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# Coparenting Negotiation During the Transition to Parenthood: A Qualitative Study of Couples' Experiences as New Parents

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**ABSTRACT**

Coparenting – how couples relate to one another in their joint roles as parents – is predictive of a wide variety of family and child outcomes. The current study used a qualitative, phenomenological approach to understand how couples negotiate the coparenting relationship during the transition to parenthood. The principal researcher interviewed 16 men and women of eight heterosexual, dual-earning, new parent couples. Themes emerged which were both conducive to successful coparenting and inhibitive of successful coparenting. Gender distinctions emerged between men and woman in their experiences of coparenting negotiation. Clinical implications of the themes are discussed.

The transition to parenthood is a period of adjustment for couples and can be a time when marital satisfaction declines sharply (Doss, Rhoades, Stanley, & Markman, 2009). This is also a time when the coparenting relationship emerges. Coparenting is defined as how couples relate to one another in their new, joint roles as parents (Feinberg, 2003). The coparenting relationship develops when individuals have shared and overlapping responsibilities for rearing a particular child, or children. It is related to, but distinct from, the romantic and sexual aspects of the marital relationship (Feinberg, 2003). Given that the coparenting relationship begins when men and women are transitioning into parenthood (Feinberg, 2002), it is crucial to understand how this relationship impacts how a couple manages the adjustment to parenthood.

The quality and strength of the coparenting relationship is predictive of multiple important aspects of family and child functioning, such as higher marital satisfaction, children's school readiness, and children's socio-emotional adjustment (Bonds & Gondoli, 2007; Feinberg, 2003; Holland &

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McElwain, 2013; Morrill, Hines, Mahmood, S., & Cordova, J., 2010; Kolak & Volling, 2013; Schoppe-Sullivan & Mangelsdorf, 2013; Van Egeren, 2004). Quantitative and qualitative studies have shown that men and women differ in terms of how much stress they experience during this period, their level of commitment and dedication to the marriage, and their expectations for the division of labor (Cowan & Cowan, 2003; Elliston, McHale, Talbot, Parmley, & Kuersten-Hogan, 2008; Kamp Dush, Rhoades, Sandberg-Thoma, & Schoppe-Sullivan, 2014; Waller, 2012). The health of a coparenting relationship has implications for the health of the entire family system, and these implications are different for men and women. However, research has not yet revealed how parents experience the formation and negotiation of this coparenting alliance during the transition to parenthood. Understanding these early dynamics could potentially help new parents adjust to parenthood and buffer children against psychological distress. Furthermore, if researchers gain a deeper understanding of how parents experience this process, clinicians could tailor interventions to address any difficulties, as well as highlight the effective skills that are common to new parents who are actively negotiating the coparenting alliance.

## Literature review

There is a general consensus in current research that the marital relationship and the coparenting relationship are related, but disparate, entities (Feinberg, 2003; Van Egeren, 2004). Several studies have revealed support for the role of the coparenting relationship as a mediator between the quality of the marital relationship and behavioral indicators of parenting (Bonds & Gondoli, 2007; Carlson, Pilkauskas, McLanahan, & Brooks-Gunn, 2011; Feinberg, Kan, & Goslin, 2010; Holland & McElwain, 2013; Morrill et al., 2010). Feinberg et al. (2010) found that the quality of the coparenting relationship is a stronger predictor of parenting and child outcomes than the quality of the marital relationship.

The strength and quality of the coparenting relationship affects the developmental trajectory of children as well. Several studies document the protective value of the coparenting relationship for child development. For example, Cabrera et al. (2012) showed that the quality of the coparenting relationship is linked to school readiness. Kolak and Volling (2013) found that a supportive coparenting relationship appeared to mitigate the risk of externalizing and internalizing behaviors in toddlers transitioning to siblinghood. Yet another study revealed that parents' shared decision-making and joint involvement with their child served as a protective factor in shielding adolescents against engaging in risky behavior (Riina & McHale, 2014).

Relationship quality declines over the transition to parenthood for the majority of couples (Cowan & Cowan, 2003; Doss et al., 2009; Feinberg, 2002; Trillingsgaard, Baucom, & Heyman, 2014; Van Egeren, 2004); this is especially true for women (Doss et al., 2009; Van Egeren, 2004). Though there is some disagreement in the literature about when this period begins and ends, it is generally thought that the transition to parenthood period begins at pregnancy and ends the first year or two after a child is born (Feinberg, 2002; Xuereb, Abela, & Spiteri, 2012). It is a time of major adjustment for couples as they are tasked with renegotiating their relationship from being a predominantly romantic one to one that is a partnership working together to raise a child (Feinberg, 2002).

Men and women experience differences in their level of engagement after they become coparents together, which can affect the health of the coparenting relationship. Specifically, men tend to experience more disengagement from the family during the transition to parenthood if there is conflict in the couple relationship (Elliston et al., 2008; Kamp Dush et al., 2014; Waller, 2012). Women tend to experience higher stress levels, lower relationship satisfaction, and lower perceived support in the coparenting relationship when compared to men (Cowan & Cowan, 2003; Doss et. al., 2009). Stamp (1994) found that women are often viewed as the expert on childrearing and felt that they had a right to make decisions and exert control over how their husbands raise their children. Husbands, on the other hand, tended to experience difficulty in influencing their wives to comply with their opinions on childrearing. These different perspectives from men and women can set the stage for conflict and misunderstanding in the coparenting relationship, which can have implications for the functioning of the family as a whole.

Thus, understanding of the differing perspectives and experiences of men and women as they negotiate their coparenting relationship during the transition to parenthood could help to lessen conflict during this life cycle stage. Investigating these differences from a qualitative perspective may lead to a richer understanding of how the two genders differ in their experiences of coparenting as it emerges during this often stressful time. Such information can assist clinicians in tailoring coparenting interventions to meet the needs of both men and women. Understanding how parents negotiate the coparenting relationship is particularly important in mitigating the risk of marital dissolution during the transition to parenthood.

## The current study

The research question for the current study is: How do couples experience negotiation of the coparenting relationship during the transition to

parenthood? In this research the researchers sought to uncover new parents' experiences with the process of negotiation, which is an extension of the existent outcomes-focused research conducted on coparenting. Focusing on the process of negotiation will highlight how couples discuss problems, ask support or help, and balance roles and responsibilities together. In this current study, the researchers used a phenomenological approach to examine the present, lived experience of couples who are engaging in this process as it emerges (van Manen, 1990). Additionally, the researchers strove to discover gender dynamics that may be important to attend to when creating or refining interventions to strengthen couple relationships.

## Methods

### Researchers

The research team consisted of the primary researcher, who was a 29-year-old unmarried female without children. The peer-briefers consisted of two unmarried males and two females one of whom was unmarried, the other who was married with children. Their ages ranged from 21 to 46. Two peer-debriefers were Caucasian, one was African American, and one was Mexican-American. All were trained in qualitative research methods and peer debriefing.

### Participants

Couples recruited for the study were required to be parenting their first child together. The age requirement of the child was between 6 weeks and 12 months old in order to capture the experience of couples who were in the transition to parenthood. To be eligible for the study, couples had to be composed of a male-female dyad living together with their child, which allowed for an exploration of gender dynamics in the couple. All participants were required to be at least 18 years of age and hold at least a part-time job entailing working a minimum of 10 hours outside of the home. Couples were recruited via organizations, such as pediatricians' offices, and daycare centers, through online parenting blogs, flyers, and word-of-mouth. Couples were incentivized to participate with a chance to win a $200 gift card.

The final sample consisted of eight opposite-sex couples (16 total participants). All couples in the study were living together and married. The total years married for couples ranged from 2–8 years, with a mean of 4 years. Total combined income for the household ranged between $50,000 per year and $150,000 per year. Participants' age ranged from 29–40 years old with a mean of 32.6 years. For ethnicity, fourteen participants identified as Non-Hispanic (87.5%) while two identified as Hispanic (12.5%). One hundred

percent of participants identified their race as Caucasian. Seven participants obtained their Bachelor's degree (43.8%), seven obtained their Master's (43.8%), and two obtained their Doctorate (12.5%). Fifteen participants worked full-time (93.8%) while one participant attended school part-time (6.25%). For participants that worked full-time outside of the home, the range of hours worked per week was 24–75 with a mean of 45. Two out of eight infants were males (25%). The children's ages ranged from 2–11 months with a mean of 8 months old.

## Procedures

Couples who expressed interest in participating were asked to fill out a survey through Qualtrics (https://www.qualtrics.com/), an online survey interface, to determine eligibility. Once each member of the couple completed the Consent to Participate form, the principal researcher then scheduled separate meetings with each member of the couple to explain the goals and purpose of the study. Participants were given the option to have this meeting either in-person, through GoToMeeting.com or by phone. All participants elected to have the initial discussion by phone.

The principal researcher conducted semi-structured interviews of each member of the couple separately. The interview protocol included questions regarding general changes in their lives since the baby has been born, as well as experiences negotiating the developing coparenting dynamic with their partners. The interview was not time limited, allowing research participants to fully share an in-depth account of their experiences. Participants were given the option for this one interview to take place either in-person or through GoToMeeting.com. Two participants elected for the interviews to take place in person; the rest of the participants chose to conduct the interviews through GoToMeeting.com (LogMeIn Inc). In the experience of the principal researcher, there was no appreciable difference between interviews in-person versus video-conferencing in terms of her ability to build rapport with participants and the quality of the information obtained from participants. All interviews lasted between 60 and 90 minutes.

All interviews were recorded on an audio recording device which was stored in a secure lockbox. The principal researcher transcribed all interviews and completed both open and axial coding. This is a process that begins by breaking aspects of the transcript into meaning units and assigning words and phrases to describe these meanings (open coding), then examining the common themes that emerge from these codes and assigning them into larger categories (axial coding; Hays & Singh, 2012). Axial coding examines relationships between codes, lending a richer understanding of the participants' experiences (Hays & Singh, 2012). Data collection and

sample recruitment was based on reaching data saturation. After transcribing and coding 12 transcripts, no new meaning was emerging from the data, which indicated that saturation was beginning to occur. The researcher recruited two more couples, transcribed the interviews, and coded them, after which saturation was confirmed when no new themes emerged from these interviews. The codes and themes reported represent the experiences of eight heterosexual couples (16 total participants).

### Maximizing trustworthiness

Trustworthiness is a method of demonstrating quality and rigor in qualitative research (Lincoln & Guba, 1985). The principal researcher established the trustworthiness of the findings by using Lincoln & Guba's (1985) criteria which are: credibility, transferability, dependability, and confirmability.

The principal researcher promoted credibility through prolonged engagement with the data through such means as engaging fully in the interviews, transcribing all of the interviews, and immersing herself in the data (Hays & Singh, 2012). Research reflexivity, through memoing and self-reflection, was another means to ensure credibility (Hays & Singh, 2012). Memoing is the process of taking notes on impressions immediately following a data collection episode, encouraging self-reflection (Hays & Singh, 2012). The principal researcher established transferability by providing a thick description (Hays & Singh, 2012), which is a detailed and thorough account of the research process and findings. The principal researcher also maintained an audit trail, which provides evidence of all data and data collection procedures (Hays & Singh, 2012).

The principal researcher established and maximized the credibility and dependability of the findings by using peer-debriefers (Hays & Singh, 2012). Four peer-debriefers were recruited to engage in a review of the initial codes as well as the themes. The peer-debriefers were split into pairs, and each team reviewed the transcripts. All codes and comments on them were then discussed with the peer-debriefers until a consensus was reached. Lastly, confirmability refers to the degree to which the data genuinely reflects the experiences of the participants with minimal influence from researcher bias (Hays & Singh, 2012). The researcher maintained a reflexive journal to document her reactions to the data in order to maintain awareness of how her values and needs were potentially influencing the interpretation of the data (Hays & Singh, 2012).

### Results

Two overarching categories emerged from the data: factors that are conducive to successful and harmonious coparenting, and factors that are inhibitive

of successful and harmonious coparenting. Eleven themes and several sub-themes also emerged (see Table 1). Overall participants reported limited conflict, high level of effective communication with one another, and general happiness within the coparenting relationship. Accordingly, more themes emerged that fell under the *factors-conducive* category. During the axial coding process, certain themes emerged that were predominated by one gender over another. In the results, behaviors that men engaged in more frequently that impacted their partners will be noted with a (M) and behaviors that women engaged in more frequently that impacted their partners will noted with a (W). If themes were equally discussed by men and women, they will be noted with a (B) for both. Throughout the discussion of the results, pseudonyms are used to protect the identity of the participants.

## Factors conducive to successful and harmonious coparenting

### Recognizing partner's point of view and needs (B)

Recognizing their partner's feelings and needs helped couples to "pick their battles" when it came to coparenting together, as is illustrated by Simon when talking about backing down from a disagreement that he and his wife had regarding caring for the baby:

> You just sort of reason through and see the situation for what it's worth … and try to see it from the other side of things and see where [Barbara] is coming from in certain situations.

Understanding where his wife was coming from helped him keep the situation in perspective. What could have resulted in a heated argument turned into Simon compromising, which began with understanding his partner's point of view.

### Problem-solving through mutual, collaborative discussion (B)

The majority of the couples in the study gave voice to their mutual, collaborative problem-solving styles, which appeared to be effective in creating a harmonious coparenting dynamic. Participants talked about ways in which they would openly brainstorm solutions, test out hypotheses, and evaluate the outcome of a parenting issue in a cool and collected manner. Gary summed up this dynamic between his wife and him:

> We'll go and read up and be like, oh hey, so I was thinking doing this and this and this, and, these are the reasons why. And then, if you don't agree with it, you can tell me why not, but come up with another solution instead of just shooting it down right away.

High levels of expressed emotion and blame were notably absent from Gary's description, as they were for many of the participants' experiences of collectively problem-solving with their coparents.

**Table 1.** *Themes Associated With Being Conducive to, or Inhibitive of, Successful and Harmonious Coparenting Negotiation.*

| Themes: Factors Conducive to Successful/Harmonious Coparenting Negotiation | | | Themes: Factors Inhibitive of Successful/Harmonious Coparenting Negotiation | | |
|---|---|---|---|---|---|
| What Couples Are Doing | What Women Are Doing | What Men Are Doing | What Couples Are Doing | What Women Are Doing | What Men Are Doing |
| Recognizing partner's point of view and needs<br>Problem-solving through mutual, collaborative discussion<br>Sharing feelings, needs, and disagreements openly and respectfully<br>Facilitating teamwork through flexibility and fluidity<br>Developing harmonious relationship dynamic before baby | Offering preferred type of support to partner Subthemes: *Offering resources to partner to successfully parent (W)* | Offering preferred type of support to partner Subthemes: *Offering partner verbal and emotional validation (M) Giving each other breaks and encouraging self-care (M) Remaining consistently present with partner despite challenges (M)* Deferring occasionally to partner's wishes (M) | Neglecting to involve partner in critical parenting decisions | Avoiding conflict due to discomfort and lack of time (W)<br>Criticizing and controlling partner's parenting choices (W) | Neglecting to recognize partner's needs and feelings (M) |

*Note.* W = themes where it was more likely that when women engaged in the stated process of the theme that it influenced the coparenting relationship; M = themes where it was more likely that when men engaged in the stated process of the theme, it influenced the coparenting relationship.

### Offering preferred type of support to partner (B)

Participants in the study shared many stories of when they truly experienced feeling supported as parents by their partners, which emerged into three main sub-themes that captured distinct types of support. Though both men and women spoke to appreciating all forms of support in the sub-themes, two of the sub-themes were male-dominant (M) and one was female-dominant (W).

*Offering partner verbal and emotional validation (M).* Women discussed how much they appreciated receiving verbal praise and validation from their partners for the many parenting tasks they were doing. Receiving praise from their partners that they are doing a good job, or simply providing emotional support for how difficult of a job it is to be a parent to an infant, appeared to be meaningful to the women in the study. Amy talked about how much she appreciated when her husband offered her validation of her hard work:

> Every day he makes it a point at some point during the day to tell me that I'm doing a good job. He'll tell me little things, like, 'you did a really good job waking up in the middle of the night five times.' And I'm like, 'oh, you noticed!' It's really nice that he recognizes it.

Amy, like other women in the study, felt validated and supported as a parent when her partner verbally acknowledged that she was working hard and doing a good job as a mother.

*Giving each other breaks and encouraging self-care (M).* Women expressed appreciation when their husbands actively offered to give them a break from caring for the baby. Though all of the women in the study worked full-time, they still took on the majority of the childcare labor compared to the men. Tammy described an incident where she was having a very difficult time putting her baby to sleep and how supported she felt when her husband came to relieve her and encouraged her to go to sleep:

> He was like, give him to me, you go upstairs, I don't have work tomorrow, I've got this … I was almost on the verge of tears I was so tired, I couldn't get Noah to sleep, so that was a really nice thing that he just kind of rushed home to help me out.

For women, having husbands that actively encouraged them to tend to their own needs helped them to engage in self-care and to feel cared for by their partners.

*Offering resources to partner to successfully parent (W).* Many of the participants, especially the male participants, reported having little to no experience caring for infants prior to having their first child. As a result, they reported feeling overwhelmed by the many tasks that they had to learn. Men felt supported when their partner offered practical help and tools

related to caring for their infant which increased their parenting knowledge and self-efficacy. This tangible support appeared to alleviate feeling confused or at a loss of what to do, as Simon relayed:

> We've got like, all this play area set up, and all these things that are within arms' reach, there is always a pacifier, there is always a burp cloth or a blanket, or something for the baby. Even like, the diaper bag, she put all of that together … I feel like it is easy for me, I've got everything I need to be a good father, and to be hands-on, you know, because she knew exactly what we needed.

### Remaining consistently present with partner despite challenges (M)

Finding the energy and time to tend to one another as coparents was a form of valued support, especially for the women in the study. Participants described how they felt supported and valued as coparents when their partners consistently showed up for them and remained present with them despite the difficulties in doing so. Alexis spoke about how supported she felt when she and her husband stay with each other and encourage each other through sleepless nights:

In some cases when we are trying the cry it out method, the other person will come downjust to show support, like, yes we can get through this, yes it's really hard, but we can get through this.

In this case, Alexis' husband showing encouragement that they are in this tough time together as a team was a form of communicating that he will be there with her even when coparenting becomes challenging.

### Deferring occasionally to partner's wishes (M)

Many couples coped with childrearing disagreements with their partners by deferring to what the other wanted; in essence, compromising. In this cohort, men more often reported deferring to their wives on coparenting disagreements. Participants did not voice feeling resentful or disempowered by their choice to defer, and they did not express feeling cornered or bullied by their partners; they merely felt respect and compassion for their partners' desires. Rich illustrated this process of deferral when he and his wife, Molly, disagreed about whether or not to have their baby stay with a nanny or place her into daycare:

> So I never really formulated that opinion with [Molly], and like, actually said 'hey, we should do this,' but I like, challenged some things here and there, and I think that situation was resolved by us, you know, I just deferred to [Molly] when she felt strongly about it.

As Rich highlighted, the disagreement was resolved by realizing that his wife felt strongly about not having the baby stay with a nanny.

### Sharing feelings, needs, and disagreements respectfully and openly (B)

Men and women appeared to equally value this factor and named it as an important piece in successfully navigating their new coparenting relationship with one another. Furthermore, participants discussed the importance of communicating these feelings, needs, and disagreements in a manner that was respectful, which is more conducive to obtaining one's objective and maintaining the health of the relationship.

Amy illustrated how she consistently strived to communicate this respectful openness to her husband regarding caring for their newborn:

> Saying, like, "oh hun, you know I found this works better, um, oh, she pees every time you go to change her diaper, now you are gonna waste another diaper, so I found when my mom was doing it this way and it really worked," instead of just yelling, like calling him names. I think that works a lot better.

### Facilitating teamwork through flexibility and fluidity (B)

Most of the participants, when reflecting on what helped them successfully manage the childcare labor together in light of the demands of housework, busy work schedules, and other obligations, highlighted their strong teamwork as coparents. Except for breastfeeding, most participants felt that both partners could do everything in the realm of infant care. This trust in one another lent itself to flexibly exchanging roles as needed depending on the challenges of the day, and in some cases, by the hour. Molly described this fluidity by saying how she believed that she and her husband can do each other's jobs as parents "effortlessly and flawlessly." Simon highlighted the flexibility in roles he and his wife, Barbara, shared:

> Going into it, knowing like, I will do whatever I need to do, [Barbara] is going to do whatever she needs to do. I mean, now, there are certain roles and tasks that we've maybe both gravitated towards, just makes sense for one of us to do. But going into it, I mean, there is nothing I was labeling as [Barbara's] job, or my job.

Furthermore, some participants highlighted the positive feelings and shared efficacy they obtained as a result of feeling like a team as they fluidly shared childcare responsibilities.

### Developing harmonious relationship dynamic before baby (B)

Men and women felt that experiences with their partners before the baby arrived informed their current harmonious coparenting dynamic. Several factors appeared to be important among participants, including shared values, complementary personalities, and caring for a pet together. Barbara explained how she and her husband had discussed their values regarding childrearing long before they had their daughter together, which seemed to explain why they have not disagreed about a parenting decision:

We like, worked together very well, and we agree a lot. We have a lot of the same values, and because we were specifically working with children, we like, had talked so much about like, parenting and parenting decisions, and like, parenting decisions based on some of the kids we were working with, and things like that, before we even, before [Pammy] was even a twinkle in our eye.

### Factors inhibitive of successful/harmonious coparenting

Though the couples in the study had positive coparenting relationships overall, four themes emerged that appeared to inhibit the development of harmonious coparenting. Couples experiencing these themes felt they often led to prolonged tension and resentment.

### Neglecting to respond to partner's needs and feelings (M)

Women discussed feeling their partner neglected their needs more often than men felt neglected by their wives. Neglecting to respond to a partner's needs and feelings as a coparent often led to tension in the coparenting relationship. Annie talked about how her husband neglected to respond to her need for help with the baby after she was taking care of her all day:

> So, that was a struggle because he'd come home, and I'd be like, here, take her, and he's like, I need to decompress from the day, and I would be like, I have been home all day, like, you have a 30 minute drive and you get to interact with adults, so there was a little bit of that tension. Where I was like, take her, and he was like, no, and I was like, are you kidding me?

This lack of response on her husband's part led to some negative feelings in Annie. Like some of the other female participants in the study, Annie felt frustrated and exasperated when her partner neglected to respond to her need for a break after she had been home all day caring for the baby.

### Avoiding conflict due to discomfort and lack of time (W)

Women discussed engaging in more conflict avoidance than men. Avoiding conflict regarding coparenting disagreements appeared to make it more likely that resentment would take a toll on the open communication within the coparenting dynamic, leading to less problem-solving and teamwork. Molly highlighted the ill effects of avoiding conflict about certain childrearing decisions – in this case, an issue of how much and how often to feed the baby – with her husband:

> I think if it's really a big deal, it will fester and come out it some weird way, but I'm not necessarily one to choose a time to have a special discussion about because, I guess it just makes me uncomfortable, that's probably not healthy, but yeah … it hasn't been a big enough issue.

The amount of energy spent on childcare left some couples without any left to resolve disagreements and conflicts despite good intentions. It became a matter of deciding it was not worth it to put time and energy into resolving a disagreement.

### Neglecting to involve partner in critical parenting decisions (B)

Both men and women expressed displeasure and resentment when they felt like their partner left them out of important decisions regarding their baby. For participants who voiced concern about this type of undermining, there was often a third-party involved, meaning their partner would consult with someone else before consulting with them. Alexis discussed her frustration with how her husband developed a habit of asking her mother for advice regarding the baby:

> And, every single time he just walked right into my mom's room and talked to her and asked her what she thinks is the best thing to do and like, all these, like, communicating just with her. And then he would come into the living room and say, oh, the baby's down. And it's like, well you just spent 5–10 minutes in the bedroom with my mom talking to her about different things, because I can hear through the wall, and yet he doesn't say anything to me.

Like Alexis, other participants talked about feeling displaced and uninvolved by their partner, which lent itself to negative feelings and reduced trust in their partner as coparents.

### Criticizing and controlling of partner's parenting choices (W)

Men spoke more frequently than women did about how their partners would attempt to control the way they cared for the baby. They would often then be the recipient of criticism if a parenting task was not executed in the manner that their partners expected. Additionally, it created negative feelings towards one's partner, as illustrated by Kyle as he was not soothing the baby to his wife's preference:

> She's like, you are supposed to do this, get up, and I would want to sit because I was tired, she's like, no, you gotta stand up, as soon as you stand up, she stops crying, and it's like, but I just wanna sit….it made me feel like I didn't like her at that point … I guess she felt like I wasn't trying my best.

Kyle voices how his wife's insistence on soothing the baby in a particular way caused him to have negative feelings towards his wife. Like other participants in the study who voiced similar experiences as Kyle, he experienced confusion about his wife's feelings, since he felt like he was trying his best. Other participants voiced anger and resentment about how their partners micromanaged the way they cared for their child.

## Discussion and clinical implications

Because this qualitative study had a mostly homogenous sample of majority white, middle class, and all heterosexual, dual-income couples, the results must be interpreted within this context. Though we cannot apply these results to all couples, we can reflect on the outcomes given the participants that were interviewed for our study. The majority of the participants in this study appeared to be regularly recognizing their partners' feelings and needs. Attuning to partners' needs and the reciprocal disclosure of them worked in harmony to increase fluid communication and trust within the couple relationships. To the contrary, neglecting to recognize feelings and conflict avoidance created negative feelings and resentment. New parents may need to be especially mindful of remaining attuned to their partner's needs and feelings, given that stress levels are high. Taking time to consistently check in with one's coparent is especially critical to maintaining harmony (Gottman et al., 2010).

The findings from the current study revealed that it is beneficial for middle class, heterosexual coparents to actively recognize their partner's support and determine what kind of support suits them best. Women in this study tended to feel most supported within the coparenting relationship when their partners were consistently present with them, offered emotional and verbal validation, and encouraged breaks from the baby and self-care. Male participants tended to feel supported when their partners helped increase their self-efficacy by offering them practical and material support in order to more effectively execute parenting tasks. This set of sub-themes also highlights that it may be crucial for new coparents to ask each other the question: "What can I do to best support you right now?"

Learning how to be fluid and flexible with roles within the coparenting relationship was also conducive to successful coparenting. The unpredictable nature of caring for an infant does not lend itself to rigidly adhering to prescribed roles when both parents are working. Flexibility of roles appeared to help these couples navigate the stress of coparenting an infant more seamlessly. Couples therapists might call attention to ways of increasing flexibility within the coparenting relationship (Feinberg & Kan, 2008).

Most couples in the study had some preparatory experiences that helped them move through the transition to parenthood together relatively smoothly. Several of the couples had intentional discussions about their values around childrearing and the division of labor in advance. These findings are in line with how extant research has revealed that pre-birth marital factors are linked to experiences of coparenting post-birth (Altenburger, Schoppe-Sullivan, Lang, Bower, & Kamp Dush, 2014; Schoppe-Sullivan, & Mangelsdorf, 2013). Couples therapists are encouraged to help couples begin dialogues about these dynamics in advance of the

birth of a child (Feinberg & Kan, 2008). Additionally, leading psychoeducation and process groups for couples in the transition to parenthood may provide the scaffolding needed for couples to engage in these intentional conversations (Cowan & Cowan, 2003; Gambrel & Piercy, 2015a; Gambrel & Piercy, 2015b; Gottman et al., 2010; Feinberg & Kan, 2008). Relatedly, for coparents who are struggling to adjust, learning how to problem-solve in a collaborative way would be beneficial. Couples therapists might look for ways to implement problem-solving exercises in session so they can improve their communication strategies (Feinberg & Kan 2008).

Two types of undermining of the coparenting dynamic emerged that could be harmful to the relationship. One type was criticizing and controlling partners' parenting choices. Women were more likely to engage in this behavior and men tended to be more sensitive to it. This behavior is detrimental to the self-efficacy of partners on the receiving end of the criticism and likely results in their withdrawal from offering help (Cowan & Cowan, 2003; Doss et al., 2009; Kamp Dush et al., 2014; Van Egeren, 2004; Walzer, 1998). Furthermore, this behavior undermines the team effort aspect of a healthy coparenting dynamic; it is predicated on one person being right rather than working together to find a solution. It reduces the desire to help and lessens the likelihood that help will be offered. Honest and respectful communication about desired change would be more conducive to harmonious coparenting. Couples therapists are advised to teach these skills to new parents, as other couple interventions have recommended (Feinberg & Kan, 2008; Gottman et al., 2010).

The other type of undermining significant to this study is neglecting to involve one's partner in critical parenting decisions. Though it may be impractical to involve one's partner in all of the many decisions that need to be made regarding an infant, larger decisions are better negotiated within the coparenting relationship. Furthermore, some of the participants described how their partners involved third parties into the conversations and decisions about the baby without consulting them; most often, in-laws. This triangulation appeared to undermine trust and open communication. Couples therapists could include this information when working with new parents. By helping to decrease triangulation, this could increase couples' trust in one another as coparents and ensure that they are involving each other in key decisions.

Table 2 summarizes what couples can do to better prepare for becoming parents together for the first time, including having discussions about values, expectations, and engaging in activities that facilitate problem-solving and teamwork. The table also summarizes things men and women can do specifically to meet each other's needs more effectively as they transition to parenthood together and become coparents, as well as ways couples therapists can strengthen the coparenting relationship.

**Table 2.** *What Couples, Men, Women, and Therapists Can Do To Improve the Coparenting Bond.*

| What Couples Can Do | What Men Can Do | What Women Can Do | What Therapists Can Do |
|---|---|---|---|
| Prepare for the arrival of the baby by discussing values, and parenting decisions ahead of time.<br>Practice working together as a team before baby is born.<br>Discuss areas of conflict openly and with warmth instead of avoiding difficult topics.<br>Practice problem-solving before and during the baby's early life.<br>Exchange roles in the household to ensure both partners can do each other's jobs. | Give verbal praise to wives for the work them do.<br>Be an active and present companion to your partner and in parenting.<br>Encourage partner to prioritize self-care by offering to give breaks from infant care.<br>Attune to partner's needs and feelings. | Provide scaffolding and support as a way to encourage husband's engagement.<br>Allow space for partner to bond with baby, make mistakes, and figure out personal way to care for baby.<br>Assert needs and feelings to partner. | Help couples who are expecting a child to discuss their coparenting strategies, such as how they will approach conflict and other communication skills.<br>Encourage active discussion of expectations and values around parenting and childrearing before the baby is born.<br>Encourage active discussion about how to best support each other during the transition to parenthood.<br>Bring in psychoeducation about the challenges and benefits of successful coparenting.<br>Discuss harms of triangulation with other family members and encourage partners to discuss parenting challenges with each other. |

## Limitations and future directions

A notable limitation of the study is that the couples in the study were almost uniformly well-adjusted; therefore, more information emerged on what creates a successful and harmonious coparenting dynamic than what inhibits it. One hypothesized reason for this is that couples who are more distressed and struggling may be more reluctant to open up about their difficult experiences to a researcher. Future researchers could focus on intentionally recruiting couples who may be experiencing more difficulties in their coparenting relationship. An anonymous survey may reduce the discomfort of discussing sensitive topics with a stranger.

Additionally, as this was a qualitative study, the sample size is understandably limited and not intended to provide a foundation for generalizability to all new parent couples. However, future research may focus on various diverse demographics to understand a more complete picture of how couples are successfully and unsuccessfully negotiating coparenting in the early stages of parenthood.

This study did provide additional insight into the differing experiences of men and women who are negotiating the co-parenting relationship in the transition to parenthood. Future researchers interested in this area might investigate ways to apply the gender-specific results of this study to existing coparenting or transition to parenthood interventions. For example, additional psychoeducation for expecting or new parent couples about the ways men and women may feel uniquely supported by their partners as parents could be added into a curriculum and results of clinical research could determine if this improves the co-parenting relationship for couples.

## Conclusion

The transition to parenthood is a time of great adjustment for couples, given that they must negotiate their expectations, duties, and roles under novel and highly stressful conditions. Couples are tasked with a high level of unpredictability while also caring for an infant together for the first time. Add in the factors of little time and energy for self-care and juggling work responsibilities, and the conditions are rife for discord — even for previously well-adjusted couples.

Valuable information emerged from this phenomenological investigation surrounding working parents' experiences coparenting their first child together. This information will assist not only in the promotion of a successful coparenting relationship, but also in the prevention of factors that would inhibit a successful coparenting relationship. Moreover, gender-specific information emerged from the data that can assist men and women to meet each other's needs with greater ease while coparenting. This

information can be a valuable addition to existing coparenting interventions, and as auxiliary information for family therapists to incorporate in their clinical work to help strengthen couples in the often challenging process of becoming parents.

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