

*Couple's well-being and parenting in the transition to parenthood: what are the gender differences?**

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Summary. *The study investigates gender differences in the transition to parenthood (from the last trimester of the pregnancy to the 6th month from child's birth) with a short-term longitudinal design aimed to assess couple's adjustment (agreement, satisfaction, cohesion, affectivity, and marital self-efficacy), parenting stress and self-efficacy, and temperamental characteristics of the newborn. After birth, all marital and parental measures (with the exception of stress) significantly decrease, as well as child's temperamental levels of activity and emotionality increase. Gender differences emerge for agreement, cohesion, and parenting stress, not for self-efficacy constructs. The 3rd post-birth month results particularly critical, because couple's satisfaction measures get to lowest level for men and parental stress is highest for women.*

Key words: *transition to parenthood, gender differences, couple adjustment, parenting stress*

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Couple's well-being and parenting in the transition to parenthood: what are the gender differences?

The transition to parenthood is a critical stage in the course of family life since it entails for a couple to seek out a new adjustment. The birth of a child may have a positive impact, with an increase of gratification and a sense of personal growth, if prior to the pregnancy the quality of the relationship between the spouses is one that features intimacy, affection, ability to open up to each other and give each other mutual support (McDermid, Hutson, & McHale, 1990). Conversely, in a famous study Cowan and Cowan (1997, It. ed.) identify this stage as a period of "moderate risk" for women as well as for men. Other studies confirm that spouses, after the birth of their first child, perceive as worsened the quality of their relationship and their satisfaction with family life compared to the prenatal period, partly as a strenuous response to the needs of the infant's care, partly due to an emotional increase of attention and attachment to the newborn which can put the relationship with the partner in the background (Lawrence, Rothman, Cobb, Rothman, & Bradbury, 2008).

It seems that a decline in the quality of the relationship between parents can already be detected after only a month from childbirth, despite the fact that the susceptible period extends up to six months after the birth of the child. Disagreements and conflicts between new parents increase, as well as intimacy and cohesion can collapse if compared to the period preceding the birth (Kluwer & Johnson, 2007). Cowan and Cowan (1997, It. ed.) have addressed the issue of sexuality by asking pairs of new parents what they were doing to demonstrate their care to their respective partners: six months after childbirth, mothers claimed to be as attentive to their partners as they were before giving birth, while fathers claimed to be less caring than their partners; the decrease of sexual harmony was confirmed by both spouses, eighteen months after childbirth.

Zaccagnini and Zavattini (2007) have confirmed the decrease in the perceived quality of married life, with similar trends between men and women. This research showed an effect related to the length of the relationship: couples who had been together for more than eight years had a perception of their adjustment significantly better than those who had been living together for a shorter period of time. Other measures of the prenatal period, which are related with a better adjustment to the parental role, are the sense of autonomy, self-esteem, low levels of anxiety, mutual support with the partner, flexibility, and problem solving (Heinicke, 2002).

A different line of studies focused on the differences between men and women, investigating their different levels of involvement, well-being and

attitudes towards parenting. In general, in the period immediately following the birth, women declare to be less satisfied with their married life than men and have a higher risk of depression (O'Hara & Swain, 1996). Other consequences are related to their interactions with their children (parenting): mothers feel exhausted and perceive higher stress conditions due to both the intense care they devote to the newborn (such as waking up at night, breast feeding or dealing with colic), and a sense of constriction in their role as a parent which requires them to sacrifice other areas of personal and social life (especially work).

An important parenting factor is self-efficacy, that is the parent's confidence in being able to address in a competent way the tasks of child care. Porter and Hsu (2003) found low levels of self-efficacy in mothers during the first weeks after birth, with experiences of anxiety and helplessness that arise, for example, from a difficulty to be able to tell the needs of the newborn by his/her crying. It has also been observed that high levels of stress, depression and poor sense of self-efficacy, interfere with their involvement in the care of the child and with the ability of women to respond in a prompt and affectionate way to the needs of their children (Lovejoy, Graczyk, O'Hara, & Neuman, 2000).

The birth of the first child seems instead to influence men to a lesser extent in comparison with women. Both parents though are negatively affected by personality factors (such as low self-esteem or depression) and relationships with families of origin, especially if these are perceived as being judgemental or overprotective. One year after the child's birth, adjustments seem to be facilitated mostly by factors within the couple such as harmony, sharing and emotional support (Matthey, Barnett, Ungerer, & Waters, 2000).

Therefore, the latest studies not only focus on how childbirth improves or deteriorates the well-being of the marital relationship, but also on identifying individual and/or couple variables that affect the quality of parenting. The effort is to understand how the axis of marital status integrates with that of parenthood and what their mutual connections are. Some studies point out that low marital satisfaction is associated in both partners with a lesser sense of parental competence and high levels of stress (Knauth, 2000). On the contrary, a greater sense of parental self-efficacy and fewer negative consequences in terms of stress and depressive symptoms can be observed in a strong dyadic alliance, expressed through mutual support, sharing, and the ability to negotiate commitments related to childcare (coparenting; Solmeyer & Feinberg, 2011).

We must also consider child-related factors, such as his/her temperament, among the variables that affect the transition to parenthood (Solmeyer &

Feinberg, 2011). Research shows children with a difficult temperament – that is those who have a negative emotional make up (often crying, fearful or grumpy), have a hard time adjusting to changes, are strenuous to calm down and to be consoled – are the ones who make parenting more stressful: especially, mothers may feel frustrated and unable to effectively deal with them (Troutman, Moran, Arndt, Johnson, & Chmielewski, 2012). However, the relationship between temperament and parenting must be understood in a mutual direction, because both parent's conditions and characteristics interact with child's temperamental traits. Mothers with higher levels of stress are less attentive and less able to respond to the signals of newborns than women who undergo less tension. On the other hand, infants with a difficult temperament may exacerbate the stress experienced by mothers (Molfese et al., 2010). Therefore, these studies suggest taking into consideration the characteristics of the infant's temperament as factors that may affect the new parents' experience and the quality of family life in the months following the birth.

Aim of this research is to investigate the trajectories of male and female adjustment in the transition to parenthood, taking into account the two separate marital and parental axes. From the last trimester of pregnancy and until the child is 6 months of age, the new parents perceptions of their roles and their experience of adequacy in their interactions with the newborn are observed, in addition to perceived changes in the quality of marital relationships. According to evidence, the months following the childbirth are expected to make conjugal life worse, with less satisfaction, increased conflicts and negative emotions especially in women. Expectations related to parenting are to find the presence of conditions of stress in mothers, in addition to their decreased sense of self-efficacy (O'Hara & Swain, 1996). As for fathers, we have not specific expectations because the effects of parenthood on a man's psychological conditions are less investigated.

In particular, the queries and hypotheses of this research relate to:

- 1) The possible presence of gender differences in the perception of the marital-relationship quality during the pregnancy period (last trimester) and after birth (surveyed at the 1st, 3rd, and 6th months post-partum) with their relative changes. In order to measure the dyadic adjustment the following factors have been taken into consideration: a) consensus, satisfaction, cohesion and affection expression of the couple according to multidimensional model of Spanier (1976); b) marital self-efficacy as the individual expression of one's level of confidence in being able to maintain a satisfactory and positive understanding in the relationship with the partner.

2) The differences between men and women in adjusting to the parental role: both self-efficacy as an expression of one's perceived competence and the stress related to the care of the newborn can be considered variables. According to literature (e.g., Cowan et al., 1985), expectations are that the consequences of the birth should be less pronounced in fathers as opposed to mothers, the later being expected to show a lesser degree of self-efficacy and higher levels of stress.

3) The possible connection between marital and parental adjustments. In line with other studies (e.g., Zaccagnini & Zavattini, 2007), it is possible to hypothesize that a longer running relationship goes along with a higher level of perceived satisfaction, while the possible connection between the duration of the marital relationship and the variables related to parenting (stress and self-efficacy) are still to be observed.

4) Finally, three surveys on children's temperament (on the 1st, 3rd and 6th month) will be carried out, in order to highlight if a possible assessment of the newborn as "difficult" can be a condition associated with higher levels of stress and lower levels of self-efficacy for parents.

Method

Participants

Nineteen pairs of prospective parents (17 pairs in expecting their first child and 2 their second) were recruited in childbirth preparation courses organized by a public family planning clinics. Inclusion criteria were the absence of complications related to pregnancy and/or conditions of psychopathological risk both for men and for women (in particular, depression and/or anxiety). Men's mean age was 31.63 years ($SD = 4.8$), women's 28.68 years ($SD = 4.81$). The education level was medium-high: 39.50% of the participants had a high school diploma, 42.10% had the degree. The average duration of the marital relationship or cohabitation was 3.58 years ($SD = 4.63$). The children (11 females and 8 males) were born all completed without perinatal complications, after an average gestation period of 37.9 weeks ($SD = 1.18$).

Instruments and measures

Measures of the marital relationship

The Dyadic Adjustment Scale (DAS; Spanier, 1976; Italian adaptation by Gentili et al., 2002) is a 32-item self-report inventory of marital adjustment containing a global measure of relationship distress and 4 subscale scores

assessing: 1) dyadic consensus (13 items) – i.e., the degree of agreement/disagreement on issues such as friends, finances, religion, home organization, etc.; 2) dyadic satisfaction (10 items) – i.e., the level of happiness/unhappiness about the relationship with items referring to situations such as the frequency of quarrels, the pleasure of being together, or consider the idea of divorce; 3) dyadic cohesion (5 items) – i.e., sharing pleasurable activities, communicating and being able to work on a common project; and 4) affectional expression (4 items) – i.e., the ways to express feelings and sexuality. There are different ways to answer: 29 items are Likert-type (5, 6, and 7 points), two items are dichotomous (yes/no) and one is a multiple-choice item. Higher scores on the DAS indicate higher marital satisfaction. Here we took only in to account the scores of four subscales separately.

The Perceived Marital Self-Efficacy Scale (ACP; Caprara, Regalia, & Scabini, 2001) is a 15-item self-report questionnaire. It assesses respondent's beliefs about his or her ability to communicate openly, to offer support to and confide on the partner, to solve problems related to marital life, to maintain balance in the relationships with his or her original families, friends, and community, to agree on education of children. The respondents are asked to rate their current capabilities ("how well can you?"), not past or future ones, on a 7-point Likert scale from 1 ("not well at all") to 7 ("very well"). Higher scores indicate a higher sense of perceived self-efficacy.

Measures of parental adjustment

The Parent Sense of Competence Scale (PSOC; Johnston & Mash, 1989; Italian translation Vio et al., 1999) is a 16-item questionnaire, which measures parenting self-esteem and two aspects of parents' self-reported competence: feelings of satisfaction and efficacy in the parenting role. The respondents are asked to rate their degree of agreement on a 6-point Likert scale from 1 ("agree at all") to 6 ("not agree at all"). Higher scores indicate a higher sense of satisfaction and self-efficacy.

The Parenting Stress Index, Short Form (PSI-SF; Abidin, 1995) is a 36-item self-report instrument for parents of children aged between 1 month and 12 years. It assesses stress as a result of the characteristics of the child, than the parent and parent-child interaction problems. The items of this dimension reflect the idea that the child does not respond to parental expectations or that the interactions with him are not rewarding as a parent. The answers on a Likert scale from 1 ("strongly disagree") to 5 ("strongly agree") provide values for which higher scores correspond to higher levels of perceived stress. It is also possible to calculate a score of defensive

responses, which expresses the extent to which a parent responds with an inclination to give a more positive self-image, minimizing the tensions or problems in the relationship with the child. This score was used here as an estimate of the social desirability of the answers (none of the participants reached or went below the cut-off value of 10 referred to defensive bias in the manual).

Children's Measures

We used the 1-12 months test of the Italian Questionnaires of Temperament (QUITs; Axia, 2002). It consists of 55 items with responses on a Likert scale from 1 ("almost never") to 6 ("almost always"). Each item describes a child's behavior that on the last week adults have been able to observe directly in different settings (the child playing with others, in front to a novelty, and so on). The underlying temperamental dimensions are: social orientation, inhibition to innovations, motor activity, attention, positive, and negative emotionality. Each dimension is polarized in the direction top/down or common/uncommon: a higher score indicates a higher intensity of the characteristic. With regard to the psychometric properties of the QUITs, the studies that developed them (Axia, 2002) stressed their good internal validity and reliability even if completed by parents.

Design, procedure, and statistical analysis

The research was conducted according to a mixed factorial design with repeated measures 2 (fathers vs. mothers) x 4 (recording phases: pre-natal, 1st, 3rd, and 6th month after birth). The childbirth preparation courses began the sixth month of pregnancy and they were conducted by a psychologist and a midwife. One of the authors was present at the meetings as an observer. She collected personal and family data, and she proposed to couples to participate in research in an anonymous and voluntary way. The first survey (pre-natal, T1) was carried out at the beginning of the penultimate meetings (8th month of pregnancy), in an independent form for the two spouses, with the two questionnaires for assessing the marital relationship (DAS and ACP). At that time also was sought availability for subsequent postnatal surveys (see Table 1 for a summary of the research phases). Questionnaires were mailed new parents and were returned by them in the same way after compilation.

Table 1. Phases and instruments of the study.

Time of the survey	Questionnaires		
	Measures of marital Relationship	Measures of Parenting	Child's Measures
T1 – prenatal (last trimester)	DAS		
T2 – 1 month after birth	ACP DAS	PSI-SF	QUITs – 1-12
T3 – 3 months after birth	ACP DAS	PSOC PSI-SF	QUITs – 1-12
T4 – 6 months after birth	ACP DAS	PSOC PSI-SF	QUITs – 1-12
	ACP	PSOC	

First data (frequency and agreement estimates on Likert scales) were been analyzed with a series of ANOVAs for mixed repeated measures designs: 2 x 4 for the marital relationship (subscales of the DAS and ACP) and 2 x 3 for parenting (PSI and PSOC) and children's temperament measures.

Then we calculated the degree of association (Spearman's bivariate coefficient rho) among all measures: parents' age and duration of marital relationship, marital and parental adjustment, and infant temperament.

Results

Measures of the marital Relationship (DAS subscales and ACP)

In general, men expressed higher rates of marital adjustment and self-efficacy than women, with one exception: the dyadic satisfaction measured on the first and third month after birth. Figures 1-4 show graphically the evolution of marital adaptation measures before and after childbirth.

The dyadic consensus scores (Figure 1) significantly decreased from the prenatal phase until the third month of the child's life – at this time the values were lowest – to rise again to the fourth survey [$F(3, 108) = 25.19, p < .001, \eta^2 = .41$]. This pattern was similar between genders, but men's values were consistently higher than women's one [$F(1, 36) = 5.17, p = .03, \eta^2 = .13$].

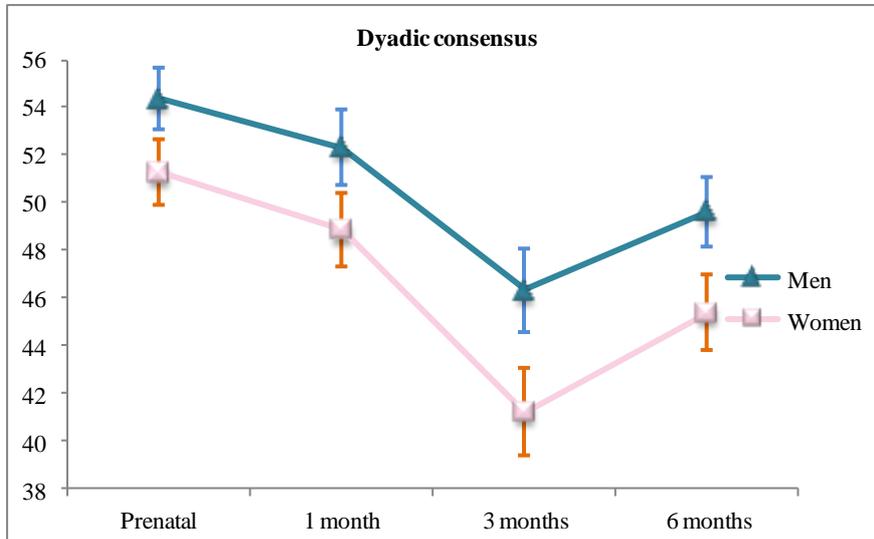


Figure 1. Trends of DAS dyadic consensus scores from T₁ to T₄. Error bars represent standard errors.

In dyadic satisfaction subscale differences among phases [$F(3, 108) = 7.41, p < .001, \eta^2 = .17$] and the interaction "gender x phases" [$F(3, 108) = 3.13, p = .03, \eta^2 = .08$] were statistically significant. Particularly, men's sense of satisfaction, initially higher than women's, underwent a drastic decrease in the third month, when the levels were lower than the female ones, and then matched them at the 6th month (Figure 2). In women, however, the variations were less pronounced and measures at the 6th month returned to the level of prenatal stage. At six months, the satisfaction perceived by spouses was similar.

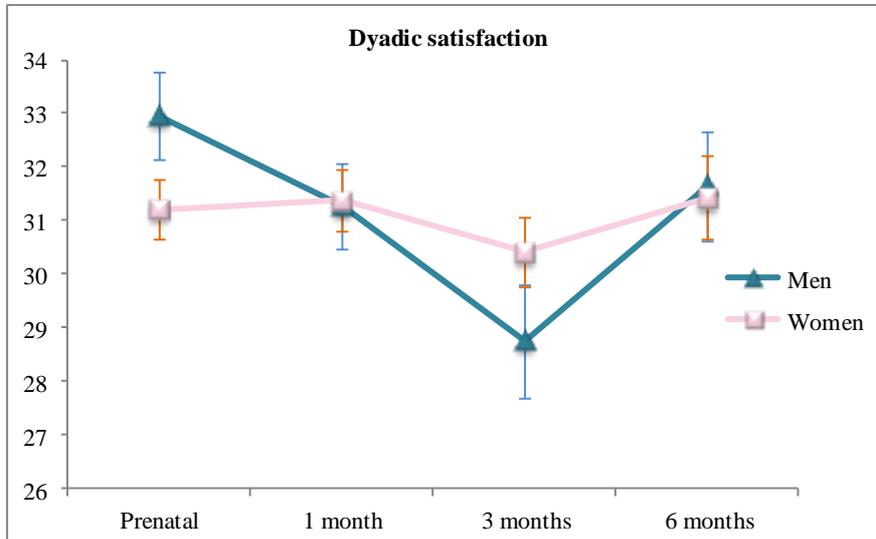


Figure 2. Trends of DAS dyadic satisfaction scores from T₁ to T₄. Error bars represent standard errors.

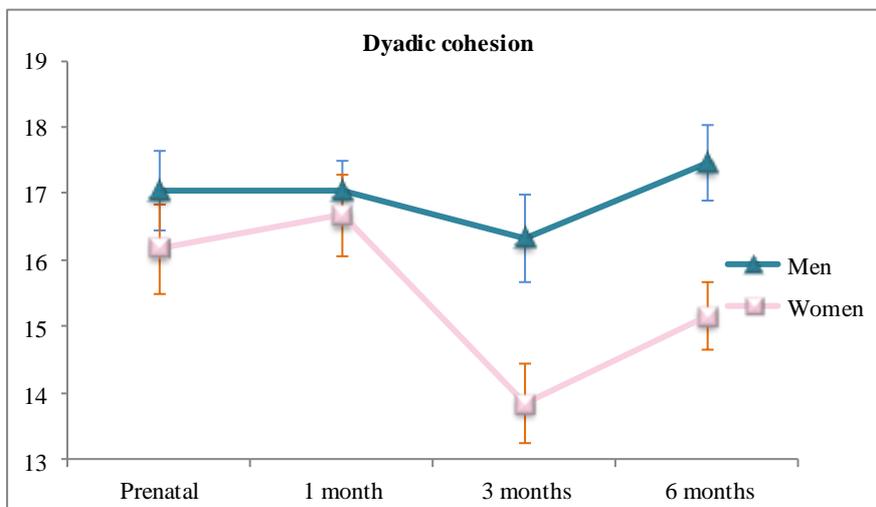


Figure 3. Trends of DAS dyadic cohesion scores from T₁ to T₄. Error bars represent standard errors.

For the dyadic cohesion subscale, scores also showed a significant decrease until the third month after birth and a subsequent recovery at the last survey [$F(3, 108) = 5.93, p = .001, \eta^2 = .14$] (Figure 3). Men reported a greater sense of cohesion than women [$F(1, 36) = 6.10, p = .019, \eta^2 = .14$]. The interaction "gender x phases" was at the limit of statistical significance [$F(3, 108) = 2.57, p = .058, \eta^2 = .07$].

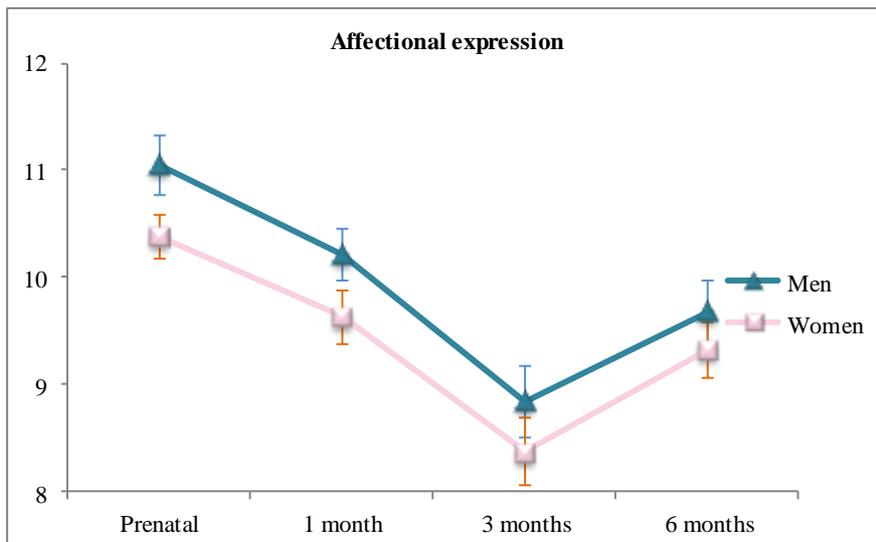


Figure 4. Trends of DAS affectional expression scores from T₁ to T₄. Error bars represent standard errors.

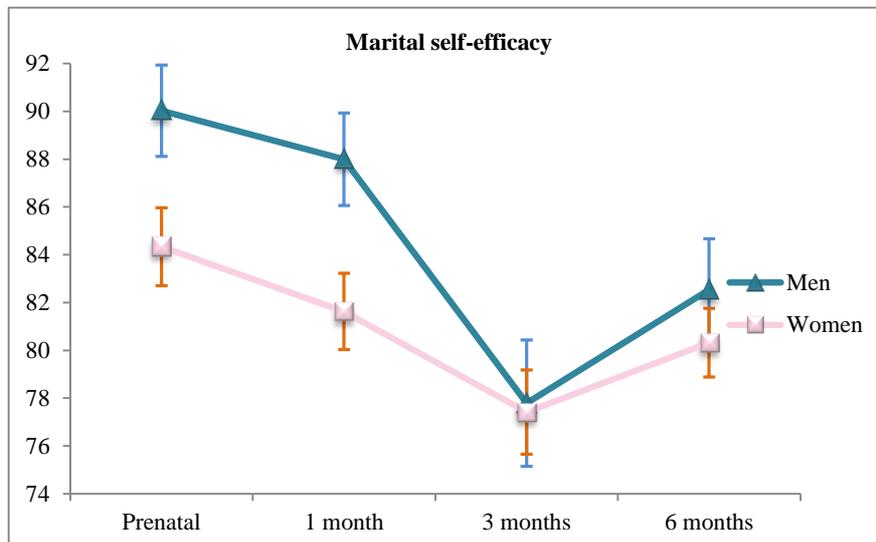


Figure 5. Trends of the perceived marital self-efficacy scores from T₁ to T₄. Error bars represent standard errors.

Finally, in the subscale of sexuality and affectional expression, scores of both genders were similarly lower in the post-natal periods with a strong decrease at the third month [$F(3, 108) = 31.16, p < .001, \eta^2 = .46$].

As other couple measures, even both husband and wife's self-efficacy scores decreased significantly after childbirth [$F(3, 108) = 15.68, p < .001, \eta^2 = .30$] with lower levels at the third month (Figure 5); this stage is followed by a recovery in the 6th month, the values of which, however, are significantly lower than the prenatal stage ($M1 - M4 = 5.76, p = .003$).

Adjustment to parental role (PSI and PSOC measures)

The parental adjustment measures (levels of perceived stress and sense of competence) appeared to be better for fathers than mothers.

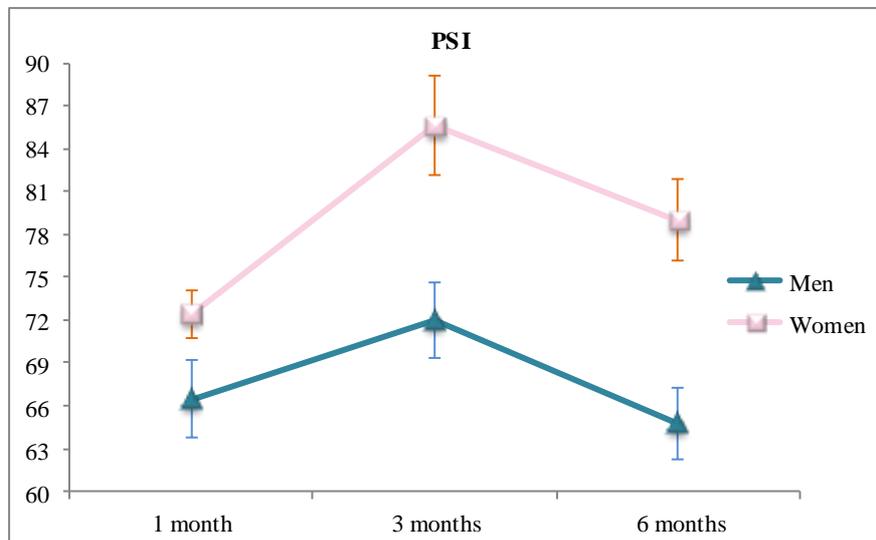


Figure 6. Trend of the parental stress indexes from T₂ to T₄. Error bars represent standard errors.

In stress scores there were significant effects for gender [$F(1, 36) = 11.67$, $p = .002$, $\eta^2 = .24$], phases [$F(2, 72) = 17.22$, $p < .001$, $\eta^2 = .32$], and the interaction "gender x phases" [$F(2, 72) = 3.90$, $p = .025$, $\eta^2 = .10$]. As it can be seen in Figure 6, while fathers' stress at 6th month returned to the level of the first month, mothers' stress continued to be higher than that perceived at the first month.

For parenting self-efficacy scores only phase effect was significant [$F(2, 72) = 12.28$, $p < .001$, $\eta^2 = .25$]. Fathers and mothers showed a similar trend, with a sharp decrease in the 3rd month from child's birth (Figure 7), but then on the 6th month the perception of effectiveness of both parents returned to baseline.

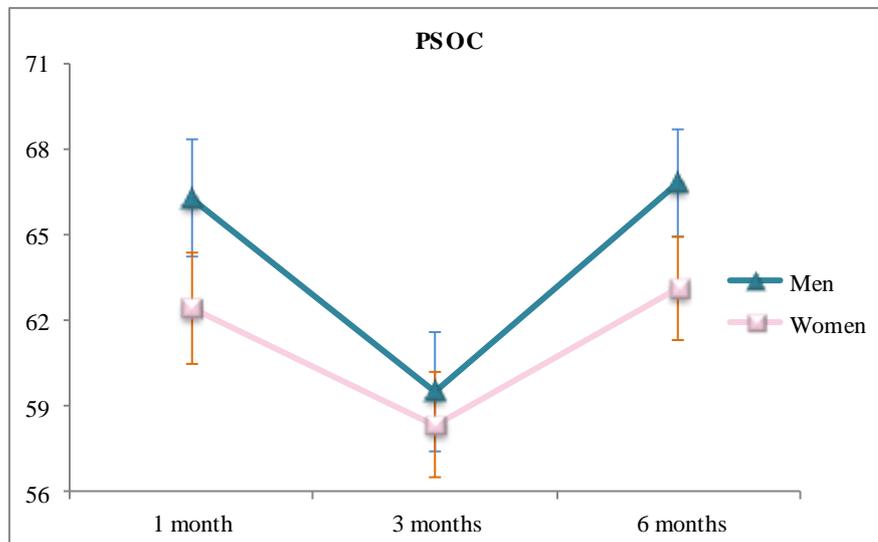


Figure 7. Trend of the parental competence scores from T₂ to T₄. Error bars represent standard errors.

Children's temperamental characteristics

The mean scores of children's temperament traits (QUITs), rated by either parents, are reported in Table 3: on average there were not very differing evaluations between the two parents in the perception of their child's temperament. Significant changes as a function of phases emerged for some of scales: crossing from the first to the sixth month of the child's life it is observed, as it is easy to guess, increased levels of physical activity [$F(2, 72) = 7.08, p = .002, \eta^2 = .16$], positive emotionality [$F(2, 72) = 5.866, p = .004, \eta^2 = .14$], and negative emotionality [$F(2, 72) = 4.601, p = .013, \eta^2 = .12$].

Table 3. Means (and standard deviations) of temperament scores (QUITs – 1-12 months) rated by both fathers and mothers.

	Time survey after child's birth					
	1st month		3rd month		6th month	
	Father	Mother	Father	Mother	Father	Mother
Social orientation	4.00 (.56)	3.81 (.43)	3.95 (.60)	3.98 (.53)	3.88 (.55)	3.87 (.49)
Inhibition to innovations	2.97 (.43)	3.09 (.42)	3.03 (.38)	3.10 (.45)	3.25 (.39)	3.16 (.46)
Motor activity	2.68 (.49)	2.26 (.54)	2.62 (.49)	3.05 (.67)	3.19 (.76)	3.08 (.67)
Attention	3.56 (.59)	3.66 (.33)	3.46 (.46)	3.46 (.55)	3.68 (.60)	3.49 (.56)
Positive emotionality	3.13 (.74)	3.12 (.78)	3.21 (.69)	3.57 (.62)	3.68 (.63)	3.58 (.60)
Negative emotionality	2.25 (1.11)	2.21 (1.15)	2.60 (.87)	2.41 (.78)	2.89 (.75)	2.58 (.64)

Correlations

The last step of the analysis was to estimate the degrees of association among all factors. Below we report only the statistically significant coefficients:

a) Personal data (parents' age and duration of marital relationship): only the duration of the relationship is positively related after the child's birth with the dyadic satisfaction (T2: $\rho = .467$, $p = .003$) and negatively with affectional expression (T3: $\rho = -.444$, $p = .005$; T4: $\rho = -.47$, $p = .003$).

b) Scores of the marital relationship: on prenatal phase the marital self-efficacy was positively related with the dyadic satisfaction (T1: $\rho = .461$, $p = .004$).

c) Scores of the marital and parental adjustment: we found some significant relations from the third month of the child's life – higher levels of stress were associated with a decrease of affectional expression (T3: $\rho = -.395$, $p = .014$; T4: $\rho = -.423$, $p = .008$), and dyadic cohesion (T4: $\rho = -.568$, $p = .0002$).

d) Associations with temperamental characteristics: on the first month social orientation was positively related with stress (T2: $\rho = .334$, $p = .04$), and, on the 3rd month, negatively with the dyadic cohesion (T3: $\rho =$

-.367, $p = .23$) and marital self-efficacy (T3: $\rho = -.32$, $p = .05$). At the 6th month, inhibition to novelty was negatively related with stress (T4: $\rho = -.442$, $p = .005$).

Discussion

In the transition to parenthood the two parental and marital relational axes are interconnected. The objectives of this study were to investigate the specificity of adjustment after birth in men and women and highlight any associations between psychological constructs related to marital relationship and parenting.

Marital relationship axis

With reference to dyadic consensus and cohesion men provide a better evaluation both in the prenatal stage, and during the months following the birth. They believe there is more communication, harmony and sharing in the management of family life than women do. Also in regards to affectional expression (feelings and sexuality) men show higher levels compared to women, although this is confirmed to be in general somewhat decreased in both men and women, as previously stated (Cowan and Cowan, 1997, It. ed.). Dyadic satisfaction, which refers to the emotional dimension and the happiness that derives from the relationship, is the one factor in which gender differences are more remarkable: in men it is higher in the prenatal stage, but it decreases in a more relevant and constant way after the birth, with the lowest level coinciding with the third month; in women, although their levels of satisfaction are lower than those of their partner during the period of pregnancy, they do not change appreciably during the postpartum period. Finally, in the sixth month, parents' evaluations are similar and they return to the levels of the prenatal period. Although involved and close to their partners in the sharing of family life, men seem to be therefore less satisfied and fulfilled from an emotional point of view than women are. Many researchers, such as Molgora, Saita and Fenaroli (2010), recognize that "the transition to parenthood requires the partners to change the nature of their relationship, passing from one in which the romantic aspects and the sharing of common interests are predominant, to one that is a form of intimacy characterized by the sharing of a common project (the child), as well as the responsibility towards the

newborn” (p. 201). In the period that immediately follows the birth, the parenting dimension and the involvement with the newborn can become predominant, risking to impoverish conjugal affection and understanding.

Marital self-efficacy, in comparison with other constructs, is mostly focused on one’s self and one’s personal expectations. The differences between the spouses groups were not relevant, but for both of them, as for the other dimensions, there is a rapid decline after birth. This confirms the need for the new parents to find a new balance in the family triad, as well as to experiment and trust each other while learning and consolidating the skills necessary for the child’s care. However, it is not immediate nor easy for them to be able to deal with the several aspects of everyday life that often change so unexpectedly in the first weeks after the child’s birth.

Parental relationship axis

As previously speculated, mothers seem to be affected to a greater extent than fathers by the commitment they put into the care of the newborn, with higher levels of stress in all postnatal stages. Their stress reaches its peak in the third month.

Unlike what was expected, fathers and mothers do not seem to differ in terms of educational self-efficacy and for both of them a sharp decline is observed in the third month after the birth. This result differs from that of Porter and Hsu (2003), who observed, within a sample of only women, a short term increase (1-3 months) of parental self-efficacy. Other studies support the idea that feelings of maternal depression and anxiety decrease after the first three months (Fleming et al., 1990), while women improve their skills in dealing with neonatal routines which become familiar and reassuring to them. According to Porter and Hsu (2003), this brings to increased levels of self-efficacy, but it has not been confirmed by the outcomes of the present research. This difference though might be due to the different instruments used: in this study a global scale (Johnston & Mash, 1989) has been used, while Porter and Hsu (2003) had used a specific instrument for early childhood, more sensitive in detecting maternal confidence in practical situations such as calming the baby down when crying or colicky. Since the sense of self-efficacy increases in relation with positive experiences, it is not surprising that mothers, after a few weeks time, find themselves more confident as they become more skilled at those tasks. On the other hand, a measuring instrument based on a general evaluation of the efficacy and satisfaction of adults (e.g., “being a

parent makes me tense and anxious”) might be less suitable to detect changes in the first emerging parenting skills.

Marital adjustment and parenting

As for the reciprocal influences between marital and parental adjustment factors, it is interesting to point out the connection between parental stress and the well-being of the couple: the highest levels of the first reflect in a decline of affection and cohesion between the spouses in the months following childbirth. The duration of the relationship is never associated with parenting measurements, while there is a significantly positive association with dyadic satisfaction (1 month after delivery) and a negative one in relation to affectional expression (3 and 6 months after childbirth): it almost appears like a lasting relationship helps spouses at first to protect the happiness of the bond, but at the same time more mature couples are those whose intimacy and expression of feelings are more easily subject to a decline later on. Similar findings connected to the effects of length of the intimate relationship prior to the birth were reported by Doss, Rhoades, Stanley, and Markman (2009), who found declines in satisfaction and higher levels of negative communication in first-time parents who cohabit before marriage in contrast with married couples.

Adjustment and temperament

It had been stated that the child's temperamental features perceived by parents as negative would be a significant source of stress and lack of self-confidence with respect to their childrearing abilities. However, contrary to expectations, the correlations between measurements of child temperament and parenting variables are not found to be significant, with the exception of the association of stress with social orientation (1 month) and, negatively, with inhibition to new experiences (6 months): in other words, it appears like the parents' stress increases first when the child is open to external experiences and later on, when the child shows difficulty to adjust (for example, in order to examine a toy the child needs encouragement, he/she is worried or fearful in a new environment, etc.). Even in this case, it is possible to assume that the absence of statistically significant results is due to the instruments chosen to measure the temperament, possibly not as sensitive during the first year of life (Axia, 2002). Other inventories, like

Rothbart's (1981) questionnaires, show greater reliability. However they are fairly large instruments (over 100 items) and not very convenient, because they require the parent who fills them out a commitment which is time consuming (Axia, 2002). In this study, the QUITs 1-12 month Scale completed an already wide range of self-report instruments, proposed to parents in three successive surveys, which led the authors to choose it among other behavioural scales. From an empirical point of view though, one query related to this research remains unsolved, that is the exploration of links between the infant's temperamental features and the transition to parenthood. Another limitation related to this research lies in the restricted number of couples involved, which did not allow the analysis of other mediation factors, such as becoming or not becoming parents for the first time, beliefs and orientation about parenthood and so on.

However, this research has also some positive aspects that are worth pointing out: in the study of the transition to parenthood having considered factors that affect both men and women in a disjointed way and, secondly, at the same time having investigated the psychological variables of the marital bond and those related to parenting. Finally, the study has come out to analyse in a continual manner the process of adjustment, through a longitudinal study that involved parents, although once the course of psychological preparation for delivery is over they often don't feel motivated to collect data at home.

In conclusion it is correct to confirm the idea that the birth of a child is a moderately stressful event in the course of family life, not only for the care that parents are supposed to devote to the newborn, but also for the search for the new balance that they must undertake. Results of this study clarify the role of some variables affecting couple well-being when partners become parents. These data can be particularly relevant for psychologist or other practitioners in supporting couples across this family transition. In fact, the third month after birth seems especially critical: all measurements have been recorded as worsening in that period and, in particular, marital satisfaction reaches its lowest level for men and, for women, stress is at its peak. Besides preparing parents for delivery, they should be made aware of the ways in which becoming a parent impacts negatively on couple relationships. After child's birth, interventions of 3 to 6 months duration appear to be effective for promoting parenting quality (Pinquart & Teubert, 2010). Regarding the content of these interventions, an important suggestion can be focusing on both parenting (e.g., skills training in basic infant care) and the couple relationship (e.g., mutual practical and emotional support, affection and intimacy, and so on).

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