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Active Husband Involvement during Pregnancy:

A Grounded Theory

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Abstract

Objective: The purpose of this grounded theory qualitative study was to build a theory describing how husband involvement during pregnancy impacts the couple relationship.

Background: The transition to parenthood presents a significant life change for couples.

Although many couples experience this life cycle change, there is relatively little empirical research on how husbands can meaningfully contribute during pregnancy and how husband

involvement impacts the couple relationship postpartum. **Method:** Eleven heterosexual, married couples were interviewed regarding husband involvement during the couple's most recent pregnancy. Data collection included separate interviews with each partner and with each couple.

Results: The results are presented in a grounded theory of active husband involvement during pregnancy and its influence on the couple relationship postpartum. Accounts from participants indicate that active husband involvement during pregnancy helps to strengthen the couple relationship postpartum. Active husband involvement consists of four interrelated ingredients:

helping with a positive attitude, instrumental support, emotional support, and responding in significant moments. Couples described five distinct ways the couple relationship was enhanced by active husband involvement: increased trust, a more mature relationship, greater love, enhanced communication, and continued support. The theory also includes husbands' efforts to

navigate various obstacles to active husband involvement. **Conclusion:** Active husband involvement during pregnancy consists of many different behaviors and leads to strengthened

couple relationships postpartum. **Implications:** This study highlights the need for a greater emphasis on the couple relationship during pregnancy and provides healthcare providers and researchers with information about how they can encourage active husband involvement during pregnancy.

Active Husband Involvement during Pregnancy: A Grounded Theory

The transition to parenthood presents a substantial life change for couples (Walsh, 2015). Many couples experience joy and happiness during this time; however, some also experience increased stress and anxiety and decreased intimacy and marital satisfaction (Fillo, Simpson, Rholes, & Kohn, 2015; Lawrence, Rotham, Cobb, Rotham, & Bradbury, 2008). Many parents lack knowledge about how to effectively navigate the transition, feeling unprepared to make the change (Deave, Johnson, & Ingram, 2008). More specifically, many fathers report feeling unsure about how to provide support to their spouse during pregnancy (Deave et al., 2008).

Although pregnancy can be a stressor on the couple relationship, couples who have higher marital satisfaction during pregnancy typically have healthier relationships postpartum (Lawrence et al., 2008). Additionally, women are less likely to smoke while pregnant and more likely to receive prenatal care when their partner is involved (Martin, McNamara, Milot, Halle, & Hair, 2007), providing evidence that prenatal husband involvement can promote better health outcomes. Although there is evidence that paternal involvement during pregnancy is beneficial to maternal health, there is little research that investigates how paternal involvement can benefit the couple relationship or how the couple relationship can be strengthened during pregnancy. The purpose of this study was to create a theory detailing how husband involvement during pregnancy can contribute to a stronger couple relationship postpartum.

REVIEW OF THE CURRENT LITERATURE

Family Life Cycle

The family life cycle (Duvall, 1977) provides a framework for different stages of development families will experience as they grow and mature. Although there is great variability in the course a family may take (McGoldrick, Preto, & Carter, 2016), the family life cycle is useful in identifying challenges families may experience during each stage of

development, affording researchers the opportunity to study each stage and provide information about how families can best navigate them (Bengston & Allen, 2009). Families who fail to adjust to the different stages in the life cycle are at risk for lower relationship satisfaction and overall decreased family functioning (McGoldrick et al., 2016).

Parenthood introduces a major life cycle change for couples and is one of the most common inducers of crisis for young families (Pinquart & Teubert, 2010; Walsh, 2015). There are many challenges and adjustments that must be made during and after pregnancy. Pregnancy and the birth of a child often has an impact on marital quality (Mitnick, Heyman, & Smith Slep, 2009), with marital quality seeing a modest decrease during the first six months postpartum; this is especially true for wives who report low social support during pregnancy (Walsh, 2015). Women reporting low levels of prenatal support from their husbands also report more symptoms of emotional distress, which increases the risk of adverse outcomes for women and newborns (Glazier, Elgar, Goel, & Holzappel, 2004).

Understandably, most of the research related to pregnancy focuses on wives and mothers, as pregnancy can be a challenging time. Many women suffer morning sickness and are at an increased risk for anemia, urinary tract infections, sleeping difficulties, and mental health conditions such as depression or anxiety (CDC, 2016). Women may also experience relational difficulties during pregnancy (Simpson, Rhoads, Campbell, Tran, & Wilson, 2003). Although both partners may see a decrease in marital satisfaction over the course of the pregnancy, some research suggests that women's marital satisfaction sees a more severe decrease than men's marital satisfaction (Lawrence et al., 2008). Furthermore, women are more likely than men to suffer from depression during pregnancy (Don & Mickelson, 2014), which also puts them at increased risk for postpartum depression (Simpson, et al., 2003).

Paternal Involvement During Pregnancy

Fathers want to be involved during pregnancy, but often feel unsure about how to positively contribute or experience challenges in their attempts to participate (Xue, Shorey, Wang, & He, 2018). One challenge men experience is balancing their personal and work life with the new expectations occurring in their family life (Genesoni & Tallandini, 2009). This could be related to societal views of gender, pregnancy, and parental roles (Carter, 2002). In Western culture, the role of fathers has changed from simply being a breadwinner to being a partner who is involved in all aspects of his child's life (McGoldrick et al., 2016). With this shift in expectations, fathers may find it difficult to determine what their role is during pregnancy.

The transition presents the challenge of accepting new members into the family system, realignment of relationships with extended family, renegotiation of household duties, and learning to parent and co-parent (McGoldrick et al., 2016). It was long believed that co-parenting did not begin until the new child was born; however, it is now theorized that co-parenting begins during the prenatal stage (Darwiche, Fivaz-Depeursinge, & Corboz-Warnery, 2016). Women who perceive their partners as supportive during pregnancy and supportive in co-parenting consistently have higher levels of relationship quality (Durtschi, Soloski, & Kimmes, 2017). Co-parenting during pregnancy is highly influenced by the couple relationship and sets the standard for future co-parenting behaviors (Darwiche, Fivaz-Depeursinge, & Corboz-Warnery, 2016). Varga, Gee, Rivera, and Reyes (2014) suggest that pregnancy may be the ideal time to focus on paternal involvement and various co-parenting behaviors.

Paternal involvement during pregnancy can be defined in a myriad of ways and influences a number of factors related to the wellbeing of mothers and children. Although there has been a recent focus on including fathers when examining experiences associated with the transition to parenthood, the research on fathers and on paternal involvement during pregnancy is

limited. The existing literature points to the positive impact related to paternal involvement (Alio et al., 2010; Don & Mickleson, 2014; Lawrence et al., 2008; Martin et al., 2007; Powell, & Karraker, 2019). Across cultures paternal involvement is associated with higher rates of prenatal care utilization, reduced rates of infants born at a low weight, lower levels of smoking and alcohol consumption by mothers during pregnancy, and decreased risk of maternal postpartum depression (Alio, Salihu, Korosky, Richman, & Marty, 2010; Yargawa & Leonardi-Bee, 2015). Wives also report better postpartum adaptation and higher relationship satisfaction when they perceive their spouse as supportive during pregnancy (Durtschi et al., 2017; Powell, & Karraker, 2019). On the other hand, low levels of support from husbands during pregnancy have a negative relation with the emotional well-being of wives, which is associated with increased risk for negative outcomes for wives and babies postpartum (Glazier et al., 2004).

In available literature, most of the research on husband involvement during pregnancy focuses on husbands' physical support as related to the health and well-being of the mother and the newborn. Less research has focused on than the parents' relationship or the potential for husbands to provide emotional support throughout pregnancy and postpartum (Carter, 2002).

Despite the interest men may have to be involved during pregnancy, many are unsure how to help (Carter 2002; Deave et al., 2008; Kaye et al., 2014). Both mothers and fathers report desires that the healthcare system involve men to a greater extent in maternal healthcare (Widarsson, Engström, Tydén, Lundberg, & Hammar, 2015); however, research shows many men find the healthcare system unwelcoming, intimidating, and unsupportive in helping them learn how to best provide support for their wives' emotional health (Kaye et al., 2014). This can contribute to husbands lacking the information they need to provide support to their partner during pregnancy.

The Present Study

Much of the literature on the transition to parenthood suggests that strengthening the couple relationship during pregnancy would benefit couples during and after pregnancy (Alio et al., 2010; Don & Mickleson, 2014; Varga et al., 2014.). Pregnancy and the postpartum time period are filled with opportunities for partners to respond to each other's needs. Couples who strengthen their bond during pregnancy may experience a stronger, more responsive relationship postpartum (Lawrence, et al., 2008). Thus, it would be important to discover specific ways that couples can strengthen their relationship during pregnancy. Our review of existing research suggests there is little guidance to help husbands identify ways to meaningfully contribute to their partners' well-being during pregnancy and determine what positive husband involvement during pregnancy would entail. It is the aim of this study to address this gap in the literature.

METHODS

Participants and Procedures

Participants were heterosexual, married couples who had a baby within two to six months of participating in the study. Couples who had experienced miscarriage, infertility issues, became pregnant through means such as in-vitro fertilization, or had a child from a previous pregnancy with a developmental disorder were excluded due to potentially higher levels of stress during pregnancy (McNaughton-Cassill, 2002) that could impact the level and type of husband involvement during pregnancy. Purposive and convenience sampling were used to recruit participants through local obstetrician and pediatric clinics, the local university, and social media. Both first-time parents and parents who had children previously were included in the sample for various reasons. First, men who had already experienced fatherhood may be more knowledgeable as to how to be involved in a way that is most beneficial to their partner. The researchers also hoped that having first time parents as well as second, third, or fourth time

parents would provide a more rich and in-depth theory of how husbands can meaningfully contribute during pregnancy and how husband involvement influences the couple relationship postpartum. Characteristics of the participants can be found in Table 1 and Table 2.

[Insert Table 1]

[Insert Table 2]

Data Collection and Analysis

Data collection and analysis were guided by procedures of grounded theory. Grounded theory is a systematic approach for collecting and analyzing qualitative data in order to construct theories from the data (Charmaz, 2014). The purpose of grounded theory is to move beyond merely descriptive outcomes toward generating a general explanation or theory of a process, action, or interaction (Creswell & Poth, 2018). The procedures of grounded theory facilitate the process of inductively developing a theory that is grounded in the data, rather than from pre-existing ideas (Corbin & Strauss, 2008). In this study, the objective was to build a theory of the process of husband involvement during pregnancy and identify how this involvement impacts the couple relationship postpartum.

After receiving IRB approval, eleven couples ($n = 22$) were recruited for the study. Each partner was interviewed separately first, and then the couple was interviewed together, totaling 33 interviews. There were no major discrepancies between individual and couple interviews; however, when discrepancies were noticed the interviewer would ask a follow up question in the couple interview to clarify. Seven couples were interviewed via telephone and four couples were interviewed face-to-face in the participants' home. Sturges and Hanrahan (2004) compared transcripts of telephone interviews with transcripts of face-to-face interviews and found no significant difference, concluding that telephone interviews can effectively be used in qualitative research.

The interviews lasted for 60-90 minutes and were audio-recorded and transcribed verbatim for analysis. Data collection and analysis were guided by the primary research questions: how does husband involvement during pregnancy impact the couple relationship postpartum and what factors contribute to positive husband involvement? Researchers utilized a semi-structured interview guide, which allowed flexibility to ask follow-up questions and gather more information on specific topics as appropriate. Analysis occurred concurrently with data collection, and we adjusted the interview guide and fine-tuned the focus of the interviews as the analysis progressed. Some participants were contacted for follow-up questions as a result of modifying the interview guide. Data collection continued until the theoretical categories were saturated and interviews did not yield any new information related to the emerging theory. This process helped us achieve saturation in all categories and create a theory that was grounded in the data.

A few sample questions from the interview guide for husbands were: *Can you describe your overall involvement during pregnancy?*, and *Can you describe moments where you found it difficult to be involved or supportive of your wife during pregnancy?*. Sample questions from the interview guide for wives were: *What were you most significant needs and how did your husband respond to them?*, and *How did your husband's involvement during pregnancy impact your current relationship?*. A sample question from the couple interview guide is: *What was the most helpful thing your spouse did to support you during pregnancy?*.

Data analysis followed common procedures of grounded theory: open coding, focused coding, axial coding, theoretical sampling, and constant comparison (Charmaz, 2014; Corbin & Strauss, 2008). First, research team members separately coded the interviews line-by-line for actions and processes related to the research question. Focused coding facilitated the identification of emerging patterns and themes and helped refine the interview guide and the data

collection process. The initial codes were grouped according to similar themes, emphasizing actions and processes. Throughout the analysis, researchers employed constant comparative analysis, by comparing one segment of data with another to determine similarities and differences (Creswell & Poth, 2018). Axial coding was used to relate categories to subcategories, to describe properties and dimensions of categories, and to reconstruct the data into a coherent theory. Following open coding, research team members met regularly to discuss coding, evaluate emerging categories, and resolve discrepancies. When discrepancies arose, team members discussed these until a consensus was reached regarding the meaning of categories or the relationships between categories.

Throughout the analysis, researchers engaged in memoing and theoretical sampling (Charmaz, 2014). Memos described initial impressions of the data, helped explore lingering questions, and guided researchers in the theoretical sampling process. Memoing also provided researchers with a way of checking assumptions and biases and avoiding premature conclusions. Theoretical sampling occurred throughout data collection and analysis and consisted of gathering data on specific, emerging categories. Data collection and analysis continued until categories were saturated and fully formed (see Corbin & Strauss, 2008). Last, researchers synthesized all the coding, analyzing, and memoing together to form a coherent theory on the process of husband involvement during pregnancy that illuminates key aspects of husband involvement and the relationship between husband involvement and the couple relationship postpartum.

Researcher Reflexivity and Trustworthiness

Researcher reflexivity refers to making researchers' biases transparent (D'Aniello & Fife, 2017). This required us to reflect on our preconceptions regarding husband involvement during pregnancy. Both the first and second authors are trained as family systems scholars and marriage and family therapists. Additionally, both are married and have had experience supporting our

wives through pregnancy. We engaged in the research with the belief that husband involvement during pregnancy would be beneficial to the couple relationship. We remained cognizant of our personal experiences and biases in an effort to remain faithful to the experiences of the participants and solidify the trustworthiness of our results.

In order to ensure trustworthiness in this study, researchers focused on credibility, transferability, confirmability, and dependability, as delineated by Anfara, Brown, & Mangione, (2002). For this study researchers used member checks and debriefed often to establish credibility. Three participant couples ($n=6$) reviewed the results and provided their thoughts and feedback regarding the theory. Transferability was achieved by providing thick description of the theory. Confirmability was addressed through the process of memo writing and researcher reflexivity. Dependability was achieved through the process of using a code-recode strategy, the use of a research team during data collection and analysis, and soliciting feedback from grounded theory scholars regarding the analysis and results. The research team consisted of four females and two males, all graduate students or faculty members in a couple and family therapy program. Certain members of the research team had personally experienced pregnancy, while others had not. The research team was diverse in ethnicity, religiosity, sexual identity, and in values and viewpoints.

RESULTS

Overview of the Grounded Theory

In-depth qualitative analysis resulted in the development of a grounded theory of active husband involvement during pregnancy that depicts some ways husband involvement can have a positive impact on couples' relationships postpartum. According to the theory developed in this study, the key to positive husband involvement is active efforts on the part of husbands.

Figure 1 is a graphic representation of the model of *Active Husband Involvement during*

Pregnancy. Active husband involvement is organized into four unique components or behaviors that interact with and build upon one another. In this theory, behaviors are defined as a husband's conduct or actions towards his wife. The first component, *helping with a positive attitude*, provides the foundation for active husband involvement and directly influences the other components of husband involvement. As husbands engage in helping with a positive attitude, they are able to more easily engage in the other behaviors. Helping with a positive attitude can give rise to two additional components of involvement: *instrumental support* and *emotional support*. Based on the analyses here, these two components appeared to interact in a reciprocal manner and to facilitate the final component in the model, *responding in significant moments*.

Active husband involvement involved several different kinds of efforts and did not always occur smoothly or successfully. It also included working through challenges and overcoming obstacles. In this model, obstacles are defined as anything that hinders husbands from being actively involved during pregnancy. For each component in the model, there were obstacles that husbands needed to navigate as they engaged in active husband involvement. Successfully navigating these obstacles was a continual process necessary for husband involvement to be effective and beneficial to the couple relationship. Husbands reported overcoming obstacles in a variety of ways, as described in a later section.

Husbands who engaged in these behaviors and worked to overcome the associated obstacles provided active husband involvement during pregnancy, which was associated with a stronger couple relationship postpartum. In contrast, husbands who were not consistently engaged in each behavior or did not effectively navigate the related obstacles often had difficulty providing support to their partner, and these couples do not seem to benefit from improved relationship quality postpartum. As depicted in the model, the four components of active husband involvement facilitate a *strong couple relationship postpartum*, which includes five

specific relationship outcomes: *trust, maturity, love, enhanced communication, and continued support.*

[Insert Figure 1]

Active Husband Involvement

Helping with a positive attitude. Helping with a positive attitude received great attention from both husbands and wives in the study. It is the foundational component of active husband involvement, as it represents the underlying attitude behind the remaining factors that make up active husband involvement. It reflects an orientation toward involvement, as described by husbands and wives in the study. There are many dimensions to helping with a positive attitude. Among the most prominent are *willingness, wanting to be involved, not complaining, and completing tasks out of love and compassion* rather than obligation and resentment.

One of the most important factors of helping with a positive attitude was the husband's willingness to be involved in whatever capacity was needed. Regarding a willingness to help, one wife reported, "He was always willing to help out. He goes to school fulltime and he was exhausted, but he would still try really hard." In addition to their husband's willingness to be involved, wives also commented on the importance of their husbands' desire to be involved during pregnancy. One participant commented, "I think the single most helpful thing was his mood, his optimism, positivity and excitedness for the baby. That made my long days and bad days a little easier." A third component of helping with a positive attitude was not complaining about participation during pregnancy. One wife reported that it was helpful "knowing that he'll come home and do whatever I need him to do, and he won't get mad at me for it." The last facet of helping with a positive attitude is participating out of love. One husband reported, "Know your role and do it with love. Don't treat it like a task." Helping with a positive attitude, rather than resentment, helped fathers provide instrumental and emotional support.

Instrumental support and emotional support. In our analysis of participants' experiences, we found that instrumental and emotional support were related in reciprocal manner. Instrumental support refers to specific efforts husbands made to provide physical support on behalf of their partners throughout their pregnancy. This support involves *engaging in daily tasks* and *providing intuitive assistance*. These behaviors reciprocally influence and are influenced by efforts to provide emotional support, the third aspect of the model that includes *empathic responses* and *being emotionally available*.

Engaging in daily tasks. This theme encompasses a variety of different responsibilities and everyday duties, including household chores (e.g., cooking and cleaning), watching other kids, and providing other physical support. The most frequently reported tasks involved helping around the house. Husbands spoke of engaging in daily tasks, seeking to ease their wife's burdens and let them relax. One husband reported, "The last two months I did everything in the house. I let her relax and do whatever she needed. Anything outside of her work I did, to let her know that I'm here if she needs anything." Although husbands were more likely to discuss involvement in terms of physical support, wives also noted its importance. One wife reported, "He did a whole bunch of measurements to plan how to build and finish the basement so that we can build another bedroom for our baby." Another stated, "He would help around the house. He would do certain service for me like cooking or cleaning. That made me love him so much more." Overall, the main concern of involved husbands is doing anything necessary to help wives relax and feel comfortable.

Empathic response. As husbands engaged in daily tasks they gained a better understanding of what their spouses were going through, which helped them respond more empathically to their partner. Aspects of empathic response include: *understanding hormonal changes*, *being aware of their wife's limitations*, and *not taking their wife's actions or words*

personally.

Husbands who acknowledged the hormonal changes their wives experienced throughout pregnancy exhibited greater empathic responsiveness. Wives in the study appreciated their spouses' efforts to be patient and understanding. One wife reported, "He was understanding when I would go a little crazy sometimes." Several husbands also discussed the importance of making a concerted effort to understand the changes their wives were experiencing.

The last two aspects of empathic response were awareness of their wife's limitations and not taking offense. One wife commented on her husband's empathic response regarding her limitations, "I usually like to do things on my own, but when you're pregnant you're not supposed to lift and other stuff. He'd help me out when he was home." Husbands also realized that they needed to let certain encounters roll off their back and not take offense. One husband reported, "Wives will be on an emotional roller coaster. If they want to be close to you then they'll be close to you. If they want to be distant then they'll be distant. But don't take it personally."

Providing intuitive assistance. As husbands strove to understand their wives and show empathy for them, they provided meaningful support during pregnancy. Through this process of striving, husbands learned to recognize and anticipated their wife's needs, or in other words, provided intuitive assistance. Husbands developed a sense of what their wives needed by observing their spouses' patterns of behavior and through education via classes, the Internet, or books. One wife commented that her husband paid close attention to her behaviors in order to anticipate her needs. She explained, "If I started acting off, he'd notice it. He'd catch on to body language even. He'd just step in. It was like, 'You probably just need to like sit down and relax, so I'll do the sweeping and the mopping today.'"

Although some husbands were diligent in their efforts to meet their wives' needs,

anticipating the needs of one's partner can be difficult. One wife explained, "The mom has so many needs, and she doesn't even know she has those needs." Nevertheless, through observation, husbands developed the ability to provide intuitive assistance. For example, one husband said, "At first, I didn't know [how to help]. I would make mental notes of things I could tell were bothering her, or things that would be beneficial to her. It was all to do with acting on those observations." Wives also noticed and appreciated their husbands' efforts to sense what they needed and provide appropriate help.

Being emotionally available. Participants' accounts suggested that husbands who actively observed and anticipated their wife's needs were able to provide intuitive assistance, which communicated their emotional availability to their spouse. Emotional availability was a common theme discussed by husbands and wives and includes the concepts of *checking in; just listen, don't fix; being present; and reassurance of availability.*

Husbands' regularly checking in on their partner was mentioned by several participants. One wife reported, "He would always ask me how my day went, how I was feeling, so that I knew he was thinking about me and how I was doing." Another important component of emotional availability was listening instead of trying to "fix" the problem. One wife discussed the importance of husbands just being there for their wives, "There is nothing that the man can do to solve her [his wife's] emotional problems. It's allowing her to know that it's okay and that you're there to listen and support." Being present was also very important to wives. One wife commented on how wonderful it was to have a husband who was not distracted. She reported, "I feel lucky that I have somebody that's willing to let me go take a bath and not be consumed in playing a video game or something. He was always listening to what I needed." One husband shared how he felt it was important for his wife's emotional well-being to let his wife know that he could always be there if needed, "I think it was an emotional need. Not the fact that I needed

to be there all the time, but she just needed to know that I *could* be there, if she needed me.”

Our analysis of the data showed that there were occasional differences in the type of support emphasized by husbands and wives. Some men in the study highlighted involvement in terms of physical support, while some wives emphasized emotional support. In relation to this, some wives emphasized the importance of husbands responding to their physical needs yet highlighted the positive emotional impact of their husbands’ responsiveness to these needs. Although there were some gender differences, both husbands and wives discussed the importance of instrumental and emotional support.

Responding in significant moments. Every couple in the study described experiencing at least one significant moment that had the potential to bring them closer together or create distance between them. Each couple described one or more of these moments that resulted in relationship growth, rather than harm. Husbands who had been actively involved in the ways described above were better able to provide support to their partner in these critical times. Husbands’ efforts to help with a positive attitude and effectively provide instrumental and emotional support helped prepare them to respond positively during significant moments. Participants’ responses indicated that if husbands responded positively, the couple became closer and stronger, despite the hardship. If husbands did not respond appropriately, there was the potential for hurt feelings and emotional distance.

One wife shared her story of how her husband’s response during a false diagnosis of a miscarriage brought them together and made the couple stronger. She reported, “I was told I’d miscarried. I had no symptoms of miscarriage. And he just held me while I was bawling. I think it brought us even more close together.” When her husband described his perception of the same experience it could be seen how many of the previous active husband behaviors led to him responding appropriately during this significant moment. Another wife shared how her

husband's support during labor and delivery was significant for her and brought them closer as a couple. She stated, "It was a pretty painful delivery this time, and he was there to support me. He did whatever he could to make me feel better. I wouldn't have wanted to go through that by myself." Health concerns were also present for some couples. One wife shared how she had nerve damage in her leg from a previous pregnancy, which caused her instability in her legs, causing her to fall quite often. She reported, "I had to rely on someone else [her husband]. For me, having to completely rely on someone else was hard, so it helped foster trust."

Obstacles to active involvement. As stated previously, husbands encountered obstacles while attempting to engage in active involvement during pregnancy (see Figure 1). Some obstacles were more relevant to specific components, while other obstacles could impact multiple components. The most common obstacles experienced by husbands were: 1) *feeling overwhelmed*, 2) *experiencing interpersonal struggles*, 3) *gender differences*, and 4) *disengagement*. A variety of efforts helped husbands overcome or lessen the effect of these obstacles.

Feeling overwhelmed. Feeling overwhelmed consisted of attempting to balance work, school, and other responsibilities while also experiencing limited resources of time, energy, and sleep. One husband commented, "There was so much going on. I just didn't have the energy." Most husbands were able to overcome these obstacles by discussing their struggles with their wife and by having time to adjust to the new circumstances.

Interpersonal struggles. This obstacle entailed difficulties in various aspects of the couple relationship; such as husbands not having their own needs met. For example, many couples reported a decrease in sexual intimacy. When asked how the couples kept a lack of sex from becoming problematic, one wife reported, "When we went to bed we would still talk to each other and cuddle and everything." Most couples were able to navigate this obstacle fairly

well with good communication and knowing that the lack of sexual intimacy would be temporary.

Gender differences. In conjunction with miscommunication or insufficient communication, gender differences were also a common obstacle. Because husbands cannot become pregnant or experience pains and sicknesses associated with pregnancy, they were limited in their understanding of the experience, especially if the couple was not communicating well. However, despite not knowing exactly what wives go through, husbands were still capable of showing empathy. One husband reported, “We don’t understand everything going on, what they’re feeling. We can’t go through it for them, but we can try to make it less miserable.” Overcoming gender differences did not require a full understanding of the other’s experience; it required husbands to show empathy and compassion towards their partner. It was the effort that mattered.

Disengagement. The last major obstacle was *disengagement*. This describes moments where a husband was not making observations about how he could help his wife and was distracted by technology such as television, cell phones, or video games. One husband reported, “There are days where I’m on autopilot. I just want to play with the kids and watch TV. Sometimes the heart to heart my wife wants to have, I don’t want to.” One wife mentioned that her husband didn’t seem to focus on what needed to be done while at home, focusing on the TV or his phone instead. Another wife shared her disappointment in how her husband failed to participate during labor, “[Husband] didn’t want to watch, didn’t want to cut the cord. He was sitting right there facing the wall.” These obstacles were largely overcome by open communication between partners.

Overall, there were numerous obstacles husbands needed to overcome in order to be actively involved during pregnancy. These obstacles could be personal in nature or come from

external sources. Despite each couple's unique circumstance, obstacles were mostly navigable with patience, time to adjust, empathy, compassion, and communication.

Strong Couple Relationship Postpartum

In order to understand what impact these behaviors have on the couple relationship postpartum, husbands and wives were each asked: How did husband involvement during pregnancy impact your current relationship? Nearly every participant had strong views on this question. This led to the second part of the theory: How husband's efforts during pregnancy influence the couple relationship postpartum.

Analysis of the participants' interviews indicated that husbands' efforts to be positive, helpful, understanding, attuned, available, responsive, and supportive led to positive relationship outcomes postpartum. Couples described five distinct ways that the couple relationship is enhanced: *Increased trust, a more mature relationship, greater love, enhanced communication,* and *continued support*. These represent important relationship outcomes arising from active husband involvement.

Increased trust. When describing how the couple relationship changed as a result of husband involvement, couples discussed an increased sense of trust, which arose from certain behaviors exhibited by husbands during pregnancy. One wife described, "It [husband's involvement] showed me how much he loved me. I trust him more and rely on him more." Another wife responded similarly, "Just having him be there for me during the pregnancy when I needed him. I know I can always call him now." Husbands also described how certain behaviors led to better relational outcomes. One husband explained, "I think it [his involvement] helped her feel like I cared for her and that I was always there when she needed me."

A more mature relationship. Many couples explained how their relationship was stronger or more mature as a result of their husband's involvement during pregnancy. One wife

stated, “We have really grown, and I feel like we’re on a different level of marriage or relationship.” Her husband’s continued support had made her feel as if her marriage had been taken to the next level, a level where they were more equal in their partnership. Another wife spoke in detail about how learning to communicate and understand each other’s needs more fully led to the maturation of their relationship. Husbands also reported that working to understand their spouse was a key part of strengthening their relationship.

Love and appreciation. Many of the participants spoke at length about how husband involvement during pregnancy increased the love and appreciation between spouses beyond pregnancy. For example, one wife reported that her husband always striving to be available helped her love and appreciate him more and, in turn, feel increased love and appreciation from him, “I definitely love him more. Throughout the pregnancy my love for him grew. He always strives to do his best. He helped me out a lot.” Husbands also recognized how the love and appreciation in their relationship had changed as a result of behaviors such as positive attitude, engaging in daily tasks, and understanding responses. One husband said, “I think it [husband involvement] affected our relationship because I really took time out to do things. I think it affected her to know that I cared enough about her to do special things for her and help her.”

Enhanced communication. Many participants spoke of having better communication postpartum, due in large part to husbands who made it clear that they wanted to understand the needs of their wife and how they could best help. One spouse reported that her husband communicating his needs to her and asking about her needs changed their interaction patterns. Another reported that having a husband who helped with a positive attitude and who could be counted on in significant moments made it easier to talk to her husband when she suffered from postpartum depression in a previous pregnancy. She explained, “With our last pregnancy I got really bad postpartum depression and I think it helped feeling like I could talk to my husband

since he's been supportive through the whole pregnancy." Active husband involvement during pregnancy not only enhanced couple communication in day to day issues, but also helped wives feel comfortable enough to discuss something as serious as postpartum depression with their husband, a challenge many wives keep secret from their husbands and others close to them (Kendall-Tackett, 2016).

Continued support. As wives talked about their husbands' involvement, it became clear that many husbands continued to actively support their wives after pregnancy and in many of the same ways as during pregnancy. One wife said, "He did almost everything at home and has still been doing it." Another wife reported that her husband continued making additional time for her. She stated, "We still have lunches together," which was an effort the husband made during the pregnancy in order to support his wife. Another wife discussed her husband's continued positive attitude and availability, "He was always willing and is still willing to talk in his free time to make sure I'm okay." When questioned about the couple relationship since the baby was born, another wife responded, "It's been great. He's been more helpful and positive than I could have imagined."

Actively engaged husbands described continued support through many of the behaviors described above. The first few weeks postpartum were a time when wives still required significant help. Participants who spoke of how husband involvement positively impacted their relationship mentioned feeling more supportive of one another. Wives felt more support from their husbands and towards their husband as well. One wife shared her thoughts about how her husband engaging in daily tasks helped her feel more supported. She stated, "We are definitely more supportive of one another. Whenever I would ask him to do something he'd do it. He would always help me out. I think that helped our relationship." Husbands also mentioned how helping with daily tasks increased the amount of support their wives felt. One husband said, "I

think it [his involvement] impacted it [the couple relationship] for good because she was able to see that ‘he’s [speaking of himself] here to support me, he’s here to help me.’”

Continued support anchored and extended active husband involvement into the couple relationship postpartum. To many wives, continued support postpartum was a message from their husband that they still cared about them and were still invested in the relationship. Continued support sent a message to wives that husband involvement would remain, thereby enhancing the positive relational benefits from husband involvement during pregnancy.

A final summative quote that exemplifies the qualities of husbands in our study who were active in their involvement during pregnancy comes from one husband who shared his thoughts about how he believes pregnancy can be a time to strengthen the couple relationship:

Having a baby doesn’t have to ruin your relationship or take away from your relationship.

Having a baby can bring you together if you are both willing to work together to be a team. You see in research and in the news people saying how marital satisfaction goes down when you have a kid, but I don’t think that has to be the case. I think it’s the way the couple kind of takes it on as an opportunity.

This demonstrates the importance of a positive attitude and a willingness to do whatever is necessary to support one’s wife during and beyond pregnancy.

Inconsistent/Inattentive Husband Involvement

Overall, most (9 out of 11) of the couples in the study reported that their relationship was stronger as a result of the husband’s involvement. However, as illustrated by some of the couples, when husbands did not engage in active behaviors, wives generally became less satisfied in their relationship or less confident in their partner. There were two cases, in particular, in which husbands struggled to consistently and attentively engage in active behaviors during the pregnancy. As a result, these couples seemed to display some characteristics of a

weakened couple relationship. One wife commented she always felt as if her husband's participation in the pregnancy was for the baby and not for her. She reported,

I feel like a lot of the involvement during pregnancy was for her [the baby], but for my emotional health he wasn't so much there. His involvement made me less confident in him being a great husband. With me it's [the couple relationship] kind of in a scary place.

Another wife, who had mentioned her husband's emotional unavailability and lack of response to significant moments, led her to wonder about her decision to marry him, "I would say there's a lot of times I don't know, did I marry the right person?" Overall, wives who did not feel their relationship was strengthened were not unhappy with the instrumental support that they received; however, they were disappointed with the lack of emotional support provided by their husband. This suggests that meaningful husband involvement during pregnancy is much more than doing extra household chores or providing other forms of physical support. Active husband involvement is a complex, multidimensional process of various behaviors and attitudes.

DISCUSSION

Past research suggests that husband involvement is not a singular behavior, but is complex and multifaceted (Carter, 2002). The results from the present study provide in-depth descriptions about various aspects that encompass active husband involvement. However, there is little research on the connection between husband involvement during pregnancy and the couple relationship postpartum. As illustrated by the grounded theory presented in this paper, husband involvement during pregnancy had significant implications for the quality of the couple relationship postpartum.

Existing empirical literature lacks information regarding the specific ways husbands can provide emotional support, with more of a focus on physical or instrumental support (Yargawa & Leonardi-Bee, 2015). The theory developed in this study outlines specific behaviors associated

with active husband involvement. The grounded theory developed in this study highlights the critical aspects of active paternal involvement (i.e., helping with a positive attitude, instrumental support, emotional support, and responding in significant moments) and illustrates the interconnected relationship between instrumental and emotional support that husbands can provide their wives during pregnancy. Although husbands and wives both discussed husband involvement during pregnancy, they tended to describe it in slightly different ways. Similar to research by Carter (2002), men in the current study were more likely to discuss husband involvement in terms of physical support, while women were more likely to highlight emotional support. One interesting finding is that some women reported their most pressing needs were physical in nature but placed more emphasis on the way they felt emotionally supported by their husband. Physical support seemed to provide an extra sense of emotional support for women during pregnancy. Consistent with research by Kaye et al. (2014), husbands and wives in the study agreed that husbands should be emotionally and physically available to their wife, be considerate of her situation, and display a positive attitude.

In addition to illustrating the aspects of active husband involvement, the results indicate there are several factors that may contribute to husbands being less involved during pregnancy. One prominent obstacle to involvement is gender (Carter, 2002). Being unable to personally experience pregnancy makes it difficult for husbands to understand the experience. School and work are also common obstacles to husband involvement. Deave & Johnson (2008) found that husbands desire to be involved, but experience difficulty in acquiring the time off work. Husbands in our study reported difficulty in attending visits to the obstetrician and in providing their wife with the support of their physical presence; however these obstacles were largely mitigated by husbands rearranging schedules, providing extra support while at home, or providing emotional support via phone calls, texting, and video chatting.

Among the couples in the study, active husband involvement during pregnancy was associated with trust, relationship maturity, love, communication, and continued support within the couple relationship postpartum. Consistent with previous research, partner support during pregnancy seems to be a protective factor for couple relationship postpartum (Lawrence, et al., 2008). Active husband involvement does not just protect the couple, it potentially strengthens the couple relationship. Prior research has indicated that when spouses perceive their partner as more supportive and reliable, they tend to feel more valued and secure in their relationship (Collins & Feeney, 2005). The results from this study elaborate upon those findings by providing detailed descriptions of behaviors that provide meaningful support to wives during and after pregnancy. Wives in this study who reported high levels of husband involvement and emotional attunement described feeling more loved and appreciated during pregnancy and postpartum. Furthermore, this study supports research from Mikulincer & Shaver (2007), who found that wives who perceive their husband as being available are more likely to ask for help in times of need.

In contrast to active husband involvement, the lack of husband involvement has the potential to harm the relationship. As with previous research (Glazier, et al., 2004), wives who reported lower levels of husband support during pregnancy also reported more emotional difficulties postpartum; whereas wives who reported having a husband with high levels of involvement reported better emotional well-being. Previous research suggests that women who perceive their husband as being less supportive during pregnancy are at a much greater risk for depression after pregnancy (Simpson, et al., 2003). Although most of the women in our study reported high husband involvement, participants who reported low husband involvement spoke of more emotional difficulties and relationship concerns when compared to wives who reported greater husband support. Additionally, if husbands were not available to their partner or did not respond positively, the mothers reported hurt feelings akin to an attachment injury (Johnson,

Makinen, & Milikin, 2001). As suggested in prior research (Seedall & Wampler, 2013), a lack of responsiveness to a significant need may result in wives being less likely to seek their partner in future significant moments.

Consistent with other studies (Condon, et al, 2004), decreases in sexual satisfaction and sexual frequency during pregnancy can be a source of stress and disconnection for a couple relationship. Couples in the study indicated that this challenge was addressed through effective communication. This finding aligns with previous research findings that open and direct communication about sexual intimacy and desires can benefit couples throughout pregnancy and postpartum (Ahlborg, Dahlof, & Hallberg, et al, 2005).

Implications

A growing body of research is focused on integrated care between mental health professionals and healthcare providers (Tyndall, Hodgson, Lamson, White, & Knight, 2012). This study suggests a need for a greater emphasis on the couple relationship during pregnancy, which has implications for both medical professionals and mental health professionals who receive specialized training in working with couples. If mental health professionals were able to better collaborate with healthcare providers, specifically obstetricians, more attention could be given to the couple relationship during pregnancy. Integrated healthcare leads to better health outcomes and treatment that is more cost-effective (Katzelnick et al., 2000). Patient reports indicate that integrated care promotes family-centered outcomes (Hodgson, McCammon, & Anderson, 2011), making pregnancy an ideal situation for integrated healthcare.

This study also provides couple therapists with more in-depth information on possible ways they can help husbands support their partners and be responsive to their needs during pregnancy and postpartum. Husbands in the study reported they could benefit from more information about the pregnancy process and how to support their partner. Previous research on

husband involvement focuses primarily on providing physical support, leaving husbands with little information on how to emotionally support their partner (Carter, 2002). Results of this study highlight the process of providing both physical and emotional support. Therapists working with pregnant couples should focus on the importance of partners communicating their needs to each other and provide couples with tools to effectively do so. Therapists can facilitate communication about individual needs and promote responsiveness between partners by utilizing principles and interventions from attachment-based therapies (Johnson, 2019), as pregnancy provides couples with many opportunities to increase or to decrease their attachment with their partner.

Finally, although husbands and fathers are more involved during pregnancy and postpartum parenting than in the past (Powell & Karraker, 2019), men often receive the implicit message that they do not belong in the world of maternal health (Kaye et al, 2014). Marriage and family therapists and other mental health professionals can play a vital role in breaking down gender barriers as they work with couples during and after pregnancy. Men must know that they are both needed and wanted during pregnancy. Encouraging husbands to attend doctor's meetings, birthing classes, and baby showers will send the message to husbands that they are vital partners in pregnancy, not viewers watching from a distance.

Limitations and Future Research

As with all research, this study has limitations. One limitation relates to the sample in terms of education level, ethnicity, socioeconomic status, and marital status of participants. Many participants had attended college, which may have afforded them more knowledge about how to participate during pregnancy. A less educated sample may have resulted in different barriers to participation in pregnancy and alternative ways of providing support. The sample also trends toward a higher socioeconomic status. As such, these participants might be privy to

resources that individuals of lower incomes are not. In addition, a large number of the participants were of Caucasian heritage. In terms of participants' marital status, participation was limited to married couples. This may pose some limitations in terms of relating the findings to the experiences of non-married couples. Future research should employ a more diverse sample.

Another limitation is related to the social location of the researchers. Our experiences as educated, White, American, male parents undoubtedly influenced our conceptualization of the study, as well as the analysis and interpretation of the data. Nevertheless, through use of a research team and our own reflexivity, we strove to remain aware of these influences and faithfully represent the experiences of the participants. Researchers with different social locations may have understood the data differently and drawn different conclusions.

Another limitation comes from asking participants to recall events that happened prior to the birth of their child, which was anywhere from 2-6 months prior to the interview. Although researchers attempted to enlist participants in a timely manner following pregnancy, there is the possibility that had partners been able to share their in-the-moment feelings they would have provided more details or had a better recall of their interactions. It is also possible that some participants disclosed information differently in front of his or her spouse when compared to their own individual interview. Future researchers might choose to interview couples during the pregnancy to evaluate husband involvement.

A final limitation is related to the data collection procedures and sample size. Data collection occurred through in-person and telephone interviews. In spite of this difference, all participants provided rich, informative narratives of their experiences. Also, a larger sample may have provided additional information about the experience of couples and the influence of husband involvement. Although the sample included only eleven couples, each participant shared in-depth, detailed accounts of the husbands' involvement and the ways in which this

influenced their relationship. The analysis resulted in rich, thoroughly-developed categories.

Results from the study suggest additional research is needed on husband involvement during pregnancy. A few couples reported that technology was used by husbands to express to their wives that they were thinking about them and were available to support them, even if they were not physically present. However, technology use was also found to be negative, with some wives reporting that their husband was less present emotionally and more distracted due to technology use. Future studies may investigate how technology can be used to enhance or detract from husband involvement during pregnancy.

Another important area of future research is the impact of husband involvement on maternal mental health. One participant in the study reported that she had suffered from postpartum depression after one of her pregnancies. She mentioned that the manner in which her husband was involved during pregnancy made her more willing to talk to him about her postpartum depression, which enabled him to help her work through that diagnosis. It could be valuable to explore if there is a relationship between willingness to share feelings of postpartum depression with a spouse and level of involvement during pregnancy. The grounded theory developed in the study suggests there was higher couple relationship satisfaction where there was high husband involvement; however, quantitative data on couple relationship satisfaction or mutual support were not collected. Future research could investigate this association.

Conclusion

As described by the grounded theory developed in this study, active husband involvement during pregnancy is embodied by four primary categories of behavior patterns. Associated with each positive behavior are common challenges or obstacles for both husbands and wives to navigate. Most of these challenges are mitigated through effective communication, compassion, empathy, patience, persistent effort, and maintaining a positive attitude. The transition to

parenthood can be difficult; however, the results of this study provide practical guidance for husbands during pregnancy and for healthcare professionals. Ultimately, the grounded theory developed in this study illustrates that active husband involvement not only strengthens the couple relationship through pregnancy, but also strengthens the couple relationship postpartum. Couples who strengthen their bond during pregnancy make a wise investment that may pay off with a stronger, more responsive relationship postpartum.

References

- Ahlborg, T., Dahlöf, L. G., & Hallberg, L. R. M. (2005). Quality of the intimate and sexual relationship in first time parents six months after delivery. *Journal of Sex Research, 42*(2), 167-174. doi: 10.1080/0224490509552270
- Alio, A.P., Salihu, H.M., Korosky, J.L., Richman, A.M., & Marty, P.J. (2010). Feto-infant health and survival: Does paternal involvement matter? *Maternal and Child Health Journal, 14*(6), 931-937. doi: 10.1007/s10995-009-0531-9
- Anfara Jr, V. A., Brown, K. M., & Mangione, T. L. (2002). Qualitative analysis on stage: Making the research process more public. *Educational Researcher, 31*(7), 28-38. doi: 10.3102/0013189X0310070128
- Bengtson, V. L., & Allen, K. R. (2009). The life course perspective applied to families over time. In P.G. Boss, W.J. Doherty, R. LaRossa, W.R. Shumm, & S.K. Steinmetz (Eds.), *Sourcebook of family theories and methods* (pp. 469-504). Springer US. doi: 10.1007/978-0-387-85764-0_19
- Bowen, G. A. (2008). Naturalistic inquiry and the saturation concept: a research note. *Qualitative Research, 8*(1), 137–152. <https://doi.org/10.1177/1468794107085301>
- Carter, M. (2002). Husbands and maternal health matters in rural Guatemala: Wives' reports on their spouses' involvement in pregnancy and birth. *Social Science & Medicine, 55*(3), 437-450. doi: 10.1016/S0277-9536(01)00175-7
- Centers for Disease Control and Prevention. (2016). *Pregnancy Complications*. Retrieved from: <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregcomplications.htm>
- Charmaz, K. (2014). *Constructing grounded theory: A practical guide through qualitative analysis* (2nd ed). Thousand Oaks, CA: Sage.
- Collins, N. L. & Freeney, B. C. (2005). Attachment processes in daily interaction: Feeling

supported and feeling secure. *Unpublished manuscript, University of California, Santa Barbara.*

Condon, J. T., Boyce, P., & Corkindale, C. J. (2004). The first time fathers study: A prospective study of the mental health and wellbeing of men during the transition to parenthood.

Australian and New Zealand Journal of Psychiatry, 38(12), 56-64. doi:

10.1177/000486740403800102

Corbin J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: Sage.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Los Angeles: Sage.

D'Aniello, C., & Fife, S. T. (2017). Common factors' role in accredited MFT training programs. *Journal of Marital and Family Therapy, 43*(4), 591-604. doi:

10.1111/jmft.12218

Darwiche, J., Fivaz-Depeursinge, E., & Corboz-Warnery, A. (2016). Prenatal intuitive coparenting behaviors. *Frontiers in psychology, 7*(xx), 1-6. doi:

10.3389/fpsyg.2016.01662

Deave, T., & Johnson, D. (2008). The transition to parenthood: What does it mean for fathers? *Journal of advanced nursing, 63*(6), 626-633. doi: 10.1111/j.1365-

2648.2008.04748.x

Deave, T., Johnson, D., & Ingram, J. (2008). Transition to parenthood: The needs of parents in pregnancy and early parenthood. *BMC Pregnancy and Childbirth, 8*(1), 30. doi:

10.1186/1471-2393-8-30

Don, B. P., & Mickelson, K. D., (2014). Relationship satisfaction trajectories across the transition to parenthood among low-risk parents. *Journal of Marriage and Family, 76*(3),

677–692. doi: 10.1111/jomf.12111

Durtschi, J. A., Soloski, K. L., & Kimmes, J. (2017). The dyadic effects of supportive coparenting and parental stress on relationship quality across the transition to parenthood. *Journal of Marital & Family Therapy, 43*(2), 308-321. doi: 10.1111/jmft.12194

Duvall, E. M. (1977). *Marriage and family development* (5th ed.). Chicago, IL: J. B. Lippincott.

Fillo, J., Simpson, J. A., Rholes, W. S., & Kohn, J. L. (2015). Dads doing diapers: Individual and relational outcomes associated with the division of childcare across the transition to parenthood. *Journal of Personality and Social Psychology, 108*(2), 298. doi: 10.1037/a0038572

Genesoni, L., & Tallandini, M. A. (2009). Men's psychological transition to fatherhood: an analysis of the literature, 1989–2008. *Birth, 36*(4), 305-318. doi: 10.1111/j.1523-536X.2009.00358.x

Glazier, R. H., Elgar, F. J., Goel, V., & Holzapfel, S. (2004). Stress, social support, and emotional distress in a community sample of pregnant women. *Journal of Psychosomatic Obstetrics & Gynecology, 25*(3-4), 247-255. ISSN: 0167-482X

Hodgson, J. L., McCammon, S. L., & Anderson, R. J. (2011). A conceptual and empirical basis for including medical family therapy services in cancer care settings. *The American Journal of Family Therapy, 39*(4), 348-359. doi: 10.1080/01926187.2010.537944

Johnson, S. M. (2019). *Attachment theory in practice. Emotionally focused therapy (EFT) with individuals, couples, and families*. New York: Guilford Press.

Johnson, S. M., Makinen, J. A., & Milikin, J. W. (2001). Attachment injuries in couple relationships: A new perspective on impasses in couples therapy. *Journal of Marital and*

- Family Therapy*, 27(2), 145–155. doi: 10.1111/j.1752-0606.2001.tb01152.x
- Kaye, D. K., Kakaire, O., Nakimuli, A., Osinde, M. O., Mbalinda, S. N., & Kakande, N. (2014). Male involvement during pregnancy and childbirth: Men's perceptions, practices and experiences during the care for women who developed childbirth complications in Mulago Hospital, Uganda. *BMC pregnancy and childbirth*, 14(1), 54. doi: 10.1186/1471-2393-14-54
- Katzelnick, D. J., Simon, G. E., Pearson, S. D., Manning, W. G., Helstad, C. P., Henk, H. J., . . . & Kobak, K. A. (2000). Randomized trial of a depression management program in high utilizers of medical care. *Archives of Family Medicine*, 9(4), 345. doi: 10.1001/archfami.9.4.345
- Kendall-Tackett, K. A. (2016). *Depression in new mothers: Causes, consequences and treatment alternatives*. Routledge.
- Kinanee, J. B., & Ezekiel-Hart, J. (2009). Men as partners in maternal health: Implications for reproductive health counselling in Rivers State, Nigeria. *International Journal of Psychology and Counselling*, 1(3), 039-044. ISSN: 0855-6660
- Lawrence, E., Rothman, A. D., Cobb, R. J., Rothman, M. T., & Bradbury, T. N. (2008). Marital satisfaction across the transition to parenthood. *Journal of Family Psychology*, 22(1), 41. doi: 10.1037/0893-3200.22.1.41
- Martin, L. T., McNamara, M. J., Milot, A. S., Halle, T., & Hair, E. C. (2007). The effects of father involvement during pregnancy on receipt of prenatal care and maternal smoking. *Maternal and child health journal*, 11(6), 595-602. doi: 10.1007/s10995-007-0209-0
- McGoldrick, M., Preto, N. G., & Carter, B. (2016). *The Expanding Family Life Cycle*. Boston: Pearson Education.

McNaughton-Cassill, M. E. (2002). Support groups help manage stress. *Fertility Weekly*, 7-8.

ISSN: 1086-1068

Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. Guilford Press.

Mitnick, D. M., Heyman, R. E., & Smith Slep, A. M. (2009). Changes in relationship satisfaction across the transition to parenthood: a meta-analysis. *Journal of Family Psychology*, 23(6), 848. doi: 10.1037/a0017004

Novick, G. (2008). Is there a bias against telephone interviews in qualitative research?. *Research in nursing & health*, 31(4), 391-398. doi: 10.1002/nur.20259

Pinquart, M., & Teubert, D. (2010). A meta-analytic study of couple interventions during the transition to parenthood. *Family Relations*, 59(3), 221–231. doi: 10.1111/j.1741-3279.2010.00597.x

Powell, D., & Karraker, K. (2019). Expectations, experiences, and desires: Mothers' perceptions of the division of caregiving and their postnatal adaptation. *Journal of Family Psychology*, 33(4), 401-411. doi: 10.1037/fam0000526

Seedall, R. B., & Wampler, K. S. (2013). An attachment primer for couple therapists: Research and clinical implications. *Journal of Marital and Family Therapy*, 39(4), 427-440. doi: 10.1111/jmft.12024

Simpson, J. A., Rholes, W. S., Campbell, L., Tran, S., & Wilson, C. L. (2003). Adult attachment, the transition to parenthood, and depressive symptoms. *Journal of Personality and Social Psychology*, 84(6), 1172 – 1187. doi: 10.1037/0022-3514.84.6.1172

Sturges, J. E., & Hanrahan, K. J. (2004). Comparing telephone and face-to-face qualitative interviewing: a research note. *Qualitative research*, 4(1), 107-118. doi: 10.1177/1468794104041110

Tyndall, L., Hodgson, J., Lamson, A., White, M., & Knight, S. (2012). Medical family therapy:

Charting a course in competencies. *Contemporary Family Therapy*, *34*(2), 171–186. doi:

10.1007/s10591-012-9191-9

Varga, C. M., Gee, C. B., Rivera, L., & Reyes, C. X. (2014). Co-parenting mediates the

association between relationship quality and father involvement. *Youth & Society*, *49*(5),

588-609. doi: 10.1177/0044118X14548529

Walsh, F. (2015). *Strengthening family resilience*. New York: Guilford Press.

Widarsson, M., Engström, G., Tydén, T., Lundberg, P., & Hammar, L. M. (2015). ‘Paddling

upstream’: Fathers’ involvement during pregnancy as described by expectant fathers and

mothers. *Journal of clinical nursing*, *24*(7-8), 1059-1068. doi: 10.1111/jocn.12784

Yargawa J., & Leonardi-Bee J. (2015). Male involvement and maternal health outcomes:

Systematic review and meta-analysis. *Journal of Epidemiology Community Health*, *69*(6),

604–612. doi: 10.1136/jech-2014-204784

Xue, W. L., Shorey, S., Wang, W., & He, H. G. (2018). Fathers’ involvement during pregnancy

and childbirth: An integrative literature review. *Midwifery*, *62*, 135-145. doi:

10.1016/j.midw.2018.04.013

Table 1

Individual Characteristics

| Characteristic | Sample N=22 |
|------------------|--------------|
| Age Range (Mean) | |
| Husbands | 25-36 (29.5) |
| Wives | 24-34 (28.3) |
| Race | |
| Caucasian | 17 |
| Hispanic/Latino | 4 |
| Asian-American | 1 |
| Religion | |
| Non-Religious | 7 |
| Religious | 15 |
| Education | |
| High School | 4 |
| Associates | 4 |
| Technical | 2 |
| Bachelors | 9 |
| Advanced | 3 |

Table 2

Couple Characteristics

| Characteristic | Sample N=11 |
|-------------------|-------------|
| Household Income | |
| 20K or less | 3 |
| 20k-50k | 0 |
| 50k-75k | 5 |
| 75k-100k | 1 |
| 100k + | 2 |
| Children | |
| 1 | 4 |
| 2 | 2 |
| 3 | 4 |
| 4+ | 1 |
| Pregnancy Planned | |
| Yes | 8 |
| No | 3 |
| Baby Delivered | |
| Vaginally | 9 |
| C-Section | 2 |
