Does motherhood get easier the second-time around? Examining parenting stress and marital quality among mothers having their first or second child.

Dana Krieg
Does Motherhood Get Easier the Second-Time Around? Examining Parenting Stress and Marital Quality Among Mothers Having Their First or Second Child

Dana Balsink Krieg

SYNOPSIS

Objective. The ease or difficulty with which a woman makes the transition to motherhood has a significant impact on her, her marriage, and her ability to care for the child. Factors affecting this transition, mothers’ perceptions of their marriages, and the stress mothers were experiencing were assessed. Design. Mothers expecting a first ($N = 40$) or second child ($N = 42$) were surveyed during their third trimester of pregnancy and at 1 month postpartum. Parenting stress, marital quality, and perceptions of marital roles were assessed both times. Results. Mothers in both groups reported equivalent levels of stress, which increased among all mothers from the prenatal to the postnatal assessment. Positive aspects of marital quality were shown to decline over time for all mothers. In addition, all mothers reported that they were more responsible for household duties at 1-month postpartum. First-time mothers showed increases in role differentiation and decreases in satisfaction with roles across the transition; whereas, second-time mothers’ reports were relatively stable. The effects of age, length of marriage, and employment status were considered. Conclusions. Mothering does not get easier, nor more difficult, the second time around. Since changes in the marriage differ for first- and second-time mothers, the sources of stress may differ. The marital relationship may buffer stress for second-time mothers.

INTRODUCTION

The addition of a family member requires reorganization of the family system (LeMasters, 1957). This suggests that bringing either the first or second child into the family will require adjustments of all members of the system. A mother’s successful navigation of this transition is important for the adaptation of the whole family system.
Becoming a parent has been identified as one of the most important and most challenging transitions in adulthood (Reilly, Entwisle, & Doering, 1987). This transition is a time of adjustment during which parents are vulnerable to stress (Cox, 1985; Feldman & Nash, 1984; Grossman, 1988; Grossman, Eichler & Winikoff, 1980; Tietjen & Bradley, 1985; see also Heinicke, 1995, for review). Several studies have shown that parents show increases in distress (anxiety, depression, loss of control) and decreases in sense of well-being from the third trimester to 1 month (Fleming, Ruble, Flett & Van Wagner, 1990) or 3 months (Wilkinson, 1995) postnatal, with the increases in distress being higher among mothers than fathers. Experiencing a difficult transition may result in poorer mothering (Belsky, Rosenberger & Crnic, 1995; Fleming, Ruble, Flett & Shaul, 1988), compromised infant development (Cox, Owen, Lewis & Henderson, 1989; Heinicke & Guthrie, 1996; Lewis, Owen & Cox, 1988), marital problems (e.g., Cowan & Cowan, 1988), and, for some women, psychological dysfunction (Cutrona & Troutman, 1986). Investigators have focused on various factors, such as the quality of the marital relationship, that influence the transition to motherhood, making the process of accommodating a new baby more or less difficult (Belsky, 1984; Cowan, Cowan, Coie & Coie, 1978; Heinicke, 1984).

The majority of the transition to parenting research has focused on the experience of “becoming” a mother or having the first child. However, a few studies (e.g., Condon & Esuvaranathan, 1990; Stewart, 1990; Wilkinson, 1995) indicate that having additional children leads to similar periods of adjustment. Thus, the lack of experience, or the novelty of becoming a mother, is not the only source of stress during the transition. Rather, the adjustment and resultant strain also comes from the process of incorporating a new member into a preexisting system. From this framework, having a second child might involve additional stress by requiring the adjustment of a more complex system and by increased demands on time and energy related to the addition of each child. This study was conducted to gain a better understanding of how having a baby affects first- and second-time mothers.

The Marriage

The effect of having a baby on the marital relationship has received considerable attention in the literature. Investigators have evaluated the quality of the marriage as well as the role that each parent plays in the marriage before and after a child is born (e.g., Cowan & Cowan, 1988). Current research generally suggests that having children has a negative effect on the marital relationship. In a meta-analysis, Twenge, Campbell, and Foster
(2003) concluded that parents had lower marital quality compared to non-parents and that the number of children in the family is related to marital discord. Studies of marital quality across the transition to parenthood have consistently demonstrated a decline in the quality of (or satisfaction with) marriage and that a woman’s perceptions of her marriage are affected more by having a baby than are a man’s (Belsky, Spanier & Rovine, 1983; Cowan & Cowan, 1988; Wright, Henggeler & Craig, 1986). Others have focused on specific aspects of the marriage, such as the division of labor, and concluded that satisfaction with one’s own and one’s spouse’s role performance is positively related to marital adaptation and the expression of affection (Cowan & Cowan, 1988; MacDermid, Huston & McHale, 1990; Terry, McHugh & Noller, 1991).

An important issue to consider when examining the effect of having a child on the marital relationship is violated expectations, the discrepancy between what mothers expect during pregnancy and experience during early parenthood that influence their perceptions of the quality of the marriage and their adjustment to becoming a mother. Three recurrent themes have emerged from research in this area. First, husbands do less childcare and wives do more childcare than either expects during pregnancy (Belsky, Ward & Rovine, 1986; Cowan & Cowan, 1988; Hackel & Ruble, 1992; Ruble, Fleming, Hackel & Stangor, 1988). Second, violated expectations are associated with reports of marital problems, negative feelings, and declines in marital satisfaction (Belsky, Ward & Rovine, 1986; Coffman, Levitt & Brown, 1994; Hackel & Ruble, 1992; Kach & McGhee, 1982; Kalmuss, Davidson, Cushman, 1992; Ruble, Fleming, Hackel & Stangor, 1988). Third, the association between violated expectations and changes in marital satisfaction is stronger for women than men (Belsky, Ward & Rovine, 1986; Kach & McGhee, 1982).

In summary, introducing an infant into the family requires each member to reestablish his or her roles in the system. How well a mother adapts to her new roles may be partly determined by how well they match the roles that she expected. Satisfaction with her new roles is likely to be associated with changes in perceived marital quality. Maintaining the quality of the marital relationship is important for providing a stable and safe environment for the infant and a supportive relationship for each parent.

Doing it All Over Again: Experienced Parents

Becoming a mother is a complex task, affected by and affecting feelings of stress and perceptions of marital quality. So far, the impact of these factors on mothers has been considered almost exclusively as they are having their first child. However, mothers making the transition for the second
time are faced with the challenge of integrating their infants into more complex systems. There is no reason to believe that a mother’s perceptions of stress, or the quality of her marriage, or her expectations of the experience would be the same the second time around. It is also possible that these factors will not play the same role in determining the ease of her adjustment.

Many of the issues affecting a mother having her first child (such as re-defining roles, routines, and relationships) will also affect a mother having her second child. Other issues may be specific to second-time mothers. A mother expecting a second child has to prepare herself for and then adjust to the arrival of the second child while continuing to care for and manage the adjustment of the older child. One of the important tasks of the new mother is managing other family members’ acceptance of the infant (Mercer, 1986). Clearly, this is a more complicated process for the second-time mother. These mothers may question their ability to balance their time and love between two children. A mother may remember what it was like to fall in love with her firstborn and wonder if she has enough love to give two children. This concern may be fueled by mothers, who are occupied with the care of the first born, spending less time thinking about and planning for the arrival of the second child, and feeling less attached to the infant prenatally (Condon, 1993; Mercer, 1995). Also, after the birth of the second born, role changes may differ for each parent as the father takes over care of the older child while the mother provides primary care for the infant (Condon & Esuvaranathan, 1990). For example, in a descriptive study of second-time mothers, Stewart (1990) reported that fathers became more involved in household activities after the birth of the second child.

Given the additional concerns of mothers expecting a second child, there is no reason to believe that making this transition is easier than having a first child. In the limited research that has been done including “experienced” mothers, the transition had either similar or more negative effects for experienced mothers. The results of these studies vary with respect to the outcome under investigation. For example, Wilkinson (1995) found that experienced mothers reported higher levels of psychological distress and lower levels of well-being than did first-time mothers. Experienced mothers did not differ in perceived competence from first-time mothers, but that second-time mothers reported greater stress and fatigue and received less help at home (Ferketich & Mercer, 1995; Mercer, 1995; Mercer & Ferketich, 1995). Condon and Esuvaranathan (1990) concluded that first- and second-time mothers did not differ in reported stress or attachment to the unborn child.

In contrast, studies examining marital quality outcomes have suggested that there are lower levels of marital decline for experienced mothers
(Belsky, Spanier, & Rovine, 1983; Fish & Stifter, 1993; Wilkinson, 1995). The experienced mothers’ maintenance of marital quality may be related to their expectations. Women who have experienced the transition to parenting previously may be more accurate in their expectations of the transition, and of the father’s contribution and, therefore, may feel less upset by the unequal division of labor. Pancer, Pratt, Hunsberger, and Gallant (2000) found that women with more complex thinking about the transition before the birth of the infant reported improved marital adjustment postnatally. Because of the second-time mother’s previous experience, her expectations may be, not only more realistic, but also more complex and well thought out and thus related to marital satisfaction. However, Twenge et al. (2003) concluded that higher numbers of children in the family are associated with lower levels of marital satisfaction, suggesting a continued impact of each additional child on the marriage.

Although the results of prior studies are suggestive, much of the research comparing experienced to first-time mothers is limited. For example, most studies failed to control what was meant by “experienced,” and included expectant mothers who had between one and eight (Ferketich & Mercer, 1995) children at home. By including all “experienced” mothers in the comparison group, these researchers limit the conclusions they can draw about the experience of having each additional child. Even among the few studies restricting the sample to first- and second-time mothers, variability in demographics (e.g., age, ethnicity, SES) increased unexplained variance. For example, despite research showing that mothers who are not of traditional childbearing age (both teenage and older mothers) are confronted with additional stresses specific to their circumstances (Barrera, 1981; Mercer, 1986; Roosa, 1988), research in this area has included samples of mothers ranging in age from 18–45. This study aims to evaluate the most typical experience of having the first or second child.

Evaluating the Transition for First- and Second-time Parents

The goals of this study were to: (1) evaluate the level of parenting stress experienced by first- and second-time mothers as they make the transition to parenting and (2) examine the differences between first- and second-time mothers in their perceptions of their marriages. Several hypotheses were suggested. First, it was hypothesized that the parenting stress associated with the transition to motherhood would differ for first- and second-time mothers. Specifically, mothers who were having their second child were expected to report higher levels of stress than mothers who were having their first child because of the additional demands of the more
complex family system. Second, both groups of mothers were expected to report higher levels of stress 1 month after the baby was born, as they were in the process of accommodating the new infant, than they reported during the third trimester of pregnancy. Third, first-time mothers were expected to report greater declines in perceived marital quality and satisfaction over time than second-time mothers. These declines were predicted, because the first-time mothers’ expectations of postnatal role arrangement were more likely to be violated. We predicted that second-time mothers would maintain relatively stable perceptions of their marriage because of their more realistic expectations of how their relationships would change after the baby was born.

To address these hypotheses, a group of mothers expecting their first child and a group of mothers expecting their second child were assessed at two time points across the transition to parenthood. The prenatal assessment, during the third trimester, aimed to evaluate mothers’ perceptions of family functioning prior to the birth of the infant. The 1-month assessment occurred when the family was actively adjusting to the new member’s arrival. At 1 month, both mother and infant would have, for the most part, recovered from the birth process. However, the families had not yet settled into the new routines required to accommodate the infant. The first month postpartum has been identified as the “most difficult period during the transition to motherhood,” characterized by fatigue, sleep deprivation, frustration, feelings of incompetence, and concern about the infant (Mercer, 1986, p. 162). The first month has also been identified as a peak time for marital adjustment (Wallace & Gotlib, 1990). In addition, at this point, most mothers who were employed outside the home were still on maternity leave. Because it is expected that first- and second-time mothers will differ in employment status, it is important to collect data when their experiences are most comparable.

METHODS

Participants

Forty mothers having their first child and 42 mothers having their second child participated in this study. Participants were recruited from Chicago and the surrounding suburbs through advertisements in a local parenting magazine and through the distribution of brochures describing the study. Additional participants were recruited nationally through a website describing the study.
Mothers were married; were not expecting twins or multiples; and were not experiencing any complications in their pregnancy. They were predominantly European American (92% European, 4% Asian, 2% African, and 1% Latin American, with 1% failing to respond) and well educated. Ten percent were high school graduates; 20% had attended some college (some of whom were currently enrolled); 40% had graduated college; 7% had attended some graduate school (some of whom were currently enrolled); and 23% had earned a graduate degree. At the prenatal assessment, 51% of the mothers were employed full-time; 14% were employed part-time; and 35% were unemployed. The mothers in the study ranged in age from 20–38, with an average of 29.55 years (SD = 4.51), and had been married between 4 months and 16.50 years (M = 4.38 years, SD = 2.83). Parents who were expecting their second child had a child between the ages of one and five, with the average age being 30.80 months (SD = 13.03 months).

Mothers expecting their first child were compared with mothers expecting their second child on various demographic variables to ensure that the only meaningful difference between them was parity. The groups were shown to be equivalent in terms of ethnicity, maternal education, and whether the pregnancy was planned (see Table 1). However, differences in employment, age, and length of marriage were identified. The majority of first-time mothers were employed, but less than half of second-time mothers were employed. In addition, the second-time mothers were marginally older than first-time mothers and had been married longer than the first-time mothers. These differences were expected. Selecting second-time parents who matched the first-time parents on these variables would have limited generalizability. When age at the birth of the first child and length of marriage at the birth of the first child were used to compare these two groups, there were no differences. The difference in employment status, while expected, was of particular concern given the additional role demands of working outside the home. Therefore, these three variables were included in the analyses.

Of the 40 first-time mothers who completed the prenatal assessment, 36 (90%) completed the postnatal assessment. Of the 42 second-time mothers who completed the prenatal assessment, 36 (86%) completed the postnatal assessment. The mothers who failed to complete the postnatal assessment were compared with those who completed the assessment on various demographic variables. These two groups did not differ in education level, employment status, or length of marriage. The mothers who completed both assessments were older (M = 30.06, SD = 4.42) than those who completed only the prenatal data (M = 25.84, SD = 3.42), t(80) = –2.89, p < .01.

At the postnatal assessment, additional demographic data were examined (see Table 2). Infants of first- and second-time did not differ on birth
<table>
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<tr>
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<tr>
<td>$M$</td>
<td>3.21</td>
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<td>($SD$)</td>
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<tr>
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<td>32.60</td>
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</tr>
<tr>
<td>($SD$)</td>
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*p < .05. **p < .01. ***p < .001
weight, birth height, gestational age at birth (all infants were term), or age at postpartum assessment. Though there was considerable variability in both groups, the mothers were comparable on length of time spent in labor and in the hospital after delivery.

Measures

Demographic questionnaire. Participants were asked to complete both prenatal and postnatal questionnaires assessing various demographic variables. The prenatal survey assessed such variables as education level,
age, and employment status. The postnatal survey included questions related to the baby’s birth, feeding, and length of parental leave for both parents.

**Parenting stress.** To assess the stress associated with the parent-child relationship, the Parenting Stress Index (PSI; Abidin, 1995) was used. The Parental Domain items of the PSI are divided into the following scales: depression, attachment, restriction imposed by the parental role, sense of competence, isolation, health, and spousal relations. All subscale scores are averages of responses to a 5-point scale. Abidin reports reliability coefficients ranging from .70–.84 for the Parent Domain subscales. In this sample, the attachment (.51) and health (.65) subscales had the lowest reliability, with the remaining coefficients ranging from .73–.89. Scores on each subscale were compared for each group.

In addition, for the purposes of this study, this scale was adapted to allow first-time expectant parents to respond to the Parent Domain items (PSI-Adapted). Items on the adapted scale are divided into the same subscales as the PSI. Some items, referring to general feelings of stress, remained the same (e.g., “I can’t make decisions without help.”). Other items were adapted to assess mothers’ expectations of stress associated with having a baby (e.g., “Being a parent is harder than I thought it would be.” was changed to “I think being a parent will be hard for me.”) or changed to address the stress associated with being an expectant mother (e.g., “I enjoy being a parent” was changed to “I am enjoying this pregnancy.”). Reliability coefficients for the PSI-A were comparable to those found, postnatally, for the PSI. The attachment (.50) and health (.57) subscales had the lowest reliability, with the remaining coefficients ranging from .71–.82.

**Characteristics of the marriage.** Two aspects of each mother’s perceptions of the marital relationship were assessed; the quality of the marriage and the roles that she and her husband play in the family. To assess perceived marital quality, two questionnaires were used. The first, Huston and McHale’s (1984) Marital Activities Scale (MAS) assesses the degree of satisfaction with marital interactions. This measure requires the respondent to evaluate the extent to which he or she would like certain events to occur more or less often in the relationship using a 7-point scale. Deviations from the midpoint (the response indicating satisfaction with the frequency of a given event) are summed to produce indices of satisfaction. Responses to individual items are combined to produce scores indicating satisfaction with the frequency of Positive Activities (e.g., “My partner doing or saying something to make me laugh.”), Negative Activities (e.g., “My partner do-
ing things, knowing that they annoy me.”), and Sex (e.g., “My partner initiating sex with me.”). Internal consistencies for the positive and negative interaction scores have been reported as ranging from .74–.81 (Huston & McHale, 1984), and in this sample were .72–.82, prenatally, and .79–.91, postnatally. Internal consistencies in this sample for the sex subscale were .72, prenatally, and .51, postnatally.

The second marital quality scale used was Braiker and Kelley’s (1979) Scale of Intimate Relations (SIR), a 25-item questionnaire assessing feelings of love (e.g., “How close do you feel toward your partner?”), conflict (e.g., “How often do you and your partner argue?”), maintenance (e.g., “How much do you and your partner talk about the quality of your relationship”), and ambivalence (e.g., “How ambivalent or unsure are you about continuing in the relationship with your partner?”). Responses are rated on a 9-point scale ranging from very little or not at all to very much or extremely. The love and maintenance subscale scores are combined to provide a Positive Marriage score; and the conflict and ambivalence subscale scores are combined to form a Negative Marriage score. Internal consistencies have been reported from .72–.86 for these subscales (Braiker & Kelley, 1979), and in this sample were .80–.83, prenatally, and .77–.82, postnatally.

The scores on the MAS were transferred to a 9-point scale to ease comparison between the MAS and SIR scores. As needed, scores were reverse coded so that high scores represent more positive marital relations. The subscale scores from the SIR and MAS were used to evaluate differences in the marital quality perceptions of first- and second-time mothers and changes in marital quality across the transition.

To assess mothers’ perceptions of role arrangement in their household, as well as their satisfaction with those roles, they were asked to complete Cowan, Cowan, Coie, and Coie’s (1978) Who Does What? Scale. The Who Does What? requires respondents to describe the division of family tasks in three domains: household chores, childrearing tasks, and decision making. Each item is rated on a 9-point scale for “How it is now,” (1 indicating that the woman does it all, 9 indicating that the man does it all, and 5 indicating that the task is shared equally) and for “How I’d like it to be” on each of the 36 items.

Scores are combined to provide indices of Role Arrangement, Task Sharing, and Role Dissatisfaction. The Role Arrangement score (based on “how it is now”) represents the extent to which the mother feels she is responsible for household duties (averaged across chores, decision making, and baby care activities). The scores range from 1–9, with anything below five indicating that the mother does more around the house and above five indicating the father does more. The Task Sharing score is the average ab-
The absolute difference between the role arrangement scores and five (five indicating that the task is shared equally). The higher the score is, the more differentiated the household responsibilities are. The Role Dissatisfaction score is the average absolute difference between ratings of “how it is now” and how mothers “would like it to be.” Higher scores indicate greater dissatisfaction. Reliabilities for these subscales have been reported as ranging from .92–.99 (Cowan et al., 1978). In this sample, internal consistencies ranged from .87–.91, prenatally, and .90–.94, postnatally. Scores from the Who Does What? were compared across groups to assess changes in marital roles over the transition to parenthood.

Procedure

The researcher contacted all interested participants by telephone. At this time, the researcher conducted an initial screening to ensure that the participants met the requirements for the study (e.g., within appropriate age range, first child between 1 and 5 years old, not expecting complications). The first questionnaire packets were mailed to participants between the 28th and 36th week (\(M = 32.23, SD = 3.62\)) of pregnancy. This packet contained an informed consent form and the demographic questionnaire in addition to the assessment battery. Mothers were asked to complete the questionnaire packets and return them in provided envelopes.

Mothers were called weekly, starting at 38 weeks gestation, until the baby was born, to determine the delivery date and accurately schedule the 1 month postnatal assessments. At 1 month postpartum, procedures similar to those used for the prenatal assessment were followed. Five days prior to the 1 month time point, questionnaire packets were mailed to each mother with instructions to complete the questionnaires and return them in the provided envelope. Postnatal assessments were completed when infants were between 4 and 7.50 weeks old (\(M = 5.08, SD = 1.01\)). The average time between assessments was 12 weeks (\(SD = 3.44\)). Variability in the time between assessments was explained largely by the timing of the prenatal assessment.

RESULTS

Parenting Stress

The first set of analyses assessed whether the stress associated with the transition to parenthood differed for mothers having their first or second child or across time. To examine whether the two groups of mothers dif-
ffered in terms of the parenting stress they experienced across the transition, a repeated measures Multivariate Analysis of Variance (MANOVA), with time (prenatal vs. postnatal) as the within-subjects effect and parity (1st versus 2nd child) as the between-subjects effect, was conducted with the subscale scores of the Parenting Stress Index (PSI) as the dependent variables.

The multivariate analysis showed a significant effect of time on parenting stress, $F(7, 63) = 14.53, p < .001, \eta^2 = .62$. The effect of parity and the interaction between time and parity on parenting stress were not significant. Subsequent univariate analyses of the subscale scores showed a significant main effect of time on the Health, $F(1,69) = 31.47, p < .001, \eta^2 = .31$, Role Restriction, $F(1,69) = 24.22, p < .001, \eta^2 = .25$, Depression, $F(1,69) = 13.95, p < .001, \eta^2 = .18$, and Spousal Relations, $F(1,69) = 9.50, p < .005, \eta^2 = .13$, subscales. Mothers reported lower levels of stress related to health on the PSI postnatally than they did prenatally. However, mothers’ reports of stress related to Role Restriction, Depression, and Spousal Relations were all higher at the postnatal assessment than at the prenatal assessment (see Table 3). The PSI scores were somewhat positively skewed. However, analyses of transformed scores did not yield substantially different results.

Because preliminary analyses showed that second-time mothers were marginally older, had been married longer, and were less likely to be employed full time (see Table 1), it is important to acknowledge the effect of these variables on the previous analyses. Therefore, all analyses were repeated controlling for the effects of these variables. Controlling for age, length of marriage, and employment status had no effect on the multivariate analyses of the PSI. Univariate analyses were then repeated with each variable (age, length of marriage, employment status) as

<table>
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<th>TABLE 3</th>
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<tr>
<td>PSI Subscales Across the Transition</td>
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<tr>
<td>Prenatal</td>
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<tr>
<td>MI (SD)</td>
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<tr>
<td>PSI</td>
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<tr>
<td>Competence</td>
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<td>Isolation</td>
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<td>Attachment</td>
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</tr>
<tr>
<td>Spousal relations</td>
</tr>
</tbody>
</table>

**p < .01
controlling for age and employment status had no effect on any of the results for the PSI subscales. However, controlling for length of marriage revealed a main effect of parity on the role restriction subscale. First-time mothers reported feeling less restricted by role of parent ($M = 2.63, SD = .71$) than second-time parents ($M = 2.80, SD = .72$), $F(1,68) = 4.43, p < .05, \eta^2 = .06$.

Perceptions of the Marital Relationship

_Marital quality._ Group comparisons were conducted to evaluate differences in marital quality over time. The two measures of marital quality contain a total of five subscales. A repeated measures MANOVA was conducted with the five subscale scores as dependent variables. The independent variables for this and subsequent analyses were time (prenatal versus postnatal) and parity (1st vs. 2nd child). The multivariate test revealed a significant main effect of time, $F(5, 64) = 3.73, p < .005, \eta^2 = .23$. The main effect of parity and the interaction were not significant. Subsequent examination of the univariate analyses showed a significant main effect of time on the MAS Positive Activities scale, $F(1,68) = 12.81, p < .005, \eta^2 = .16$, with scores higher prenatally ($M = 7.20, SD = 1.48$) than postnatally ($M = 6.59, SD = 1.95$). This analysis showed no effect of parity on neither this variable, nor any effects of time or parity on the Negative Marriage, Positive Marriage, Negative Activities, or Sex subscales (see Table 4). The PSI scores were somewhat positively skewed. However, analyses of transformed scores did not yield substantially different results.

<table>
<thead>
<tr>
<th></th>
<th>Prenatal M (SD)</th>
<th>Postnatal M (SD)</th>
<th>F</th>
<th>$\eta^2$</th>
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<tr>
<td><strong>SIR</strong></td>
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<tr>
<td>Positive marriage</td>
<td>7.41 (.09)</td>
<td>7.27 (.11)</td>
<td>3.66</td>
<td>.05</td>
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<td>(love and maintenance)</td>
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<tr>
<td>Negative marriage</td>
<td>7.16 (.13)</td>
<td>7.11 (.14)</td>
<td>ns</td>
<td>&lt; .01</td>
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<tr>
<td>(conflict and ambivalence)</td>
<td></td>
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<tr>
<td><strong>MAS</strong></td>
<td></td>
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</tr>
<tr>
<td>Positive activities</td>
<td>7.20 (.18)</td>
<td>6.59 (.23)</td>
<td>12.81***</td>
<td>.16</td>
</tr>
<tr>
<td>Negative activities</td>
<td>7.26 (.17)</td>
<td>7.27 (.20)</td>
<td>ns</td>
<td>&lt; .01</td>
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<tr>
<td>Sex</td>
<td>7.26 (.21)</td>
<td>7.18 (.22)</td>
<td>ns</td>
<td>&lt; .01</td>
</tr>
</tbody>
</table>

***$p < .001$

*Note.* Negative subscales are reverse coded. Higher means on all subscales reflect a more positive view of the marriage.
Because of the previously mentioned differences between the first- and second-time parents on length of marriage, age, and employment status, analyses were repeated controlling for the effects of these variables. Results for the multivariate analyses of the marital quality scales were unchanged. In univariate analyses, controlling for age and employment status had no effect on any of the marital quality subscales. However, controlling for the length of marriage revealed several main effects of parity on the marital quality scales (see Table 5). First-time mothers ($M = 7.12, SD = 1.85$) reported more satisfaction with the positive activities in the marriage (as measured by MAS) than second-time mothers ($M = 6.68, SD = 1.56$), $F(1, 67) = 4.58, p < .05, \eta^2 = .06$. These analyses also revealed main effects of parity for both the positive, $F(1, 67) = 4.37, p < .05, \eta^2 = .06$, and negative, $F(1, 67) = 4.92, p < .05, \eta^2 = .07$, subscales of the SIR. First-time mothers reported their marriages to be more positive ($M = 7.45, SD = .77$) and less negative ($M = 7.31, SD = 1.07$) than second-time mothers ($M = 7.22, SD = .88$ and $M = 6.96, SD = 1.11$, respectively).

**Marital roles.** An additional repeated measures MANOVA was conducted to compare groups, over time, on the Role Arrangement (extent to which mother feels she, rather than the father, is responsible for household duties), Task Sharing (extent to which household responsibilities are differentiated), and Role Dissatisfaction (extent of dissatisfaction with division of duties) subscales from the Who Does What? Scale. The MANOVA showed a significant multivariate main effect of time on marital roles, $F(3, 67) = 13.90, p < .001, \eta^2 = .38$. The effect of parity was approaching signifi-
cance, \( F(3, 67) = 2.63, p = .057, \eta^2 = .11 \), and the interaction between Time and Parity was significant, \( F(3, 67) = 3.30, p < .05, \eta^2 = .13 \).

In the univariate analyses further examining the main effect of time, a significant effect was obtained for Role Arrangement, \( F(1, 69) = 8.90, p < .005, \eta^2 = .11 \). Mothers reported being more responsible for household duties postnatally (see Table 6) than they had been prenatally. There was no main effect of parity and no interaction between time and parity on role arrangement.

There were significant univariate main effects of time, \( F(1, 69) = 14.88, p < .001, \eta^2 = .12 \), and parity, \( F(1, 69) = 6.27, p < .05, \eta^2 = .08 \), on Task Sharing. Because there was also a significant interaction between Time and Parity, \( F(1, 69) = 8.83, p < .005, \eta^2 = .11 \), on Task Sharing, simple effects analyses were conducted. These analyses indicate that second-time mothers report greater role differentiation than first-time mothers at both the prenatal, \( F(1,69) = 38.32, p < .001 \), and postnatal, \( F(1, 69) = 3.97, p < .05 \), assessments. Second-time mothers’ ratings are relatively stable over time, \( F(1, 69) = .39, ns \), whereas first-time mothers report greater role differentiation postnatally than they did prenatally, \( F(1, 69) = 23.67, p < .001 \) (see Figure 1).

There were no main effects of time or parity on Role Dissatisfaction. However, Time interacted significantly with Parity, \( F(1, 69) = 3.94, p = .05, \eta^2 = .05 \). Simple effects analyses indicate that, prenatally, mothers expecting their first child report being less dissatisfied than mothers expecting their second child, \( F(1, 69) = 10.68, p < .01 \). At the postnatal assessment, the two groups did not differ, \( F(1, 69) = .21, p > .10 \). Role dissatisfaction ratings were consistent over time for second-time mothers, \( F(1, 69) = .82, p > .10 \). However, first-time mothers’ postnatal ratings of dissatisfaction with roles are marginally higher than their prenatal ratings, \( F(1, 69) = 3.65, ns \) (see Figure 2). Again, analyses were repeated controlling for age, length of mar-

<table>
<thead>
<tr>
<th>TABLE 6</th>
<th>Who Does What? Subscales for First- and Second-Time Mothers Across the Transition</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Prenatal</td>
</tr>
<tr>
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<tr>
<td>Role arrangement</td>
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<tr>
<td>Task sharing</td>
<td>1.47a (.47)</td>
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<tr>
<td>Role dissatisfaction</td>
<td>.83a (.56)</td>
</tr>
</tbody>
</table>

Note. Means in the same row that do not share subscripts differ at \( p < .05 \).
riage, and employment status. The results for the Who Does What? subscales were unchanged.

**DISCUSSION**

**Parenting Stress**

In the initial analyses, no differences between first- and second-time mothers were identified in stress related to the role of parent, suggesting that having a baby does not, in fact, get easier the second-time around. But, having a baby does not get more difficult the second-time either. These findings are inconsistent with the prediction that second-time mothers would report higher levels of stress than first-time mothers because of the additional demands required of them. These results are also inconsistent with previous research suggesting that experienced parents report higher levels of distress (Wilkinson, 1995; Mercer, 1995); but note Condon and Esuvaranathan, 1990, for data supporting current findings). However,
finding no differences between first- and second-time parents supports the idea that having a second child is an equally stressful event.

The two groups did not differ in terms of feelings of competence, as measured by the PSI. Second-time mothers did not report feeling more capable of caring for their infant. Similar results were reported by Mercer and Ferketich (1995), who concluded that experienced mothers did not differ from first-time mothers in perceived competence. These researchers reported that the experienced mothers in their sample scored higher on competence, though not significantly. Mercer and Ferketich (1995) reported that the variables associated with competence differed for first-time and experienced mothers. For first-time mothers, competence was related to mastery, depression, infant health, and mother’s health status. Experienced mothers competence was related to self-esteem, anxiety, and pregnancy risk. Therefore, feelings of mastery and ability to care for the infant

**FIGURE 2**
Changes in first- and second-time mothers’ Role Dissatisfaction. Higher scores represent greater dissatisfaction.
were related to competence for only the first-time mothers. One mother in the current study supported this notion, anecdotally, by reporting that while she felt more competent at nursing and diaper changing, she had no idea how to be the mother of two children. Items on the PSI competence subscale address general feelings (e.g., “I often have the feeling that I cannot handle things very well.”; “I enjoy being a parent.”) that may reflect the mothers’ personality. Measures that address specific parenting skills may yield different results.

As expected, an increase in parenting stress was seen in both first- and second-time mothers from pre- to postnatal assessment. Examination of specific subscale scores showed that the stress associated with the relationship the mother has with her husband was higher postnatally, as were feelings of depression and being restricted by the role of parent. This is consistent with Stewart (1990) who reported increases in depression and role restriction in a sample of second-time mothers, as well as other authors who saw similar change among first-time mothers (e.g., Fleming et al., 1990; Wilkinson, 1995). In contrast to this pattern, scores on the PSI health subscale decreased over time, perhaps reflecting a reduction in mothers realistic concerns for their own and their babies’ health.

Although it is clear that second-time parents reported higher stress postnatally and that first- and second-time mothers were comparable in their reports of postnatal stress, the temporal change for first-time mothers must be interpreted with caution. The first-time mothers were expectant mothers at the prenatal assessment, and were asked to report, to some extent (see Method for detailed description of PSI-A), on their expectations of motherhood. Expectant mothers are working toward maternal role identity during pregnancy (Mercer, 1995). Particularly during the third trimester, women have begun to think of themselves as parents, show increases in fetal attachment, and are thinking as mothers (e.g., feeling constrained by the pregnancy, considering the fetus in daily activity, and planning for life with the baby). However, the experience and the measurement are different for the first- and second-time parents. Therefore, the first-time mothers may be more accurately described as reporting higher parenting stress at 1 month than they anticipated as expectant parents during the third trimester.

Perceptions of the Marital Relationship

Previous research has shown declines in marital quality over the transition to parenting (Belsky, Spanier & Rovine, 1983; Cowan & Cowan, 1988; Wright, Heggeler & Craig, 1986). The results of the present study are partly consistent with these previous findings in that satisfaction with the fre-
quency of positive activities declined over time for both first- and second-time mothers. However, no changes were reported in negative activities or in the positive or negative marriage subscales. Belsky and colleagues (e.g., Belsky & Rovine, 1990; Belsky, Lang, & Huston, 1986) have reported declines in positive and increases in negative aspects of the marital relationship across the transition to parenting among first-time mothers. This discrepancy may stem, in part, from differences in methodology. This sample represents well educated, middle and upper middle class mothers in their late 20s, while Belsky’s sample was more diverse. In addition, when compared to Belsky’s sample, the mothers in this study had comparable scores on the positive marriage subscales, but reported less conflict and ambivalence. Lastly, although the first postpartum month is a major adjustment period, it is also the “honeymoon” phase of new parenthood. Belsky’s consistent reports of marital decline have come from later assessments (e.g., 3 months postnatal).

However, the present results are consistent with several studies suggesting that marital decline is not inevitable (Cowan & Cowan, 1992; Cox, Paley, Burchinal, & Payne, 1999; Huston & Holmes, 2004; Miller & Sollie, 1980; Waldron & Routh, 1981; Wallace & Gottlib, 1990). For example, Cowan and Cowan (1992) reported that some couples experienced an increase in marital satisfaction, and Pancer et al. (2000) showed that women with more complex expectations of parenting reported improved marital adjustment at six months postpartum. Huston and Holmes (2004) suggested that parenthood changes the marital lifestyle, but does not necessarily undermine marital satisfaction. While there is less time for leisure or talking, there is no less affection. Huston and Holmes (2004, p. 126) compared new parents to nonparent couples and saw no difference in socioemotional behaviors. These authors suggest that parenthood itself “will not lead to decreases in spouses’ marital satisfaction and love”.

Consistent with this theory, the decline in marital quality seen in the present study was limited to satisfaction with the positive activities the couple engages in rather than positive or negative feelings about the relationship. Thus, parents may have less time to devote to one another, to communicating, etc., in the first month after the baby is born, but there is not a decrease in feelings of love or an increase in conflict or ambivalence about the relationship. Given this type of change, one could expect that, as the needs of the baby become more routine and less demanding, satisfaction with marital quality would increase. Although some previous research comparing parents and non-parents has suggested that having a baby is associated with lower levels of marital quality (Cowan et al., 1985; Kurdek, 1993; Twenge, Campbell & Foster, 2003), mothers in the present study did not differ prena-
tally in their assessments of marital quality even though one group consisted of parents and the other of nonparents. The results of the current study suggest that the declines in marital quality observed in the immediate postnatal period may be temporary.

In the present study, it was hypothesized that first-time mothers would report greater declines in perceived marital quality and that there would be little change among second-time mothers. Contrary to this expectation, similar patterns were obtained for both groups of mothers. When length of marriage was removed from the equation, patterns of change (from prenatal to postnatal assessment) remained the same for first- and second-time mothers; however, differences between the two groups of mothers were also revealed. First-time mothers were generally more satisfied with their marriages. Since controlling for length of marriage revealed differences that were not previously seen, it appears that this variable has a suppressor effect. A longer marriage may be buffering the negative effects of the second child. Mothers who have been married longer may have established a routine that reduces conflict in the relationship and, therefore, appear more satisfied with the relationship. When the buffering effect is removed, the differences between first- and second-time mothers can be seen more clearly. This effect is complicated somewhat by the variability seen within the groups. Second-time mothers had generally been married longer than first-time mothers, but there was not a clear relationship between length of marriage and number of children. Some first-time mothers had been married longer than some second-time mothers.

Controlling for length of marriage allows us to focus on the effect of the arrival of the child. In doing so, it appears that having the first child is somewhat easier. Marital quality contributes to the adjustment to the birth of a child and length of marriage is an important variable to consider in future studies. However, although it is important to acknowledge the effect of length of marriage on the transition to parenthood, it is not a variable that can simply be removed from the equation. Parents having their second child are very likely to have been married longer than those having their first. Rather than being factored out, this variable has to be considered as part of the context surrounding second-time parenthood.

Changes in and satisfaction with marital roles were also examined. Mothers in both groups became more responsible for household duties (not just baby care) after the baby was born than they had been during pregnancy. This result is consistent with the finding of previous research concluding that mothers do more postnatally than they had anticipated (Belsky, Ward & Rovine, 1986; Cowan & Cowan, 1988; Hackel & Ruble, 1992; Ruble, Fleming, Hackel & Stangor, 1988). This finding also suggests
that mothers did not perceive their husband to be more involved in household activities (i.e., the increase in mothers’ responsibility does not simply reflect there being more work to be done by both parents). Given the structure of the Who Does What? scale, mothers’ responses indicating an increase in their own activity also indicate a perceived decrease in their husbands’ activities. Stewart (1990), however, reported that second-time fathers become more involved in household activities after the new baby is born. It is possible, of course, that both parents perceive an increase in their own contribution. However, regardless of the father’s actual or perceived contribution, the mother’s perception of his contribution may be an important factor in her own adjustment.

Second-time mothers reported greater role differentiation in the household. In the more differentiated households, each partner tended to be responsible for gender-stereotyped duties rather than sharing tasks (e.g., mothers cook and fathers take out the trash, mothers feed the baby and fathers play with the baby). First-time mothers described their marriage as becoming more role differentiated over time, although they continued to report greater task sharing postnatally than second-time mothers.

In addition, first-time mothers reported being more dissatisfied with their marital roles at the postnatal assessment, while second-time mothers’ reports were relatively stable. These results provide support for the hypothesis that first-time mothers would report greater declines in marital satisfaction. It is likely that these declines were the result of first-time mothers’ less accurate, or at least less articulated, expectations of postnatal role arrangements (Pancer et al. 2000). Stability in second-time mothers’ perceptions of their marital roles may have resulted from more realistic or more complex expectations of how their relationships would change after the baby was born. Alternatively, this stability may have reflected fewer actual changes in the relationship, with the couple having already made the transition to parenting.

Somewhat surprisingly, controlling for employment status had no effect on the results for parity in any of the analyses. Given the additional role demands of working outside the home, as well as the buffering effect employment can have on stress, it was expected that this variable would have more influence on the results (since considerably more first-time mothers were employed outside the home). It is particularly interesting that controlling for employment status had no effect on results for the marital role scales. This may be due to the early timing of the postnatal assessment. Because employed mothers were still on maternity leave, their experiences may have been more comparable to the unemployed mothers.
Limitations of the Study

This study relied on the self-reports of a small group of predominantly European American, middle and upper-middle class, well-educated women. The characteristics and size of the sample limits the generalizability of the study and, therefore, require that the results be replicated in a larger and more diverse sample. However, these findings suggest that further research comparing the experiences of first- and second-time mothers is needed, that having a second child is an experience worthy of study, and that studies focusing exclusively on first-time parents should not be extrapolated to parents having a second or subsequent child. In addition, while there are limitations associated with self-report data, a mother’s perceptions of her experience may be of greater value than a more objective source in understanding her experience of this transition.

Anecdotal comments suggest that there may be some sources of stress, or challenging aspects of mothering, not been tapped in this study (e.g., feelings of guilt, exhaustion), that are more susceptible to birth order effects. In addition, the most common source of stress reported by second-time mothers in Stewart’s (1990) longitudinal study was the first-born child. Thus, the older child’s adjustment and behavior may play an important role in mother’s perceptions of difficulty during this time. Additional research is needed to identify and explore the various sources of stress mothers experience during pregnancy and the early postpartum period.

It is also possible that the effects of having a baby (and of having a second baby) may be equally or even more pronounced on other family members, such as the father and the first-born child, who then influence the mother’s adjustment. Thus, it is important that future studies include mothers and fathers. Using both mothers’ and fathers’ reports of the quality of the marriage and the division of labor in the household would provide a more accurate assessment of the family dynamics involved. This will also help to clarify the impact of each parents’ perceived contribution in relation to their actual contribution to household tasks and allow for examination of the family as a system (Cox & Paley, 2003)

CONCLUSIONS AND IMPLICATIONS

This study suggests that the transition to having a second child is similar to the transition to having the first child in terms of the increased stress and declines in marital quality experienced by mothers. The primary differences between first- and second-time mothers are in relation to the extent
of postnatal marital role differentiation and dissatisfaction, suggesting that increases in stress experienced by second-time parents may be due to something other than the marital relationship. Indeed, the marital relationship buffers stress for second-time mothers. Therefore, first-time parents may be best served by resources and initiatives that focus on changes that occur in the marital relationship, whereas second-time parents would benefit from resources focusing on the challenges of balancing the needs of two children.

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