



Do Perinatal Mood or Anxiety Disorders Correlate with Divorce?

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John Gottman, a leading marriage researcher, stated that 67% of couples experienced a precipitous decline in relationship satisfaction in the first three years of their baby's life. Census data seems to support that many couples do experience the proverbial "seven-year itch" as the average time of divorce is around eight years, when many couples are still raising young children. Interestingly, couples who choose to live child-free report a higher level of marital satisfaction in this same timeframe yet have a higher rate of divorce than couples with children (Bouchard, 2016). The fact remains that couples typically have children, whether planned or not, with the belief that all will be well. Unfortunately, this belief does not help new families thrive.

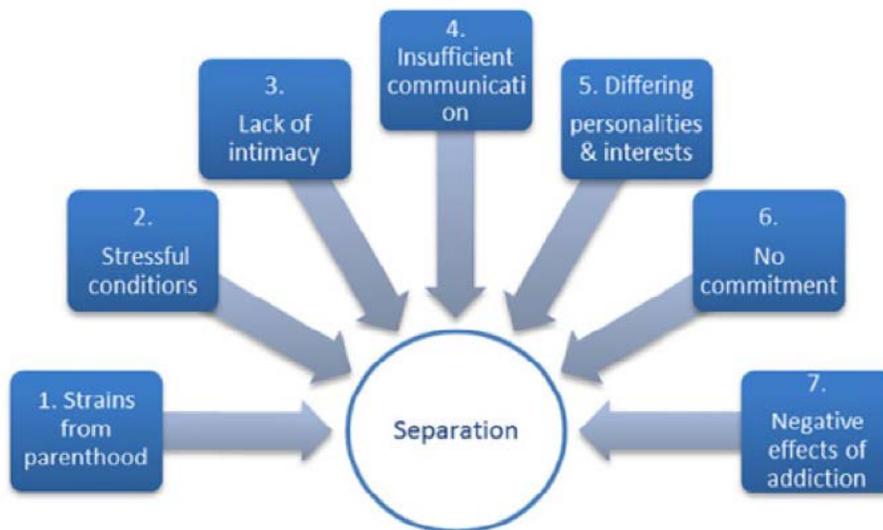
Risk Factors

There are several risk factors that contribute to the decline of relationship satisfaction. Many of these are the same risk factors for developing a perinatal mood or anxiety disorder. These are just some that have been identified that overlap (Messina et al, 2017):

- Having a personal or family history of mental illness.
- Maternal age younger than 30.
- Non-white race/ethnicity.
- Addition of more children.
- Decrease in sexual function, of which both childbirth and lactation can play a role.
- Unwanted/unplanned pregnancy.
- Added effect of having both PTSD and postpartum depression.

Other contributing factors

When it comes to relationships and building a family, it is often hard to know whether it is “chicken or egg.” There are subjective differences, and perception matters more than reality. In their research with parents of small children who divorce, Hansson & Ahlborg (2016) used the visual below to demonstrate the top factors that contribute to separation, as reported by parents, indicating several different causes. When creating resources for supporting new families, education on what they often argue about may not be the key issue, but rather how these topics interact and erode connection over time.



Gender contributes, as well. Women who rate their relationship satisfaction beginning in pregnancy as low are significantly more likely to develop postpartum depression (Messina, 2017). Men with depression tend to perceive their work-life balance as poorer after having a baby, leading to more relationship dissatisfaction (Top, et al 2016). The gap widens further when the pregnancy was unplanned.

Same-sex couples have an additional layer of identity shift when becoming parents, and quality research is limited. They risk judgment from heterosexual couples and rejection from their LGBT communities. There are fewer support resources, which makes it difficult to find a village. It is promising to see that most same-sex couples weather this transition well over time (Cao, et al, 2016).

Call to action

While it is difficult to find hard data about the number of couples who divorce, separate, or end their relationship due to a perinatal mood or anxiety disorder, it can be presumed that this transition is a vulnerable time for relationships. Not addressing relationship difficulties, especially in relationships where there is high conflict, can have lifelong impacts on children. The good news is that being aware of the risks can help couples put preventative measures in place that can protect their relationship. Pointing out the strengths and resiliency of their relationship increases satisfaction, even for couples who are struggling (Garthus-Neigel, et al, 2018). It is critical that providers help couples identify and treat mental health disorders that arise in the childbearing years. Offering resources (list following this article) to help couples better prepare for this transition can help. Offer hope that, while many couples struggle initially, with the right help and support, they will recover.

Resources

John Gottman Institute- <https://www.gottman.com/about/research/parenting/>

- Parenting workshops Bringing Baby Home available in person and online
- Book: "And Baby Makes Three"

Becoming Us, Family- <https://becomingusfamily.com/>

- Book: "Becoming Us: 8 Steps to Grow a Family That Thrives"
- Find a facilitator. It's limited in the U.S. but hopefully will grow with time!

Find a couples therapist, preferably a licensed marriage and family therapist. https://www.aamft.org/Directories/Find_a_Therapist.aspx

If a couple is struggling with a perinatal mood or anxiety disorder or perinatal loss or trauma, it is crucial to find them a therapist with expertise in this specialty area. Postpartum Support International can help identify therapists and support resources worldwide. Visit their website here: <https://www.postpartum.net/>

References

- Bouchard, G. (2016). Transition to parenthood and relationship satisfaction. *Encyclopedia of Family Studies*.
<https://doi.org/10.1002/9781119085621.wbefs007>
- Cao, H., Roger Mills Koonce, W., Wood, C., & Fine, M. A. (2016). Identity Transformation During the Transition to Parenthood Among Same Sex Couples: An Ecological, Stress Strategy Adaptation Perspective. *Journal of Family Theory & Review*, 8(1), 30-59.
- Garthus-Niegel, S., Horsch, A., Handtke, E., von Soest, T., Ayers, S., Weidner, K., & Eberhard-Gran, M. (2018). The impact of postpartum posttraumatic stress and depression symptoms on couples' relationship satisfaction: a population-based prospective study. *Frontiers in Psychology*, 9, 1728.
- Hansson, M. & Ahlborg, T. (2016). Factors contributing to separation/divorce of parents in Sweden. *Nordic Psychology*, 68(1), 40-57.
- Messina, A. M., Kjerulff, K. H., Deimling, T., Phaeton, R., & Repke, J. T. (2017). Association Between Partner-Relationship Satisfaction During Pregnancy and Maternal Postpartum Depression [39D]. *Obstetrics & Gynecology*, 129, 51S.
- Top, E. D., Cetisli, N. E., Guclu, S., & Zengin, E. B. (2016). Paternal depression rates in prenatal and postpartum periods and affecting factors. *Archives of Psychiatric Nursing*, 30(6), 747-752.