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The Role of Couples' Birth Experiences in Coparenting Dynamics During the Transition to
Parenthood

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Abstract

Past research uncovered different antecedents, which influence the coparenting relationship including environmental supports and stressors, individual parent and child characteristics, and the couple relationship, though no prior study to date has investigated the impact of birth narratives on coparenting. The main purpose in the present study was to explore links between partners' conjointly constructed birth narratives and coparenting dynamics preceding and following the birth of couples' first child. Fifty-five couples' coparenting interactions were observed during their last trimester of pregnancy (Prenatal Lausanne Trilogue Play) and at 3- (Postnatal Lausanne Trilogue play) and 12- months postpartum (Triadic play and mealtime interactions). At 3 months, couples were also asked to narrate the story of their child's birth and of their early postpartum experience. Birth narratives were coded for narrative coherence, verbal and nonverbal emotional expressiveness, quality of coparenting, triadic capacity, and global views of the family and the coparenting relationship. Findings indicated that couples with more supportive prenatal and postpartum coparenting dynamics constructed more cohesive birth narratives at 3 months postpartum. Couples with more supportive prenatal and 3-months coparenting also expressed more positive emotions during their narratives, though these same associations were not found between positive expressiveness during birth stories and 12-months coparenting dynamics. A greater triadic focus during birth narratives was also associated with observed coparenting dynamics, though more commonly during concurrently observed interactions at 3 months rather than during prenatal or 12-months interactions. Findings suggest that birth narratives represent another paradigm which coparenting researchers should further explore to tap into the various contextual influences of coparenting across the transition to parenthood.

The Role of Couples' Birth Experiences in Coparenting Dynamics during the Transition to Parenthood

The day a baby is born, the story of a new life is created. After all the pain and literal labor preceding the birth, parent and child finally meet face to face. Some parents describe this event as one of the most precious moments in their life. Fathers can pronounce to mothers with pride: "It's a girl!" and mothers can press their newborns close to their beating hearts. However, some families don't experience their babies' birth as beautiful, for example when they experienced a traumatic or otherwise difficult birth. In fact, birth processes can involve many complications, and some mothers find themselves too exhausted to experience the first moments with their children as joyful. Whether a birth was an easy or difficult process, on time or premature, vaginal or via Cesarean section, parents' stories about their children's births are each uniquely different. What is truly interesting is also the manner in which parents tell the story of their child's birth. What is the emotional tone of their birth narrative? What details do they focus on in their story? Was their birth a positive or negative experience? Not only do birth narratives have unique characteristics, but the manner in which parents co-construct the narrative of their child's birth may also reflect their emerging coparenting dynamics. Parents may collaborate in the telling of their birth narrative or compete with one another to tell the story. Birth narratives may therefore provide a window into the couple's dynamics and those of their new family.

Before reviewing the literature on coparenting during the transition to parenthood and its relationship to couples' birth narratives, a brief overview and definition of coparenting and birth narratives will be provided. A more in-depth description of different factors that foster the coparenting relationship in the early postpartum period will follow.

Coparenting: Definition and Brief Overview

Though definitions of “coparenting” vary slightly between different researchers, a widely accepted definition describes coparenting as the extent to which two or more caregivers collaborate in the care for their children and share the childcare labor (McHale, Kuersten-Hogan, & Rao, 2004). Feinberg’s “Ecological Model of Coparenting” (2003) specifies various antecedents and consequences of coparenting and describes factors contributing to coparenting. Feinberg’s model also specifies the different components involved in coparenting namely joint family management, division of labor, support/undermining, and childrearing agreement. Joint family management refers to the manner in which parents interact with one another and manage the family. Division of labor refers to how parents divide the childcare labor, household chores, and other tasks involved in ensuring the wellbeing of children and the family as a whole. Support or undermining refers to the extent to which parents either support one another in their decisions and actions and choices, or undermine their partner’s parenting efforts. Childrearing agreement refers to whether or not parents have consistent views on childrearing related topics like parenting techniques, discipline, and moral values. According to Feinberg, these components of coparenting are interrelated and contribute to the overall quality of the coparenting relationship.

The origins of coparenting research are unclear in part due to lack of agreement on how “coparenting” is defined. Many agree that coparenting research is rooted in developments of the late 1950s, when family therapists thought that problems in families were due to an inability by mothers and fathers to form cooperative couple relationships (McHale & Lindahl, 2011). For example, Lidz, Cornelison, Fleck, and Terry (1957) researched families with conflictual marital relationships and the impact on their schizophrenic offspring. A plethora of research at that time focused on parenting post-divorce (e.g. Klebanow, 1976) and observed interaction patterns in families with problems during

therapy (e.g. Epstein, 1976). These studies were the forerunners to research about a decade later that was more specifically focused on the coparental rather than the marital relationship. Initially, these coparenting studies explored coordination of parenting in two-parent families from infancy through the preschool years. Coparenting research in the late 1990s and early to mid-2000s then uncovered that the quality of coparenting is an important predictor of child and family functioning (e.g. Feinberg, Kan, & Hetherington, 2007; Katz & Low, 2004; Teubert & Pinquart, 2010). Since then, coparenting researchers have expanded their studies beyond two-parent families to researching coparenting in diverse family constellations as well as coparenting across different ethnic and cultural groups (McHale & Lindahl, 2011). What began with observations of families during therapy evolved into a field of family psychology that is related yet separate from the couples' relationship and parenting in general. Given the plethora of coparenting studies today, it is surprising that no prior study has focused on possible links between parents' birth experiences as they recall and interpret them and their emerging coparenting relationship. This is an important oversight as birth narratives may provide one of the first, collective family memories for young parents and mark the beginning of their overtly visible coparenting relationship during the transition to parenthood. Research on coparenting dynamics during the transition to parenthood will be reviewed next followed by factors proposed to foster or hinder the coparenting relationship.

Coparenting During the Transition to Parenthood

The period from pregnancy into the postpartum period when parents adjust to finally having their first born at home, involves major transitional changes. Parents are learning to not only adjust to having a new, very demanding, member of the family, but are learning how to work together to care for their newborn. In other words, parents are learning how to “coparent”, to

collaborate on caring for their child, to divide childcare labor, and to coordinate their efforts to raise their child (McHale, Kuersten-Hogan, & Rao, 2004).

Though some researchers claim that the coparenting relationship begins only after birth, others have shown that the coparenting relationship actually begins before the birth of a child and even before conception (Altenburger et al., 2014; Van Egeren, 2003). Van Egeren (2004) found that the pre-birth marital relationship and fathers' positive marital interactions were indicators of whether *both* parents felt supported and validated in their coparenting. Researchers have identified some prenatal predictors of parents' future coparenting relationship that differed for mothers and fathers (Van Egeren, 2003). For mothers, coparenting experiences were associated with maternal age, paternal education, concerns around child rearing, differences in child-rearing philosophy, and reactance. In contrast, for fathers, coparenting experiences were related to occupation, maternal ego development, coparenting in the family of origin, and both parents' motivation to raise children. There were indications that mothers may drive the development of the coparenting relationship for both parents. Altenburger et al. (2014) used a prenatal interaction task involving a doll to represent pregnant couples' babies called the Prenatal Lausanne Trilogue Play procedure (PLTP). Altenburger et al. demonstrated that parents not only displayed coparenting behaviors before their child's birth but that prenatal coparenting behaviors also predicted coparenting at 9 months postpartum.

The majority of coparenting researchers during the transition to parenthood have focused on coparenting dynamics in the postpartum period. For example, Van Egeren (2004) used questionnaires and interviews with new parents to measure coparenting over the transition to parenthood and reports on several major findings. Van Egeren (2004) found that on average, parents reported coparenting experiences to be positive and relatively stable over the first six

months of parenthood. However, fathers reported to be more satisfied than mothers with the coparenting relationship. Van Egeren (2004) also found that other factors, which changed over time, such as changes in division of child labor, predicted the ways in which coparenting developed.

In summary, the research on the development of coparenting across the transition to parenthood suggests that the coparenting relationship begins before birth and may develop somewhat differently for mothers and fathers. Besides parent gender, there are many other factors that can affect how parents coparent, such as their family-of-origin coparenting experiences, parental personality and mental health, and child characteristics such as temperament. Other factors associated with coparenting involve the marital relationship and forces outside of the family such as life stressors and support. Past research on known factors that affect the emerging coparenting relationship will be reviewed. As will become clear in this review, one of the factors that has not yet received attention from coparenting researchers involves couples' experiences with the birth of their first child.

Factors Affecting the Coparenting Relationship Across the Transition to Parenthood

There is evidence that several different factors influence the coparenting relationship during the transition to parenthood ranging from perceived agreement (extent to which parents think they agree), to “pre-relationship” factors such as socioeconomic background, family dynamics in the family of origin, and parental mental health (Don, Biehle, & Mickelson, 2013; Kunseler et al., 2014; Majdandžić et al., 2012). This section will begin with a description of Feinberg's “Ecological Model of Coparenting” (2003), which identifies factors such as parental and child qualities as well as external factors such as stressors or resources outside of the family proposed by Feinberg to shape the coparenting relationship. Studies that support these various

factors proposed in Feinberg's model are then reviewed. As this discussion will show, although Feinberg's model of the contextual factors influencing coparenting is quite comprehensive, one important influence on the early coparenting relationship not included in this model are parents' experiences with their children's births.

Feinberg's Ecological Model of Coparenting

Feinberg's (2003) ecological model of coparenting shows how deeply interconnected various aspects of parental, familial, and child functioning are and how each of these factors has the potential to influence the coparenting relationship. Feinberg's model displays what he calls the "antecedents" and "consequences" that affect the various aspects of coparenting. The antecedents of coparenting in his model involve environmental supports and stressors, individual parental characteristics, the overall interparental relationship, and child characteristics, which will be described in more detail below. The consequences of or outcomes affected by coparenting in Feinberg's model involve parental and child adjustment as well as parenting, though these factors are interrelated in a complex network of bidirectional pathways and are also impacting coparenting in turn.

Individual parental characteristics involve parental attitudes, for example, parental expectations, and parents' emotional and mental health. These characteristics can affect parental availability to and involvement with their child. This is the case, for example, if one or both of the parents have depression and are not providing the emotional support the child needs. Parental mental illness, negative personality traits or maladaptive habits not only influence the child via parenting style and parents' availability, but also by affecting the coparenting relationship which in turn influences the child.

Another factor in Feinberg's model involves the overall interparental relationship defined as the caregivers' couple relationship with one another. Feinberg argues that the couple relationship is what is originally formed prior to becoming parents, and involves things such as support for one another and the ability to work together as a couple. The couple relationship evolves after children enter the family and provides the basis for the newly developing coparenting relationship when parents learn to work together on caring for their child. Feinberg and others argue that the influence of the coparental and couple relationships is bidirectional and both are affecting family life overall.

The third important factor proposed to influence coparenting in Feinberg's model is parental adjustment, by which Feinberg means parents' adjustment to becoming parents as well as coparents. How parents adjust to having a child affects their parenting with poor adjustment related to poor parenting quality. However, parental adjustment is also influenced by other factors inside and outside of the family. Life stressors like unemployment or illness in the family are related to poor parental adjustment during the transition to parenthood.

Child characteristics are the fourth factor in Feinberg's model, which also exert bidirectional influences on the coparenting relationship. For example, difficult child temperament can make coparenting or individual parenting more challenging as it affects parental perceptions of the child and parents' sense of "failure" in parenting. These negative experiences in parenting and coparenting may take a toll on parents' interactions with the child, which affects child adjustment. In addition, child characteristics also directly affect the child's functioning level.

Research regarding the four factors identified in Feinberg's model as influencing and being influenced by coparenting will be reviewed in the next section.

The Influence of Individual Parent Characteristics on Coparenting

Parental Gender

The effect of parental gender on coparenting dynamics is a well-researched factor, though studies have not always come to a consensus on how gender actually influences coparenting dynamics. Gable, Belsky, and Crnic (1995) observed that fathers showed more supportive and positive coparenting behaviors towards mothers than was the case the other way around, while Margolin, Gordis, and John (2001) reported that mothers were more supportive and cooperative in coparenting than fathers in early infancy. As previously described, Van Egeren (2003) also argued that mothers drive the overall coparenting relationship, although others found that the overall characteristics of both parents together overshadows their individual influences on coparenting (Talbot, Baker, & McHale, 2009). Overall, it is clear that parental gender plays a role in influencing coparenting, though future research needs to further illuminate exactly how gender influences coparenting dynamics.

Parental Personality

Parental personality has also been shown to impact coparenting, though the nature of influence is yet unclear. One study found not surprisingly that less positive personality traits in mothers like neuroticism were associated with more difficulties in coparenting due to conflict between partners created by these traits (Stright & Bales, 2003). In contrast, another study found that mothers' and fathers' negative emotionality (fear, anger, anxiety) and personality (lower scores on the "Big Five" Personality Traits) were related to higher quality of coparenting (Laxman, Jessee, Mangelsdorf, Rossmiller-Giesing, Brown, & Schoppe-Sullivan, 2013). However, it may not be the particular personality traits, which influence coparenting, but rather the extent to which mothers' and fathers' personality traits match that matters for the coparenting relationship. A study

by Belsky, Crnic, and Gable (1995) found that greater similarity in mothers' and fathers' personality characteristics was associated with better coparenting relationships. This makes sense as greater interparental difference in personality would suggest differences in beliefs and attitudes about parenting which could lead to differences in parental adjustments (Kolak & Volling, 2007).

Parental Mental Health

Past research supports Feinberg's (2003) assertion that parental emotions can affect coparenting either negatively or positively depending on the type of emotion expressed by parents. Researchers agree that maternal mental health problems such as depression negatively impact the coparenting relationship and child adjustment, as depression makes the mother less available to the child and lead her to provide less support and attention for the child (Feinberg, 2003; Feinberg, Jones, Roettger, Hostetler, Sakuma, Paul, & Ehrenthal, 2015). Parental anxiety, as well as parenting self-efficacy and mood symptoms, certainly interact to affect coparenting (Kunseler et al., 2014; Majdandz'ic' et al., 2012).

Literature on the effects of paternal mental health on coparenting is more scarce than the literature involving maternal mental health effects on coparenting, though a few studies found that fathers' mental health is also important for the coparenting relationship. For example, a longitudinal study by Price-Robertson, Baxter, & Mathews, (2015) found that fathers with mental distress or mental health concerns (e.g. depression, anxiety etc.) reported lower quality coparenting.

Some methodological problems are also of note in the literature on parental mental health and coparenting. Studies commonly used self-reports of mental health and coparenting rather than clinical interviews and direct coparenting observations. In addition, most studies focused

exclusively on parents' mental health problems rather than on their mental well-being. An exception is the study by Bögels, Hellemans, van Deursen, Römer, & van der Meulen, R. (2014), which explored the effects of positive mental health (healthy state of well-being) and "mindfulness" training on coparenting and found that positive mental health and mindfulness benefitted the coparenting relationship. Specifically, mindfulness training decreased parental stress and improved parenting and coparenting by making parents more conscious of their actions and decisions. In summary, it is clear that parental mental health problems negatively impact coparenting, though much less is known about parental positive emotionality and its influence on coparenting.

Family-of-Origin Experiences with Coparenting

Parents' experiences with coparenting in their families of origin have also been shown to play a role in the development of their own coparenting relationship. Parents form models of coparenting during experiences in their family of origins, and use these models to apply to their own coparenting relationship (Stright & Bales, 2003). For example, mothers who experienced supportive coparenting in their families of origin were themselves more supportive coparents in their own families (Stright & Bales, 2003; Van Egeren, 2003). Another study by Beaton, Doherty, and Rueter (2003) found that fathers who were either very close to or very distant from their parents during childhood had more positive attitudes about father involvement. In addition, fathers who believed their own fathers to be more competent in their paternal roles had stronger attitudes about fatherhood. In sum, experiences with coparenting in the family of origin seem to affect the type of coparenting relationships partners develop in their own families.

The Influence of the Interparental Relationship on Coparenting

Marital Quality and Satisfaction

The marital relationship is one of the earliest factors influencing the coparenting relationship, as research on the couple relationship provided the foundation for subsequent coparenting investigations. Research on the marital relationship and coparenting has indicated that low self-reported marital quality and defensiveness during child-related disagreements, marital distress, and hostility are related to low coparenting support as well as undermining of partner's parenting (Belsky & Hsieh, 1998; Gordon & Feldman, 2008; McHale, 1997; Morrill, Hines, Mahmood, & Córdova, 2010; Margolin, Gordis, & John, 2001). McHale (1997) found that both mothers and fathers with higher marital satisfaction tended to experience higher levels of family cohesion and integrity, and were less likely to experience coparental conflict and to make disparaging comments to one another in front of their child. In a study focused on indirect and direct pathways between marriage and parenting, Morrill, Hines, Mahmood, and Córdova, (2010) found that marital quality indirectly influenced the coparenting alliance via affecting the quality of parental mood, which in turn influenced parenting practices for fathers and mothers. In other words, the better the marital quality, the more positive parental moods were, which in turn improved the quality of the coparenting relationship. However, the coparenting alliance was also directly affected by the marital relationship. Similarly, Margolin, Gordis, and John, (2001) found that marital conflict impacts coparenting by lowering the quality of parenting.

It makes sense that strains in the marital partnership put stress upon the coparenting relationship, and that the quality of the marital partnership can carry over into the coparenting partnership. Indeed, Van Egeren (2004) found that the coparenting and marital relationships were interrelated. Interestingly, she reported that changes in post-birth marital experiences were

inversely related to changes in coparenting experiences. This means that the quality of the marital relationship could affect the coparenting relationship. Van Egeren hypothesized that due to their interrelation, improvements in the coparenting relationship may come at the expense of lowering the quality of the marital relationship,

In summary, the literature overwhelmingly demonstrates that the quality of the couple relationship plays an important role in the emerging coparenting relationship across the transition to parenthood, though studies have differed somewhat on the exact nature of this interrelationship.

The Influence of Child Characteristics on Coparenting

Temperament

As described in Feinberg's model of coparenting (2003), child characteristics like child temperament interact with parents' qualities to influence the coparenting children experience in their families. Davis, Schoppe-Sullivan, Mangelsdorf, & Brown (2009) summarize the effects of child temperament on coparenting and report on evidence supporting bidirectional, cross-time stability of influences between child temperament and coparenting. Their findings indicated that high quality coparenting was associated with easier child temperaments, while difficult temperaments were associated with less positive coparenting relationships. There is evidence that infants' early temperamental difficulties were related to decreases in supportive coparenting across time, while early supportive coparenting dynamics were in turn also related to decreases in infants' difficult temperaments. Laxman et al. (2013) argued that parental personality interacted with infants' difficult temperaments and predicted coparenting quality. They found that families with infants who had less difficult temperaments showed stable coparenting when undermining was not present. Van Egeren (2004) also reports that fathers reported better coparenting experiences when infants were perceived as having easier temperaments. Clearly, infants' characteristics such as

their temperaments directly influence the coparenting quality children experience in their families and also interact with parental characteristics to impact coparenting indirectly.

The Influence of External Family Factors on Coparenting

Life Stressors and Outside Support

As Feinberg (2003) notes the family itself is not the only source of influence on the coparenting relationship. Any number of possible positive or negative life events can affect coparenting (Mangelsdorf, Laxman, & Jessee, 2011). Belsky, Crnic, and Gable (1995) found that families' experiences of significant life events such as a family sickness or death, occupational changes, and financial difficulties were correlated with more conflictual coparenting. The stress experienced from such life events can impact coparenting negatively, because these events cause emotional, physiological, mental, as well as financial strains for parents, which, in turn, affect coparenting quality negatively. This is perhaps due to a snowballing effect from the stress of the event impacting various attributes of the family and parents. However, parents may also experience positive social supports from others outside of the family, which have been shown to lead to supportive coparenting. There is evidence that mothers have more social support from family or friends and that they have more information at their disposal to help them coparent compared to fathers (Lindsey, Caldera, & Cowell, (2005). Mothers who feel greater emotional security have also been found to be more available to actively collaborate with their coparenting partner. More research is certainly needed on the effects of outside forces upon coparenting.

In summary, the current literature on factors identified in Feinberg's ecological model of coparenting clearly demonstrates that coparenting does not stand on its own but is embedded within a complex web of interrelated dynamics and relationships within and outside of the family that mutually affect and influence one another. While Feinberg's model (2003) includes many

different antecedents and consequences of coparenting dynamics in the family, one factor that is not included involves parents' experience with their child's birth, which is a monumental event in their couple relationships and marks the beginning of their new parental and coparental roles. There is some evidence that mothers' experiences of their births impact their general adjustment to becoming parents and affect their mental health. Traumatic or premature birth experiences have been found to negatively affect mothers in the postpartum period, though it is not clear whether these birth experiences also impact the coparenting relationship. Furthermore, the meaning mothers and fathers attribute to the experience of their child's birth may be more influential in their perceptions of coparenting during the early postpartum period than characteristics such as the type of birth, length, or medical risks involved in the birth. The next section will first review studies on the impact of different types of birth experiences on postpartum adjustment, and then turn to a discussion of parental narratives of their births and their proposed influence on coparenting.

Impact of Birth Experiences on Postpartum Adjustment

Each birth is different varying among other factors by delivery method (vaginal birth or cesarean) location (home or hospital) and delivery staff. Many studies to date have focused on the effects of different types of births on parents and children, though little is known about parents' interpretations or representations of their birth experiences. This section will explore the effects of Cesarean, traumatic, and premature births on parental adjustment.

Cesarean Birth Experiences

Cesarean births or C-sections involve the delivery of babies by a surgical incision into the abdomen and uterus to remove the child from the mother's womb. C-Sections can be planned, for example in the case of babies who present in a breach position, or unplanned as a result of some

kind of complication during the birthing process that places the baby, mother, or both at risk. Partly due to the fact that a C-section is a major surgical procedure, which can involve painful or difficult recoveries, many women consider this a non-preferred birth experience.

Several studies explored maternal adjustment after cesarean births, though these studies date back several decades and newer studies have not been published. When a C-section is unplanned, research has shown that the postpartum adjustment period can be more difficult compared to the adjustment of mothers who experienced vaginal births (Lipson & Tilden, 1980). However, Padawer, Fagan, Janoff-Bulman, Strickland, and Chorowski, (1988) found that women who experienced an emergency C-section were similar in their psychological adjustment postpartum to women who delivered vaginally, though women who had C-sections were less satisfied with their deliveries. Perhaps these inconsistent findings are due to the time period of adjustment measured in the postpartum. While Padawer et al. used a questionnaire method within 24-hours after birth, Lipson and Tilden measured longer-term postpartum adjustment.

Another study by Cranley, Hedahl, & Pegg, (1983) found that women who had C-sections had more positive perceptions of their deliveries when they received local rather than general anesthesia, their husbands were present during the delivery, and they were allowed greater participation in decision making before and after the delivery. Lipson and Tilden (1980) in their study on cesarean birth experiences found that women who had their husbands present during the delivery and recovery and who were able to hold and nurse their newborns felt more positively about their experiences. Interestingly, Lipson and Tilden found that social support from other women who had C-sections facilitated postpartum adjustment and emotional recovery after a cesarean birth.

Overall, these findings indicate that mothers' experiences of their C-section births were influenced by fathers' presence and that their postpartum recovery was facilitated by external supports. However, there is some evidence that a more important factor than the type of birth is whether the birth was experienced as negative. Durik, Hyde, and Clark (2000) found that women's postpartum adjustment did not differ significantly when the C-sections were planned versus unplanned, but their adjustment differed depending on whether their perception of the birth was negative or not; women perceiving their birth as negative showed less positive adjustment.

Traumatic Birth Experiences

Childbirth is by no means an easy undertaking. Unfortunately, some mothers have a more painful and traumatic experience than others. Mothers and children can experience life-threatening complications, premature birth, stillbirth, and even infant or maternal death. These births, called "Traumatic births", can sometimes cause Posttraumatic Stress Disorder (PTSD) for mothers. Some of the main symptoms of PTSD, as indicated by DSM-5 (APA, 2013), include re-experiencing the traumatic event in dreams or hallucinations, negative cognitions and mood, reckless or self-destructive behavior, sleep disturbances, and hypervigilance.

Researchers agree that the experience of a traumatic birth is a major risk factor affecting parental adjustment. A traumatic birth has an effect upon mothers, children, and whole families (Elmir, Schmeid, Wilkes, & Jackson, 2010), as mothers can experience vivid nightmares and flashbacks that are disturbing to them. The consequences of traumatic births can lead mothers to further traumatization, depression, and overprotection of their children, all of which impact their ability to care for their children and form adaptive family relationships (Elmir et al., 2010).

Premature Birth Experiences

The birth of a premature child before the 37th week of pregnancy can be terrifying and traumatic for parents, but is unfortunately not uncommon. Parents who suffer as a result of birth trauma make up a sizeable percentage of patients in psychotherapy (Barnett, 1987). Premature births and births resulting in the hospitalization of newborns in neonatal intensive care units (NICUs) can have significant impacts on parental psychological wellbeing and even parenting.

For example, a case study by Tracey, Blake, Warren, Hardy, Enfield, and Schein (1995) describes one mother's narrative of her premature birth and provides some interesting insights into premature birth experiences. The researchers found that this mother struggled to feel like a mother as she was being denied some of the aspects of motherhood and pregnancy like caring for her own child instead of the NICU staff. This mother reported constant worry about her child's chances at life, as well as reporting a preoccupation with not being able to start forming a normal relationship with her child. These experiences made the mother feel a sense of loss and lack of control as medical staff cared for her child. While this case study may not represent other mothers' experiences with premature births and NICU hospitalizations, it illustrates how premature birth experiences can be traumatic as well as impact parental adjustment. Hall, Kronborg, Aagaard, and Brinchmann, (2013) studied the experiences of a group of mothers after preterm deliveries and confirmed the findings from the case study. Hall et al. found that mothers in their study felt they were missing the experiences defining motherhood, such as carrying a baby full term, holding their child, and feeding them. Mothers believed that an important factor in their overall negative experiences after premature births was the fact that they were not allowed to hold their child until they were stable enough. These women also struggled to get used to their new bodies, as they were no longer carrying a child, or were suffering from painful cesarean recoveries. Since this study

reports on postpartum adjustment after premature birth and NICU hospitalizations of babies, it is difficult to determine whether mothers' adjustment difficulties in the postpartum period were due to the impact of premature birth or subsequent NICU experiences or both.

Very few studies focused on fathers' experiences with their infants' premature birth. One exception is the study by Lindberg, Axelsson, and Öhrling (2007), who conducted a series of interviews with fathers of premature infants needing NICU care, and found that not only did fathers want to be part of the care for their children and partners, but they felt a need to be in control of the situation and sought to address this through constant attempts to seek information about their child's well-being and care. Though fathers commented that they didn't always get the information they asked for, they still remained proactive in the process. These fathers put mothers and children ahead of their own needs, and continuously tried to keep themselves useful. This study shows that not only do mothers struggle after premature birth of their babies, but fathers also have difficulties adjusting to the experiences of premature births and subsequent NICU hospitalizations.

In summary, it is clear that premature and NICU birth experiences are difficult and trying for new parents. How then does premature birth affect psychological well-being? Hoffenkamp, Braeken, Hall, Tooten, Vingerhoets, and van Bakel, (2015) studied the effects of preterm births on parental behaviors, specifically taking into account negative parental experiences from the births. The researchers found that premature childbirth was associated with increased levels of parental concerns and negative experiences in the postpartum period, as well as less optimal father–infant interactions after 6 months, though maternal interactions stayed relatively similar to those of mothers who experienced normal births. Hoffenkamp and colleagues concluded that rather than the preterm birth experience itself, it was parents' difficulties coping with their negative emotions (e.g. depression) and the presence of negative perceptions which caused difficulties in parent–

infant interactive behavior. This study's findings are interesting as they suggest that it is not the actual birth experiences but parental perceptions of their children's premature births which result in depression in some parents and less optimal parenting.

It is clear that premature birth affects psychological well-being and parenting for both mothers and fathers, though mothers may experience greater distress about their infants' well-being when they are hospitalized in the NICU after birth (Affleck & Tennen, 1991). However, it may not be the experience of premature birth that is causing these adjustment difficulties in the postpartum period, but concerns and experiences unique to having a medically fragile infant hospitalized in the NICU that could explain parental difficulties. The majority of studies focused on the effects of premature birth actually describe the effects of parents' experiences with having their infants hospitalized in the NICU. It is therefore difficult to determine whether parents' adjustment difficulties are due to the experience of premature birth, the experience of their infants' subsequent hospitalization in the NICU, or a combination of both. What is clear is that receiving support from others in and outside of the family constitutes an important coping source for these highly distressed parents (Affleck & Tennen, 1991).

In summary, the type of birth, whether traumatic or not, premature or on-time, has been shown to affect parental adjustment in the postpartum period, though few studies have explored parental perceptions of their birth experiences, which may be more important in determining their adjustment than the actual type of delivery they had.

Birth Experiences and Perceptions of Coparental Support

There is some evidence that the relationships women have with their partners and the levels of support they provide are more important than the actual experience of their births for women's

postpartum adjustment. For example, Lemola, Stadlmayr, and Grob (2007) researched the impact of birth experiences on maternal adjustment 5 months postpartum as well as whether emotional support from mothers' partners contributed to their adjustment. Findings indicated that a negative or adverse childbirth experience was correlated with poor psychological adjustment, especially in women with low support from their partners. When women who experienced adverse childbirth experiences had higher emotional support from their partners, they were much less likely to develop symptoms of depression, intrusive thoughts, and avoidance behaviors. The researchers also found that women who found their partners to be critical and complaining felt disappointed about the emotional support and were more prone to avoidance and symptoms of depression after birth. This study suggests that at least one aspect of coparenting, partner support, is important for postpartum adjustment when childbirth experiences have been distressing. Another study by Stadlmayr, Amsler, Lemola, Stein, Alt Burgin, Surbek, and Bitzer (2006) focused on the long term effects of negative birth experiences and perceived intranatal relationships and found similar results. Women with negative birth experiences and low perceived intranatal relationships postpartum were at high risk for keeping negative long-term memories, while women with negative birth experiences who had positive intranatal relationships improved in their postpartum adjustment. Interestingly, women with positive birth experiences and negative intranatal relationships did not adjust well in the postpartum period. This study provides additional evidence that the coparental relationship and level of partner support can significantly impact postpartum adjustment even when women reported negative birth experiences.

Thus, birth experiences may not directly affect parental adjustment, but support from partners, which is one aspect of coparenting, may be a key component in determining the impact of birth experiences on women's psychological adjustment. It is still unclear whether aspects of

coparenting other than partner support influence postpartum adjustment after distressing births, and whether birth experiences themselves impact partners' coparental relationships. No study to date has explored whether parents' experiences with their child's birth have an impact on their coparenting relationship. In addition, most studies focusing on the impact of birth experiences on parental adjustment did not measure parents' interpretations or representations of their birth experiences. The meaning the birth has for couples as reflected in their narratives about this experience might be a better predictor for postpartum adjustment than the type of delivery involved in their birth. In addition, partners' co-construction of their birth narrative might also be a reflection of their emerging coparenting relationship. The limited research available to date on birth narratives will be explored in the next section.

Representations of Birth Experiences in Narratives

The meaning parents assign to their birth experiences might be more relevant for the coparental relationship they are forming than the medical facts of the birth itself, such as the mode of delivery, length of birth, or birth complications. The meaning of birth experiences can be easily assessed by asking parents to tell the story of their child's birth or, in other words, by asking them to co-construct their birth narrative. Research on parents' birth narratives has not been extensive, although a few studies asked mothers and occasionally fathers to narrate the story of their child's birth. Birth narratives can reflect different aspects of parents' experiences, such as the meaning they ascribe to the events during birth, differences in parental perspectives on the birth, and their marital satisfaction. Birth narratives vary with respect to the manner in which they are co-constructed by parents as well as the narratives' contents. The type of birth parents experienced is also likely to play a role in the birth narrative told by parents. In addition, mothers' emotional problems emerging after giving birth may impact the birth narratives they construct. Ayers, Rados,

and Balouch (2015) compared birth narratives of women who developed PTSD after traumatic birth experiences with birth narratives of mothers who did not develop PTSD after traumatic births. The authors found that birth narratives of women who developed PTSD became shorter and more coherent over time, though birth memories were also more likely to be recalled and involuntarily triggered in women with PTSD than in women without PTSD. However, women with PTSD symptoms, as compared to women without PTSD, had more coherent narratives and used more causal and fewer tentative words in describing their birth experiences. While the reasons for these findings are unclear, the authors suggest that frequent retelling of traumatic birth experiences could result in a rehearsal of birth narratives, which may make them shorter and more coherent over time. Interestingly, women's narrations of their traumatic births also affected other women's medical choices for their own birth (Munro, Kornelson, & Hutton, 2009).

Most studies on birth narratives have focused only on mothers' stories about their birth experiences rather than on both partners' narratives. This is an important oversight, because the co-construction of their infants' births may provide some insights into emerging coparenting relationships. In addition, the experiences during birth, as recalled by both partners, may impact early coparenting dynamics.

Oppenheim and colleagues (1996) conducted one of the few studies asking both partners to tell the story of their baby's birth conjointly. Couples completed questionnaires measuring partners' individual and couples' adjustment after birth, and were asked to tell the story of the child's birth using a semi-structured interview. The interviewer asked couples to tell the story of their child's birth together as if they were telling it to a friend or family member and prompted each partner to add or subtract from the story. The birth narratives in this study were coded for emotional coherence (emotional and personal meaning inherent in the story), resolution (whether

the perspective of and statements in the story were clear), vividness (range of details described), the range of emotions expressed or described during the narrative, and communication about internal states and feelings. Oppenheim et al., (1996) found that emotional expressiveness of the couples' narratives was directly related to their marital satisfaction during the narrative, as well as to their marital satisfaction 1 and 2 years after their narratives. This is an important finding as it suggests that birth narratives may also be relevant in determining the quality of couples' coparenting relationship. Though analyses of birth narratives have not yet been used by coparenting researchers to predict coparenting relationships, based on Oppenheim et al.'s findings, it is hypothesized that *the manner in which* couples construct the story of their child's birth will be associated with the early coparenting relationship. Couples' birth narratives may provide important insights into the level of support, collaboration, and involvement of coparenting partners.

In conclusion, couples' representations of their births as reflected in their birth narratives are clearly important for determining their postpartum adjustment and have been linked to their marital satisfaction. However, little is known about couples' conjointly constructed birth narratives and their links to the emerging coparenting relationship. While Oppenheim found that emotional expressiveness during birth narratives was associated with marital satisfaction, his study did not assess narrative cohesion nor did it measure aspects of the coparenting relationship. The current study will seek to add to the literature by investigating connections between birth narratives and the coparenting relationship during the transition to parenthood.

The Current Study

Past research clearly indicates that the early coparenting relationship during the transition to parenthood is influenced by a variety of parental, child, and family factors, although couples' experiences of their infants' birth may also play a role in shaping early coparenting dynamics. The

present study extends Feinberg's model of contextual factors in the coparenting relationship by including parents' experiences of their child's birth as one of the influences on coparenting dynamics. This study was the first to explore the impact of birth narratives on early coparenting during the transition to parenthood by analyzing birth narratives constructed conjointly by couples 3 months after the birth of their first child.

The main question this study explored was: What role do birth experiences play for the coparenting relationship during the transition to parenthood? More specifically, this study explored the following questions:

1. Do couples with more supportive prenatal coparenting dynamics construct more positive and cohesive birth narratives at 3 months postpartum? It was hypothesized that couples with more supportive prenatal coparenting dynamics would construct more positive and cohesive birth narratives at 3 months postpartum.
2. Are supportive coparenting dynamics at 3 and 12 months postpartum associated with more positive and cohesive birth narratives at 3 months? It was hypothesized that more positive and cohesive birth narratives would also be correlated with more supportive coparenting dynamics at 3 and 12 months postpartum.
3. Is the coparenting quality expressed by couples during their narratives of their children's births associated with the quality of coparenting dynamics observed during pregnancy and in the postpartum period? It was hypothesized that more supportive coparenting dynamics expressed by couples during their birth narratives would be associated with more supportive coparenting dynamics observed during family interactions from pregnancy through 12-months postpartum.

Methods

This study was part of a larger, longitudinal study exploring the transition to parenthood, which assessed couples' coparenting dynamics from pregnancy through 12 months postpartum.

Participants

The sample for the current study consisted of 55 couples who were pregnant with their first child at the time of recruitment into the study. Couples were assessed during the last trimester of their pregnancy as well as at 3 months and 12 months postpartum. Mothers' ages in this sample ranged from 22 to 45 years ($M = 31.7$ years) and had partners aged 26 to 63 years old ($M = 33.8$ years). In this sample, 96% of the couples were married and all of them were cohabitating. Couples were predominantly (88%) White (4% Latino, 6% Asian, and 2% African-American). Their yearly incomes ranged from \$25,001 to over \$100,000. Mothers' educational levels involved terminal Bachelor's degrees (34.5%) and Graduate degrees (37.9%), while 43.1% of fathers held terminal Bachelor's degrees and 31% held Graduate degrees.

Procedures

Couples were recruited from childbirth classes held in hospitals in the Worcester area and studied longitudinally at 3 time points: Pregnancy, 3- and 12-months postpartum. At each assessment time, couples were interviewed and observed during various tasks assessing their coparenting dynamics, marital relationship, birth experiences, emotional expressiveness, and ideas about parenting. Only measures relevant to the present study will be described here.

During the last trimester of pregnancy, couples' coparenting dynamics were observed while they engaged in the Prenatal Lausanne Trilogue Play (PLTP, Carneiro et al., 2006). At 3 months postpartum, couples' coparenting dynamics were again observed during the Postnatal

Lausanne Trilogue play situation as well as during a caretaking task and during the couples' birth narrative. At 12 months postpartum, families' coparenting dynamics were observed while they engaged in triadic play and mealtime interactions. The birth narratives and all play interactions were videotaped for subsequent coding.

Measures

Co-Constructed Birth Narratives (3 Months)

During this semi-structured interview adapted from Oppenheim et al. (1996), couples were asked to co-construct the story of their first child's birth and their early postpartum experiences. The birth narrative interview was divided into two parts. The first part of the birth narrative involved the actual birth story. For this part, couples were asked to tell the story of their baby's birth from an emotional standpoint as if they were telling it to a close friend or relative. They were asked to report on their feelings going through the experience including the sorts of things that stood out for them in an emotional sense and were prompted, as necessary, to add or subtract more details about their experiences. After the co-construction of the birth narrative, parents were asked to describe their current relationships with their child as well as their overall experiences with being new parents. Birth narratives were videotaped and transcribed for subsequent coding.

Coding occurred separately for the birth story and the subsequent postpartum narrative. For the telling of the birth story, coding for **cohesiveness** of the narrative was based on the coding scheme developed by Oppenheim et al. (1996) and Reese et al. (2011). A global score assessing narrative cohesiveness of the birth story focused on the extent to which the who, when, where, and what of the birth was described in an integrated, orderly, sequential and easy-to-follow fashion which also included the narrators' emotional evaluation of their experiences. Highly cohesive

narratives (score of 5) were organized in such a way as to build the narration up to a high-point or “crucial moment”, most commonly the moment of the birth and meeting the baby for the first time. Highly cohesive birth narratives also ended with a resolution or conclusion to the narrative. Narratives low in cohesiveness (score of 1) were characterized by the couple’s inability to construct a story of their baby’s birth, or their story was too short, fragmented, with many intrusions or digressions making it difficult for the listener to follow. In sum, this rating scale included both the reference (information and context) and the evaluation (significance of events) functions of narratives, which needed to be placed at appropriate moments of the story. Narratives high in cohesiveness included a “crucial moment” and resolution, along with a personally rich story full of emotion and meaning. Narratives low in cohesiveness were those which did not contain the story of the child’s birth, were difficult to follow, and was completely incoherent.

In addition to coding cohesiveness of birth narratives, several newly developed scales were used to code the birth narratives for coparenting, style, content, triadic quality of the birth narratives, and for verbal and nonverbal emotional expressiveness during the narrative. The **global quality of coparenting** reflected in the birth story was based on verbal and nonverbal behaviors and measured how the couple constructed the story of their baby’s birth together considering coparenting behaviors such as competition for leading the story-telling, cooperation in co-constructing the story, and warmth between partners while telling the story. Scores on the global coparenting scale ranged from birth stories, which portrayed an overall sense of harmony, collaboration, and warmth between partners as they told their story (score of 5) to birth narratives characterized by low coparenting quality (low coparental warmth and cooperation, criticism or corrections of partner’s story, competition for floor time, score of 1).

Style and content of narratives involved measures of mutuality of telling the story—whether it was mostly mothers (score of 5) or mostly fathers (score of 1) who told the birth story, with equal sharing occupying the middle score of 3. In addition, the amount of details about the birth shared ranging from very few (1) to very many (5) was considered as well as the degree to which the birth seemed to be a positive or negative experience, (range from very negative, score of 1, to very positive, score of 5). The scale measuring **triadic quality** of birth narrative measured the extent to which partners commented on their mutual experience of the birth illustrating an awareness of “we-ness” in their story which also included the baby. Scores ranged from high triadic quality with a pervasive sense of “we-ness” (score of 5), to low triadic quality containing no reference to the coparenting relationship or family triad with a focus only on individual experience (score of 1).

Finally, expressiveness during the birth stories included scales for **verbal and nonverbal emotional expressions**. Verbal emotional expressiveness ranged from a complete or almost complete absence of expression (score of 1) to lots of emotional expression (score of 5). Nonverbal emotional expressiveness ranged from very constrained (score of 1) to very open (score of 5). Valence of verbal and nonverbal expressiveness was also coded and ranged from very negative (score of 1) to very positive (score of 5). One composite score for emotional expressiveness during the birth story was created by summing standardized scores for verbal and nonverbal expressiveness. A second composite score summed the standardized raw scores for positive valences of verbal and nonverbal emotional expressiveness during the birth stories.

During the second part of the interview, the postpartum narrative, couples were asked to describe their current relationships with their baby, their baby’s qualities, and their experiences as new parents. Postpartum narratives were coded for parents’ style of description, expressiveness,

global quality of coparenting reflected in their narrative, triadic quality, positive outlook on their family, and overall negative outlook on their coparenting relationship. Scales measuring **global coparenting qualities, style, triadic quality, and emotional expressiveness**, paralleled those used for couples' birth stories during the first part of the interview. As for the first part of the birth narrative interview, two composite scores for emotional expressiveness were again created for narratives of the postpartum experiences; one score summed across standardized raw scores for verbal and nonverbal expressiveness during postpartum narratives was created, while the second composite summed the standardized valence scores for verbal and nonverbal expressiveness. In addition, a total emotional expressiveness score and a total emotional valence score for both parts of the birth narrative interview (birth stories and postpartum narratives combined) were computed.

Two new scales were also used to measure the parents' positive outlook on their family and their negative outlook on their coparenting relationship. The scale assessing couples' **positive outlook on their family** rated how positive parents' descriptions of life with their baby were and how detailed and elaborated their descriptions of joyous moments with their baby or family life were. This code focused on all experiences involving family life, excluding coparenting experiences, which were assessed with the second rating scale. Parents' **overall negative outlook on coparenting relationship** measured the extent to which interviewees worried about or described negative interactions with the coparent or in the coparenting relationship such as competition or conflict in the coparenting relationship or lack of involvement by and help from the other parent. This code focused on negativity about the coparenting relationship rather than about other types of family functions or challenges that interviewees may have verbalized with respect to their view of family life. In contrast to the scale measuring the Global Quality of

Coparenting, this scale focused on the content of parents' narration about family life after birth rather than on the manner in which they answered these questions together as a couple.

Triadic Family Interactions (Pregnancy, 3- and 12-Months)

Using an adapted version of Carneiro et al.'s Prenatal Lausanne Trilogue Play Situation (PLTP, 2006), coparenting dynamics of pregnant couples were observed during interactions with a doll representing the couples' baby. Couples were asked to play with the doll sitting in a high chair within equal reach of both partners, and couples were instructed to take turns playing with "baby" as well as to play together and briefly talk about their experiences during the task.

At 3 months postpartum, coparenting dynamics were observed in families' homes during an adapted version of the postnatal LTP (Fivaz-Depeursinge & Corboz-Warnery, 1999). Procedures followed those of the PLTP except parents played with their actual baby for this assessment. At 12 months postpartum, coparenting dynamics were observed in the laboratory while parents and their infants engaged in triadic play (free play, completing a puzzle, looking at a book, and playing a rhyming game) and while eating a snack.

All of the coparenting interactions were video-recorded for subsequent coding with the Coparenting and Family Rating Scale (CFRS, McHale, 2001). The CFRS includes separate scales to assess coparental competition, cooperation, verbal sparring, coparental warmth, parent-child warmth, and parental involvement.

The first rating scale, '**Active Competition**', involved the amount of competition between caregivers for control over the task (PLTP) or for their infants' attention or affection (postpartum interactions) and ranged from 'Absolutely no instances of competition' (score of 1) to 'Excessive jockeying for control' (score of 5). '**Active Cooperation**' measured the degree of overt, active

cooperation between parents and involved parents' level of facilitation and support for one another's parenting during triadic interactions. This scale ranged from 'No cooperation' (score of 1) to 'Numerous clear instances of facilitation, pervasive atmosphere of cooperation', (score of 5). The third scale, '**Verbal Sparring**', rated antagonistic, critical, or sarcastic remarks exchanged between partners in the context of triadic interactions and involved mild ribbing on the low end of the continuum ('No ribbing', score of 1; one instance of mild ribbing, score of 2) to overtly, unambiguously critical remarks directed at the other parent (score of 5). The fourth scale of the CFRS involved expressions of '**Coparental Warmth**', which considered the amount of warmth, affection, and positive verbal and nonverbal exchanges between partners and ranged from 'No looks or comments/no positive affect between partners/ palpable sense of coldness between them' (score of 1), to a 'Pervasive sense of warmth, affectionate touches, warm glances, signs of true connection with one another' (score of 5). The fifth scale, '**Parent-Child Warmth**', was coded separately for each partner's expressions of warmth directed at their imagined or real baby and ranged from 'Complete absence of parental approval/palpable sense of coldness toward doll/ infant' (score of 1) to 'Extremely expressive' (score of 7), reserved for a parent who uses touch, speech, and active eye contact to convey warmth throughout the triadic interaction with the doll or infant. The sixth scale, '**Parental Investment**' in the task was also coded separately for each parent and rated the extent to which parents were actively and fully engaged in the task or with the infant (High investment- score of 5) versus making no attempts to initiate play or disengagement with the infant (score of 1).

Results

Descriptive Statistics

Birth Stories

Means and standard deviations for birth story variables are listed in Table 1. In general, mothers were more likely to start the birth story (60.3%) than were fathers (27.6%) and only one couple started the birth story together. The majority of couples equally shared the narration of their births (56.9%), though around 25% of the mothers took the lead in telling the birth story. Most parents shared a moderate to high amount of details about their births (82.3%), and tended to focus their stories on birth experiences rather than on irrelevant factors. The main focus in almost all of the birth narratives was on medical facts (98%) despite the fact that couples were asked to tell the stories of their babies' birth from an emotional standpoint. A surprisingly large number of couples narrated a negative (26.9%) or very negative (19.2%) birth experience compared to a little over a fifth of couples who told a positive or very positive story about their birth.

Regarding couples' emotional expressiveness during the story, most couples verbally expressed an average amount of emotions of balanced or neutral valence. Mothers were more verbally expressive (51%) during the story compared to fathers (2%). The majority of couples also displayed an average amount of nonverbal emotions of balanced or neutral valence. Again, mothers were more nonverbally expressive (39.2%) than were fathers (5.9%), though more than half of the couples expressed nonverbal emotions about equally. Most couples showed no evidence of trauma from the birth as reflected in their birth narratives. Only 1 couple showed clear evidence of having had a traumatic birth.

Postpartum Narratives

Means and standard deviations for postpartum narratives are listed in Table 1. A large majority of couples equally shared the narration of their postpartum experiences. Similarly, more couples shared an above moderate amount of details within the narratives of their postpartum experiences, and tended to have generally positive postpartum experiences.

Regarding couples' emotional expressiveness during the postpartum narratives, most couples verbally expressed an average amount of emotions, again of balanced or neutral valence. For most couples, both partners were about equally expressive during the narrative (84.3%). Most couples also displayed an average amount of nonverbal emotions of mostly positive valence and again for most couples, both parents were about equal in their emotional expressiveness (66.7%).

Mean global scores measuring coparenting throughout the narrative indicated that on average, couples' coparenting quality was characterized by a high degree of cooperation in telling their birth narratives. In addition, couples displayed an average to above average triadic quality consisting of a moderate sense of "we-ness" with consistent and noticeable mentions of the family triad. Couples also had rather positive outlooks on their family life in general, and showed little evidence of pessimistic outlooks on their coparenting relationship.

Preliminary Analyses

A set of ANOVAs was performed to determine whether the type of birth couples experienced, a vaginal birth, planned or emergency C-section, had a significant effect on their expressiveness, narrative cohesiveness, or coparenting quality during their birth narratives. Findings indicated that the objective type of birth did not significantly impact the quality of birth narratives parents constructed. In other words, couples who experienced vaginal birth did not differ

from those who experienced C-sections in their emotional expressiveness, cohesiveness, or coparenting quality reflected in their narratives from couples who experienced a C-section.

Correlational analyses with the number of hours in labor and various birth narrative measures indicated that couples who experienced longer labors tended to score higher in emotional expressiveness during their birth narrative ($r = .30, p < .05$).

Correlations Between Birth Stories at 3 Months and Prenatal Coparenting Dynamics

A set of Pearson Product Moment correlations was conducted to determine whether couples' emotional expressiveness and cohesiveness during the birth story were correlated with coparenting dynamics observed during the prenatal LTP. Findings indicated that more emotionally expressive couples and couples who told more cohesive birth stories at 3 months displayed more supportive coparenting dynamics during the PLTP. Specifically, couples who were more expressive during the narration of their baby's birth showed significantly greater coparental cooperation, maternal investment and maternal warmth (see Table 2). Greater emotional positivity during the birth story at 3 months was also correlated with greater coparental cooperation and coparental warmth. Couples who told more cohesive birth narratives were also showing more supportive coparenting dynamics during pregnancy.

Correlations Between Birth Stories and Coparenting Dynamics at 3 Months

Another set of Pearson Product Moment correlations was conducted to determine whether couples' emotional expressiveness and cohesiveness during birth stories were correlated with their coparenting dynamics observed during triadic play at 3- months. Findings indicated that more emotionally expressive and positive couples, and couples who told more cohesive birth narratives at 3 months displayed more supportive coparenting dynamics during play interactions at 3 months

(see Table 2). Specifically, couples who were more expressive during the narration of their baby's birth and who told more cohesive birth stories showed significantly greater coparental cooperation, parental investment, and parent-child warmth and significantly less verbal sparring during the 3-month-LTP. In addition, couples with more cohesive birth stories also displayed greater coparental warmth. Couples who were more emotionally positive during the telling of their baby's birth and postpartum experiences showed significantly greater coparental cooperation, maternal investment in the task, and greater parent-child warmth.

Correlations Between Birth Stories at 3 Months and Coparenting Dynamics at 12 Months

A third set of Pearson Product Moment correlations were conducted to determine whether couples' emotional expressiveness and narrative cohesiveness during the birth stories were correlated with their coparenting dynamics observed during triadic mealtime interactions at 12 months. Findings indicated that more emotionally expressive couples, and couples who told more cohesive birth stories at 3 months displayed more supportive coparenting dynamics during play and mealtime interactions at 12 months (see Table 2). Specifically, couples who told more cohesive narratives about their first child's birth showed greater coparental cooperation during the 12-month play task *and* displayed greater cooperation and maternal investment and less verbal sparring during the 12-month mealtime interaction. Couples who were more emotionally expressive during their birth story displayed greater coparental cooperation, paternal investment, and coparental warmth during 12-month mealtime interactions.

Correlations Between Postpartum Narratives at 3 Months and Prenatal Coparenting Dynamics

A fourth set of Pearson Product Moment correlations were conducted to determine whether the quality of couples' narratives about their postpartum experiences was correlated with coparenting dynamics observed during the PLTP. Findings indicated that couples who were more positively expressive and had greater triadic quality during the postpartum narrative displayed more cooperation and coparental warmth during the PLTP (see Table 3).

Correlations between postpartum experiences and coparenting dynamics at 3 months

A fifth set of Pearson Product Moment correlations were conducted to determine whether the quality of couples' postpartum narratives at 3 months were correlated with concurrently observed coparenting dynamics observed during 3-months play. Findings indicated that couples who were more emotionally expressive during the narratives showed greater cooperation, less verbal sparring, greater parental investment and parent-child warmth, and greater coparental warmth during triadic interactions at 3 months (see Table 3). Couples who were more positively expressive in their postpartum narratives also showed greater cooperation, maternal investment, parent-child and coparental warmth during play interactions at 3 months. Couples with greater triadic quality during postpartum narratives also showed greater coparental cooperation, parental investment, and parental and coparental warmth during their 3-months play.

Correlations Between Postpartum Experiences at 3 Months and Coparenting Dynamics at 12 Months

A sixth set of Pearson Product Moment correlations were conducted to determine whether the quality of couples' postpartum narratives at 3 months were correlated with coparenting

dynamics observed at 12 months. Findings indicated that couples who were more emotionally expressive displayed greater cooperation and coparental warmth during 12-month triadic mealtime interactions (see Table 3). Couples who were more positively expressive also displayed greater mother investment during 12-months family play and greater cooperation and coparental warmth during 12-months mealtime interactions. However, expressiveness and positive emotional expressions during couples' postpartum narratives were not associated with coparenting dynamics during 12-months play interactions with the exception of one association found between positive postpartum narrative expressiveness and maternal investment during 12-months play. Finally, couples who evidenced greater triadic quality during their postpartum narratives displayed less verbal sparring during 12-month play as well as less competition during 12-month mealtimes, along with greater cooperation, father-child warmth, and coparental warmth.

Correlations Between Coparenting Quality During Birth Narratives and Coparenting Dynamics Observed During Triadic Family Interactions

A final set of Pearson Product Moment correlations was conducted to determine whether couples' coparenting quality observed during their birth stories and postpartum narratives were correlated with coparenting dynamics observed during family triadic interactions from pregnancy through 12 months postpartum (see Table 4). Findings indicated that couples with greater coparenting quality during both parts of their birth narratives displayed greater cooperation, maternal investment, and mother-child warmth during pregnancy. Specifically, couples who expressed more positive family views in their postpartum narratives also displayed greater cooperation and greater mother- and father investment during the PLTP, while couples with less negative coparenting views displayed greater cooperation and coparental warmth during the PLTP. Couples with greater coparenting quality during their birth stories and postpartum narratives at 3-

months also showed greater cooperation, less verbal sparring, greater parental investment, greater parent-child warmth, and greater coparental warmth observed during concurrently observed play interactions at 3 months. Finally, couples with greater coparenting quality during both parts of their birth narratives were also observed to show less competition and greater cooperation, father-child and coparental warmth during 12-months mealtime interactions.

Discussion

This study was one of the first to explore whether narratives parents tell about the experience of their first-born's birth are associated with the quality of their coparenting dynamics observed across the transition to parenthood. Findings in this study indicated that parents' narrative cohesiveness and emotional expressions during their birth narratives at 3 months were associated with coparenting dynamics observed during family interactions both before and after birth. As hypothesized, couples who constructed more cohesive birth narratives at 3 months postpartum displayed more supportive prenatal and postpartum coparenting dynamics. In addition, couples who expressed more positive emotions during their narratives had also more supportive coparenting relationships during pregnancy and at 3 months, though these same associations were not found between positive expressiveness during birth narratives and 12-months coparenting. A greater propensity of parents to consider the family triad as opposed to focusing on individual experiences during birth narratives was also associated with observed coparenting dynamics, though more commonly those observed during concurrent, 3-months interactions rather than during prenatal or 12-months interactions.

These findings indicate that positive qualities of couples' representations of their birth experiences, their positivity of expressions and narrative cohesiveness, reflect aspects of their emerging coparenting relationship both prior to and after birth. These findings are particularly

striking given that for most couples, the births of their children seemed to have been fairly negative experiences. However, since birth narratives do not measure the actual or objective nature of their birth but the subjective and constructed meaning parents assign to their experiences, it makes sense that the quality of this meaning-making parents demonstrate when thinking about their birth carries over into how they interpret other family experiences. Supporting this interpretation is the fact that the type of birth couples experienced, vaginal versus planned or emergency C-section did not influence the narrative coherence or positive expressiveness during their birth narratives.

This study was the first to assess coparenting quality during a novel interaction task, namely parents' conjoint narrative about their birth and postpartum experiences. Findings in this study indicated that couples with better coparenting quality displayed during birth narratives were observed to show more supportive coparenting dynamics characterized by greater cooperation, parental investment, and family warmth during entirely different interactions and time points in family life, namely prenatal and 3-months play and 12-months mealtime interactions. In addition, couples with more positive family views expressed during their postpartum narratives displayed more supportive coparenting dynamics during prenatal- and 3-months play and 12-months mealtimes, though fewer associations were found between couples' pessimistic views of coparenting expressed during birth narratives and observed coparenting.

These findings contribute to the coparenting literature, which has not yet focused on couples' birth narratives as a paradigm for observing coparenting dynamics or as an antecedent to the coparenting relationship. Despite striking differences between the task of narrating birth experiences and playing with a doll or with one's actual baby, couples' coparenting quality remained surprisingly consistent across time and tasks and suggests that birth narratives are a useful measure of coparenting quality. The kind of coparenting support couples provided to each

other when collaborating in constructing their birth stories was already visible during pregnancy when they had to help each other during the awkward task of playing with a doll and suggests that coparental support may be an enduring quality that emerges prior to birth. These findings are consistent with previous coparenting research on the transition to parenthood, which found that couples' coparenting dynamics observed during the PLTP predicted coparenting dynamics later in the postpartum period (Altenburger et al., 2014; Carneiro et al., 2006).

Associations between coparenting during birth narratives and other family interactions suggest, that birth narratives should be considered as an additional factor within Feinberg's ecological model of coparenting (2003). Future studies should further investigate the interrelationship of couples' birth narratives and some of the other parental, familial, and child factors embedded within Feinberg's coparenting model. It is conceivable that the way in which parents perceive their birth experiences is affected by supports and resources available from others outside of the family, and it is almost certain that parents' reflections on their birth experiences are affected by parental personality characteristics as well as by infant characteristics subsequent to birth (physical and medical status after birth, temperamental qualities).

Though not a main focus in the present study, a lot of anecdotal evidence for various aspects of Feinberg's model was found in the present study. For example, couples in the present study often spontaneously commented on external factors, such as the death of their parents or trouble at work, as well as their couple relationship as influencing their coparenting dynamics. Several parents also reported that their infants' difficult temperaments posed challenges for their parenting and relationship with their child. Though parents did not directly connect their child's difficult temperament with difficulties in their coparenting relationship, other studies have reported on such links (Davis, Schoppe-Sullivan, Mangelsdorf, & Brown, 2009).

Of note was that many new parents told narratives that reflected negative though not traumatic birth experiences and the emotional valence of their expressions while narrating their stories tended to be neither positive nor negative. This was in contrast to their postpartum narratives, which tended to involve mostly positive emotional expressions and suggest that it wasn't parents' general negativity about their transition experiences, which let them to focus on negative aspects of their births. This suggests that the birth itself was a more negative experience than the postpartum period, which is not surprising given that many births involve pain and uncertainty for parents and almost always turn out differently than the birth plans they had previously made. The early postpartum period can also be challenging for many new parents, but in different ways than their births were. However, parents may have more sense of control over their postpartum experiences than their births and the presence of their baby during the postpartum period as a reward for sleepless nights or difficulties soothing or feeding may soften parents' perceived challenges after birth.

As this current study was one of only a few studies which asked parents to conjointly tell the story of their child's birth, it is interesting that most couples equally shared the narration of their birth and postpartum experiences. The couple's co-construction of their birth story allows for an assessment of the coparenting partners' support for one another, both during the birth as recalled by partners, as well as during their collaboration in telling the story. Support is an integral aspect of the coparenting relationship and it is only when couples are asked to conjointly tell their birth narrative that this coparenting quality becomes apparent.

Somewhat puzzling were the lack of associations found between coparenting dynamic observed during 12-month play interactions and cohesiveness, emotional expressiveness, and coparenting quality displayed during birth narratives. Apparently, qualities measured during birth

narratives were not good predictors of subsequent coparental dynamics during play interactions, though they were predictive of coparenting observed during mealtime interactions. These task effects in patterns of associations are difficult to interpret, as the influence of task characteristics in the coparenting literature in general has not received much attention. The implications of associations found between coparenting dynamics within birth narratives and coparenting dynamics before and after birth are that birth narratives provide a useful measure of coparenting dynamics. However, future studies with larger and more diverse samples should further explore the relationship between narrative co-construction and coparental dynamics found in the present study.

Some limitations of the current study need to be addressed. First, the sample size was relatively small and homogeneous, and may not represent the larger population of parents experiencing the transition to parenthood. For example, patterns of associations may differ in samples of coparents who experienced more numerous and intense stressors within and outside of their families with fewer supports to buffer their strains. Families who are less affluent, or who experienced traumatic or premature births, which involve more commonly new parents from ethnic minority groups, may show different patterns of association between their birth narratives and coparenting dynamics observed during play interactions. Another limitation of the current study was that the birth narrative interview may not have solicited truthful accounts of couples' emotional birth experiences. Although couples were specifically instructed to tell the story of their baby's birth from an emotional standpoint, the vast majority of couples focused predominantly on medical facts rather than emotional experiences during their births. One possible explanation for this finding is that parents were not as comfortable telling the interviewer the full details of their emotional experiences.

The current study also utilized a new coding system specifically designed to assess narrative cohesiveness, emotional expression, and coparenting quality during birth narratives. Though the new coding system was based on prior studies, many of its components were entirely new and need validation from future studies.

In conclusion, birth narratives appear to be a useful measure of coparenting dynamics as they reflect coparenting dynamics consistent with those observed during different tasks and at different times during the transition to parenthood. Since qualities of birth narratives are linked to coparenting dynamics, the model of coparenting antecedents and consequences postulated by Feinberg (2003) should thus also include the factor of parental representations of their birth. Future studies should focus on interrelationships between birth narrative qualities and parent-, child-, couple-, and family factors that have been shown to correlate with coparenting dynamics. The birth narrative may also be a useful assessment tool of coparental dynamics within clinical settings, where it could help to identify parents in need of critical interventions to improve their postpartum adjustment and coparenting relationship.

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Table 1: Means and Standard Deviations for Cohesiveness, Expressiveness, and Coparenting Variables During Couples 3-Months Birth Narratives (Birth Stories and Postpartum Narratives)

Birth Narrative Variables:	Birth Story		Postpartum Narrative	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Verbal Expressiveness	3.13	1.05	3.29	.70
Valence Verbal Expressiveness	2.94	.86	3.47	.70
Nonverbal Expressiveness	3.4	1.00	3.29	.76
Valence Nonverbal Expressiveness	3.37	.69	3.59	.57
Narrative Coherence	3.40	1.07	–	–
Triadic Quality	3.37	.89	3.55	1.05
Coparenting Quality	3.67	.83	3.88	.79
Positive Family View	–	–	5.20	1.30
Negative Coparenting View	–	–	1.18	.48

Table 2: Correlations between emotional expressiveness and narrative cohesiveness during birth stories and coparenting dynamics observed during prenatal, 3- and 12-months family interactions

	Birth Story Variables			
	Emotional Expression	Positive Expression	Narrative Cohesiveness	Triadic Quality
Prenatal Coparenting:				
1. Competition	-.065	-.161	-.106	-.212
2. Cooperation	.276*	.334**	.354**	.423**
3. Verbal Sparring	.065	-.106	.096	-.090
4. Mom Investment	.304*	.006	.319*	.151
5. Dad Investment	.207	.084	.363*	.199
6. M-C Warmth	.245*	.148	.363**	.084
7. D-C Warmth	.206	.134	.237*	.229
8. Coparental Warmth	.216	.408**	.332**	.380**
3 Months Coparenting:				
1. Competition	.015	.012	-.150	-.033
2. Cooperation	.440**	.431**	.495**	.455**
3. Verbal Sparring	-.401**	-.002	-.246*	-.192
4. Mom Investment	.394**	.334**	.378**	.413**
5. Dad Investment	.526**	.082	.463**	.439**
6. M-C Warmth	.394**	.295*	.566**	.338**
7. D-C Warmth	.468**	.247*	.449**	.458**
8. Coparental Warmth	.433**	.456**	.494**	.510**
12 Months Coparenting (Play):				
1. Competition	-.032	.235	-.262*	-.184
2. Cooperation	.184	.177	.255*	.136
3. Verbal Sparring	-.196	.067	-.265*	-.334*
4. Mom Investment	.212	.219	.284*	.185
5. Dad Investment	.043	-.079	.108	-.055
6. M-C Warmth	.087	.221	.174	.069
7. D-C Warmth	-.095	.035	-.165	-.123
8. Coparental Warmth	-.043	.023	.148	.022
12 Months Coparenting (Mealtimes):				
1. Competition	-.196	-.126	-.219	-.253
2. Cooperation	.445**	.216	.402**	.255*
3. Verbal Sparring	-.057	-.091	-.331*	-.141
4. Mom Investment	.118	.057	.134	.132
5. Dad Investment	.263*	.065	.336*	.033
6. M-C Warmth	.130	.139	.290*	.055
7. D-C Warmth	.222	.100	.319*	.211
8. Coparental Warmth	.340*	.247	.360**	.233

Note: † p = .06 *p < .05 **p < .01 ***p < .001

Table 3: Correlations between emotional expressiveness during postpartum narratives and coparenting dynamics observed during prenatal, 3- and 12-months family interactions

Prenatal Coparenting:	Postpartum Narrative Variables:		
	Emotional Expression	Positive Expression	Triadic Quality
1. Competition	-.013	-.196	-.012
2. Cooperation	.224	.363**	.363**
3. Verbal Sparring	.083	-.051	.089
4. Mom Investment	.210	.047	.227
5. Dad Investment	.087	.207	.216
6. M-C Warmth	.152	.226	.010
7. D-C Warmth	.089	.116	.147
8. Coparental Warmth	.143	.406**	.266*
3 Months Coparenting:			
1. Competition	.046	-.127	.113
2. Cooperation	.362**	.545**	.350**
3. Verbal Sparring	-.37**	.035	-.108
4. Mom Investment	.356**	.404**	.436**
5. Dad Investment	.417**	.193	.442**
6. M-C Warmth	.399*	.451**	.317*
7. D-C Warmth	.377**	.305**	.357**
8. Coparental Warmth	.357**	.621**	.359**
12 Months Coparenting (Play):			
1. Competition	-.013	.072	.113
2. Cooperation	.193	.131	.144
3. Verbal Sparring	-.136	.061	-.340*
4. Mom Investment	.213	.262*	.126
5. Dad Investment	.065	-.033	.001
6. M-C Warmth	-.013	.204	-.021
7. D-C Warmth	-.138	-.008	-.110
8. Coparental Warmth	-.022	.118	-.177
12 Months Coparenting (Mealtimes):			
1. Competition	-.158	-.128	-.289*
2. Cooperation	.340*	.277*	.281*
3. Verbal Sparring	-.065	-.247	-.100
4. Mom Investment	.165	.014	.073
5. Dad Investment	.180	.126	.145
6. M-C Warmth	.111	.197	.066
7. D-C Warmth	.121	.058	.279*
8. Coparental Warmth	.300*	.328*	.332*

Note: † p = .06 *p < .05 **p < .01 ***p < .001

Table 4: Correlations between coparenting quality and dynamics during birth narratives and coparenting dynamics observed during family interactions during pregnancy and at 3- and 12-months

Prenatal Coparenting:	Birth Narrative Variables:			
	Birth Story	Postpartum Narrative		
	Coparenting Quality	Coparenting Quality	Positive Family View	Negative Coparenting View
1. Competition	-.16	-.24*	-.05	.02
2. Cooperation	.49***	.45***	.30*	-.41**
3. Verbal Sparring	-.10	-.10	.21	.01
4. Mom Investment	.33**	.29*	.26*	-.14
5. Dad Investment	.12	.19	.30*	.10
6. M-C Warmth	.26*	.30*	.21	-.08
7. D-C Warmth	.19	.22†	.13	-.19
8. Coparental Warmth	.32*	.30*	.21	-.37**
3 Months Coparenting:				
1. Competition	-.11	-.19	-.03	-.03
2. Cooperation	.49***	.44**	.45**	-.19
3. Verbal Sparring	-.27*	-.25*	-.12	.23†
4. Mom Investment	.49***	.38**	.50***	.03
5. Dad Investment	.52***	.41**	.45**	-.02
6. M-C Warmth	.51***	.47***	.47***	-.27*
7. D-C Warmth	.62***	.50***	.48***	0.20
8. Coparental Warmth	.52***	.49***	.45***	-.32*
12 Months Coparenting (Play):				
1. Competition	-.01	-.06	.02	.11
2. Cooperation	.21	.07	.07	.04
3. Verbal Sparring	-.19	-.10	-.15	.17
4. Mom Investment	.14	.08	.17	.02
5. Dad Investment	.06	-.07	.04	.10
6. M-C Warmth	-.07	-.1-	.02	.11
7. D-C Warmth	-.08	-.20	-.09	-.08
8. Coparental Warmth	-.03	-.16	.00	.12
12 Months Coparenting (Mealtimes):				
1. Competition	-.29*	-.13	-.14	.14
2. Cooperation	.38**	.24†	.27*	-.25†
3. Verbal Sparring	-.15	.01	-.22	.21
4. Mom Investment	.09	-.02	.11	-.21
5. Dad Investment	.12	.21	.27*	-.07
6. M-C Warmth	.22	.09	.21	-.08
7. D-C Warmth	.41**	.38**	.24†	-.24†
8. Coparental Warmth	.31*	.23	.43**	-.31*

Note: † p = .06 *p < .05 **p < .01 ***p < .001