption
- Understanding and supporting individual needs of new adoptive parents is important promoting good emotional health and wellbeing
- Health visitors can support the transition to adoptive parenthood by engaging in therapeutic relationships with families and utilising specialised skills of assessment

Reflective questions:

- What are similarities between new biological parents and new adoptive parents?
- What are the unique needs of new adoptive parents?
- Why is it important to support new adoptive parents?
- How can health practitioners support the needs of new adoptive parents?

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