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ORIGINAL ARTICLE

Positive relationship adaptation of couples transitioning to parenthood: An interpretative phenomenological analysis

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Abstract

Objective: This study aimed to explore the lived experience of well-satisfied couples (as established by the short form of the Dyadic Adjustment Scale) through the transition to parenthood (TTP) to understand what they perceived has facilitated their relationship adaptation.

Background: Most couples experience a decline in relationship satisfaction through the TTP. However, there is important variability in the couples' experience, and few researchers have examined positive adaptation.

Method: Semistructured individual interviews were conducted with both partners of seven first-time parental couples ($N = 14$) and then were transcribed and analyzed using interpretative phenomenological analysis.

Result: The results showed two interrelated superordinate themes, each including four subordinate themes. Interviewed couples remained satisfied due to the strong foundations of their relationship, namely security, commitment, compassionate love, and intimacy, and due to their effective management of changes together by teaming up, balancing the different spheres of their lives, enjoying and valuing family life together, and communicating.

Conclusion: Our findings support the relevance of studying positive couple processes for prevention efforts to ease the transition to parenthood.

Implications: Professionals working with expectant and new parents could target relational processes related to strong foundations as well as the partners' joint management of change to strengthen couple relationships and promote the positive adaptation to parenthood of partners.

KEYWORDS

couple, interpretative phenomenological analysis, qualitative research, relationship satisfaction, transition to parenthood

The transition to parenthood (TTP) is one of the most common major life changes. The TTP leads to biological, social, psychological, financial, and professional changes requiring great individual and relational adaptation, notably to deal with the addition of a new social role, the renegotiation of task sharing, and the decrease in time available for couple life (Cowan & Cowan, 2000). Early work conceptualized the TTP as a crisis for couples, but this transition is now better understood as a challenging and important developmental stage for a number of couples, generating both joy and stress (Cowan & Cowan, 2000; Doss & Rhoades, 2017).

Although some new parents report increased relationship satisfaction (Doss et al., 2009) and a subjective strengthening of their relationship (Delicate et al., 2018), most couples experience a moderate or steep decline in their relationship satisfaction throughout the TTP (Don & Mickelson, 2014; Twenge et al., 2003). Accordingly, researchers have mostly studied factors that can hinder relationship satisfaction or buffer its decline, rather than optimal relationship functioning during this transition. Our research contributes to filling in this gap by studying the

lived experience of well-satisfied couples (as measured by the Dyadic Adjustment Scale) throughout the TTP to identify factors that could enrich perinatal intervention programs for new parenting couples.

Relationship functioning is crucial during the TTP because it relates to both parents' mental health (Figueiredo et al., 2018), their child's development and well-being, and the development of the parent-child relationship (Ensink et al., 2017). Although a growing body of research includes both partners, more research is needed to better understand the interactions between partners because researchers have largely focused on mothers or both parents separately (Mickelson & Biehle, 2017). In a recent meta-synthesis on the relational impacts of becoming a parent, only three out of 12 qualitative studies included both partners (Delicate et al., 2018). Yet, gender differences and partners' interdependence as noted in dyadic studies (e.g., Don & Mickelson, 2014; Reid et al., 2018) support the importance of studying both partners.

Although the TTP is challenging for most couples, researchers have found substantial variability in couples' experiences (Doss & Rhoades, 2017; Kluwer, 2010; Ter Kuile et al., 2021). For example, Don and Mickelson (2014) showed that 79.4% of mothers and 51.1% of fathers experienced a moderate decline in their relationship satisfaction, whereas a smaller subgroup experienced a steeper decline. Doss and colleagues (2009) also showed that declines in relationship satisfaction over time were steeper among new parents compared to nonparents. Nevertheless, they found that 7% of mothers and 15% of fathers experienced an *increase* in their relationship satisfaction. This variability could elucidate the debate among researchers of whether the decline in marital satisfaction is different (Doss et al., 2009) or similar between parents and nonparents (Mitnick et al., 2009). Scholars of qualitative studies also highlight disparities in couples' experiences of the TTP. For example, in their meta-synthesis of 12

studies, Delicate et al. (2018) concluded that the themes reflecting the couple relationship during the TTP (e.g., adjustment phase, focus on the baby, communication, intimacy) could bring both negative and positive changes to couples' relationships, and that the TTP can strain or strengthen the relationship (e. g., Faircloth, 2015; Sevón, 2012).

Considering this variability, results of quantitative research have highlighted many factors related to lower relationship satisfaction during the TTP, such as anxiety and depressive symptoms, less constructive communication (Trillingsgaard et al., 2014), attachment insecurities (Little & Sockol, 2020), and increased conflicts (Holmes et al., 2013). Fewer quantitative studies have found factors related to higher relationship satisfaction during the TTP, such as supportive coparenting (Durtschi et al., 2017), relational humility (Reid et al., 2018), perceived responsiveness (Ter Kuile et al., 2021), and affiliative humor (Theisen et al., 2019). However, most studies have focused on what is detrimental to relationship satisfaction during the TTP or what can buffer adjustment difficulties, limiting our knowledge of the positive resources or strategies couples can develop to better navigate this transition. Yet, results of studies on the couple's optimal functioning support the notion that the factors underlying relationship difficulties are distinct from those underlying optimal relationship functioning (e.g., Knee & Reis, 2016). The quantitative studies that had a focus on positive processes experienced during this transition have mostly documented individual factors such as well-being, happiness, positive emotion, and meaning in life (e.g., Nelson et al., 2014). A recent qualitative study by Young and colleagues (2021) focused on resilience during the first postpartum year highlighted positive processes, but few of them were *relationship* processes (e.g., partner support, empathy). Yet, in their quantitative study, Ter Kuile and colleagues (Ter Kuile et al., 2017; Ter Kuile et al., 2021) found that positive relationship processes (e.g., partner responsiveness, gratitude, trust) before pregnancy predicted

adaptation to parenthood. To further study positive relationship processes, we argue that it is important to explore the subjective experience of well-satisfied couples and how they adapted to parenthood. This could help broaden our understanding of the couple's experience of the TTP and identify new ways to promote successful couple adaptation.

The current endeavor to explore positive relationship process and TTP is particularly relevant to inform perinatal education programs for future and new parents aiming to prevent relationship difficulties and promote good parenting skills. Indeed, a review of 72 papers on parental education programs (Gilmer et al., 2016) and a meta-analysis of 21 controlled couple-focused interventions (Pinquart & Teubert, 2010) during the TTP both revealed weak program efficacies. These authors plead for more research to identify factors that may enhance intervention efficacy and respond adequately to new parents' needs. As parents wish to be informed about expected changes in their relationship and positive strategies to facilitate this transition (Entsieh & Hallström, 2016), our research can contribute to this effort by exploring the subjective experience of what partners of well-adapted couples perceived as helpful in their transition. Consequently, our study aimed to explore the lived experience of well-satisfied couples—that is, couples reporting high levels of relationship satisfaction—through the TTP and what they perceived has facilitated their couple adaptation. In doing so, we wished to understand the optimal relationship processes of well-adapted couples to identify positive strategies that can ease the TTP and promote optimal relationship adaptation.

METHOD

Qualitative research allows researchers to study phenomena in a holistic and proximal way (Mucchielli, 2009) and is recommended for understanding optimal human functioning in under-researched areas (Hefferon et al., 2017). We chose interpretive phenomenological analysis (IPA)

because this inductive approach was developed to study how people make sense of their major life experiences, including normative life events. IPA relies on three theoretical backgrounds: phenomenology, hermeneutics, and idiography (J. A. Smith et al., 2009). According to J. A. Smith et al. (2009), IPA implies “a double hermeneutic because the researcher is trying to make sense of the participant trying to make sense of what is happening to them” (p. 3). Thus, this approach was well suited for our study’s aim of exploring the lived experience of well-adjusted couples in TTP. Well-adjusted couples is a group that has been less studied because studies have focused on at-risk couples or couples in general (Ter Kuile et al., 2017; Young et al., 2021), and no reviewed study had a sample of couples specifically selected because they were well adapted.

Procedures

We recruited participants in health-care facilities, public spaces, and social media through posters, recruitment emails, and advertisements containing a link to an eligibility survey on SurveyMonkey. Interested participants provided their contact information through this survey or contacted the research team by phone or by email. The first author then called the participants to explain the study process, confirm their eligibility, and gather their partner’s contact information to confirm the second partner’s interest and eligibility. As recommended by J. A. Smith and colleagues (2009), we recruited a fairly homogenous sample using six inclusion criteria: 18 years or older, being the biological parents of a first child aged 12 to 24 months, fluent in French, both partners’ willingness to participate, reporting a good relationship satisfaction (i.e., score ≥ 16 at the brief Dyadic Adjustment Scale, see below), and perceiving a stable or improved satisfaction through the TTP. We excluded participants if they or their baby suffered from a serious illness since birth, as it implied additional challenges. When eligible couples agreed to participate, individual partner interviews were scheduled at the university ($n = 6$), at their home ($n = 6$), or in

a coffee shop ($n = 2$). Interviews were audiotaped and transcribed by a research assistant. Each partner received a financial compensation (CAN\$10). The study received ethics approval from the institutional review board of CIUSSS de l'Estrie-CHUS Sherbrooke, Québec, Canada (2012-06).

Measures

Interview

The first author led all semistructured individual interviews (October 2018–February 2019). She had extensive training in clinical psychology and qualitative research, which facilitated exploring the participants' experience. Individual interviews ($M = 66$ minutes, range 50–94) allowed the emergence of differences between partners' experiences. The interview guide was pilot tested with a volunteer couple of first-time parents. The interview guide included warm-up questions (e.g., “Tell me about your experience in the months following the birth of (child's name)?”; “When did you feel you were adjusting to your new reality?”) on how partners had experienced the first postpartum months to help them dive back into their experience of the transition process from the beginning given that their baby was already between 12 and 24 months old. The focus of the interview was then on what they perceived had facilitated their relationship adaptation to parenthood (e.g., “What behaviors do you use as a couple that you think would show that you have adapted well?”; “What characteristics of your couple may have helped facilitate this transition?”; see Appendix A in the supplemental material).

The research team included five authors, all women and Caucasian. The first author, a doctoral student in psychology, is unmarried, was 29 years old at the time of the analysis, and has no children. The fourth author is also a student and has no children. The other three authors are mothers of at least one child. Biases may have been introduced because there were no men on

the research team. To reduce her biases during the analysis, the first author met regularly with the second author to share her questions and thoughts.

Paper-pencil questionnaire

Participants completed a brief sociodemographic questionnaire describing the context of the TTP (e.g., age, education, planned pregnancy). Furthermore, the four-item version of the Dyadic Adjustment Scale (DAS-4; Sabourin et al., 2005) measured relationship satisfaction with items rated on 6- and 7-point scales. Higher scores (ranging from 0–21) indicated higher relationship satisfaction. The DAS-4 (Sabourin et al., 2005) has demonstrated predictive validity for relationship separation over 2 years and adequate internal consistency ($\alpha = .83$).

Participants

The sample included seven mixed-sex couples ($N = 14$) meeting the eligibility criteria (baby's age ranging from 12–23 months; relationship satisfaction ranging from 16–21). J. A. Smith et al. (2009) suggested that a good sample size for an IPA study is between four to 10 interviews. Because partners are interdependent, we counted couples as a unit. Table 1 presents partners' and their babies' characteristics. Thirteen participants were born in Canada and their first language was French, and one participant was born in South America and his first language was Spanish. Twelve participants worked full-time, one father was an undergraduate student, and one mother stayed at home. Most couples had a baby girl (5/7). Parental leave ranged from 6 to 12 months ($M = 9$) for mothers and from 3 weeks to 6 months ($M = 2$ months, $Mdn = 5$ weeks) for fathers, which is consistent with the provincial government parental leave program.

Data translation

The analysis process was conducted in French and the results and verbatim extracts were translated for publication purposes only. All the authors are bilingual, although their native language is French. The first author translated the selected excerpts and asked all coauthors to compare their original and translated versions. The first author also consulted an English teacher to discuss the verbatim excerpts that included expressions or idioms. The choice of the themes was also discussed with the second and third authors to choose precise terms reflecting the ideas found in French. As a final step, the whole manuscript was reviewed by a native English speaker, who answered the authors' remaining questions regarding translation. This translation process is consistent with the principles of rigor raised by H. J. Smith and colleagues (2008) by being conducted in the native language of the participants and the interviewer and by using teamwork to ensure the preservation of meaning.

Data analysis

The first author, supported by the second author, conducted the data analysis using IPA to highlight by themes the essence of well-adapted couples' experiences. As per the analysis process described by J. A. Smith et al. (2009), the following steps were followed:

1. She replayed and reread each interview at least three times to immerse herself in it and develop an appreciation of its entirety.
2. Each interview was annotated by hand with a focus on semantics using three axes of exploration: descriptive, linguistic, and conceptual.
3. Using the initial annotation, she developed the emerging themes by coding the interviews using NVivo software. Given our relatively large sample for IPA, she considered the themes coded in previous interviews as similar, opposite, or new.
4. While coding, she explored connections between themes for each case.

5. She looked for patterns through the cases noting recurrences, divergences, and connections.

We followed J. A. Smith et al.'s (2009) recommendations on applying Yardley's (2000) four validity criteria in IPA studies: sensitivity to context, commitment and rigor, transparency and coherence, and impact and importance. Researchers' subjectivity and credible interpretations plurality are recognized in IPA and, consequently, interrater reliability is unnecessary (J. A. Smith et al., 2009). We conducted independent audits: The first two authors met regularly to discuss possible biases, research processes, and data analysis; they formulated the final themes organization, which the third author verified; the fourth author audited two interviews' coding; and all authors commented on data interpretation and writing. Rich verbatim quotations support our results, enabling readers to assess our interpretations. In addition, we kept memos of decisions made throughout the research process to document our choices. A summary of the analysis of their interview was sent to each participant, but none commented on the results possibly due to the 1-year delay between their interview and the completion of the analysis.

RESULTS

Profile of participants

Participants' DAS-4 scores ranged from 16 to 21 out of 21 (see Table 1), meaning that they were all very satisfied with their relationship. Most couples (5/7) were in common-law relationships, which reflects the reality of the Quebec province, where fewer and fewer marriages are being celebrated and couples tend to cohabit without being married (Institut de la statistique du Québec, 2020). Although the legal status remains different from marriage, certain legal protections are in place in Quebec, especially when the couple has children. Most participants (10/14) did not identify with a religion. Although four participants indicated that they identified

with the Catholic religion, it is important to note that Quebecers tend to identify with a religion without being actively practicing and that no participants referred to the importance of their faith or mentioned actively practicing their religion during the interviews. This cultural context is important to consider for readers in other countries.

Figure 1 shows the two interrelated superordinate themes, each subdivided into four subordinate themes, that guided our understanding of the lived experience of interviewed couples and what they perceived has facilitated their couple adaptation through the TTP. The couples' *strong foundations* helped them *manage changes together*, which in turn solidified these foundations. Indeed, the partners perceived that their couple was already strong before the birth of their baby and that the strength of their relationship allowed them to better manage the changes together.

Strong foundations

Interviewed couples built a satisfying relationship prepregnancy through the development of four strong foundations: security, commitment, compassionate love, and intimacy. For several participants, these foundations' characteristics, described separately below, provided a feeling of solidity in the relationship supporting the decision to have a child: "Our couple was already solid [...] because of everything we've built over the years, the trust we have in each other, we're not jealous, and the projects we want to build together, it makes us feel solid" (Diana-C3, 31 years old, married, and in a 9-year relationship with her partner). Our analysis of this theme revealed that these foundations eased the TTP by creating a solid ground for coping with novelty and enabling partners to rely on their relationship to overcome challenges.

Couples relied on, maintained, and even strengthened these four mutually reinforcing foundations. For instance, feeling secure in their relationship seemed to promote commitment,

which in turn fostered security, while compassionate love and intimacy promoted security and commitment. For one partner, however, these foundations emerged during the TTP rather than prior to the pregnancy, perhaps because of the partners' recent relationship or because of their younger ages. Christine-C4, 21 years old and pregnant with their second child while their firstborn is 21 months old, explained: "Before, [our relationship] was ordinary [...]. When [our baby] arrived, it got better for us. We bonded more for him, then for us too, we got closer." Although her partner also mentioned that they had experienced some couple difficulties during the pregnancy, Charles-C4, 21 years old, in his response focused on the strong foundation found in their relationship:

We've always been strong. [...] It's like in a house, if you don't have good foundations, then the house won't be solid. So, we keep all our things up to date, we support each other morally, physically, we're there for one another, and we don't hide anything.

Security

Security in the relationship, the first subtheme explaining the *strong foundations* theme, was mentioned by most participants (11/14). Half of the participants (7/14) explicitly acknowledged feeling trust and security in their relationship whereas others explained that they feel important or accepted as they are in their relationship and were confident they could rely on their partner if needed. For instance:

I feel secure in my relationship [...] in the sense of being respected and accepted as I am; there's no hiding. Well, you know, we have our secret gardens I guess, but even that, it's okay. We don't need to change each other, we take each other as we are. We find compromises so that we both feel comfortable. I never feel, like, betrayed [...]. I know we protect each other and that's part of our deal and that's super important. (Megan-C7, 35

years old, pregnant with a second child, and in a 9-year relationship with her partner)

The calm and composed personality of the partners, as evoked by six mothers and two fathers, seemed to favor the development of this security and was perceived as helpful in coping with the changes lived through the TTP. Martha-C2, who was 28 years old, had been in her relationship for 3 years, had recently decided to be a stay-at-home mom for a few years, and tended to feel more anxious since her baby's birth, explained:

[He is] calm, I told you earlier, but I'll tell you again because it's so important. He really appeases me. [...] He talks to me a lot, he looks at me in the eyes, and then he speaks to me, it sort of brings me back.

Participants also mentioned feeling comforted by physical touch with their partner when stressed. Nathan-C5, 31 years old and in a 4-year relationship, who took care of his partner and newborn after an emergency C-section, sometimes felt overwhelmed in the early postpartum period and benefitted from his partner's touch: "It was physical too, she would hold me. 'It's going to be okay, it's going to be alright, you can do it.' It's super important, not just to say it, but you know [...] she showed me physically."

Commitment

The second subtheme explaining the strong foundations theme centered on commitment.

Participants (14/14) evoked how their commitment to the relationship was helpful in facing challenges encountered during the TTP and in helping them grow as a couple throughout them.

For instance:

Having a child with someone, that's tangible, it shows a commitment towards the other person and it's also a hardship for a couple, there are some that don't make it through.

[...] We did very well, so I think that it contributed to reinforce the bonds between us.

(Paul-C6, 30 years old and in a 5-year relationship that started with a long-distance relationship for 2 years)

How partners valued taking responsibility, were invested in their relationship, and were enthusiastic about their common projects (e.g., expecting another child) also illustrated their commitment: “Well, it’s a common project, it’s a commitment that we have together, pretty much until death, and I think it’s a project and we’re moving forward in life [...] we’ll probably have another one. We’ve started, we’re making a family” (Michael-C2, 27 years old).

Persevering when facing difficulties as a couple was also mentioned as key to adjusting to parenthood. Jennifer and Peter-C1 were the only partners who reported experiencing important hardship in their relationship when she resumed work at 6 months postpartum and was working about 60 hours before deciding to change jobs. In addition to the work context, the difficulties in their relationship may also be explained by the fact that they were among the youngest couple of our sample or because the pregnancy was not planned. Jennifer explained how perseverance helped them overcome hardship:

I knew that it wasn’t a lost cause, that there were still things that we could try. [...] For me it wasn’t hopeless, there was a real opportunity to talk to each other. [...] I didn’t want to give up, I wanted it to work. We love each other, we’re good, we have a beautiful family, our daughter isn’t sick, we have no reasons to give up.

Compassionate love

The third subtheme of the strong foundations theme is compassionate love. All participants (14/14) mentioned aspects related to love, compassion, empathy, acceptance, and sacrifice, which we grouped under the theme of compassionate love. Most participants (11/14) explicitly mentioned loving their partner. They perceived that love helped them face both daily annoyances

(e.g., messy partner) and challenges (e.g., fatigue, disagreement); accept their partners as they are, including their flaws; and support each other in times of distress or need (support will be further explained in the theme teaming up). For instance, Madison-C5 (a married 31-year-old in a 4-year relationship) explained: “I just think that the deep feeling of love makes us able to go through things we wouldn’t expect. Precisely, just the need to be there for one another makes us able to overcome challenges.”

Partners greatly enjoyed pleasing each other and were grateful for small gestures (e.g., cooking breakfast, massages). Several participants shared the joy they felt when they saw their partner being happy and the importance they placed on their partner’s well-being and growth: “Happiness for me is really seeing [my partner and baby] living in well-being, to see them smile, to see them happy all the time, and happy to see me when I come home” (Charles-C4). Accordingly, many demonstrated the ability to temporarily sacrifice their preferences or needs to favor their partner’s or family’s.

Compassionate love was also observable through the partners’ respect and willingness to understand each other’s experience, as evidenced by Jacob-C3 (33 years old and in a 9-year relationship), talking about a recent miscarriage:

For her, for sure, it’s more unpleasant because she was the one who was carrying it, she’s the one who had all the nausea for a month [...] so I understand that you feel a bit like crap on these days [...]. We’re able to do things together, but we’re also able to say: “Well, look, I’ll give you your time and I’ll go do my things on my side.” That doesn’t mean that we don’t love each other. It’s just like saying “Look, we love each other, let’s respect how we feel at this moment.”

Intimacy

The fourth and final subtheme of the strong foundations theme is intimacy within the couple. Partners (14/14) reported benefiting from their couple intimacy in transitioning to parenthood. Their intimacy was noted by their sense of closeness, their perception of being similar—in terms of interests, values, or ways of thinking—and the feeling of really knowing each other: “We’re on the same page. We have the same values and the same concerns; we don’t get stressed out about things in general, so I think all that helped without needing to have big discussions” (Ashley-C6, a 29-year-old who described herself as introverted).

The novelty encountered in the TTP allowed partners to discover new facets of each other. Many felt they had grown closer through this transition, as they developed an important commonality: their baby and parenthood.

I think [our daughter] really acts like a binder, it’s stupid to say, but we’re there, we’re watching her; and then just by watching her play, naturally, we’re going to get closer physically because we’re so moved by seeing her [...]. We can’t believe that it’s our love that led us to this person. (Brian-C7, a 32-year-old who took a 6-month paternity leave)

The partners’ fondness, pleasure in spending time together, and feeling of being good friends and lovers seemed to nourish their intimacy and their relationship satisfaction.

Before we had [our daughter], we’ve always been very in love. We spent all our time together, we were already best friends. [...] So there aren’t that many differences [between us], even in our differences, we know what the other thinks. We know how to approach each other. I don’t necessarily have to ask her [...], I know it, that she’s tired. I recognize it in her gait or her tone of voice. Knowing the other person well helps a lot. (Nathan-C5, 31 years old and working with his spouse since the end of her maternity leave)

Managing changes together

Building on their strong foundations as a couple, partners also managed the changes particularly well by teaming up, balancing the different spheres of their lives, enjoying and valuing family life together, and communicating.

Couples encountered several challenges related to novelty, reconciling schedules, and physical exhaustion after childbirth, yet they perceived they had adapted “naturally,” or they accepted changes or difficulties, and were open to learning. Michael-C2, who has a very calm and collected personality as described by his partner, explained: “It’s a lot of adaptation, but I went step by step, problem by problem, and we solved them, we settled them.”

Partners evidenced confidence in their ability to adapt through change and find a mutually satisfying life balance. They saw difficulties as temporary, manageable, meaningful, or even enriching. Several participants evoked that the TTP led them to reflect on themselves, their couple, and their life in general, and that it provided an additional motivation to make positive changes in their lifestyle to offer the best to their child: “We questioned our life in general, both as a couple and personally, and then we grew into it so that both of us would be able to give her the best possible quality of life” (Charles-C4).

Change management strategies mutually contributed to one another. For example, teaming up helped couples find their life balance, and communicating facilitated different aspects of management. We see these interrelations in Jennifer’s-C1 (24 years old and who had gone through a difficult period with her partner when she returned to work) words:

Well, it’s like we were lovers, we became parents, and now we’re like *the team*. We go together, and then we fight. In the beginning, in the lowest period, I felt like I was fighting alone, and then after that, we really talked, then I realized that we were fighting

as a couple, then the fact that we were fighting as a couple, that's what got us to where we are now.

Teaming up

Teaming up is the first subtheme of the superordinate theme *managing changes together*.

Partners (14/14) worked and perceived themselves as a team, notably observable by how they described themselves as complementary or talked using “we,” for example, when fathers said “we were breastfeeding” (Jacob-C3) or “we gave birth” (Brian-C7).

Partners recognized their interdependence and carefully considered each other's preferences, strengths, and needs, including the baby's, in their decisions. Interdependence is exemplified by Peter-C1: “[...] really, don't leave everything on the other one's shoulders, but tell ourselves that we're one, and in fact if one is tired, the other will pay the price, and vice versa.”

Partners valued a fair, fluid, and satisfying task sharing, but they were also able to take initiative to compensate when their partner needed more rest. Diana-C3, who suffered from postpartum anemia and said she felt “like a human wreck” in early postpartum, shared:

[He] worked twice as hard for a while because he could see that I was exhausted; that truly helped too. If a part of him had come out like “Well, I'm doing everything,” it might have put pressure on me, it would have made me feel a lot of anguish.

The reciprocal ability to alternate in caring for the baby and support each other promoted the feeling of being a team and prevented feelings of unfairness. Teaming up also helped the partners feel understood and that they could rely on each other, as expressed by Paul-C6: “We're a team, we *know* we can rely on each other. If we have a challenge, a problem, we go through it together, not each on our own.”

Balancing the different spheres of their lives

Balancing the different spheres of their lives is the second subtheme explaining the superordinate theme managing changes together. All participants (14/14) identified a good balancing of the different spheres of their lives as important to their adjustment, as stated by Peter-C1:

It's to leave room for the three parts that I considered necessary for life with a child, which are the family, the couple, and the individual, and keep room, perhaps not equal, but at least a space for these three parts, but to leave a space that also corresponds to your partner's vision of these parts.

Other participants added other spheres such as friendship, career, and maintaining or developing healthy lifestyle habits (e.g., diet, exercise, sleep) as helpful in maintaining their well-being and relationship satisfaction. As the family could easily take over the couple, the partners stressed the need to plan and voluntarily make room for their relationship, including sexuality: "We realized that we had to have our moments as a couple and not just as a family, we aren't just three, we can be two, too" (Christine-C4). Creating a routine and sometimes changing some aspects of their lives (e.g., changing job, going back to school) was helpful to find this balance.

Being able to recognize and value the needs of each partner, ask for and accept help (e.g., babysitting, emotional support, flexible work schedule), and set one's boundaries contributed to finding balance. In this sense, following their own needs rather than general value or societal expectations was raised by Megan-C7: "We try to stick to what makes us happy rather than what it should be in theory in an egalitarian society." Feeling ready for the baby's arrival, accepting some changes in their time allocation, and relying on their past life experiences that required significant adaptation also helped couples regain their balance.

Enjoying and valuing family life together

Enjoying and valuing family life together, the third subtheme of the managing changes together theme, helped couples (14/14) navigate through the TTP. Love and pride for their child and their family, strong bonding with their child, and the ability to marvel at their child's development contributed to facing challenges while deepening their intimacy: "[Our daughter] brings us many moments of happiness and happiness is something that must be shared. So, when we share moments of happiness together, it brings a lot of positivity in our couple" (Paul-C6).

Enjoying daily life and family activities, caring together for the baby, and developing family rituals also promoted relationship satisfaction and well-being. Brian-C7, who took longer than his partner to be ready to start a family as he anticipated losing his freedom, shared: "I expected to be a little obligated to take less time for myself, but in the end, I felt like taking less time because I always wanted to be with [my daughter]. It was natural and it surprised me."

Valuing parenthood contributed to partners' meaning in life and helped them make sense of the challenges: "The family project, for me, is the best achievement. That's what happiness is all about. It is said that the human being quest is happiness; for me, happiness is the family" (Madison-C5).

Feeling competent and perceiving their partner as competent seemed to help them enjoy this stage of their lives and disregard judgments and expectancies toward new parents. This feeling was fostered by their experience with children, their prenatal preparation, their realistic expectations, and their openness to learning, as well as their pride in their baby and the perception that he or she is "easy." Experiencing admiration toward their partners (e.g., Diana-C3: "it was like he was ready for anything, he was like Super-Man") also seems to nurture relationship satisfaction.

Communicating

Communicating, the fourth and last subtheme of the managing changed together theme, was noted by most partners (13/14) to manage changes during the TTP. Many valued clear, direct, and caring communication, which was facilitated by taking a step back to say things properly, making time to communicate regularly, and managing conflicts as they arose. Expressing positive things to their partner (e.g., praises, gratitude, success) was also perceived as helpful. Partners stressed the importance of discussing together to find and implement solutions to improve their relationship functioning.

We are lucky to communicate well, each time that there is something wrong [...]. I talk a lot, my partner less, but we talk, and we find solutions. If something doesn't suit me or if it's harder or whatever, I talk to him about it, and we come to understand each other.

(Martha-C2)

Some partners hinted at metacommunication, mentioning that they also communicate to regulate their interactions (e.g., "If she sees me raising my voice or the other way around, we tell each other" [Charles-C4]).

Related to the teaming-up theme, communicating allowed partners to manage their schedules and create a routine that suits everyone, and express their needs and expectations, including preparing for their child's arrival and preventing disappointments. Most partners already negotiated how they would operate in a preemptive and calm manner, rather than out of dissatisfaction in a period of fatigue:

We had already agreed before [on how to raise him], precisely because we had several examples [of new parents], so it was clearly stated, like: "We don't want that; we'd like to do things this way, this yes, that no." (Jacob-C3)

Otherwise, a few (4/14) participants explicitly mentioned appreciating indirect communication through humor or nonverbal signals to express some strains, as observable in Ashley's-C6 words: "I think that without talking about it a lot, we're sensitive to notice the signs that suggest that the other one 'ok, he disagree.' We still communicate in a certain way."

DISCUSSION

This study aimed to explore positive relationship processes facilitating the TTP among seven well-adapted couples, an understudied population. Our results revealed that the well-satisfied couples' *strong foundations* and ability to *manage change together* facilitated their adaptation. Similarly, pioneer researchers Cowan and Cowan (2000) have observed that couples who were more satisfied with their relationship before the TTP tended to do better in the transition. Our study, through the richness of the qualitative data analysis, provides an in-depth understanding of four underlying positive relationship processes that preceded pregnancy and offered a solid ground to build on to navigate the TTP successfully: security, commitment, compassionate love, and intimacy. Relying on these foundations, our participants effectively managed change together by teaming up, balancing the different spheres of their lives, enjoying and valuing family life together, and communicating. These interrelated themes seem to feed off each other in a virtuous circle that allows couples to grow through this experience, which seems consistent with the broaden-and-build theory where positive emotions promote adaptation and well-being in an upward spiral (Fredrickson & Joiner, 2002).

Adult attachment theory and studies evidencing the key role of secure attachment during the TTP (Simpson & Rholes, 2019) provide interesting insights into some of the emerged themes. The *security* felt by partners may indicate that they are securely attached or that they successfully meet each other's attachment needs. Adult attachment security has been associated

positively with relationship satisfaction and the quality of support provided (Simpson & Rholes, 2019). This security may also have helped couples *balance their different spheres of life*, as they had a secure base from which to explore and maintain other spheres of their lives. As adult attachment security is strongly related to parent–infant bonding (Little & Sockol, 2020), it might partly explain the partners’ ability to *enjoy family life together*.

Commitment emerged as another important basis for couples navigating the TTP. Being able to persevere through difficulties, to reconcile the relationship’s positive and negative aspects, and to feel strongly committed to each other seem particularly useful when becoming a parent, which fits the definition of “optimal commitment” proposed by Brault-Labbé et al. (2017). Consistent with our findings, Young and colleagues (2021) found that “engagement” and “compassion” in a broad sense—to oneself, the relationship, and the baby—promoted resilience during the TTP. It seems relevant to further study commitment as a qualitatively helpful relationship process beyond the prevention of breakups, as we hypothesize that it propels the ability to *team up*, another key couple process for adjustment during the TTP.

Our findings support and expand on knowledge about the importance of teamwork and the involvement of both partners for relationship satisfaction during this transition. Research on coparenting (e.g., Durtschi et al., 2017) has noted the importance of partners working together as a team in their parenting role. Teamwork processes among our participants are broader than coparenting as they encompass getting through challenges together whether individually (e.g., a parent’s illness, career development) or dyadically (e.g., miscarriage). Our results also extend the importance of father involvement to facilitate the TTP as noted by many researchers (e.g., Eddy & Fife, 2021; Shapiro & Gottman, 2005). Fathers have stressed their disappointment at being left out of prenatal classes and medical follow-ups and their desire to be more involved (Entsieh &

Hallström, 2016). The evolution of gender roles in Western societies in the last decades may require a revision of the “supportive role” often attributed to fathers across the TTP that can benefit both partners.

Effective communication is a well-known predictor and protective factor of relationship satisfaction in general (Gottman & Gottman, 2017) and during the TTP (Delicate et al., 2018; Doss & Rhoades, 2017; Shapiro et al., 2015). Our results revealed some nuances in what constitutes facilitative communication among couples, noting that indirect communication through nonverbal or humorous comments can also help. Taken together, *teaming up* and *communicating* seem consistent with dyadic coping as presented in the systemic transactional model (STM: Bodenmann et al., 2017). The STM posits that when faced with a stressful event, both partners will be affected and will benefit from coping together rather than individually. Our results provide qualitative support for how dyadic coping can be experienced by partners and how it can strengthen the relationship.

Our most original finding is how compassionate love helped partners overcome hardship across the TTP. Their love was characterized by compassion and empathy, enabling them to sacrifice their preferences or needs temporarily to offer support and to promote their partner’s happiness. This is consistent with the concept of *compassionate love* (Sprecher & Fehr, 2005). Few studies have focused on love or compassion during the TTP. Yet, fluctuations in love among partners during the TTP were found (Eddy & Fife, 2021; Holmes et al., 2013), with empathy and compassion contributing to the increase in love according to a qualitative study (Eddy & Fife, 2021). Compassionate love seems to help partners *balance the spheres of their lives*, which is a known challenge for new parents, particularly work–family balance, as imbalance may undermine relationship satisfaction (Fillo et al., 2015). Our results highlighted

strategies used by partners to promote balance, including identifying and expressing their own needs while being sensitive to their partner's, creating a routine that allows time for their relationship, and asking for outside help.

Research has identified intimacy as important to relationship satisfaction in general (e.g., Gottman & Gottman, 2017) and through the TTP, but often refers to sexual intimacy (e.g., Delicate et al., 2018). Our results, akin to Gottman and Gottman's work (2017) pointed out intimacy in a broader way, including relational intimacy and emotional closeness. Partners did not perceive their sexuality (frequency and satisfaction) as facilitating their adjustment, but rather as a sign that they were satisfied in their relationship. Their relational intimacy, however, seemed to contribute to the resumption and maintenance of their postpartum sexuality. Intimacy built before pregnancy—knowing each other, feeling close, sharing similarities—enabled partners to share vulnerable parts of themselves and express their feelings and needs to their partner in this period of novelty to navigate the changes together. Their intimacy seems to fuel their ability to *enjoy and value family life together*, which then promotes the involvement of both partners and the sharing of positive emotions daily, processes that have been conceptualized as maintenance behaviors in Ter Kuile et al.'s (2021) study. Research has shown that focusing on the baby could be both beneficial and harmful (Delicate et al., 2018; Nelson et al., 2014). This contradiction might be partly explained by whether this focus is shared by both parents, which we found among well-satisfied couples, or not. Enjoying parenthood and feeling competent as a parent is consistent with the notion of resilience in new parents (Young et al., 2021) and with the positive association between self-efficacy and postpartum relationship satisfaction (Fillo et al., 2015).

Finally, studying both members of the couple, a shortcoming of several studies, has allowed us to observe similarities in the subjective experiences of both partners, and to identify couple processes facilitating TTP for both partners. Similar to Cowan and Cowan (2000), we found some unique challenges experienced by women (e.g., breastfeeding, postdelivery fatigue), but globally the relationship processes reported are the same for men and women.

STRENGTHS AND LIMITATIONS

Our qualitative design allowed an in-depth exploration of an understudied phenomenon—the positive couple adaptation to the TTP. Interviewing both partners separately enriched the exploration of each partner’s perceptions, while allowing similarities to emerge in their experience of what facilitated the transition. However, the targeted homogenous sample could limit the generalizability of the results, particularly in terms of cultural, sexual, and gender diversity. This province’s generous parental leave (i.e., up to 5 weeks specifically for the father, 18 weeks specifically for the mother, and 32 weeks that can be shared between both parents) may provide a distinctive social context for new parents that differs from other countries. Although this may have been a facilitating factor, we believe that our findings may still apply in contexts or countries where parental leave is shorter or less available. The TTP remains challenging for most couples despite parental leave. The themes identified in this study may remain key factors regardless of the parental leave access. Future studies could diversify recruited couples and assess longitudinally whether the themes we identified promote a stable or increased relationship satisfaction through the TTP.

Selecting participants using the DAS-4 may have led us to recruit participants for whom subjective relationship satisfaction fits this scale’s definition, whereas different experiences may be found. Moreover, maintaining or increasing participants’ relationship satisfaction through the

TTP relies on a retrospective subjective perception in this cross-sectional research. Nevertheless, our research is the first to our knowledge to target well-adapted couples, which adds to the understanding of the experiences of new parents, as at-risk couples have been studied to a greater extent (Young et al., 2021). Furthermore, although a few participants mentioned some mental health problems (e.g., depression a few years earlier, postpartum anxiety symptoms), it is not possible to determine the presence or absence of mental health problems in our sample as participants were not screened for these issues. It is a limitation because it may have affected the sample homogeneity and may have influenced the new parents' experience.

As participants were aware that the research focused on couples' positive adjustment to parenthood, they may have disclosed less hardship. To mitigate this issue, we asked participants to describe a difficulty they experienced as a couple and how they managed it. Finally, because of the close timing of the interviews, we were unable to analyze the data in a continuous and iterative process, which could have allowed a deeper analysis. Nonetheless, we enhanced the follow-up questions based on the recurrent aspects observed.

IMPLICATIONS FOR COUPLES RESEARCH AND PROGRAMS

Recognizing the limitations of the current study, our research expands the current literature by identifying new ways to promote positive adaptation in couples—from the perspective of well-adapted couples themselves—rather than adopting a focus on buffering the difficulties encountered by most new parents or at-risk parents (e.g., Young et al., 2021). In line with recent research evidencing that a number of couples may experience stable and high relationship satisfaction during the TTP (e.g., Ter Kuile et al., 2021), our study allows the identification of four positive couple processes (security, commitment, intimacy, and compassionate love) that can constitute a strong foundation for these couples but also four positive processes that can help

couples navigate the multiple challenges they encounter (teaming up, balancing the different spheres of their lives, enjoying and valuing family life together, and communicating). Although communication is a well-established relational process, these processes are of great interest for researchers—especially passionate love, which has not been studied in the TPP context to our knowledge—but also to professionals working with couples before or after they become parents.

Health-care professionals, psychologists, midwives, and perinatal prevention/intervention programs would benefit from integrating more relational processes that can facilitate the couple's adaptation instead of focusing solely on communication. Future parents could be more prepared as a couple by receiving information—particularly in prenatal classes—about expected changes and effective coping strategies. Initiating discussions on partners' respective expectations and needs through preparation workshops could help foster communication skills (which we found vital to manage change and strengthen the foundations); prepare finding a balance between the different spheres of their lives; promote acknowledgement of each partner's needs, strengths, and limitations; and strengthen/develop each partner's compassion, listening, and empathy capacities. As suggested by Shapiro et al. (2015), repeated practices of open communication through emotion sharing and responsiveness may contribute to increased intimacy and security in the relationship, which are key elements for couples facing the novelty and the uncertainty of the TTP. Hold me Tight groups (Johnson, 2010), which are based on attachment theory and emotion-focused therapy, could be offered to both expectant and new parent couples as they promote the development of relational qualities that we have identified as helpful in the TTP. Overall, our results suggest that it would be relevant to nurture the partners' strengths—or

“relational resources” (Ter Kuile et al., 2021, p. 11)—to promote their adaptation and help them team up and find their own life balance.

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TABLE 1 Couple's and baby's demographic information

	Couple (pseudonym)	DAS-4 score	Age	Education	Income	Religion	Relationship duration (years)	Marital status	Planned pregnancy	Planning another baby																																																																																																	
1	Jennifer	16	24	Secondary	20–30K	None	4	Common-law	No	Yes																																																																																																	
	Peter	16	24	Post-secondary	<10K	None					2	Martha	20	28	Secondary	30–40K	Catholic	3	Common-law	Yes	Yes	Michael	21	27	Secondary	60–70K	Catholic	3	Diana	18	31	Post-secondary	60–70K	None	9	Married	Yes	Yes	Jacob	18	33	Post-secondary	40–50K	None	4	Christine	16	21	Secondary	30–40K	Catholic	3	Common-law	Yes	Pregnant	Charles	20	21	Secondary	40–50K	Catholic	5	Madison	18	31	Secondary	20–30K	None	4	Married	Yes	Pregnant	Nathan	19	31	Secondary	40–50K	None	6	Ashley	16	29	Post-secondary	40–50K	None	5	Common-law	Yes	Yes	Paul	16	30	Post-secondary	50–60K	None	7	Megan	18	35	Post-secondary	60–70K	None	9	Common-law	Yes	Pregnant	Brian
2	Martha	20	28	Secondary	30–40K	Catholic	3	Common-law	Yes	Yes																																																																																																	
	Michael	21	27	Secondary	60–70K	Catholic					3	Diana	18	31	Post-secondary	60–70K	None	9	Married	Yes	Yes	Jacob	18	33	Post-secondary	40–50K	None	4	Christine	16	21	Secondary	30–40K	Catholic	3	Common-law	Yes	Pregnant	Charles	20	21	Secondary	40–50K	Catholic	5	Madison	18	31	Secondary	20–30K	None	4	Married	Yes	Pregnant	Nathan	19	31	Secondary	40–50K	None	6	Ashley	16	29	Post-secondary	40–50K	None	5	Common-law	Yes	Yes	Paul	16	30	Post-secondary	50–60K	None	7	Megan	18	35	Post-secondary	60–70K	None	9	Common-law	Yes	Pregnant	Brian	18	32	Post-secondary	20–30K	None												
3	Diana	18	31	Post-secondary	60–70K	None	9	Married	Yes	Yes																																																																																																	
	Jacob	18	33	Post-secondary	40–50K	None					4	Christine	16	21	Secondary	30–40K	Catholic	3	Common-law	Yes	Pregnant	Charles	20	21	Secondary	40–50K	Catholic	5	Madison	18	31	Secondary	20–30K	None	4	Married	Yes	Pregnant	Nathan	19	31	Secondary	40–50K	None	6	Ashley	16	29	Post-secondary	40–50K	None	5	Common-law	Yes	Yes	Paul	16	30	Post-secondary	50–60K	None	7	Megan	18	35	Post-secondary	60–70K	None	9	Common-law	Yes	Pregnant	Brian	18	32	Post-secondary	20–30K	None																													
4	Christine	16	21	Secondary	30–40K	Catholic	3	Common-law	Yes	Pregnant																																																																																																	
	Charles	20	21	Secondary	40–50K	Catholic					5	Madison	18	31	Secondary	20–30K	None	4	Married	Yes	Pregnant	Nathan	19	31	Secondary	40–50K	None	6	Ashley	16	29	Post-secondary	40–50K	None	5	Common-law	Yes	Yes	Paul	16	30	Post-secondary	50–60K	None	7	Megan	18	35	Post-secondary	60–70K	None	9	Common-law	Yes	Pregnant	Brian	18	32	Post-secondary	20–30K	None																																														
5	Madison	18	31	Secondary	20–30K	None	4	Married	Yes	Pregnant																																																																																																	
	Nathan	19	31	Secondary	40–50K	None					6	Ashley	16	29	Post-secondary	40–50K	None	5	Common-law	Yes	Yes	Paul	16	30	Post-secondary	50–60K	None	7	Megan	18	35	Post-secondary	60–70K	None	9	Common-law	Yes	Pregnant	Brian	18	32	Post-secondary	20–30K	None																																																															
6	Ashley	16	29	Post-secondary	40–50K	None	5	Common-law	Yes	Yes																																																																																																	
	Paul	16	30	Post-secondary	50–60K	None					7	Megan	18	35	Post-secondary	60–70K	None	9	Common-law	Yes	Pregnant	Brian	18	32	Post-secondary	20–30K	None																																																																																
7	Megan	18	35	Post-secondary	60–70K	None	9	Common-law	Yes	Pregnant																																																																																																	
	Brian	18	32	Post-secondary	20–30K	None																																																																																																					

Note. DAS-4 = Dyadic Adjustment Scale.

FIGURE 1 Relational experience of well-satisfied couples through the transition to parenthood

