Supporting couple relationship changes during the transition to parenthood.

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Churchill Fellow 2017
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Secondly, enormous thanks to the Winston Churchill Memorial Trust and its staff for allowing me to take this incredible journey across the world. I am grateful for your belief in me and my project.

I would like to thank all those lovely people I met along the way, who gave their time and energy to spend time with me, sharing their expertise and knowledge. My hosts were wonderful and inspiring in their area of work and I learnt so much. My experiences have been rewarding and memorable because of them and I hope this report gives insight into their wonderful work.

USA Hosts:

Daniela Torrisi, Michelle Hostetler, Corey Vendetti, Professor Mark Feinberg, Professor Doug Teti all from Penn State University.

Hannah Eaton from The Gottman Institute, Amity Kramer, Carolyn Curtis, both Bringing Baby Home educators in Seattle and Santa Ana.

Australian Hosts:

Dr Pam Pilkington  Australian Catholic University Hayley McDonald, Heidleberg Repatriation Hospital - Victoria Phoebe Wallish Executive Officer at Stepfamilies Jane Yelland, Rebecca Giallo, Monique Seymour, Murdoch Children’s Research Institute Dr Heather Rowe & Professor Jane Fisher. Monash University

I would also like to thank my employers for allowing me the time to do the Fellowship and to my clinical supervisor Debs Parson who has always been supportive and encouraging of my project.

Thanks to my niece Raj for help with the design and editing. Finally, a big thank you to my family and friends who were always there right behind me and giving me the space and time to do the project, most importantly my mother in law Beryl for encouraging me in finishing this report.
Abbreviations:

- IAPT - Improving Access to Psychological Therapies
- EIF - Early Intervention Foundation
- CBT - Cognitive Behavioural Techniques
- NHS - National Health Service
- WWWW! – What Were We Thinking!
- PMH – Perinatal Mental Health.
- PIRI - Parent Infant Research Institute
- SIESTA - Study of Infants’ Emergent Sleep Trajectories
- BBH - Bringing Baby Home
- HMHF - Healthy Mothers Healthy Families
- HEE - Health Education England

About Me

My journey into nursing started at a very young age. I always wanted to be a nurse and after working in nursing homes from age 15 to embarking on my nurse training in 1994, I have grown and matured as an individual and become an expert in my chosen field.

After working in a community mental health team and liaison psychiatry I decided I wanted to take the opportunity to do the specialist public health nurse-health visitor training in 2013. Health visiting really sparked my interest and ignited a fire in me after having my own children who are now 11 and 13.

Health visiting introduced me more into working with families and partners in a completely different way than before giving me several other different views into the lives of many families. The opportunity to work as a Clinical Nurse Specialist in perinatal mental health came within a year of qualifying as a health visitor and I had found the job I was meant to do. Being able to combine both aspects of training into one role was magical and at this stage I really felt I was able to see the families I work with as integral members rather than an individual in the family.

This role remains very rewarding, satisfying and very fulfilling for me to date and I am very passionate about perinatal experience for the women and families I work with. I have met some wonderful and inspiring families along the way who will always remain in my thoughts.

I am a member of the London Perinatal mental health Network, Co-chair of the London Perinatal nurses peer support group, Institute of Health Visiting and the International Marie Society for Perinatal Mental Health.
Executive Summary

Background

Having a baby leads to several changes in couples. There are the more obvious ones such as physical and psychological but in reality, it goes much further than this to include decline in couple-focused communication, an increase in traditional gender roles and imbalance in domestic chores, decreased time together as a couple and changes in sexual intimacy. A first baby means couples will have to rework their relationships from meeting each other’s needs as a partnership, into a partnership that includes joint parenting tasks. This causes a huge emotional shift and is far more demanding than recognised.

These changes can lead to conflict and relationship stress and have an enormous effect on the couple, wider family and the child. Children of all ages can be affected by parental conflict.

A decline in relationship quality over time is also common among non-parents; however, it is greater and more sudden for those who become parents.

Couples experiencing relationship difficulties are at increased risk of higher levels of stress, anxiety and depression. There are bi-directional links between couple problems and mental health difficulties.

How can we help these families?

The Relationship Alliance reports whilst change is best affected across society as a whole, there are three beginning points which would be most effective places to start this process: at a governmental level, in frontline public service provision, and in schools.

Focusing on frontline public service provision the Relationship Alliance expands further by recommending all frontline practitioners delivering public services should receive training about relationship support so that they are able to: recognise that relationships are assets; identify relationship distress; sign-post to relevant support services; and screen for domestic violence and abuse.

This should consider couple, family, social and workplace relationships. Key examples of frontline practitioners are GPs, health visitors, nurses, the antenatal workforce, social care, employers, housing associations, social workers, foster carers and Children and Adolescent Mental Health Service (CAMHS) practitioners and relevant to this project the perinatal mental health services.

Women are screened as they come into contact with maternity or GP services and may then be referred to perinatal mental health teams. However often in current practice this is often viewed as an individual problem and doesn’t sufficiently address
couple problems. There is little to offer couples within UK perinatal mental health services, which is a problematic gap.

So, within perinatal services what can we offer those couples who have relationship issues and also a mental health illness? My project focused mainly on how we can address the relationship transition by using assessment skills, interventions for mental health AND the relationship

The issues I want to address:

Throughout my clinical practice I have met many new mothers who have been referred to our service because of a perinatal mental health issue. Some are seen in the antenatal stage and some postpartum. I would often visit these women at home and help support them through their mental health concerns. What I found on several occasions was quite surprising, with new mums feeling anxious and low in mood due to the adjustment stage of parenthood and the change in the couple relationship rather than anxieties and worries in caring for a new baby.

I would often spend my visit discussing the relationship worries with new mothers and was not always prepared about what advice to give. However, I was more aware of the emerging similarity and common themes amongst new parents after each visit. When I felt the couple needed more ongoing support I would have to consider a referral to the local counselling service such as IAPT (Improving Access to Psychological Therapy) or team psychologist.

If left unaddressed, the potential for the mother’s mental health to deteriorate further was of concern to me and the ripple effect of this leading to broken down relationships is devastating for some couples.

I realised that sometimes the women (and partners) I have met, would often report feeling more reassured about the relationship changes after having an open discussion and using Cognitive Behavioural Techniques (CBT) techniques to look at different perspectives of the problems after one or two meetings. This led me to think that if there was an intervention that could be offered by frontline staff, then this would reduce the need to refer on and couples waiting longer to get support. As clinicians, we could intervene at a crucial time for couples.

Relate, a well-established UK relationship organisation states that it’s very common for couples to argue more after the arrival of a new baby. Research shows that first-time parents argue on average 40% more after their child is born.


A typical couple seen by our service could be waiting up to several weeks and months before they are supported by IAPT or family/couple therapy and within that time the rift and conflict in couples can increase. Also, not all psychological services
offer specific couple therapy as part of their remit and there is often a cost involved which can make the help inaccessible to new parents.

We must not forget the child in all of this. The effect of couple conflict/disharmony can have lasting effects on the child’s future outcomes. How parents get on with each other also plays a big role in a child's wellbeing, with the potential to affect everything from mental health to academic success and future relationships.

Many children whose parents experience relationship difficulties in pregnancy and after birth go on to have a normal development. However, a number of recent studies indicate that they are at increased risk of adverse outcomes Professor Gordon Harold from the University of Sussex reports that UK and international research conducted over several decades through observations in the home, long-term follow up work and experimental studies, suggests that from as young as six months, children exposed to conflict may have increased heart rates and stress hormone responses. BBC (2018). Infants, children and adolescents can show signs of disrupted early brain development, sleep disturbance, anxiety, depression, conduct disorder and other serious problems as a result of living with severe or chronic inter-parental conflict.

The problems do not end there. Not only are children affected in their own lives, but research shows that bad relationships can pass from one generation to the next. It is a cycle that needs to be broken if we want positive and happy lives for today's generation of children, and the next generation of parents and families.

To prevent these devastating outcomes, more relationship support is desperately needed for expectant and new parents. If we look at what is around our services locally we will find it is currently almost completely absent in obstetric, fertility, maternity, mental health or early year's services. To begin to fill this gap in provision we need to develop more innovative ways to get the support and information to couples and new parents in an effective and influential way.

Some of the Comments New Mothers Make:

- It's hard to explain but I felt so "maternal" that there was no room in my new identity for libido or being a wife/partner. I just couldn't go there"
- “I don't feel any connection anymore. I just feel numb about it all"
- "What I wasn't prepared for emotionally or mentally was how having a baby can change your relationship for good and bad so dramatically.
- “We have always had a good relationship, so it never entered my mind that having a baby would change it so much”.
- “I knew there would be strain at the start due to lack of sleep but beyond that I didn’t picture anything else, maybe very naive of me”.
- "He takes me for granted sometimes. I feel like he gets to have a life and I do not. Since having the baby I've had one evening out. He is out with work friends tonight and then going out again next week".
- “I just feel upset and angry about it all as if I’m the last of the priority list"
• “I also expected him to be a lot more involved, which he isn't and I was HUGELY disappointed for not getting enough support or help from him”.

**Introduction to the Project**

The Wave trust is a charity dedicated to reducing the key root causes of interpersonal violence: child neglect and maltreatment. Formed in 1996 the fundamental message from the Wave trust is that most family violence and maltreatment can be prevented by known economically viable programmes to break damaging family cycles. Their research identifies and actively promotes UK adoption of global best practice methods and programmes to address violence. The WAVE Trust explains that ‘the strength of the relationship between parents, as well as relationships between children and their parents, can have a significant impact on young children’s development’.

Very often, the mother is considered in isolation from other key people in her life, especially her partner. Parental mental health problems affect everybody in the family. Evidence suggests successful interventions involve a whole-family approach which address a parent's mental ill health in the context of each family member's needs and experiences and co-ordinates support from adult and children's services (Cleaver et al, 2011; Gatsou et al, 2017; Grove et al, 2015).

Improving support aimed at promoting positive parental relationships remains a neglected area for early intervention services with little attention given to it by national services in maternity services, children’s and family services and within current mental health service provision.

Key findings of the Early Intervention Foundation (EIF) Review advised that parents who are embroiled in hostile and distressed relationships are typically more hostile and aggressive toward their children and are less responsive to their children’s needs. As a result, children who witness severe, ongoing and unresolved inter-parental conflict can be aggressive, hostile and violent. Others can develop low self-esteem, anxiety, depression and, in extreme cases, be suicidal. It also reduces their academic performance and limits the development of their social and emotional skills and ability to form positive relationships themselves, all of which will affect the long-term life chances of children.

Interventions which seek to improve parenting skills in the presence of frequent, severe and unresolved parental conflict – without addressing that conflict – are unlikely to be successful in improving child outcomes.

**Questions addressed by this project**

How can we be more aware of the relationship changes during transition to parenthood?
What is the best way to embed this subject within current perinatal mental health services?

How do we incorporate a more holistic family friendly practise within traditional mother and baby services?

What training needs to be provided for practitioners to be more couple focused/aware in their assessments?

As frontline workers with couples, can we engage, advise and guide new parents about how they can address relationship changes and conflict early on without onward referral?

Major Findings

Over the four weeks of my travels I reached out to experts in the United States of America and Australia, two very large countries with a great deal of opportunities lot of opportunities available to meet experts and academics in this particular field. Both have very different healthcare systems so developments in public mental health policy in Australia and the US have had a renewed focus on the preventative importance of the early postnatal years bringing perinatal mental health to the fore.

Visiting research institutes and universities and independent public/private psychology practices, all highlighted a consistent message. They all recognized the need for supporting couple relationships when having a baby to be addressed as early as possible. Each individual service had their family tailored programmes with subsets looking at other effects on the relationship such as sleep. The longer-term outcomes for the child were a major theme as well as the desire to keep families and couples together as much as possible. Inevitably there are family breakdowns and not all families will stay together despite interventions but making even a small difference could change many of the negative impacts on children and their families.

Aims, Objectives and Purpose of the Project

The Fellowship provided an opportunity to fulfill several objectives:

- Find out what and how the USA and Australia use parenting programmes to address the couple relationship in the perinatal period.

- Learn about current research programs which are seeking to further develop and improve the early interventions available to families in a shrinking economic climate.

- Learn about models of service for specific early intervention with couples/new parents and how these are associated with perinatal mental health services.
• Incorporating new digital and social media platforms to increase the uptake of information about couple relationships and the transition to parenthood.

**Approaches and Methods**

I visited several organizations in both the USA and Australia. In the USA, I visited Penn State University in Pennsylvania and then The Gottman Institute in Seattle finishing in Santa Ana, California to become a Bringing Home Baby trainer. In Australia, I visited the Murdoch Research Institute, Monash University, Drummond St family services and met with members of the Centre for Perinatal Psychology in Melbourne. I also travelled to Sydney to meet Elly Taylor, a couple therapist and author of “Becoming Us”

I met with key professionals to talk about their work and the wider context of this in their organisations. By having informal meetings with some organizations, I spent time with teams and individuals in order to understand their practices and research. A full list of services visited can be found in Appendix 1.

Below is some background on the basic structure of the health care systems in the USA and Australia (O’Brien, 2017).

‘Australia has a 2-tier system: public and private. All citizens, permanent residents and certain visa holders are eligible to receive high quality free public inpatient and outpatient hospital care, including free emergency department visits through Medicare’.

However, many people also pay an out of pocket fee to see a doctor in the community setting (GP or other private specialist) as the patient’s Medicare rebate for these services has failed to increase with rising health costs. Approx 57% of Australians also choose to have private cover, which can supplement allied health services, optometry and dental and enable access to private hospitals with your choice of health care provider and reduced waiting times for elective procedures. The government also provides a subsidy for private insurance costs to families using a sliding scale based on income to encourage uptake of private insurance. As well as being funded through general taxation, all Australians pay a 2% Medicare income tax levy.

Compare this to the US system. In the 1960s, Medicare and Medicaid were introduced in America, funded by US payroll taxes. They provide coverage to very low-income earners and the elderly. However, the majorities of Americans are not included in this small cohort and are therefore responsible for almost all of their healthcare costs. Most families obtain private insurance cover through their employer, but often this is only if they are employed full time. Insurance policies also vary widely in their level of cover, co-payments and deductibles so most patients still have out of pocket costs.
The self-employed and many part time employees are left to self-fund their own insurance completely, which is often beyond their means.

The Affordable Care Act was introduced in 2010, with the aim of increasing insurance uptake and increasing employer-sponsored cover. For the first time, it also ensured that pre-existing conditions would be covered. A penalty was introduced for all the uninsured to mandate insurance coverage. Despite all this, an estimated 26 million people remain without health insurance in the USA.

**Report Overview**

This report describes some of the many interventions and developments in Australia and the USA that address couple relationship changes when becoming new parents. Highlighted within the report are the aspects of these interventions which could have significant relevance to UK based services. Embedding some of these programs and systems within current perinatal mental health provision needs to include whole-family approaches rather than traditional mother and baby services would indicate better outcomes for families especially children.

Using digital technology such as social media or a smart phone App can help build manageable and sustainable service provision which meet the needs of new parents efficiently and in a timely manner by tapping into the current ways parent's access information.

Current Government and health funding does not accommodate this aspect of family intervention in traditional maternity and postnatal services and so developing strategies to raise the agenda for early intervention and prevention is needed to drive through changes which will benefit both the families and national economic costs.

The stark difference in healthcare provision and access to treatment across the two countries was certainly intriguing. Compared to our incredible National Health Service (NHS) in the UK where health care provision is free, the USA is not so fortunate in being able to offer a similar service.

The United States healthcare system is a complex patchwork of government and private companies that cover different segments of the population, but not everyone. Cost is driven by two factors: how prices are set, and how medical bills are paid. In other countries with a “single-payer” system, this process works simply. The government sets the price for a medical procedure. Once doctors perform these procedures, they charge the government for reimbursement.

**Recommendations**

Active engagement and conversations must become routinely embedded in assessments and at every contact made by professionals in order normalize and encourage couples to seek support. We urgently need to increase and expand our
knowledge about which services and interventions work to support inter-parental relationships in different contexts. Using skills such as those already established methods found in Australia and the USA we could initiate these into our existing services and as part of all routine assessments in all services for families.

Carey Oppenheim the chief executive at Early Intervention Foundation stated “This is vital to ensure we do not miss crucial pieces of the jigsaw in improving children’s and families mental health and future life chances”. New research by the EIF shows that quality inter-parental relationships - regardless of whether the couple is together or not - and the ability to resolve conflict have a huge influence on the long-term life chances of children. Yet, improving the relationships between parents is not taken account of in many children’s, maternity and family services.

Making relationship discussions routine at every assessment or contact with relevant onward signposting and support will strengthen families to do the best they can.

Providing extended training for all disciplines in brief couple therapy is needed for all professionals especially those in mental health and working with children and families services.

**USA: October 2017**

https://famfound.net

*Penn State University*

**Family Foundations**

**My visit**

During my visit at Penn State I was looked after a wonderful lady called Daniela Torrisi, Senior Research Assistant and Project Manager who showed me around and
spent time talking with me about the programme. I also had the pleasure of meeting other Family Foundation colleagues, mentioned below:

- Michelle Hostetler (Ph.D. Research Associate);
- Corey Vendetti (Postdoctoral Researcher); and
- Professor Doug Teti (Professor of Human Development, Psychology, and Paediatrics).

Both Michelle and Corey showed me how they carry out video coding of family interaction, as well as discussing the program and inviting me to join any project meetings scheduled at the time of my visit. I was fascinated by video coding and keen to understand how this was done. Family interactions are closely observed using video playback. Verbal and nonverbal responses are coded by trained researchers using a formal coding scheme. A coding manual describes and documents what coders should do (and what previous coders did do) while scoring the videos. It formalizes the coding decisions by defining what each code represents, and the criteria for coders’ decisions. This information is valuable for researchers, who may analyse or revisit their data months or years after its collection.

Professor Doug Teti invited me to sit in on a talk he was giving to the graduate students around parenting and also to join his colleagues at the project meeting for his SIESTA (Study of Infants’ Emergent Sleep Trajectories) research program. SIESTA is an adapted version of family foundations that emphasizes co-parenting in infant sleep contexts.

Doug reports that dysregulated infant sleep is predictive of poor parent sleep, and chronic sleep disruption can place families in turmoil, with consequences for the marital and co-parenting relationship.

Furthermore, mothers reporting early co-parenting distress are at risk for personal distress and poor bedtime and night time parenting, which in turn predicts infant sleep problems and insecure infant attachment.

Further information can be found via the following links:

https://www.childandfamilyblog.com/uncategorised/long-term-co-sleeping-baby-can-sign-family-problems/


https://vimeo.com/188344864

**What is Family Foundations?**

Developed by Professor Mark Feinberg, Family Foundations is a universal prevention program developed in collaboration with childbirth educators to enhance co-parenting quality among couples who are expecting their first child.
Parents attend sessions where they learn strategies for enhancing their communication, conflict resolution and the sharing of childcare duties. Family Foundations has been implemented and evaluated in the UK by the Early Intervention foundation and can be found at:

http://guidebook.eif.org.uk/programme/family-foundations

Family Foundations is delivered in sessions of two hours' duration each by two facilitators using the topics listed below:

<table>
<thead>
<tr>
<th>Sessions</th>
<th>Content of the Sessions</th>
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<tbody>
<tr>
<td>Session 1: Building a Family</td>
<td>Setting foundations of co-parenting team</td>
</tr>
<tr>
<td>Session 2: Feelings &amp; Conflict</td>
<td>How parent’s emotions affect the child, managing conflict</td>
</tr>
<tr>
<td>Session 3: Good Sport Teamwork</td>
<td>Identifying behaviour’s that upset you about your partner, changing the storyline</td>
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<tr>
<td>Session 4: Working it Out</td>
<td>Starting difficult conversations</td>
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<tr>
<td>Session 5: Here We Go</td>
<td>Building each other’s confidence as parents</td>
</tr>
<tr>
<td>Session 6: New Parent Experiences</td>
<td>Adjusting to parenthood &amp; recognizing your child’s temperament</td>
</tr>
<tr>
<td>Session 7: Security</td>
<td>Attachment and security between parent and child</td>
</tr>
<tr>
<td>Session 8: Problem Solving</td>
<td>Competing for the baby’s attention and differences in security</td>
</tr>
<tr>
<td>Session 9: Keeping Things Positive</td>
<td>teaching and discipline, sex and intimacy</td>
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</table>

**Research Findings**

The benefits of the programme are shown below:

<table>
<thead>
<tr>
<th>BETTER</th>
<th>LESS</th>
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<tbody>
<tr>
<td>Parenting teamwork</td>
<td>Pre-term birth</td>
</tr>
<tr>
<td>Parenting sensitivity &amp; warmth</td>
<td>Parental stress</td>
</tr>
<tr>
<td>Child self-regulation</td>
<td>Depression in mothers</td>
</tr>
<tr>
<td>Child social competence</td>
<td>Conflict between parents</td>
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<tr>
<td>Child academic competence</td>
<td>Harsh parenting</td>
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</tbody>
</table>

Benefits of the program were assessed several times between children who were 6-months-old and 7-years-old. Positive results were found at each point in time and there was no decrease in the strength of the Family Foundations benefit.
Family Foundations has also been shown to reduce postpartum depressive symptoms among mothers as well as boost confidence and reduce stress for both mothers and fathers.

Professor Doug Teti and his project team.
Liv, Sabrina, Doug, Kaitlin

Relevance to the UK

Over a two-year period (2011 – 2013), the Fatherhood Institute - working in partnership with 4Children and funded by the Department of Education – has organised the delivery of Family Foundations at 12 local authority sites in England.

The conclusion of UK trials as reported by the Fatherhood Institute is that the “Family Foundations program has been a difficult one to deliver for many of the local authorities in our trial, occurring as it has in a time of great change to frontline services. Cuts to the workforce, a greater emphasis on targeted support and the loss of central leads have all seriously impacted on the delivery of the program”. A person’s care may be provided by several different health and social care professionals, across different providers. As a result people can experience health
and social care services that are fragmented, difficult to access and not based around their (or their carer’s) needs.

Despite these challenges, it has been regarded as a crucial ‘plug’ in the gap of provision that identifies and addresses the parenting team. One main challenge for many authorities has been that the crucially important and valuable relationship between health and early year’s services is not embedded, so services are all too often developed and delivered in isolation.

People benefit from care that is person-centred and coordinated within healthcare settings, across mental and physical health and across health and social care. For care to be integrated, organisations and care professionals need to bring together all of the different elements of care that a person needs. Fragmentation of care remains a problem across the continents and the USA, Australia and the UK are no different in this aspect. However there is increasing recognition of the need to address this in order to get the best sustainable health care system and outcomes for our patients.

**The Gottman Institute**

In his book “And baby makes three” Dr John Gottman states an important message

“The greatest gift you can give your baby is a happy and strong relationship between the two of you.”

The above message seems quite simple and easy, but evidence shows us that most babies suffer when there is conflict in the relationship between the parents. Studies have shown parental hostility, fighting and irritability leads to poor parent-infant interaction resulting in creating a dangerous emotional climate for babies.

For example, when babies witness or hear their parents fighting there is a raise in their blood pressure. When parents are unhappy they may misread their baby’s cues and respond wrongly. Poor coordination of face to face play can confuse babies and eventually the interactions with the baby become more negative and less positive.

Gottman indicates that the most troubling research finding learnt is that parenting that is compromised by poor relationships results in interference in the infant’s ability to self-
regulate and stay calm. “We know that in the first three years’ fundamental neural pathways are being laid down to do with self-soothing, focus attention and trust in love and nurturance from the parents and the important emotional attachment to their mother or father”.

Infants born to unhappy parents may not develop the important neural development needed to achieve in school, maintain healthy peer relationships and a future that’s happy.

Even the strongest relationships are strained during the transition to parenthood. Lack of sleep, never-ending housework and new financial concerns can lead to profound stress and a decline in marital satisfaction – all of which affect baby’s care. Not surprisingly, 67% of new parent’s experience conflict, disappointment and hurt feelings. Gottman (1994).

Gottman’s research-based Bringing Baby Home (BBH) (2005) workshop’s prepare couples for life with baby and helps them be the best parenting team possible. In a relaxed and supportive environment, parents learn to strengthen their relationship and foster baby’s development during this challenging time. They build on what Dr. Gottman and colleagues found is the best predictor of adjustment after baby arrives: the quality of friendship in the relationship.

Gottman reports “Children are living in homes with fragmented family relationships. It is critical to the health of young families that we address the tragedy of parent to-parent hostility, postpartum depression and emotionally insensitive parenting”. Pirak (2014).

A couple’s emotional connection is the real foundation for a baby’s development. A hostile parent-parent relationship and a withdrawn or intrusive parent-child relationship have lasting negative effects on a child’s emotional, social, and cognitive development.

The question for couples having children is: How can we maintain the quality of our relationship and build a strong and healthy family? Many parents believe that there is a choice to be made between being close to one’s partner or one’s child.

Yet research demonstrates that when parents have a good, satisfying relationship, their children enjoy optimum emotional and social development. The impact of the couple’s relationship on their children encouraged the Gottman’s to promote lasting change by implementing the Bringing Baby Home program in communities around the world.

My Visit.

During my visit, I met with Hannah Eaton, Professional Development Coordinator at The Gottman Institute office in Seattle. We were also joined by Amity Kramer a BBH educator who talked about her experience of using the BBH program with new parents within the Seattle area.
I then had the opportunity to attend the 2-day training to become a Bringing Baby Home educator in Santa Ana, California with trainer Carolyn Rich Curtis, Ph.D. The training was kindly funded as part of my Fellowship by the WCMT.

**Bringing Baby Home**

Over two days the Bringing Baby Home (BBH) programme teaches the value and importance of the Program, how to move through time together, the art of building love maps, importance of sharing fondness and admiration, the concept of turning towards and building an emotional bank account, maintaining the positive perspective, ritualizing the daily stress-reducing conversation, and the topic of flooding, self-soothing and taking breaks.

The BBH programme also teaches how to recognize the four warning signs of relationship meltdown, practice the four steps of constructive problem solving, recognize the importance of fathers, understand baby blues, postpartum mood disorders and other mental health issues, how to connect with your children, preserve intimacy and romance in your relationship, and create shared meaning, values and rituals of connection.

**Research Findings:**

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<th>BBH Programme Outcomes</th>
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<td>Parent-Baby Relations</td>
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responsiveness to their infants’ signals. This was particularly true for fathers. Parents who took the BBH program demonstrated better co-parenting in that they were able to work together more positively during family play with their 3-month-old baby. Babies expressed more smiling and laughter during family play if their parents had participated in the BBH program. This was true for both three and twelve-month-old infants. Several indicators of father-infant attachment security were rated more positively in families who had taken the BBH programme.

| Infant Development & Temperament | There were fewer language delays in one-year-old infants of parents who took the BBH program. Mothers who took the BBH program rated their babies as showing less distress in response to frustration (such as a toy being out of reach). One-year-old babies in the workshop group were rated as responding more positively to their fathers’ soothing. |
| Father Involvement | Fathers who took the BBH program reported being more involved in parenting, more satisfied and better appreciated for their parental contributions. The quality of father-baby interactions was more positive. |
| Couple Relationship Quality | Couples who took the BBH program reported more stable relationship quality. Those who did not take the program showed a decline in relationship quality over the first year following the baby’s birth. There was less hostility expressed by both husbands and wives during conflict discussions if they had taken the BBH program. |
| Parent Psychopathology | Fewer mothers who took the BBH program showed symptoms of post-partum depression, the baby blues, and other indicators of psychopathology such as anxiety. Fewer fathers who took the BBH program showed signs of depression and anxiety. |
Relevance to the UK

The Gottman’s conducted a randomized clinical trial study with long-term follow up. That workshop has been taught to 1,000 birth educators from 24 countries. The effects have been replicated in Australia and Iceland.

Initial findings from this continued research indicate that both the BBH workshop and support groups led by family educators are effective in promoting positive marital relations, parent-baby interactions, and overall infant development through the first year after the baby is born.

At present I am unaware of any other BBH educator in the UK other than myself and this presents its own difficulties for evaluating its effectiveness in the UK. However, starting the BBH programs in children centre’s or within maternity units would support growing this training to a larger scale and hence start evaluating its benefits in the UK.

The Marriage Minute

Prior to applying for this Fellowship, I had signed up to receive the Marriage Minute newsletter and found it useful and helpful to be sent reminders about relationships and how to manage this.

The Marriage Minute is an email newsletter from The Gottman Institute that helps improve your marriage/relationship in 60 seconds or less. Over 40 years of research with thousands of couples has proven a simple fact: small things often can create big changes over time. It’s a resource of tools, articles, videos, exercises, and more, all founded on Drs. John and Julie Gottman’s four decades of research and clinical experience sent by email.

Subscribing to the newsletter can be found on www.Gottman.com

The Gottman’s aim is to teach you one thing each day that will deepen your friendship, allow you to use conflict as a catalyst for closeness, and enhance the romance in your marriage.

The tips and skills given were extremely useful and provided guidance on how to maintain a close and loving relationship with my husband. I have shared this useful resource to many friends and family who feedback that it has been a very valuable
and helpful resource to them. It would be great to be able to share such a simple but valuable resource within my clinical work.

**Australia: March 2018**

Healthy Mothers Healthy Families

The Healthy Mothers Healthy Families research program focuses on what can be done in pregnancy and the early postnatal period to improve maternal, newborn and child health outcomes. The group’s vision is health, wellbeing and equity for all mothers, children and families. In particular, the program of research focuses on improving the health and wellbeing of Aboriginal families, families of refugee background and women and children experiencing family violence.

I was put in touch with Associate Professor Rebecca Giallo, Senior Research Fellow and Psychologist at the Murdoch children’s research institute, Melbourne by Michelle Hostetler from Penn state, as Family Foundations was being adapted for use in Australia with the Healthy Mothers Healthy Families (HMHF) research group.

**My Visit**

Professor Giallo also introduced me to Monique Seymour Research coordinator with the Family Foundations Study. Monique is coordinating and working with Drummond Street Services in Melbourne on an acceptability study of the Family Foundations program with the aim to ascertain Australian couples' experiences and perceptions of the program in order to redesign the intervention to suit the needs of Australian parents prior to a larger scale trial.

In addition to HMHF, Professor Giallo has 83 peer reviewed publications. Her research focuses on the relationships between early life adversity, parent mental health, and children’s health and development and can be found at [https://www.mcri.edu.au/users/dr-rebecca-giallo](https://www.mcri.edu.au/users/dr-rebecca-giallo)

During my visit I had the opportunity to meet many other people who as part of the Healthy Mothers Healthy Families (HMHF) Research Group was breaking new
ground in engaging with communities and health care providers to explore their experiences of care around the time of having a baby and develop new ways to address health and health care inequalities for vulnerable families. Several publications by the group indicate that how women access, engage and experience care may be contributing to poorer outcomes.

I also met with Associate Professor Jane Yelland who co-leads the Healthy Mothers Healthy Families research group’s Refugee and Migrant Research Program, in collaboration with the Victorian Foundation for Survivors of Torture (Foundation House). Jane’s research focuses on strategies to support maternity and early childhood health services in addressing factors that contribute to poorer outcomes for vulnerable women and their children.

**Relevance to the UK**

This study had not yet been evaluated but as it is adapted from Mark Feinburg’s Family Foundations its relevance to the UK would be similar to the Fatherhood Institutes findings.

*Some of the staff from the Healthy Mothers Healthy Families team.*

*Photo taken in the foyer of the Royal Children’s Hospital Melbourne.*

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**Centre for Perinatal Psychology**

My visit to Melbourne, Australia gave me the immense pleasure to meet a wonderful lady, Dr Bronwyn Leigh, Director of the Centre for Perinatal Psychology who
arranged a fantastic dinner meeting with other key professionals who are working in the perinatal mental health arena.

The Centre for Perinatal Psychology is dedicated to improving the emotional wellbeing of parents and infants before and during pregnancy, and the three years following the birth of a baby.

Dr Leigh contributed substantially to the development and implementation of “Towards Parenthood: Preparing for the Changes and Challenges of a New Baby” Milgrom et al. (2009), ACER Press, during her time working at the Parent Infant Research Institute (PIRI), a not-for-profit organization dedicated to improving the emotional wellbeing of parents and infants.

**My Visit**

Dr Bronwyn Leigh arranged for me to meet with a number professionals working within the perinatal mental health field. Over dinner we shared our experiences and our work in our various workplaces. There were lots of exciting discussions and comparisons of the differing healthcare systems and resources available to new parents.

![Top left to right: Dr Bronwyn Leigh, Bridget Robinson, and Dr Pam Pilkington](image1)

*Front left to right: Me, Hayley Macdonald.*

I realised the destination was the same for us all but the journey was often different dependent on what was available in the area. Some parents journeys within perinatal mental health was more straightforward where as others were more convoluted and longer. Overall the goal was the same i.e. good timely interventions for perinatal mental health concerns and strengthening relationships.
Towards Parenthood

Towards Parenthood is an evidence-based self-help guidebook supporting soon-to-be and new parents adjusts, to the demands of parenting while strengthening their relationships with their baby and partner.

Each chapter contains illustrations and reflective activities to help parents prepare and juggle the enormous and unexpected changes that come with a baby. The book explores expectations of parenthood, coping skills, problem-solving, and ways to enhance self-esteem, assertive communication, bonding with your baby and understanding your baby’s cues.

Towards Parenthood workbook content:

Unit 1. Toward motherhood

Nurturing the developing mother–baby relationship and reflecting on experiences within the family-of-origin to facilitate awareness of its influence on the mother–baby relationship.

Unit 2. Toward fatherhood

Nurturing the developing father–baby relationship, reflecting on family-of-origin experiences, raising awareness of upcoming changes/challenges and the importance of mobilising supports.

Unit 3. We’re expecting!

Preparing for parenthood Facilitating realistic expectations of upcoming changes and problem-solving skills training.

Unit 4. Caring for yourself is caring for your baby

Focusing on self-care, stress busters and self-esteem.

Unit 5. From lovers to parents: managing relationship changes

Navigating changing roles by encouraging open communication, assertiveness, intimacy, and reflection on family-of-origin experiences.

Unit 6. Keeping some balance in your life

Behavioural strategies for coping with depression and anxiety.

Unit 7. Healthy thinking, healthy self

Cognitive strategies for coping with depression and anxiety.
Unit 8. Caring for your newborn baby

Developing realistic expectations about caring for a newborn.

Unit 9. Welcome to “The Club”!

Postnatal session to reflect on and integrate the birth experience and the reality of parenthood and to reinforce previously discussed coping strategies.

The content in the Towards Parenthood book was extensively piloted with Australian families. Pregnant women who participated in the research and received the Towards Parenthood intervention were found to be less anxious; less stressed and have fewer symptoms of depression after having their baby compared with those who did not receive Towards Parenthood.

Towards Parenthood was written by a team of psychologists and therapists Authors: Prof. Jeannette Milgrom (Executive Director, PIRI), Jennifer Ericksen, Dr Bronwyn Leigh, (Director Centre for Perinatal Psychology), Yolanda Romeo, Elizabeth Loughlin, Rachael McCarthy & Bella Saunders.
Research Findings

Towards Parenthood has been evaluated in two randomised Controlled Trials.

Following the antenatal intervention there were significantly fewer cases scoring above threshold for mild-to-severe depression/anxiety symptoms postnataly compared to routine care, along with a trend towards reduced parenting stress.

The community networking component appeared helpful and women with higher baseline depression scores showed higher levels of help-seeking in both intervention and routine care groups.

Findings of these studies provide support for the effectiveness of Towards Parenthood as a preparation for parenthood program. Women who received the Towards Parenthood intervention reported significantly lower levels of parenting stress at 12 weeks postpartum than women who received routine care.

Further, the intervention was also successful at reducing depression and anxiety at 12 weeks postpartum. Conclusions Preparation for parenthood makes a difference. Specifically, our self-help intervention, Towards Parenthood, is effective in reducing parenting stress, depression and anxiety in the early postpartum period.

Relevance to the UK

During my current work as a perinatal clinical nurse specialist, I worked closely with our colleagues in IAPT (Improving Access to Psychological Therapies) services, who were using the Towards Parenthood programme for pregnant women. Referrals were often made by professionals, self referrals and GP.

Psychologists working in perinatal mental health teams are in an ideal place to offer workshops to all parents individually or as groups and not just for mothers. The psychological interventions that are currently provided by psychologists focus on individual 1:1 therapy options for mothers such as cognitive behavioural therapy, mentalisation, dialectical behavior therapy, compassion focused therapy etc but few offer family or couple interventions or even specific interventions for partners with mental health concerns which can also impact the wider family.

Using the Towards Parenthood workbook not just for individual mothers but for couples, new and existing parents and for whole families would be a better approach to meeting the needs of these families as one. The workbook has also been translated into Dutch and Italian so further more translations to languages reflecting the local areas would open up wider access for other ethnic communities. Combining the skills of other disciplines and professionals in perinatal mental health teams, psychologists can significantly contribute to supporting and up skilling the workforce by seeking to ensure all staff in perinatal teams have sufficient skills training in delivering aspects of the towards parenthood programme at every contact.
Partners to Parents teaches you simple strategies to strengthen your relationship with your partner when you become parents. Having a strong, healthy relationship benefits the well-being of your whole family. Partners to Parents is an evidence-informed resource. It is an online intervention for preventing perinatal depression and anxiety focused on enhancing partner support.

Partners to Parents provides practical tips for new parents and parents-to-be, to help you support one another and reduce your chance of depression and anxiety. Topics include:

- How to stay connected to your partner
- How to work together as a team
- What to do if you think you or your partner is struggling
- How to communicate with your partner when you are feeling stressed
- Understanding how your sexual relationship may change when you have a baby.

**Research Findings**

The content on the Partners to Parents website was endorsed by an international panel of more than 50 parents, researchers, and perinatal health professionals, including psychiatrists, nurses, and counsellors.

The articles available from the website below describe the development of Partners to Parents. [http://www.partnerstoparents.org](http://www.partnerstoparents.org)

Partners to Parents: development of an online intervention for enhancing partner support and preventing perinatal depression and anxiety. Pilkington et al (2016) available at:
To prevent perinatal depression and anxiety, couples-based interventions are required to optimize both parental well-being and infant mental health. Interventions used currently can often be limited by their focus on maternal mental health, postnatal outcomes, and a reliance on professionals for their delivery. The majority of the parents involved perceived the website as a useful resource.

Dr Pam Pilkington also wrote the following article which I read prior to contacting her as I was interested to discuss this study with her.

Enhancing Reciprocal Partner Support to Prevent Perinatal Depression and Anxiety: a Delphi consensus study. Pilkington et al (2016) available at:

https://doi.org/10.1186/s12888-016-0721-0

Previous research has established that supportive partners can protect against perinatal mental health problems making it therefore an important target for interventions designed to prevent maternal and paternal depression and anxiety.

Prevention efforts aiming to facilitate reciprocal partner support within the couple dyad need to

Prevention interventions aiming to facilitate the couple dyad and can support guidance on how partners can support one another reduce their vulnerability to perinatal depression and anxiety.

These guidelines will hopefully inform the development of all perinatal depression and anxiety prevention efforts.

Relevance to the UK

The Internet has revolutionized the way information is shared and accessed. Information retrieval is easier now than ever before. Developing a tailored website similar to this or using the Partners to Parents site as a source of information to be given to all new parents from primary care professionals such as health visitors and midwives would allow new parents and partner to seek support and advice.

Online health information can increase patients’ knowledge of, competence with, and engagement in health decision-making strategies. Through emerging parent-centered websites, blogs, and support communities, parents can share their personal experiences; they can offer special insights and reflections from the lived experiences of their specific health and relationship issues, which professionals might not be able to provide. This type of information might help partners to become better informed about their situation, and also reduce feelings of loneliness and isolation.

From a perinatal mental health perspective clients who present with mild to moderate mental health concerns that are related to becoming parents and relationship
changes could be signposted in the first instance to such a website developed and managed by locally by the service. Using videos, discussing lived experience and personal stories would help break down barriers in seeking help and support. Personally for me, watching a video or listening to someone’s experience of relationship changes and then using skills and techniques recommended to address this would be hugely beneficial. Reflecting whilst writing this, I realise how some of the suggestions and information appear fairly obvious and simple, yet as health service providers and within society we do not pay due attention to this and often it remains an afterthought.

What Were We Thinking!

My Visit

Professor Jane Fisher and Dr Heather Rowe are both located at the Jean Hailes Research Unit in the School of Public Health and Preventive Medicine at Monash University in Melbourne Australia. It was a real privilege to meet them both and I am very grateful for the time taken to talk with me.

During my meeting with them, I had the opportunity to learn about the WWWT programme and to look through the workbook. We spoke about its application and trials held in other countries and the possibility of it being used in the UK as part of a perinatal mental team intervention. Whilst this was a decision I could not make at the time I would actively like to be a part of its introduction in the UK given the right support and funding needed for its implementation.

Me, Prof Jane Fisher, Dr Heather Rowe.
www.whatewerewethinking.org.au was developed and produced by a team of Australian researchers, writers, designers, and programmers, funded by a grant to Professor Jane Fisher and Dr Heather Rowe.

WWWT is an innovative program for mothers and fathers and their first babies. Many parents will have attended childbirth education classes during pregnancy to help prepare for the birth. WWWT aims to provide relevant information at the time parents need it most - when their baby is in their arms.

WWWT has an educational framework, comprising structured, easily comprehended learning activities made available at a critical life stage when parenting-specific learning needs are high.

WWWT fills two gaps in current parenting education. First, WWWT shows strategies to manage baby crying and settling difficulties and to promote sustainable sleeping habits from an early age. Second, it provides new language and ideas to help parents adjust to the changes in their relationship with each other after the birth of their first baby.

The content of the program is derived from research evidence, clinical experience and wide consultation with new parents, maternal child and family health nurses, clinical and health psychologists, general practitioners, paediatricians, lactation consultants and parenting educators.

WWWT can be used in two ways:

Individuals and couples can use the self-directed interactive website. It provides a series of worksheets addressing skills and knowledge known to be useful in adjusting to the new tasks and demands of life with a new baby in the For Parents section.

The professionals section includes background theory and technical information and suggests ways in which the WWWT Program can be incorporated into mothers’ groups and seminars for new parents.

WWWT is designed as a two-session program. Sessions focus on matters relating to parents as below:

- the new unpaid workload of infant care and household work;
- gendered differences in the losses and gains of parenthood;
- differences in emotional needs and the potential for adverse reproductive events to have lasting psychological effects on women after the birth of a
baby; and developing strategies to assist couples to address these in a non-confrontational manner.

Other sessions focus on understanding and managing infant behaviour including:

- infant temperament, including such as differences in the reactivity, responsivity and regulation of young infants;
- amount and known and unknown reasons for infant crying;
- stimulation, over-stimulation and soothing;
- infant sleep needs and optimal sleep habits;
- the use of settling strategies to achieve these while supporting breastfeeding; and establishing sustainable routines of daily care: the feed, play, sleep routine.

**Research Findings**

The content of the What Were We Thinking! (WWWT) program, the foundation of the app and blog, was derived from over 10 years of research evidence, clinical experience and wide consultation with new parents, maternal child and family health nurses, clinical and health psychologists, general practitioners, paediatricians, lactation consultants and parenting educators.

Results from a cluster randomised controlled trial conducted in 2015 (Fisher et al., 2016) showed that there was a significantly lower prevalence of mild-to-moderate symptoms of depression and anxiety in women who participated in the WWWT program compared to the control group.

A controlled study in 2010 found that the program had a significant positive impact on participants’ ability to cope with the stressors involved in caring for a newborn baby and reduced the incidence of post-partum mental disorders in women (Fisher et al., 2010).

However, the intervention was only accessible to women fluent in English and its impact among women from culturally and linguistically diverse backgrounds is not yet known.

**Relevance to the UK**

WWWT is readily integrated into primary care, enables inclusion of fathers and addresses modifiable risks for postpartum common mental disorders directly. The full intervention appears a promising programme for preventing postpartum common mental disorders, optimizing family functioning, and as the first component of a stepped approach to mental healthcare.
The research demonstrates that mental health promotion can be embedded in early parenting education, avoiding explicit psychiatric language and removing stigma, with the additional benefit that parenting skills can be taught directly from the earliest postpartum weeks. We believe that this intervention provides a vehicle for integrating perinatal mental health promotion into community-based primary care services for families and that the findings can be generalized with some confidence to other high-income Anglophone settings (Fisher et al., 2016).

**Becoming Us**

**Elly Taylor**

**PARENTHOOD PIONEER**

**My Visit**

In Sydney, I had the amazing opportunity to meet with Elly Taylor for lunch. Elly was introduced to me by Dr Pam Pilkington in Melbourne. I was so very inspired by meeting with Elly, she seemed to really understand what I was trying to achieve. Elly has had many years of experience through her work with meeting couples and new parents and she too identified the gap in support for the relationship changes well before I did. Her book has been incredible to read and I feel it would be something I could share with the families that I work with in the UK. It is a book that can be picked up at anytime and the information and skills are all useful and relevant to any stage of a relationship.
What is “Becoming Us?”

Elly Taylor is an Australian relationship counsellor; independent parenthood researcher and author of the award-winning book Becoming Us. Elly is the founder of Becoming Us, an organisation created to teach helping professionals her research and evidence-based approach to the transition into parenthood and to support mothers, fathers, partners and families to thrive.

Fast forward to now and Elly is the founder of Becoming Us, an organisation created to teach helping professionals her research and evidence-based approach to the transition into parenthood and to support mothers, fathers, partners and families to thrive.

Elly discovered that the statistics obscured a deeper truth. Becoming a family pulls apart the structure of a couple’s partnership; the transition tips them into a new life stage as individuals and a new relationship stage at the same time. Parenthood can affect both mother’s and father’s sense of identity and self-esteem; it can change the balance of power in between them and also stretch their sense of connection.

These changes happen for very good reasons. When parents know how to work with and adjust to them, they create the most solid foundation for a family. Over fifteen years, through reviewing the literature, trawling through the research and listening to and reflecting on the stories of hundreds of parents, I was able to discover eight stages of parenthood:

**Stage One:** Pre-Baby Preparation. Expecting parents who do some preparation for ‘real life after baby’ cope better than those who don’t. John Gottman found just two 40 minute preparation for parenthood sessions reduced the risk for Postpartum Depression by 60%.

**Stage Two:** Awareness. Most expecting parents aren’t aware of (or completely underestimate) the need for a postpartum period for each member of the new family – mom, dad (or both partners) and baby – to adjust physically, mentally, emotionally and relationally. Those who plan tend to have a smoother time.

**Stage Three:** Expectations. Unhealthy expectations can leave new parents shocked or disillusioned by the more confusing or challenging aspects of those first few months of family. Those with more realistic expectations, or who can adjust them as they go, tend to cope better.

**Stage Four:** Family Needs. Couples often overlook the most important things. Parents, who are able to keep things simple, prioritize, identify what they need and communicate these needs to a partner start to put down deep roots for family growth.

**Stage Five:** Emotionality. Due to hormones, fatigue, cognitive changes in mama, unexpected experiences and steep learning curves, both partners are likely to be more sensitive and emotional than normal. This stage is pivotal as it affects the following three. Couples who embrace their new vulnerability start to bloom.
**Stage Six:** Identity and Self Esteem. Parenthood can affect both partners’ sense of identity or level of self-esteem in both positive and negative ways, which can in turn send some couples into a parenting power struggle. Couples who can encourage and support each other’s new-parent sense of self can avoid this.

**Stage Seven:** Differences. New differences are normal and common, yet without knowing this, partners tend to blame each other for causing conflict. Couples who can see differences as part of the growth process can manage issues in ways that bring them closer. This is the beginning of building solid family foundations.

**Stage Eight:** Disconnection or Connection. All the above can, if not managed, lead to an increasing sense of distance or disconnection. A traumatic birth, assisted reproduction, multiple babies, experiencing a loss or a baby born unwell can mean additional vulnerability. Partners, who are able to reach out and embrace, are not only able to cope, but become stronger and grow together in new ways.

Parents can learn the steps that can be used over and over again as they travel the path ahead, so their whole family can thrive.

The Becoming Us Professional Development Program equips birth, health, therapy and helping professionals to fill a gap in most couple’s preparation for parenthood and guide them through their first years of family.

Elly’s website includes videos made by Elly’s about the Becoming Us approach and is very informative and inspiring to view. The website also has a blog which can be found at [https://ellytaylor.com/blog](https://ellytaylor.com/blog).
8 STEPS OF THE PARENTHOOD ADVENTURE

It’s called the “transition into parenthood”, but becoming a family is more like an adventure into the unknown. Here’s 8 Steps to guide you from Parenthood Researcher and Author Elly Taylor.

1. PREPARE FOR YOUR BABY

Most couples these days do a birth plan, but it’s just as important to plan for those first few weeks afterwards. Organize finances and work leave and find a Childbirth educator, Doula or Midwife who includes your partner in the process and provides education on how to adjust in the postpartum period.

2. BUILD A NEST

Turn off the screens, tune out the news (the big headline is in your arms!), hunker down with your baby and reach out for support. Family, friends and professionals can organize meals and do chores. The priorities in this stage are nesting, resting and bonding as a new family. The outside world can wait!

3. MANAGE EXPECTATIONS

Life with a new baby may not be how parents pictured it. Unmet expectations of parenthood can contribute to Postpartum Depression. But if couples know what to realistically expect, they can prepare themselves and know when and who to reach out to for more support if they need it.

4. SET UP BASE CAMP

This is the stage where life starts to settle down, the baby is finding their routine and the new normal is being established. Here’s where couples can focus on their own routine and build in healthy eating, exercise and stress relief habits to cope with life’s inevitable challenge as a family well into their future.

5. EMBRACE YOUR EMOTIONS

During pregnancy, birth and early parenthood, both mamas and papas are biologically primed to be sensitive to their new baby. This means partners will also be more sensitive to each other. Knowing how to work with this can take a couple’s relationship to a whole new level.

6. WELCOME YOUR PARENT SELF

If life after baby is very different to life before, this can impact a person’s sense of identity and also their self esteem. Respect and recognition for each other’s new role is vital. Appreciated partners make great parents and your co-parenting journey really starts here.

7. GROW TOGETHER THROUGH DIFFERENCES

A whopping 92% of parents report increased conflict in the first-year after baby. With sleep deprivation, new stresses and steep learning curves, it’s normal! Couples can learn how to do conflict well so it brings them closer instead of sending them apart.

8. CONNECT AND RE-CONNECT

With so much time, energy and focus going to the baby, it’s easy to understand why 67% of parents report a decline in relationship satisfaction in the first 3 years of family. But here are lots of ways for couples to stay connected. It’s the bond between you that your family is built on - so protect and nourish it too!

Adapted from the book Becoming Us, 8 Steps to Grow a Family that Thrives. For more see ellytaylor.com.
**Research Findings**

Elly has used her combined knowledge of psychological theory alongside her work in emotionally focused couple’s therapy and drawn over fifty years of research to develop her program. Her research has been presented at national and international conferences and is increasingly gathering steam across the globe. Becoming Us has been embraced by leading organizations including

**Relevance to the UK**

I felt many aspects of Elly’s work would fit perfect with UK services and has the real potential to become embedded in perinatal mental health service provision. Having met Elly in Australia and then in the UK in 2018 her work is being used by birth professional and therapists within maternal mental health services and also taken up by obstetricians specializing in perinatal mental health care. The results of its use in the UK are yet to be formally tested and are in the early stages of being implemented on a large enough scale in order to measure its success. Perhaps my perinatal mental health team in South West London could be used to trial the Becoming Us Programme. Since starting this report I have enrolled on the Becoming Us training and will share the knowledge and learning within the new perinatal team.

**Relating the Findings Back to the UK - What Challenges Would There Be In Implementing Them?**

Evidence from internationally-run programs, does suggest they have the potential to help improve aspects of couple relationships and parenting practices leading to more positive outcomes for children.

UK professionals, health and social care services, families and new parents are all calling for greater national investment in developing and evaluating which services work best to support relationships between parents in different circumstances.

Qualitative research conducted by the Early Intervention foundation (EIF) (2018) suggests that front-line practitioners in early help, health, schools and social care often lack the confidence and knowledge to raise the issue of relationship problems. This means that they are all missing key opportunities to identify and support families experiencing parental conflict.

Perinatal mental health services are in an excellent position to help and guide couples to strengthen their relationship, effectively manage stress and conflict, meet the emotional and psychological needs of a child and enable both parents to be involved in parenting.

The perinatal period is at a time when the potential for changes is increased. Using some of the practices and skills of established programmes from other countries presents opportunity to strengthen relationships. The evidence base for poorer
outcomes for children from couples who are conflict provides a strong argument for incorporating new ways of working into developing perinatal mental health services.

The development of new and existing global approaches provides a unique opportunity to incorporate best practice into established systems and provision. The competency framework for perinatal mental health as developed by Health Education England (HEE) (2018) who commissioned the Tavistock & Portman NHS Foundation Trust to develop a competency framework setting out the skills and knowledge required by practitioners who are working in this area.

This framework clearly outlines the need for professionals to be knowledgeable in

“Understanding that parents can find the events of childbirth and parenting stressful in different ways (both physical and emotional), and that their conception of stress, and how they manage it, can affect their relationship with the baby and each other” as well as including assessing and treating mental health difficulties. This is an important step towards ensuring that the workforces who support families across the perinatal period keep the couple in mind.

Training courses need to include elements of couple’s work to then embed this into routine assessments across different disciplines.

The link below takes you to the Competency Framework for Professionals working with Women who have Mental Health Problems in the Perinatal Period.


Conclusions

Failing to support the couple relationship where the objective is to achieve positive child and adolescent outcomes linked to family experiences, could mean a key influence is substantively missed out. This will not only affect today’s generation of children, but tomorrow’s generation of parents.

Offering a relationship component to assessment can help couples understand what to expect and how to overcome hurdles. Parenting experts, therapists, medical providers and clergy may all be effective in helping couples understand the profound philosophical shift that occurs when they become parents.

Interventions mentioned within this report can provide all professionals and couples/parents the tools necessary to make a strong positive impact on new families. We have a duty as health care professionals to approach our families using holistic methods addressing not just the psychiatric illness but also the underlying causes and contributing factors which from my experience go together. You cannot treat one aspect of a family’s health without incorporating the other more intricate and complex factors.
Across the two legs of my Fellowship travels I was able to visit a variety of services and institutions that were ahead with research and clinical practice in perinatal mental health and couple relationships. Both countries provided such an exciting and inspiring view of the important learning and insights that may contribute to their applicability in a UK context.

As perinatal mental health services expand on a national level over the coming years, I hope that these findings can make a useful contribution to the developments and help to ensure high-quality, sustainable provision for parents and their infants.

**Fellowship Achievements**

I would like to suggest that my Fellowship was successful at meeting all of my project aims and it enabled me to travel to observe inspirational practice with families. The proud feeling of becoming a Winston Churchill Fellow has been incredible and amazing to share with everyone.

It was at times challenging as I felt my initial aims and question about the subject changed many times as there are so many facets to this area.

I feel hugely motivated by the interventions I observed and the variety of experiences that the different agencies offered me. Having the pleasure of getting to know amazing people was such fun, interesting and immensely enjoyable.

I feel I have gained in confidence and my knowledge of couple relationships and feel passionately about encouraging others in the United Kingdom to feel more confident about incorporating this into routine practice as the norm of perinatal mental health care. I have seen many excellent interventions during my travels and I believe that these may encourage people in the United Kingdom to practice using some of the tools and approaches shown and to gain confidence in how these can be used with families.

In the future, I hope to be able to speak confidently about how this approach looks when it is fully embedded in a service and to use my own service provision as a pilot site to trial a couple therapist working in perinatal mental health services. I intend to continue to use my new colleague contacts and networks made via the Fellowship to support further joint working with agencies in the United Kingdom and abroad.

**Recommendations**

I recommend all practitioners have an adequate level of training and support to address couple conflict with a view to improve parental mental health and future childhood outcomes.

Ideally having a family/couple therapist working in specialist community perinatal teams would be of great use and the benefits of this are enormous. The
therapists/practitioners could be from systemic family work backgrounds and work on session basis or as a part time member of the team to see perinatal clients for relationship counseling. The multidisciplinary setting of this role would provide a cohesive and robust treatment programme for families alongside any mental health care plan they may have.

As a clinician working in a perinatal team, I personally would love to have this specialist and unique focus as part of my role in offering full holistic family care and early intervention. Having a couple therapists working alongside perinatal mental health clinicians would transform perinatal and family services for the better. In order to overcome the cultural and systemic barriers encountered, it will be important to normalize relationship support through promoting culture change by embedding it in universal and targeted services.

In the UK a national transformation board which includes the Department of Health, NHS Improvement, Health Education England, NHS Digital, Public Health England and the Maternal Mental Health Alliance is leading the current developments in perinatal mental health services and overseeing the delivery of the Five Year Forward View for Mental Health which includes specific recommendations for perinatal mental health.

This board will oversee developments at a national level over the next five years. Approaching the board as a next step to consider my report proposals will be planned over the coming months.

Recognizing that staff providing public services could identify relationship issues before it is too late. With specialist training, GPs, nurses, health visitors, teachers, mental health professionals, children’s centre workers, social workers, housing officers and others can play a vital role in supporting healthy relationships, identifying relationship distress, signposting to specialist services, and screening for domestic violence and abuse.

By funding affordable, subsidized or free relationship support for low-income and disadvantaged groups, who may be most at risk of relationship distress and its damaging impacts on children. The money spent here can be recouped back as people in supportive relationships have improved health and are less reliant on other public services.

**Implementation and Dissemination**

Since returning from my travels I have completed the following in order to share my experience, knowledge and learning with others.

- Presented an e-poster at the Institute of Health Visiting, Evidence-based conference - Promoting “The Best Start in Life”
- Presented at the Trust’s International Nurses Day.
- Presented at the Non-Medical Prescribing/Nurse Development forum within the Trust.
• Set up the Trust’s Perinatal Mental Health Twitter page, @swlstgperinatal & pending Facebook page.

Next Steps

• Development of a leaflet/booklet for couples which address some of the issues and how to manage them whilst caring for a new baby. Incorporating links to Relate, The Couple connection, Marriage minute and other existing services;
• To present and share my findings with the London Clinical Network for Perinatal Mental Health. This network includes a multidisciplinary group of clinicians, commissioners, managers and researchers across London who are involved in developing perinatal mental health services and care pathways;
• To share my findings with health visitors, children and family services and midwifery services working across the same demographic area that our trust perinatal service covers. There is potential to expand this learning to more areas if there is interest;
• Development of a staff training package to specifically target parents to be and new parents in preparing for relationship changes;
• To expand the social media aspects of information sharing with new parents and helping them to take time to address relationship changes following the birth of a baby;
• To champion couple relationships into national training beginning with the perinatal mental health service development and training lead based at The Tavistock and Portman NHS;
• To consider a relationship support worker/therapist role in perinatal mental health teams to work with perinatal clients to offer support and advice to couples and new parents and to provide training and advice to professionals working with families; and
• Approaching central and local government/health services to ensure that services designed to help at life transition points include a focus on couple, family and social relationships. For example, within children and families’ services within safeguarding cases or during early help and family recovery services.

Potential Challenges

• Resource and cost implications for new and innovative methods of accessing therapy and support;
• Demands on the current workforce for additional training needs; and
• Shifting away from traditional models of mental health provision to more modern, holistic and family orientated approaches.

Perinatal and other family orientated services need to consider changing frontline practice to make relationships a feature of our assessment practice. Equipping
practitioners with skills to deal with relationship concerns will enable them to take the appropriate action to address this.

Investing in a national universal program of information, self-help and preventative relationship support will help to promote an individual’s ability to form and maintain healthy relationships as well as understanding relationships and conflict management. Focus should be at key life transition points using a variety of ways of how to deliver support, including online and face-to-face services.

The Relationships Alliance as part of its Relationships manifesto, Strengthening Relationships (2014) outlines twelve policy ideas to take relationships from the margins into the mainstream of public policy. Relationship support works: the Government’s own evaluation shows that that relationship counseling could save £11.40 for every £1 spent.

These policy ideas are structured around three interdependent themes: promoting culture change so that accessing relationship support is seen as normal and accepted; developing and extending access to relationship support so that more people can access help in more ways that work; and finally, improving the impact of relationship support and measuring its value.

In order to overcome the cultural and systemic barriers encountered, it will be important to normalise relationship support through promoting culture change. While change is best affected across society as a whole, there are three beginning points which would be most effective places to start this process: at a governmental level, in frontline public service provision, and in schools.

Focusing on frontline public service provision the Relationship Alliance expands further by recommending all frontline practitioners delivering public services should receive training about relationship support so that they able to: recognise that relationships are assets; identify relationship distress; sign-post to relevant support services; and screen for domestic violence and abuse. This should take into account couple, family, social and workplace relationships.

Key examples of frontline practitioners are GPs, health visitors, nurses, the antenatal workforce, social care, employers, housing associations, social workers, foster carers and Children and Adolescent Mental Health Service (CAMHS) practitioners.

More recent news reported earlier this year that the Department for Work &Pensions is investing millions in new face-to-face interventions that will grow the UK evidence base. They are creating a network of regional advisers and ambassadors to support local authorities and their partners, and funding local workforce development, all as part of the new £39m Reducing Parental Conflict Programme. This is an excellent starting point for us all.
## Appendix 1

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