



## Review Article

# A systematic review and meta-synthesis of the impact of becoming parents on the couple relationship



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## ABSTRACT

**Background:** the transition to parenthood (TTP) is associated with changes to a couple's relationship. Quantitative evidence shows the TTP is associated with reduced satisfaction and quality of a couples' relationships. Qualitative research provides information on the lived experience of couples in the TTP so can provide a more in-depth understanding of the impact. This review therefore aimed to synthesise qualitative research of the perceived impact of the TTP on a couple's relationship in contemporary Western society.

**Design:** a systematic search was conducted of nine databases and grey literature. Key author, citation and reference searches were also undertaken. Papers were included if they presented qualitative data of romantic partner relationships during the TTP with parents aged 18 or over. Studies were restricted to those conducted from 1996 in Western societies. Analysis was conducted using meta-ethnography.

**Findings:** searches identified 5256 papers. After applying inclusion criteria 12 papers were included in the meta-synthesis. Six main themes were identified: (1) Adjustment Phase (a period of change in the relationship), (2) Focus on the Baby (with a sub-theme of feeling unprepared for the relationship impact), (3) Communication (shifts in communication patterns and importance), (4) Intimacy (changes to sexual relations, romance and closeness), (5) Strain on the Relationship (short-term or prolonged), and (6) Strengthened Relationships (deepening of connection and new affinity). Except for the themes of Strain on the Relationship and Strengthened Relationships, the findings showed the TTP had positive and negative impacts on couples' relationships.

**Key conclusions and implications for practice:** the review highlights a range of TTP relationship issues that couples experience and may require help with. Health care professionals working with parents in the TTP may be able to provide support through antenatal education that includes preparation for relationship changes, and provision of postnatal support to identify and overcome problems.

## Introduction

Understanding the transition to parenthood (TTP), the effects of pregnancy and early parenting, on a couple's relationship is essential as good quality relationships are important for personal well-being (Proulx et al., 2007). For individuals, the quality of relationships has been shown to be associated with positive personal outcomes (Reynolds et al., 2014), increased achievement (Marjoribanks, 2016a), and improved physical (Robles et al., 2014) and emotional health (Figueiredo et al., 2008).

From the perspective of the child, the quality of their parent's relationship is important as it can influence parenting and the parent-child attachment (DCSF, 2010). Low quality relationships and high

rates of conflict between parents are associated with an insecure infant-parent attachment (Finger et al., 2009; Wong et al., 2009) which can affect a child's psychological well-being (Sroufe, 2005). Economic analysis estimates the cost to UK society of family breakdown to be £48 billion per annum (The Relationships Foundation, 2016) and for the child, parental relationship breakdown is associated with poverty, ill health, lower educational attainment, and behavioural problems (Coleman, 2010).

The TTP creates changes in a couple's relationships and has been shown to have a significant impact on marital functioning (Doss et al., 2009), resulting in strain (Nelson et al., 2014), reduced marital quality (Ahlborg et al., 2009) and decline in relationship satisfaction (Mortensen et al., 2012). However, it is argued that research has

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largely focused on the costs of parenting with the benefits being largely ignored (Nomaguchi and Milkie, 2003). There is growing research suggesting parenthood is associated with greater marital stability (Roy et al., 2014), with first-time parents generally being more satisfied with their relationship than childless couples (Guttman and Lazar, 2004).

The TTP seems to magnify existing difficulties in a couple's relationships (Belsky and Rovine, 1990; Doss et al., 2009) however, this experience can differ by gender and the impact can be transient in nature (Cowan and Cowan, 2000). The strength of the relationship prior to becoming parents (Lawrence et al., 2008), marital status (Howard and Brooks-Gunn, 2009), and if the pregnancy was planned (Schwerdtfeger et al., 2013) can influence the impact of the TTP on the couple's relationship.

Relationship disharmony in the TTP may be due to several factors. For example, tension has been associated with the shift in roles (Twenge et al., 2003), perceived fairness of labour division (Chong and Mickelson, 2016), and increased opportunities for conflict (Roy et al., 2014). Patterns of parenting develop after birth and co-parenting alliance (Van Egeren, 2004), parenting self-efficacy and parenting stress have been associated with relationship satisfaction (Kwan et al., 2015).

The strength of partner relationships can affect the psychological adjustment of parents (Figueiredo et al., 2008) and be a predictor of postnatal depressed mood (Matthey et al., 2000). There is emerging evidence that experiencing psychologically traumatic childbirth can affect the couple relationship (Delicate et al., 2018), that there is concordance of mental health problems between partners (Roberts et al., 2006) and that those with mental health problems more commonly report poor partner relationship (Parfitt and Ayers, 2014).

Conflict concerning finances is a common theme seen in all types of partner relationship research and becoming parents bring its own financial pressures (Marjoribanks, 2016b). As well as increased expenditure relating to caring for the baby, parents often have loss of income due to changes in employment to enable parental leave. The length of maternity and paternity leave (Feldman et al., 2004), the women's return to work (Spiteri and Xuereb, 2012) or ceasing work to be a full-time parent (Keizer et al., 2010) are also associated with a negative impact on a couple's relationship.

Pregnancy and childbirth can also effect a couple's physical relationship (Yeniell and Petri, 2014) with sexual relationship concerns appearing widespread (Schlagintweit et al., 2016) and for some long-term (Hansson and Ahlborg, 2012). Changes in sexual relationships have been shown to be affected by altered body image (Olsson et al., 2005), mismatch of desire, and less time due to parenting (Houlston et al., 2013).

The social and cultural context within which relationships and families develop has altered in the last two decades due to changing attitudes to relationships (Duncan and Phillips, 2008), increasing personal self-sufficiency, and the fragmentation of community, family and friend networks (Gabb et al., 2013). Whilst the structure and practices of family life continue to change, the importance of good quality relationships is still paramount (Marjoribanks, 2016b). Therefore, it is important to comprehend the impact of the TTP on relationships in contemporary society to develop appropriate information and support services.

There is an extensive body of quantitative research on the TTP and relationship changes. Much of this research focuses on changes in factors such as relationship satisfaction (Mortensen et al., 2012), relationship quality (Shapiro et al., 2000; Doss et al., 2009; Kluwer, 2007), and patterns of interaction within couples (Belsky and Rovine, 1990; Cox et al., 1999). In contrast, qualitative research provides an understanding of the lived experience of the TTP (Al-Busaidi, 2008). Much of the qualitative research focuses on particular aspects of the relationship during the TTP such as intimacy (Olsson, 2005), gender (Sevón, 2012) and fatherhood (Deave and Johnson, 2008). This qualitative literature provides a rich account of couples' experiences

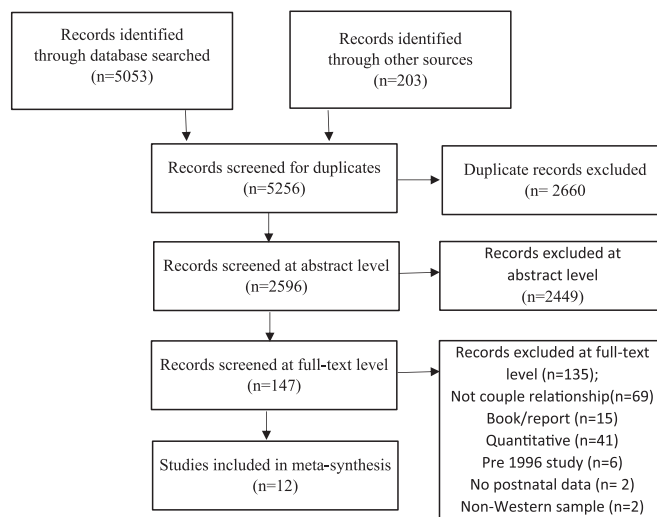


Fig. 1. PRISMA Flowchart.

during the TTP and therefore helps develop a more in-depth understanding of this complex phenomenon (Walsh and Downe, 2005).

The presented review therefore aimed to synthesise the available body of qualitative work on the impact of the TTP on a couple's lived experience of their relationship in contemporary, Western society. The results of the synthesis can help inform midwives and allied professionals of the current relationship issues parents may require preparation and support with.

## Method

### Inclusion criteria

Paper were included if they presented qualitative data of romantic partner relationship changes experienced by parents aged eighteen or over. Inclusion was restricted to studies conducted from 1996 in a western society. The lead author conducted literature selection against the inclusion criteria with final agreement by all authors.

### Search strategy

Nine databases were searched in October 2016 (Amed, Cinahl, Maternity and Infant Care, Medline, POPLINE, PsycARTICLES, PsycINFO, Pubmed, Science Direct). Search terms within the following concepts were crossed using Boolean syntax AND: Couple (e.g.,

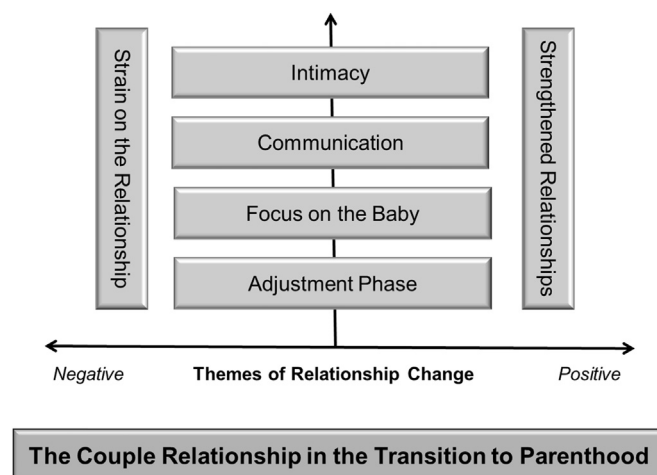


Fig. 2. Diagram of Identified Themes.

**Table 1**  
Paper Characteristics.

Authors (Year) Title (Location)	Methodology/Methods	Aim	Sample	Inclusion Criteria
Ahlborg and Strandmark (2001) The baby was the focus of attention - first time parents' experiences of their intimate relationship (Sweden).	Descriptive phenomenology. Qualitative interviews when child was 6 and 18 months old.	The purpose of this study was to describe the way some first-time parents experience their intimate relationship and to identify the essence of this phenomenon and its meaning for the parents.	5 couples	Parents willing to be interviewed.
Deave and Johnson (2008) The transition to parenthood; what does it mean for fathers (UK).	A cross-sectional study using semi-structured interviews in the last trimester of pregnancy and for a second time 3–4 months postnatal.	The aim of the study was to explore the needs of first-time fathers in relation to the care, support and education provided by healthcare professionals during the antenatal period, particularly in relation to preparing for the transition to fatherhood and parenting skills.	20 men	Partners who were supporting women with uncomplicated first pregnancies who understood English.
Deave et al. (2008) Transition to parenthood; the needs of parents in pregnancy and early parenthood (UK).	Semi-structured interviews in the last trimester of pregnancy and for a second time 3–4 months postnatal.	The aim of this study was to explore the needs of first-time parents in relation to the care, support and education during the antenatal period, particularly in relation to preparing for the transition to parenthood and their parenting skills.	24 women and 20 partners	Women with uncomplicated pregnancy who had not have a previous live baby and who understood English.
Fägerskiöld (2008) A change in life as experienced by first-time fathers (Sweden).	Ground Theory. Semi-structured interviews of parents with infants 5–9 months of age.	The aim of this study was to explore first-time fathers' experiences during early infancy. This study is a part of a larger research project focusing on fathers' experiences and interaction with the child healthcare services.	20 men	Men with children that were willing to participate in the study.
Faircloth (2015) Negotiating intimacy, equality, and sexuality in the transition to parenthood (UK).	Longitudinal study of mixed methods including interviews with parents of infants under 12 months of age.	The intention of the study was to explore the relationship between gender, equality and intimacy as couples make the transition to parenthood. This paper focuses in on couples' accounts of sex as they make the transition to parenthood.	15 couples	First time parent, heterosexual dual earner, couples.
MacAdam et al. (2011) Fathers' experiences after having a child: sexuality becomes tailored according to circumstances (Sweden).	Interpretive phenomenological approach. Narrative in-depth interviews of parents with infants 6–12 months of age.	The aim of this study was to identify and describe men's experiences of sexuality, six to 13 months after having a child.	10 men	18 years of over, in an ongoing relationship with the mother of the infant, able to communicate fluently in Swedish or English, have a child between 6 and 18 months and not be known to the interviewer.
Olsson et al. (2010) Fatherhood in focus, sexual activity can wait: New fathers' experience about sexual life after childbirth (Sweden).	Descriptive design using content analysis from focus group discussions or semi-structured interviews conducted 3–6 months postpartum.	The aim is to describe fathers' experiences of sexual life 3–6 months after the birth of their child.	10 men	Partners of women that had normal term pregnancies.
Olsson et al. (2005) Women's thoughts about sexual life after childbirth: focus group discussions with women after childbirth (Sweden).	Focus group discussions conducted 3–24 months postpartum.	The purpose of the present study was to elucidate women's experience of their sexual life after childbirth in order to get a better understanding of women's thoughts about this issue and their need for counselling	27 women	Swedish speakers who had given birth at least 3 months before the focus group.
Premberg et al. (2008) Experiences of the first year as father (Sweden).	Interviews conducted 12–14 months postpartum.	The aim of this study was to explore experiences of the first year as father.	10 men	Purposive sample.
Sevón (2012) My life has changed, but his life hasn't: Making sense of the gendering of parenthood during the transition to motherhood (Finland).	Longitudinal approach with narrative interviews at four time points with the first year postpartum.	This narrative longitudinal study aims to understand how first-time mothers make sense of the couple relationship, mothering and fathering at the beginning of their motherhood	7 women	Convenient sample.
Williamson (2008) An Australian perspective of fatherhood and sexuality (Australia).	A descriptive correlation study with mixed methods. Time point was 6 weeks post-partum.	The aim of the study was to develop an understanding of fathers' functional status after the birth of a baby.	128 men	Had fathered a health, singleton baby at term would could read and write English.

(continued on next page)

Table 1 (continued)

Authors (Year) Title (Location)	Methodology/Methods	Aim	Sample	Inclusion Criteria
Woolhouse et al. (2012) Women's experiences of sex and intimacy after childbirth: making the adjustment to motherhood (Australia)	Interviews with sub-sample from a prospective longitudinal pregnancy cohort study conducted 2.5 – 3.5 years post-partum.	The aim of the study was to bring to life women's own voices around their experiences of changes to sex, sexuality and intimacy following childbirth.	18 women	Selective sampling to gain variety of experiences. Women living within 20 km of central Melbourne.

Couple\* OR Relation\*); Parenthood (e.g., Child\* OR Parent\*); Relationship (Change OR Quality). Full details of search terms are available as [Supplementary Information](#). Searches were also conducted of grey literature (e.g. Open Grey and EthOS) and relevant organisations (e.g. Fatherhood Institute and Relate). Citation and reference searches were conducted of eligible papers and associated authors checked for further relevant research. Searches identified 5256 records and after applying inclusion criteria, 12 studies were retained. [Fig. 1](#) shows the PRISMA flowchart of records at each stage of the search ([Liberati et al., 2009](#)).

*Quality appraisal*

The lead author conducted a two-stage process to critically appraise the validity of the studies in the systematic review. Papers were screened against the COREQ checklist ([Tong et al., 2007](#)) to assess the quality of study reporting. Then content was assessed against the Critical Appraisal Skills Program (CASP) checklist to ascertain the validity and value of results ([CASP, 2014](#)). All studies met a substantial proportion of the COREQ and CASP checklist items and were considered reliable and retained for synthesis.

*Data analysis*

Papers were synthesised using meta-ethnography techniques to examine and compare the results of the included studies ([Noblit and Hare, 1988](#)), rationalising findings across papers ([Campbell et al., 2012](#)) to generate new subject understanding ([Paterson et al., 2001](#)). The lead author read all papers and extracted data verbatim, as first order (participant) and second order (author). Each data item was given a concept based upon its message. These concepts were compared across studies and refined into common themes. Final themes were agreed by all authors and developed into the diagram presented in [Fig. 2](#).

**Results**

Twelve studies met inclusion criteria and an overview of these studies is given in [Table 1](#). Sample sizes varied from five couples ([Ahlborg and Strandmark, 2001](#)) to 128 men in a mixed methods study ([Williamson et al., 2008](#)). Six studies were based on men: four in Sweden ([Fåggerskiöld, 2008](#); [Premberg et al., 2008](#); [Olsson et al., 2010](#); [MacAdam et al., 2011](#)), one in the UK ([Deave and Johnson, 2008](#)) and one in Australia ([Williamson et al., 2008](#)). Three studies had women as participants: one in Australia ([Woolhouse et al., 2012](#)), one in Finland ([Sevón, 2012](#)) and one in Sweden ([Olsson et al., 2005](#)). The final three studies had couples as participants: two studies in the UK ([Deave et al., 2008](#); [Faircloth 2015](#)) and one in Sweden ([Ahlborg and Strandmark, 2001](#)).

*Themes*

Six themes were identified: Adjustment Phase, Focus on the Baby, Communication, Intimacy, Strain on the Relationship and Strengthened Relationships, [Table 2](#) shows which studies themes were drawn from. [Fig. 2](#) illustrates the themes highlighting that within most themes there are examples of positive and negative experiences, except for Strain and Strength. Themes are presented with quotations from the original studies, indicating whether the participant quote is taken from a man or woman.

*Adjustment phase*

As partners became parents there appeared to be a period of change in their relationship as they adjusted to their new parenting roles ([Sevón, 2012](#)). Changes in the relationship were common but not always seen as negative ([Fåggerskiöld, 2008](#)). On welcoming a baby to the relationship

**Table 2**  
Identified Themes.

Papers	Themes					
	Adjustment phase	Focus on the baby	Communication	Intimacy	Strain on the relationship	Strengthened relationships
Ahlborg and Strandmark (2001)		X	X	X	X	X
Deave and Johnson (2008)	X	X	X		X	
Deave et al. (2008)	X		X		X	X
Fägerskiöld (2008)		X	X			X
Faircloth (2015)	X	X	X	X	X	X
MacAdam et al. (2011)	X	X	X	X		X
Olsson et al. (2005)		X		X		
Olsson et al. (2010)	X	X	X	X		X
Premberg et al. (2008)			X			X
Sevón (2012)	X	X	X		X	X
Williamson (2008)	X			X		
Woolhouse et al. (2012)	X	X	X	X		X

there is a period of ‘survival’ (MacAdam et al., 2011, p.151) as life becomes driven by the needs of the baby (Premberg et al., 2008).

We’ve become adults I guess, I don’t know; we say that we should be together more and that we should find time to take care of our relationship, but it has just remained in the background. We are first of all parents and then [partners]. Woman (Sevón, 2012, p.75)

...we felt that our relationship changed. I wouldn’t call it deteriorating, but we just didn’t feel as close to each other in a way, which we missed. Maybe we felt too much like a ‘team’ and a little less like lovers!. Man (Faircloth, 2015, p.9)

Immediately after birth there was a natural halt to sexual relations due to lack of time and energy (Williamson et al., 2008) and due to physical effects of birth and breastfeeding (Faircloth, 2015).

Well your sex-life doesn’t really bloom after having a child. It creates a situation, you know the woman cannot have sex under a certain time...and maybe I did not feel the need for it either. Man (MacAdam et al., 2011, p.151).

...my wife...during labour suffered a tear, and for the moment it has not healed sufficiently to resume sexual intercourse. Obviously, I’m not satisfied with not being able to resume sexual intercourse, but if my wife needs time to recover, then so be it. Man (Williamson et al., 2008, pp.103–4)

Changing roles within the couple created some tension (Sevón, 2012) with a tendency for gender stereotypes in the division of chores and childcare (Woolhouse et al., 2012).

It’s kind of like a bit of a conflicting role to be a mother and a nurturer on one side, and a whore in the bedroom on the other side [laughs]. And I don’t actually think my husband sees me differently...Whereas I’m a completely different person... Woman (Woolhouse et al., 2012)

We’ve already had quarrels about housework...when you hear the other person playing a computer game...then you need to count to ten many times. Like, it can’t be true that he has time for something like that. I don’t have time [emphasised, delayed speech] ... Sometimes I get the feeling, like damn, I do everything... Woman (Sevón, 2012, p.71)

However, there were positive examples of partner support during the adjustment phase of welcoming a baby (Premberg et al., 2008; Sevón, 2012).

I’ve noticed that when I feel really bad, [T] supports me...I know there are men that don’t do housework or care for the baby ...if I’d had a bad

partner, he’d have left us, because I wouldn’t have been able to care for both the man and the baby’ Woman (Sevón, 2012, p.74)

My wife felt she needed to do something else to get new energy, so I have taken care of the child every evening this week. I think it’s worth it, to get a cheerful wife. Man (Premberg et al., 2008, p.20)

*Focus on the baby*

Relationship adjustment and changes can stem from the parents physically being focused on the baby (Ahlborg and Strandmark, 2001), leaving them too tired (Fägerskiöld, 2008) or with a lack of time (Williamson et al., 2008) for themselves or the relationship.

Life has become somewhat divided, we don’t have as much time for each other...our little girl is in the centre of things until nine at night, then it’s our turn and when you’ve been busy all day...it’s not the same, the love is still there but it’s not the same as before...we talk about this a lot. Man (Fägerskiöld, 2008, p.67)

I’m very tired at night. At half past eight, I say goodnight, go to bed and fall asleep. And there he is sitting alone. Sometimes I can only stay up late...But I’m so tired, that I don’t care. Being a mother is enough for me. Woman (Ahlborg and Strandmark, 2001, p. 322)

Similarly, some parents are so emotionally focused on their baby, that they report their need for intimacy being met by their baby (Olsson et al., 2005) with no emotional energy left for their partner (Ahlborg and Strandmark, 2001). Mothers being emotionally focused on the baby led some partners to feel left out or that they were competing with the baby for affection (Olsson et al., 2010).

I think another part of it is that, sometimes I feel as though I’m more in love with my children... Isn’t that madness? But that kind of love that...being madly in love the way I was with Michael, it’s become more of a stable kind of love, and my children have almost replaced that breath-taking, head-over-heels kind of in love. Woman (Woolhouse et al., 2012, p.187)

It’s hard. Maybe not so much physically as the fact that she is emotionally absent. All her love is directed towards O, our son. But it is not enough for me then, so to speak. We don’t even hug. She hugs O instead. I also hug him. But I can’t get from O what I lack from her...There is a kind of black hole right now. Man (Ahlborg and Strandmark, 2001, p.322)

Conversely, some parents highlighted that this focus on the baby had a positive impact on their relationship (Ahlborg and Strandmark, 2001). Couples reported a sense of completeness, new affinity (Premberg et al., 2008) and the creation of new way of closeness



(MacAdam et al., 2011).

I have only seen others before. Now it's me who is a mother, I have the responsibility and it's very positive. All three of us could lie in bed talking while breastfeeding, it was very cosy. Woman (Ahlborg and Strandmark, 2001, p.321).

It's the best that's ever happened in my life it's hard to tell. This that we are a family, a wholeness, we belong together much more now. Man (Premberg et al., 2008, p.60)

Some parents reported feeling unprepared for the impact the TTP would have on their relationship (Fägerskiöld, 2008) and sex life (Olsson et al., 2010); feeling antenatal preparation was only focused on pregnancy and birth (Deave et al., 2008).

You are both tired, niggling at each other, and it was probably slightly worse from what we thought. I mean, if the awareness could have been made a lot more, because no one ever really spoke to us about that other side...the relationship with us and the baby. Man (Deave and Johnson, 2008, p.631)

They [midwives] said; try to keep the relationship together, half of all relationships go to pot when the first child arrives...that's all I remember. Man (Fägerskiöld, 2008, p.67)

### Communication

Instances of negative communication were evident with examples of insufficient communication (Ahlborg and Strandmark, 2001), tension and irritability (Fägerskiöld, 2008), arguments (Sevón, 2012) or communication being centred about the baby (Faircloth, 2015).

We don't argue, we don't snap at one another. and...knowing I was doing it [snapping]...for no good reason and was upsetting her... If you got any, any stress in your marriage, and a kid, they would struggle I think. Man (Deave et al., 2008, p.7)

And yeah it does just feel like you don't get any time together. You're just talking about what you going to have to do now. 'Do you want to cook dinner?' 'I'll wash up'. That's it really. 'Do you want to change the baby's nappy?' 'Do you want to hold the baby?'. Woman (Faircloth, 2015, p.8).

However, not all parents saw disagreements as negative, but as necessary for the development of their relationship (Premberg et al., 2008). There were also examples of effective communication being the tool couples used to successfully navigate the adjustment to parenthood (Ahlborg and Strandmark, 2001)

We talk a lot, as we always have; we did it before we had a child so I don't think we have changed our relation. We talk a lot and discuss problems at an early stage. Man (Premberg et al., 2008, p.60)

We start with good food. We think that is important. Then, we have the time to sit down and talk with each other, see each other. Man (MacAdam et al., 2011, p.153)

### Intimacy

The TTP was reported to have a negative effect on sexual relationships due to tiredness (Williamson et al., 2008), the distraction of physically having the baby present (Faircloth, 2015), mismatch of desire between partners (MacAdam, 2011) and sex being a lower priority (Olsson et al., 2010).

...baby feeding at night, getting up to other child and bringing work home to do after the family is asleep; both of us are too tired for sex. Man (Williamson et al., 2008, p.104)

I guess I went from having a very healthy sex-drive and a very healthy libido and interest in sex, to being completely disinterested, completely.... And doing it out of obligation, because I

felt that Michael really enjoys it - as most men do (chuckles). So, I felt as though I was kind of letting him down, so I pressured myself into it. Woman (Woolhouse et al., 2012, p.188)

Some women also expressed an impact on their sexual relationship due to a reduction in body confidence (Olsson et al., 2005) and a loss of sensuality due to the impact of childbirth and breastfeeding on their body (Faircloth, 2015).

There's the whole weight loss thing, and you've got a flabby tummy and your boobs are a different shape and you don't see yourself in the mirror the way you did before you had kids and go 'Oh, not too bad', now it's like 'Oh. Can you turn the light out if we're going to have sex?' ... I am actually horrified by the thought of having sex in broad daylight. Woman (Woolhouse et al., 2012, p.187)

I have asked him if my vagina felt oversized and he said no. I don't believe him, but it is nice of him to say that. Woman (Olsson et al., 2005, p.385)

As well as a reduction in sexual relations, studies also reported a loss of intimacy, affection (Woolhouse et al., 2012), and tenderness (Ahlborg and Strandmark, 2001).

Because we don't have sex very often now at all, a lot of the intimacy has gone as well. And I think that if we had more intimacy, we'd have more sex... Woman (Woolhouse et al., 2012, p.188)

Every ounce of my energy, my affection, my love, it was all focused on him [the baby]. And I think that there wasn't room for anything or anybody else. Woman (Woolhouse et al., 2012, p.187)

In contrast, there were also examples of improvements to intimacy (Olsson et al., 2005), increased sexual activity (Williamson et al., 2008), a greater importance of tenderness (MacAdam et al., 2011) and improved body confidence (Woolhouse et al., 2012).

We don't have sex as often now, the quality is more important: that special feeling, the look in his eyes. It is not so very often, but it is quality not quantity. Woman (Olsson et al., 2005, p.384)

Of course, sex is important, but closeness and touch is much more important than sex as it usually is. So, therefore it is not the same drive. You have to be aware of this, to keep the conversation about it [sex] going. Man (Olsson et al., 2010, p.720)

### Strain on the Relationship

In the TTP some parents experienced strain in their relationship (Sevón, 2012) which ranged from mild to severe (Ahlborg and Strandmark, 2001).

If this [tension] carried on we would not have been together for this meeting. We sort of sat down and we tried about two or three different ways and thought about it... now we've got just back to the way we were before. The only difference is we've got a little girl. Man (Deave et al., 2008, p.7)

...I think I knew that it would put a strain on the relationship but you can't really imagine it happening until it has happened. And my sister just kept saying everything that's wrong with the relationship is magnified when you have children... Woman (Faircloth, 2015, p.6)

Strain was potentially a short term negative effect (Sevón, 2012) whilst the couple adjusted and found a new balance with their relationship and the baby (Deave and Johnson, 2008)

...especially at the beginning, we're snapping at each other and I wondered at that phase whether our relationship was really as bad as everybody else's (laughs), when we were tired and snappish, but luckily it passed over, so now I'm not afraid of that anymore, we'll manage, and with a good relationship too. Woman (Sevón, 2012, p.74).

And it was trying to find the right balance. Things like to find enough energy. Trying to find the right balance between the relationship and the baby...Man (Deave and Johnson, 2008, p.631)

### *Strengthened relationships*

In contrast to relationship strain, some couples reported that becoming parents had strengthened (Deave et al., 2008) and deepened their relationship (Ahlborg and Strandmark, 2001). Parenthood bringing a new affinity to the couple (Premberg et al. 2008) and positivity about becoming a family (Deave and Johnson, 2008).

I think that we're probably closer if anything because we sort of feel like a complete package. Woman (Deave et al., 2008, p.7)

You have a greater understanding for each other why you are tired or sad, and can provide each other with support in different ways, so in that way it has strengthened the relationship. Man (MacAdam et al., 2011, p.151)

It's just nice to feel like a family. I didn't think I'd enjoy the baby part as much as I did. It surprised me because of how much they actually do. I enjoyed that a lot more than I thought I would. Man (Deave and Johnson, 2008, p.631)

## **Discussion**

This review synthesised the qualitative evidence of the impact of the TTP on couples' lived experience of their relationships in contemporary Western societies. From 12 included papers, the review identified six themes of: Adjustment Phase, Focus on the Baby, Communication, Intimacy, Strain on the Relationship and Strengthened Relationships, which is largely consistent with previous literature. The review illustrates both positive and negative effects of the TTP on relationships within the first four themes.

Previous studies suggest a period of relationship adjustment following the birth of a child. A literature review of parents' experiences of the first postnatal year found a theme of 'living in a new and overwhelming world' (Nyström and Öhrling, 2004, p. 324) with a quantitative study finding that the TTP had a significant impact on marital functioning (Doss et al., 2009). In a previous meta-synthesis of womens' experience of the transition to motherhood, changing relationships with partners was evident, with a shift in roles aligning to gender stereotypes (Nelson, 2003). The theme of adjustment phase reported in the current review relates to previous research that reported a couple's priority in the initial postpartum stage is their baby (Fox, 2009) as they develop their co-parenting relationship (Van Egeren, 2004). The meta-synthesis showed that this focus on the baby can be a positive impact on the couple relationship (Ahlborg and Strandmark, 2001), creating a sense of completeness and new affinity (Premberg et al., 2008).

The meta-synthesis theme of intimacy is consistent with previous quantitative research, that there can be longer term impairment of the frequency (Houlston et al., 2013) and quality of sexual relations (Hansson and Ahlborg, 2012) and that sexual concerns appear widespread (Schlagintweit et al., 2016). The meta-synthesis allows increased understanding of why there can be loss of intimacy due to factors such as: loss of body confidence (Olsson et al., 2005), the effects of breastfeeding (Faircloth, 2015) and tiredness (Williamson et al., 2008). Conversely, the meta-synthesis also shows that some parents report improvements in their sexual relationships (Olsson et al., 2005) and an increased importance of tenderness (MacAdam et al., 2011).

The concept of reduced communication and increased disagreements found in the current review is important as previous research has found that good couple communication can act as a buffer to relationship decline (Bateman and Bharj, 2009) and is related to the quality of the intimate relationship and relationship satisfaction

(Kluwer and Johnson, 2007). Within the current review there were examples of effective communication being cited as a tool to navigate adjustments to parenthood (Ahlborg and Strandmark, 2001) and the notion that disagreements are not always negative and can be part of the development of partners becoming parents (Premberg et al., 2008).

Relationship changes after the birth of the baby have been shown to create relationship strain (Nelson et al., 2014) which is supported by the meta-synthesis, however, the current review highlights that this sense of strain can be short-term (Sevón, 2012) as a couple adjust to being parents and caring for their child (Deave and Johnson, 2008). The meta-synthesis presents a theme of strengthened relationships, where through navigating the adjustment to parenthood, the relationship feels stronger (Deave et al., 2008) with parenting bringing a new affinity to the couple (Premberg et al. 2008). This supports the findings of previous quantitative work showing stable or increased relationship satisfaction for one third of women (Shapiro et al., 2000); as well as a meta-synthesis of fathers' TTP experiences which found fathers reporting a more united team with a deeper, stronger relationship (Chin et al., 2011).

The effect of becoming parents on the couple relationship may be experienced differently whether it is a first or a subsequent child (Krieg, 2007). Whilst still at risk of relationship stress and decline, partners becoming parents for a second or subsequent time show a different pattern of adjustment and co-parenting to first-time parents (Volling, et al., 2015). Any differential effect on relationships between first and subsequent parents is difficult to ascertain from the studies included in the current review; some had mixed samples of parents having first and second children that were not considered separately and some studies samples only looked at first time parents.

When examining the impact of the TTP it is important to look at the wider household issues that can contribute to how a couple relationship adjusts. Financial pressures of becoming parents (Marjoribanks, 2016b) as well as changes to employment status (Keizer et al., 2010) can impact on relationship changes. The meta-synthesis did not provide adequate results to explore the notion of financial concerns or employment changes having an impact on the couple relationship. This could have been due to the questions used in the included studies and are potential relationship factors to be noted for future TTP research.

There is large body of evidence that becoming a parent can have an impact on maternal and paternal mental health (Mckenzie and Carter, 2013; Parfitt and Ayers, 2014) and emerging research that this is associated with the couple relationship (Figueiredo et al., 2008; Letourneau et al., 2012). Whilst assumptions can be made that the relationship themes within the current review may be associated with psychological health, no personal well-being or mental health measures were collected within the studies included to enable stronger conclusions.

Within the focus on the baby theme, the meta-synthesis highlighted that parents can feel unprepared for changes to their relationship and adds to the evidence that parents require more awareness of potential relationship stresses (Entsieh and Hallström, 2016) and preparation for problem management to reduce conflict and distress (Kluwer and Johnson, 2007). Prior research has shown that without interventions new parents are vulnerable to relationship strain (Schulz et al., 2006) and attending antenatal classes can mitigate the decline in relationship satisfaction. (Mitnick et al., 2009). Whilst some TTP relationship interventions have been shown to be effective (Shapiro et al., 2015) and beneficial to parents (Linville et al., 2017), more research is required to improve TTP relationship interventions (Pinquart and Teubert, 2010).

## **Limitations and strengths**

The review adds to the body of evidence by systematically reviewing and analysing the lived experience of couples' TTP in contemporary

Western society. This combined with the comprehensive search strategy means the review offers a good indication of the current situation for parents in Western societies. The review findings are novel in documenting a range of impacts the TTP has on couples' lived experiences of their relationship, with a balance of negative and positive experiences.

However, the review has limitations in that the primary searches and analysis were only conducted by one researcher. There were limitations with some of the papers included in the review such as: small sample sizes, convenience samples and short-term measurement. Whilst some of the studies were longitudinal, none of the studies measured relationships from before pregnancy (i.e. pre-conception). Furthermore, there could have been wide ranging relevant family circumstances and history that were not measured, such as pre-existing relationship or parenting problems.

## Conclusion and recommendations

This review and meta-synthesis suggests that the TTP has a notable impact on a couple's relationship. Six themes were identified of: Adjustment Phase, Focus on the Baby, Communication, Intimacy, Strain on the Relationship, and Strengthened Relationships. Within the first four themes, there were examples of both positive and negative effects of the TTP on relationships.

The quality of couple relationships are important for the wellbeing of partners and their children and this review highlights complex relationship issues that couples experience and may require help with. Health care professionals working with parents in the TTP may be able to provide support through antenatal education that prepares them for relationship changes, and provision of postnatal support to identify and overcome problems.

To further understand how to support couples effectively in the TTP, future research would benefit from being dyadic in focus to understand the impact on both partners and the corresponding support required. Similarly, research that differentiates between the TTP for first or subsequent children would determine whether there are differences in the impact on the relationship and support needs of couples following a first or subsequent child. Longitudinal relationship research from pre-conception to after birth may enable understanding of why some relationships experience strain or conversely growth in the TTP which can inform effective support strategies.

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Not applicable.

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## Clinical trial registry and registration number

Not applicable.

## Conflict of interest

None.

## Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.midw.2018.02.022](https://doi.org/10.1016/j.midw.2018.02.022).

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