ARTICLE

Romantic attachment, dyadic coping, and parental adjustment across the transition to parenthood

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Abstract
This study explored the mediating role of common dyadic coping (common DC) on the longitudinal associations between attachment-related anxiety and avoidance and parental adjustment to the first year postpartum. A total of 92 Portuguese couples completed self-report questionnaires of romantic attachment, common DC, parenting stress, and parental confidence. Results showed that more avoidant parents (at mid-pregnancy) engaged less in common DC (at 6 weeks postpartum), which consequently increased their partner's parenting stress (only in mothers) and decreased their partner's parental confidence (in both parents) at 6–9 months postpartum. Anxious attachment did not predict parents' adjustment directly or indirectly. Interventions aimed at preventing adjustment difficulties to early parenthood in more avoidant parents should focus on enhancing their common DC strategies soon after childbirth.

KEYWORDS
attachment, common dyadic coping, interdependence, parental confidence, parenting stress, transition to parenthood

1 | INTRODUCTION

Increased attention has been given to couples' parenting stress and parental confidence during the first year postpartum, a time characterized by challenges and reorganizations in couples' lives (Cowan & Cowan, 2000; Nyström & Öhrling, 2004). Parenting stress reflects parents' perceptions of difficulties in adjusting to their parenting role, problems with children who are perceived as difficult, and stress due to dysfunctional interactions with their child (Abidin, 1995). In contrast, parental
confidence, also framed as perceived parenting self-efficacy or a sense of competence (Crnic, Barnett, & Matthey, 2010), reflects parents’ confidence in their parental role (i.e., recognizing their child's needs and performing caretaking tasks) (Badr, 2005).

Over the course of the child's first year, parents' perceived levels of parenting stress tend to decrease (Vismara et al., 2016), whereas parenting confidence tends to increase (Biehle & Mickelson, 2011; Hudson, Elek, & Fleck, 2001). However, the presence of certain risk factors, such as insecure attachment, may undermine parents' positive adjustment (Jones, Cassidy, & Shaver, 2015). Given the well-known negative repercussions of high parenting stress and low parental confidence on parental and child outcomes (Crnic & Low, 2002; Jones & Prinz, 2005), it is important to better understand how insecure attachment is associated with parenting stress and parental confidence during the first year postpartum. Romantic attachment is likely to influence how each partner interacts with one another after childbirth (Howard, 2010; Simpson & Rholes, 2018) and is linked to common dyadic coping (common DC), the skill of coping together as a couple with a shared external stressor (Bodenmann, 2005; Bodenmann, Falconier, & Randall, 2017). Hence, the current study aims to explore whether common DC mediates the association between insecure attachment and parenting stress or parental confidence.

1.1 Romantic attachment and early parental adjustment

Adult romantic attachment is widely conceptualized along two dimensions: anxiety (i.e., representations of the self as unworthy of love and care), which is associated with intense worries about being underappreciated and possibly abandoned by romantic partners and with a strong desire for closeness and security in romantic relationships, and avoidance (i.e., representations of the other as unresponsive), which is related to discomfort with emotional intimacy, dependency, and closeness with romantic partners. Individuals who score low on both dimensions are considered to have more secure representations in their romantic relationships (Brennan, Clark, & Shaver, 1998; Simpson & Rholes, 2012). According to the Attachment Diathesis-Stress Process Model (Simpson & Rholes, 2018), attachment insecurity is likely to become more pronounced during the transition to parenthood (in response to stress-inducing events) and operates as a diathesis that influences attachment behaviors and perceptions of the partner, which in turn lead to negative interpersonal and intrapersonal outcomes. Consistent with this, attachment representations have been linked to parenting appraisals, behaviors, and emotions (Jones et al., 2015). In particular, more avoidant parents face challenges after childbirth regarding being sensitive and responsive toward their baby's needs, and they usually strive to maintain distance from others' distress to keep their attachment system deactivated (Rholes, Simpson, & Friedman, 2006). Research shows that parents with high scores on avoidance reported more difficulties in adjusting to parenthood (Kazmierczak, 2015), reported higher parenting stress (Rholes et al., 2006; Trillingsgaard, Elklit, Shevlin, & Maimburg, 2011), and lacked knowledge of child development (Howard, 2010). They also reported lower parental satisfaction (Rholes et al., 2006) and less perceived parenting self-efficacy (Kohlhoff & Barnett, 2013) during the first year after childbirth. Similar associations have been found for the anxiety dimension, with general adjustment to motherhood (Kazmierczak, 2015), mothers' parenting stress (Mazzeschi, Pazzagli, Radi, Raspa, & Buratta, 2015; Trillingsgaard et al., 2011), fathers' parenting stress (Howard, 2010; Schoppe-Sullivan, Settle, Lee, & Dush, 2016), and parenting efficacy (Howard, 2010), as well as parents' satisfaction with parenting (Calvo & Bianco, 2015). Recent studies have yielded growing evidence for the potential mediating role of couples' characteristics in the influence of romantic attachment on parental adjustment. For example, Kazmierczak (2015) found that more
insecurely attached parents during pregnancy perceived their partners as less empathic toward them after childbirth, which negatively affected their adjustment to parenthood. Schoppe-Sullivan et al. (2016) reported that expectant fathers’ attachment-related anxiety (but not avoidance) predicted their parenting stress and satisfaction at 9 months postpartum by means of their perceptions of supportive coparenting at 3 months postpartum. Another study conducted with parents of young children (up to 6 years old) showed that mothers and fathers with higher scores on attachment-related avoidance and anxiety reported less dyadic adjustment, which in turn was associated with less parenting self-efficacy (Calvo & Bianco, 2015). A promising dyadic mediator that has not yet been studied during the transition to parenthood is common DC.

1.2 | Common DC and the transition to parenthood

After having a baby, couples need to adapt to the changes in their relationship as a couple (e.g., decreased physical intimacy) and with others (e.g., own parents, friends, coworkers), negotiate their parenting responsibilities, and establish new household routines (Cowan & Cowan, 2000; St John, Cameron, & McVeigh, 2005). Moreover, women and their partners may experience some changes in different ways (e.g., unlike their partners, women face several physical changes), which could be a source of increased stress for the couple (e.g., one partner’s stress could spill over on the other and then impact both; Westman, 2011). The birth of a child is therefore an example of a dyadic stressor as it concerns the couple directly (McGoldrick & Carter, 2003), and both partners’ coping efforts are triggered not only to manage one’s own stress but also to respond to the other’s needs (partner-oriented behaviors) and shared concerns (couple-oriented behaviors). This interdependent process of coping (DC), activated when one partner communicates stress to the other, is the core tenet of the systemic-transactional model (STM; Bodenmann, 2005), which posits that stressors always directly or indirectly affect both members of the couple (Bodenmann et al., 2017; Bodenmann, Randall, & Falconier, 2016).

Common DC is a specific form of DC that occurs when both partners share the same stressor (“we-stress” appraisals) and cope with it together—rather than only supporting each other—in a complementary or symmetrical way (joint coping efforts). It includes strategies such as joint problem solving and information seeking, sharing of feelings, joint reframing of the situation, and mutual commitment. The experience of the transition to parenthood as a “we-stress” period rather than exclusively an individual transition for mothers and fathers is likely to reinforce the belief that mothers and fathers are a team when facing potential stressors, which is in line with core assumptions of the theory of resilience and relational load (TRRL; Afifi, Merrill, & Davis, 2016). The TRRL, a framework similar to the STM, posits that, when relational partners have a strong communal orientation toward life’s stressors (i.e., “the ability to think of one’s relationship(s) as a cohesive unit when managing stress and approaching life”; p. 669), they are motivated to invest in their relationships, thus enhancing their positive emotional reserves. Consequently, this emotional capital promotes secure-based appraisals and behaviors during times of stress, which in turn foster resilience and efficacy, reduce perceived and physiological stress, and enhance health.

Accordingly, it matters significantly how effectively parents cope together with the multiple peri- and postnatal common stressors (e.g., sleep deprivation, less social contact and leisure time, complicated schedules and time demands, potential disagreements with family of origin), and couples who display common DC strategies should report fewer adjustment problems. A recent study supports this assumption by demonstrating that common DC was associated with better dyadic adjustment in the last trimester of pregnancy (Molgora, Acquati, Fenaroli, & Saita, 2019).
1.3 Common DC as a link between romantic attachment and early parental adjustment

Whether a partner engages in mutual coping behaviors might vary according to the degree of insecure attachment toward the romantic partner. According to attachment theory, the interdependence and enhanced interpersonal cohesion required to communally manage stressful demands should threaten core concerns in more avoidant individuals (Mikulincer & Shaver, 2016). Persons with higher avoidance typically strive to maintain distance (behaviorally and cognitively) from a stress-inducing event; they avoid expressing distress to their partner, seeking support from them, or approaching their distressed partner to provide support in times of need (Feeney & Collins, 2001; Simpson, Rholes, & Nelligan, 1992; Simpson, Rholes, Oriaña, & Grich, 2002). Hence, these individuals may not perceive common DC strategies as helpful in alleviating distress because of negative expectations about their partner's availability (Mikulincer & Shaver, 2016). The results regarding attachment-related anxiety are less consistent. When managing their own stress, more anxious individuals may either intensify the expression of distress or restrain approach tendencies in order to avoid rejection (Mikulincer & Shaver, 2016). When dealing with their distressed partners, these individuals could engage in a variety of partner-oriented behaviors (e.g., positive and negative supportive behaviors; Collins & Feeney, 2000; Feeney & Collins, 2001), which are therefore difficult to predict (Simpson et al., 2002).

Either because they distance themselves from stress-inducing events or because they direct their attention toward their own attachment-related concerns, more insecure individuals may be unavailable to engage in joint coping efforts to deal with a shared stressor. Emerging evidence shows that insecure romantic attachment is associated with less common DC among university students (only avoidance; Levesque, Lafontaine, & Bureau, 2017) and couples living together (both anxiety and avoidance; Batinic & Kamenov, 2017). Because both partners are actively engaged in common DC, it can be expected that both the more anxious/avoidant person (i.e., actor effect) and his or her partner report, the less common DC (i.e., interpersonal or partner effects). Research addressing the links between common DC and parental variables is relatively recent. For example, Zemp, Milek, Cummings, and Bodenmann (2017) found that common DC was associated with decreases in coparenting conflict among parents of children aged between 2 and 12 years, suggesting that common DC is an important resource for successful coparenting. In turn, in the context of the transition to parenthood, several studies showed the benefits of coparental support with regard to parenting stress and parenting self-efficacy (Biehle & Mickelson, 2011; Schoppe-Sullivan et al., 2016), but the extent to which common DC was associated with such indicators of parental adjustment remains an open question. When couples are facing daily life stressors, namely, stressors originating outside the couple's relationship not directly related to child care (e.g., changes in close relationships, work–family conflict), common DC strategies become particularly relevant (Zemp et al., 2017). Considering that common DC has been associated with positive individual and dyadic adjustment (Staff, Didymus, & Backhouse, 2017), which in turn have been linked to less parenting stress and more parental confidence during the transition to parenthood (Mazzeschi et al., 2015; Pinto, Figueiredo, Pinheiro, & Canário, 2016), common DC may have important implications for parental adjustment as well. This might be even more the case in dealing with major stressors (such as the birth of a child) as common DC was the best predictor of relationship adjustment and health in couples coping with another shared major stressor in the context of illness (Rottmann et al., 2015).

Overall, shared concerns about child care and mutual solidarity within couples appear to be important for couples' satisfaction and confidence in the parental role during the first year postpartum (Nyström & Öhrling, 2004). Common to both the STM and TRRL approaches is that a “we-stress”
or communal appraisal (“we are in this together”) would lead couples to become more committed in their relationships, which further creates resources that help to manage stress (e.g., engagement in common DC behaviors). Furthermore, as common DC likely fosters a sense of we-ness, mutual trust, and commitment within couples (Bodenmann et al., 2016), this should in turn strengthen a communal orientation toward stress and contribute to relationship maintenance (Afifi et al., 2016), boosting a process of feedback loops. For example, as research on TRRL has shown (Afifi et al., 2018), a stronger communal orientation and more maintenance behaviors were associated with less perceived stress related to the child's diabetes among fathers and mothers, respectively.

Considering the STM and TRRL frameworks together, it is reasonable to assume that the way couples cope together with a shared stressful event such as the birth of a child affects the degree to which parents view themselves as more or less confident in their role as parents, as well as the stress experienced in their new roles. In addition, because the main goal of common DC is to reduce partners' shared stress and maintain the well-being of both partners (Bodenmann et al., 2016), it is plausible that one partner's perception of common DC is associated with one's own parental adjustment (actor effects) and with the parental adjustment of the partner (partner effects).

1.4 | This study

Several studies have examined the associations between attachment representations and couples’ perceived parenting stress and confidence during the transition to parenthood, with some of them having identified potential dyadic mediators of these relationships. Recent studies conducted in the general population have identified associations between romantic attachment and common DC, as well as between common DC and parent-related variables (e.g., coparenting). However, by examining these associations in isolation, we still lack a comprehensive understanding of the relationships between these variables in an integrative way. In addition, the role of common DC, which has particular relevance during the transition to parenthood, remains overlooked in perinatal research. Because existing evidence supports that common DC is modifiable through tailored interventions (Bodenmann & Shantinath, 2004), examining this dyadic process may have relevant implications for couple-based perinatal prevention strategies.

This study has two main objectives. First, we assess changes in parenting stress and parental confidence from 6 weeks postpartum to 6–9 months postpartum in both mothers and fathers. We expect significant declines in parents' perceived parenting stress and increases in parents' perceived parental confidence over time. We choose to focus on these two components of parental adjustment because they affect several aspects of the family's functioning, with high parenting stress and low parental confidence often contributing to negative early parent–child interactions and impaired cognitive and socioemotional functioning of the child (Crnic & Low, 2002; Jones & Prinz, 2005). Accordingly, the identification of modifiable factors that may influence these indicators of parents’ adjustment would be beneficial not only to promote partners' parental adjustment but also the well-being of the whole family. Second, we examine the mediating role of common DC on the longitudinal associations between anxious and avoidant attachment and parental adjustment, accounting for both actor and partner effects. Grounded in the Attachment Diathesis-Stress Process Model (Simpson & Rholes, 2018) and STM (Bodenmann, 2005), we hypothesize that more anxious or avoidant parents (at mid-pregnancy) will be less likely to engage in common DC (at 6 weeks postpartum) and therefore will be more likely to experience high levels of parenting stress and low levels of parental confidence (at 6–9 months postpartum; see Figure 1). We also expect partner effects between attachment-related anxiety and avoidance and common DC, as well as between common DC and parental adjustment.
We anticipate stronger associations between attachment-related avoidance and common DC due to the more consistent links found for this dimension in the literature on support-related processes within couples (Collins & Feeney, 2000; Feeney & Collins, 2001; Levesque et al., 2017; Simpson et al., 1992; Simpson et al., 2002). Anxious individuals tend to have ambivalent attitudes toward their romantic partners, whereas avoidant individuals are less dependent on and committed to their partner (Mikulincer & Shaver, 2016), which allows us to more accurately predict the direction of the association between avoidance and common DC.

FIGURE 1 Conceptual diagram of the proposed Actor–Partner Interdependence Mediation Model. Note: Anxiety and avoidance as independent variables at Time 1, common DC at Time 2 as mediators, and parental adjustment at Time 3 as dependent variables. Common DC at Time 1 and parental adjustment at Time 2 were included in the model for control purposes. Partners' predictors and error disturbances for the mediators and outcome variables were allowed to covary but were omitted from the figure for the sake of clarity. Two separate models were conducted for each outcome: Parenting stress and parental confidence. Common DC, common dyadic coping; f, fathers; m, mothers; Time 1, second trimester of pregnancy; Time 2, 6 weeks postpartum; Time 3, 6–9 months postpartum

Finally, along with the paucity of studies on couples during the transition to parenthood, prior empirical evidence does not provide strong support for gender differences in the proposed mediation models. The link between attachment-related anxiety and avoidance and common DC appears to occur for both genders (Batinic & Kamenov, 2017), whereas two distinct predictions can be made for the link between common DC and parental adjustment. On the one hand, considering the shared challenges of the early postpartum period, it can be expected that common DC will have similar importance for the parental adjustment of both mothers and fathers (Molgora et al., 2019). On the other hand, the strong sociocultural context regarding gender norms surrounding motherhood and fatherhood may reinforce traditional gender roles after childbirth (Katz-Wise, Priess, & Hyde, 2010; Yavorsky, Dush, & Schoppe-Sullivan, 2015), which could therefore translate into differences regarding the impact of common DC on mothers and fathers. Hence, we do not propose specific hypotheses regarding the role of parental gender in the hypothesized models and instead adopt an exploratory approach.
2 METHOD

2.1 | Participants

A total of 92 different-gender couples participated in the study. The majority of couples lived together (married: 70.7%; cohabitating: 26.1%; in a relationship but not living together: 3.2%) and had a committed relationship for an average of 7.40 years ($SD = 4.23$, range = 11 months—17 years). Most couples were having their first child (68.5%); couples who had children before this pregnancy had, on average, one child ($SD = 0.41$, range = 1–3). Mothers’ mean age was 31.78 years ($SD = 4.77$, range = 20–41), and fathers’ mean age was 33.51 years ($SD = 5.18$, range = 20–45). A total of 66% of the mothers and 42.2% of the fathers had a university degree, $\chi^2(2) = 13.93$, $p = .001$, $\phi_c = 0.28$. Most couples were currently working (mothers: 84.6%; fathers: 90%). Mothers reported prior psychological problems (38.5 vs. 4.4%; $\chi^2(1) = 30.97$, $p < .001$, $\phi_c = 0.41$) and treatment (27.5 vs. 12.1%; $\chi^2(1) = 6.79$, $p < .01$, $\phi_c = 0.19$) significantly more often than fathers did.

The majority of pregnancies was planned (88%) and desired (97.8%) and occurred without gestational complications (77.2%). Among the babies (47 male; 45 female), most were born without complications (71.7%).

2.2 | Procedure

Data collection occurred between November 2015 and September 2017 in one Portuguese maternity hospital (Maternity Daniel de Matos; Centro Hospitalar e Universitário de Coimbra [MDM-CHUC, EPE]) upon approval by the Research Ethics Committees of the Faculty of Psychology and Educational Sciences of the University of Coimbra and one university hospital (CHUC, EPE). Couples were eligible if (a) the woman was in the second trimester of a singleton pregnancy with no complications with the baby (e.g., fetal anomalies or other medical problems) or other adverse clinical events; (b) couples were formally married, cohabiting, or dating; and (c) both partners were at least 18 years old and (d) could read and understand Portuguese.

At the end of an obstetric appointment, eligible women (and their partners if available) were introduced to the study by their obstetrician and were asked for permission to be contacted by the researchers. After this initial approach, the researchers provided more information about the study aims and assured the confidentiality of the data. At this time (second trimester of pregnancy—T1), couples willing to participate signed informed consent and were given a copy accompanied by a set of questionnaires to complete at home (clear instructions were given about the need to answer independent of their partners). They were asked to return the questionnaires directly to the researcher at the following obstetrical appointment. The follow-up assessments occurred at 6 weeks (T2) and at the end of 6 months (T3) postpartum, when the couples were mailed one set of questionnaires for each partner along with a prestamped envelope in which to return the questionnaires after completion. Reminder text messages were sent to all couples who did not reply within 2–3 weeks at each assessment point. Couples participated voluntarily without receiving money or other compensation for their collaboration.

At T1, we approached 611 women/couples; 52 refused to participate, and 8 failed to meet the inclusion criteria (e.g., not in a romantic relationship). Of the remaining 551 couples, 335 returned questionnaires (participation rate: 60.8%); 303 couples were included at this time (32 were excluded because the couples did not met the inclusion criteria or the questionnaires were completed only by the women). At T2, we were able to mail questionnaires to 290 couples (5 couples suffered a perinatal loss, and we did not have information about the delivery of 8 couples). Data from both partners
were obtained from 138 couples (participation rate: 47.6%). All 138 couples (except 1 couple who demonstrated unwillingness to continue in the study after completion of T2) were contacted at T3; 92 couples returned the questionnaires answered by both partners (participation rate: 67.2%). On average, couples returned the T3 questionnaires when their children were between 6 and 7 months old ($M = 6.83$, $SD = 0.85$, range = 5.5–9.0).1

2.3 | Measures

The following self-report questionnaires were completed by each partner.

2.3.1 | Attachment representations

The Portuguese version (PV) of the Experience in Close Relationships—Relationship Structures (Fraley, Heffernan, Vicary, & Brumbaugh, 2011; PV: Moreira, Martins, Gouveia, & Canavarro, 2015) was used to assess anxious (three items; e.g., “I often worry that this person doesn’t really care for me”) and avoidant (six items; e.g., “I don’t feel comfortable opening up to this person”) attachment representations at T1. The nine items are rated on a 7-point response scale (1 = strongly disagree to 7 = strongly agree), with higher scores indicating more anxious or avoidant representations. In the original questionnaire, participants are asked to answer the same nine items for four types of intimate relationships (i.e., with mother, father, romantic partner, and best friend). In this study, only the romantic partner domain was used. In this sample, Cronbach's alpha for anxiety was .95 for mothers and .96 for fathers and for avoidance was .71 for mothers and .70 for fathers.

2.3.2 | Dyadic coping

Participants completed the common DC subscale of the Dyadic Coping Inventory (Bodenmann, 2008; PV: Vedes, Nussbeck, Bodenmann, Lind, & Ferreira, 2013) at T1 and T2. This was used to assess couple-oriented behaviors in which couples engage to cope jointly with stress. This subscale contains five items (“We try to cope with the problem together and search for ascertained solutions,” “We engage in a serious discussion about the problem and think through what has to be done,” “We help one another to put the problem in perspective and see it in a new light,” “We help each other relax with such things like massage, taking a bath together, or listening to music together,” and “We are affectionate to each other, make love and try that way to cope with stress”) answered on a 5-point response scale ranging from 1 (very rarely) to 5 (very often). The total score consists of the mean of the five items, with a higher score reflecting higher engagement in common DC behaviors. In this sample, Cronbach's alpha at T1 was .89 for mothers and .84 for fathers and at T2 was .91 for mothers and .89 for fathers.

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1We compared couples who completed the three assessment points and those who did not with regard to sociodemographic and obstetric data, as well as baseline common DC and attachment-related avoidance and anxiety. Fathers from couples who participated at all assessment times were less likely to have prior children (before this pregnancy), $\chi^2(1) = 4.64$, $p = .031$, $\phi_c = 0.13$. For mothers, we found that those who dropped out had significantly more pregnancy complications ($\chi^2(1) = 7.58$, $p = .006$, $\phi_c = 0.16$) and less frequent planned pregnancy ($\chi^2(1) = 6.19$, $p = .013$, $\phi_c = 0.15$) than those who completed the study. Mothers and fathers from couples who participated at all assessments reported significantly higher scores on common DC at T1 (mothers: $t_{287} = 3.16$, $p = .001$, $d = 0.41$; fathers: $t_{285} = 3.94$, $p < .001$, $d = 0.50$) than mothers and fathers who did not complete the study. No significant differences were found in the remaining variables.
2.3.3 Parental adjustment

Parental adjustment was operationalized in terms of parenting stress and parental confidence.

Parenting stress
Participants completed the Parenting Stress Index—Short Form (Abidin, 1995; PV: Santos, 2011) at T2 and T3. This questionnaire assesses the stress associated with the parenting role (Parental Distress), the child (Difficult Child), and the parent–child relationship (Parent–Child Dysfunctional Interaction). It includes 36 items (e.g., “I often have the feeling that I cannot handle things very well”) answered on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). A global index of parenting stress can be computed through the sum of all items, with higher scores indicating a greater perception of parenting stress. In this study, we only used the total score. In this sample, Cronbach's alpha at T2 was .93 for mothers and .94 for fathers and at T3 was .91 for mothers and .93 for fathers.

Parental confidence
Participants completed the Maternal Confidence Questionnaire (Badr, 2005; PV: Nazaré, Fonseca, & Canavarro, 2011) at T2 and T3. This instrument was used to assess the overall perceived confidence associated with the parental role, caretaking tasks, and knowledge of the infant's needs and motivations. The PV contains 13 items (e.g., “I know how to take care of my baby better than anyone else”) answered on a 5-point response scale ranging from 1 (never) to 5 (always). The total score of this scale, calculated by computing the mean of the items, was used in this study. Higher scores denote a higher perception of parental confidence. In this sample, Cronbach's alpha at T2 was .83 for mothers and .88 for fathers and at T3 was .81 for mothers and .88 for fathers.

2.4 Data analysis

Descriptive statistics and bivariate Pearson correlations were computed for the main study variables using IBM SPSS, version 23 (IBM SPSS Statistics for Macintosh, Armonk, NY). Differences between mothers and fathers, as well as changes over time, were assessed through paired t tests. Effect sizes were interpreted as follows: small: \( d \geq 0.20, \phi_c \geq 0.10, r \geq .10, R^2 \geq 0.02 \); medium: \( d \geq 0.50, \phi_c \geq 0.30, r \geq .30, R^2 \geq 0.13 \); and large: \( d \geq 0.80, \phi_c \geq 0.50, r \geq .50, R^2 \geq 0.26 \) (Cohen, 1988).

Using Mplus 8 (Muthén & Muthén, 1998-2017), we tested our model with an extended version of the Actor-Partner Interdependence Model (APIM) to assess mediation in dyadic data (Ledermann, Macho, & Kenny, 2011; see Figure 1). The APIM allows the simultaneous estimation of the degree to which a person’s independent variables influence the person's own individual outcome (actor effects) and the degree to which they influence the partner's outcomes (partner effects). Actor and partner effects are represented in Figure 1 by solid and dashed black arrows, respectively. Within this approach, the predictor variables of both partners and the error disturbances for the mediators and outcome variables are correlated, accounting for the interdependence of both partners’ scores within couples (not shown in Figure 1 to maintain clarity). In this study, dyadic interdependence was estimated through Pearson's bivariate correlations between mothers' and fathers' scores.

In this study, mediation is evident when the effect of mothers' and fathers' anxious and/or avoidant attachment at T1 on mothers' or fathers' parental adjustment at T3 can be explained by a significant indirect effect via one's own or the partner's common DC at T2. Two models were independently tested for each outcome: parenting stress and parental confidence. Statistically
significant direct effects of the independent variables on the outcomes are not necessarily required for mediation (Shrout & Bolger, 2002). In all models, baseline levels of the mediators (common DC at T1) and the outcomes (parental adjustment at T2) were controlled for in the analyses (Figure 1). Sociodemographic, obstetric, and psychological variables significantly associated with the outcome variables were only retained if they significantly contributed to the model. To test for the significance of indirect effects, maximum likelihood bootstrap procedures using 1,000 samples were performed (Shrout & Bolger, 2002). This strategy generates 95% bias-corrected and accelerated confidence intervals (CI) of the indirect effects, which are considered significant if zero does not fall within the lower and upper CIs. Missing data were handled using the Full Information Maximum Likelihood (i.e., parameters were estimated considering all available data) in Mplus.

Following the recommendations of Kenny, Kashy, and Cook (2006), all the independent variables and mediators were centered around the grand mean and unstandardized path coefficients, and their SEs were reported. Because we did not expect specific associations for mothers and fathers, to reduce the models' complexity, we successively constrained the mother's and father's actor effects and partner effects, respectively, to be equal across genders. If the observed change in model fit (chi-square difference test for nested models; $\Delta \chi^2$) did not decrease significantly, we present the more parsimonious models. In addition, we assessed the overall model fit based on the following criteria: a nonsignificant chi-square statistic ($p > .05$), a comparative fit index (CFI) above 0.95, a standardized root-mean-square residual (SRMR) below 0.08, and a root-mean-square error of approximation (RMSEA) below 0.05 (Hu & Bentler, 1998). For all analyses, the level of significance was set at $p < .05$.

3 | RESULTS

3.1 | Descriptive statistics and correlations

Means, SDs, paired $t$ tests, and intercorrelations for the main study variables are presented in Table 1. The average levels of anxious and avoidant attachment were relatively low considering the maximum score of each subscale (= 7), with fathers reporting higher scores on avoidance than mothers, $t_{87} = -2.74$, $p = .007$, $d = 0.41$. The mean scores of common DC were high (possible range 1–5) but decreased significantly over time for both mothers, $t_{91} = 2.03$, $p = .045$, $d = 0.30$, and fathers, $t_{90} = 4.17$, $p < .001$, $d = 0.61$. Levels of parenting stress were relatively low (possible range 36–180), and scores of parental confidence were high (possible range 1–5), with mothers perceiving themselves as more confident compared to fathers, at both assessment times (T2: $t_{89} = 6.34$, $p < .001$, $d = 0.94$; T3: $t_{87} = 5.59$, $p < .001$, $d = 0.83$). Over time, mean scores of parenting stress decreased (mothers: $t_{91} = 3.82$, $p < .001$, $d = 0.56$; fathers: $t_{90} = 1.96$, $p = .054$, $d = 0.29$), and mean scores of parental confidence increased (mothers: $t_{90} = -6.13$, $p < .001$, $d = 0.90$; fathers: $t_{87} = -6.55$, $p < .001$, $d = 0.98$). The intercorrelations between the study variables are presented in Table 1. Significant small to strong correlations were found between partners, underlining the interdependence within couples. We found significant associations between mother's parenting stress at T3 and history of psychiatric/psychological problems ($r = .28$, $p < .01$), history of psychiatric/psychological treatment ($r = .35$, $p < .01$), and pregnancy complications ($r = -.24$, $p < .05$); father's parenting stress at T3 and desired pregnancy ($r = -.28$, $p < .01$); and mother's parental confidence at T3 and age ($r = -.22$, $p < .05$), education ($r = -.34$, $p < .01$), and history of psychiatric/psychological treatment ($r = -.21$, $p < .05$).
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<td>M (SD)</td>
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<td>1</td>
</tr>
<tr>
<td>1. Anxiety (T1)</td>
<td>2.33 (1.85)</td>
<td>2.60 (2.03)</td>
<td>−1.11</td>
<td>0.27*</td>
</tr>
<tr>
<td>2. Avoidance (T1)</td>
<td>1.39 (0.63)</td>
<td>1.60 (0.73)</td>
<td>−2.74**</td>
<td>0.38***</td>
</tr>
<tr>
<td>3. Common DC (T1)</td>
<td>4.16 (0.68)</td>
<td>4.14 (0.65)</td>
<td>0.36</td>
<td>−0.14</td>
</tr>
<tr>
<td>4. Common DC (T2)</td>
<td>4.00 (0.79)</td>
<td>3.89 (0.75)</td>
<td>1.32</td>
<td>−0.14</td>
</tr>
<tr>
<td>5. Parenting stress (T2)</td>
<td>63.29 (17.52)</td>
<td>62.30 (17.80)</td>
<td>0.52</td>
<td>0.23*</td>
</tr>
<tr>
<td>6. Parenting stress (T3)</td>
<td>57.82 (13.73)</td>
<td>59.43 (15.96)</td>
<td>−1.14</td>
<td>0.21*</td>
</tr>
<tr>
<td>7. Parental confidence (T2)</td>
<td>4.39 (0.37)</td>
<td>4.01 (0.53)</td>
<td>6.34***</td>
<td>−0.16</td>
</tr>
<tr>
<td>8. Parental confidence (T3)</td>
<td>4.54 (0.29)</td>
<td>4.26 (0.47)</td>
<td>5.59***</td>
<td>−0.20</td>
</tr>
</tbody>
</table>

Note: Correlations for mothers are presented below the diagonal and for fathers above the diagonal. Correlations within couples are showed in bold on the diagonal.

Abbreviations: Common DC, common dyadic coping; T1, second trimester of pregnancy; T2, 6 weeks postpartum; T3, 6–9 months postpartum.

*<i>p</i> < .05.; **<i>p</i> < .01.; ***<i>p</i> < .001.
None of these variables was retained in the subsequent analyses as they did not significantly contribute to the models.

3.2 | Mediation analyses

3.2.1 | Indirect effects of common DC on the associations between romantic attachment and parenting stress

Selection of the model
First, we assessed several models to select the most parsimonious one by constraining each pair of actor effects and partner effects separately and examining significant changes in the model fit. When we fixed the pair of path coefficients to be equal across genders, model fit did not decrease significantly, except when we equalized the actor effects of common DC at T1 on parenting stress at T3 ($\Delta \chi^2 = 7.024$, $\Delta df = 1$, $p = .008$) and the partner effects of parenting stress at T2 ($\Delta \chi^2 = 3.731$, $\Delta df = 1$, $p = .053$) on parenting stress at T3. In contrast to the findings for mothers ($B = -3.40$, $p = .121$), common DC at T1 significantly predicted fathers' parenting stress at T3 ($B = -9.43$, $p < .001$). Unlike fathers ($B = 0.02$, $p = .821$), mothers' parenting stress at T2 was significantly related to their partner's parenting stress at T3 ($B = 0.26$, $p < .001$). Finally, unlike mothers ($B = -0.42$, $p = .789$), fathers' common DC at T2 was

FIGURE 2  Statistical diagram of the proposed Actor–Partner Interdependence Mediation Model considering parenting stress as the outcome. Note: Path values represent unstandardized maximum likelihood estimates. For clarity, the correlations and effects of the covariates (common DC at Time 1 and parenting stress at Time 2) were omitted. The total effect of anxiety and avoidance on parenting stress at T3 (before inclusion of the mediators) is described in parentheses, and the direct effect (after inclusion of the mediators) is represented by the value outside parentheses. Common DC, common dyadic coping; f, fathers; m, mothers; Time 1, second trimester of pregnancy; Time 2, 6 weeks postpartum; Time 3, 6–9 months postpartum. *$p < .05$; **$p < .01$
significantly related to their partner's parenting stress at T3 \((B = -4.59, p = .027)\). Therefore, these three pairs of path coefficients were allowed to vary freely across genders, whereas the remaining paths were fixed as equal for mothers and fathers. Our final model fit the data well: \(\chi^2 = 9.063, df = 19, p = .972; \) RMSEA = 0.000; SRMR = 0.028; CFI = 1.000.

**Direct effects**

The paths displayed in Figure 2 show that higher attachment-related avoidance at T1 was associated with a decrease in one's own common DC from T1 to T2 in a model explaining 39 and 50% of the common DC variance for mothers and fathers, respectively (accounting for the baseline levels of common DC). The partner effects between attachment-related avoidance and common DC at T2 were not statistically significant, as well as the actor and partner effects between attachment-related anxiety and common DC at T2. The actor effects of common DC at T2 on parenting stress at T3 were not statistically significant, whereas fathers' common DC at T2 significantly predicted declines in mothers' parenting stress from T2 to T3. The independent variables and mediators considered (controlling for the baseline levels of the outcomes) accounted for a high proportion of variance in parenting stress for mothers (47%) and fathers (64%), respectively. Overall, higher attachment-related avoidance at T1 predicted declines in common DC, and father's higher common DC at T2 was a significant predictor of mother's decreases in parenting stress.

**TABLE 2** Indirect effects of common dyadic coping (Time 2) on the associations between attachment-related avoidance (Time 1) and parental adjustment (Time 3)

<table>
<thead>
<tr>
<th>IE</th>
<th>IE (SE)</th>
<th>(p)</th>
<th>95% CI (LLCI/ULCI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidance(_m) (\rightarrow) Common DC(_m) (\rightarrow) PS(_m)</td>
<td>-0.57 (0.50)</td>
<td>.259</td>
<td>[-1.95, 0.16]</td>
</tr>
<tr>
<td>Avoidance(_f) (\rightarrow) Common DC(_m) (\rightarrow) PS(_m)</td>
<td>-0.14 (0.22)</td>
<td>.529</td>
<td>[-0.91, 0.11]</td>
</tr>
<tr>
<td>Avoidance(_m) (\rightarrow) Common DC(_f) (\rightarrow) PS(_m)</td>
<td>0.34 (0.43)</td>
<td>.423</td>
<td>[-0.33, 1.40]</td>
</tr>
<tr>
<td>Avoidance(_f) (\rightarrow) Common DC(_f) (\rightarrow) PS(_m)</td>
<td>1.41 (0.71)</td>
<td>.046</td>
<td>[0.33, 3.20]</td>
</tr>
<tr>
<td>Avoidance(_f) (\rightarrow) Common DC(_f) (\rightarrow) PS(_f)</td>
<td>-0.57 (0.50)</td>
<td>.259</td>
<td>[-1.95, 0.16]</td>
</tr>
<tr>
<td>Avoidance(_m) (\rightarrow) Common DC(_f) (\rightarrow) PS(_f)</td>
<td>-0.14 (0.22)</td>
<td>.529</td>
<td>[-0.91, 0.11]</td>
</tr>
<tr>
<td>Avoidance(_m) (\rightarrow) Common DC(_m) (\rightarrow) PS(_f)</td>
<td>0.03 (0.18)</td>
<td>.860</td>
<td>[-0.19, 0.61]</td>
</tr>
<tr>
<td>Avoidance(_m) (\rightarrow) Common DC(_m) (\rightarrow) PS(_f)</td>
<td>0.13 (0.48)</td>
<td>.788</td>
<td>[-0.88, 1.17]</td>
</tr>
<tr>
<td><strong>PC</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidance(_m) (\rightarrow) Common DC(_m) (\rightarrow) PC(_m)</td>
<td>0.01 (0.01)</td>
<td>.512</td>
<td>[-0.01, 0.03]</td>
</tr>
<tr>
<td>Avoidance(_f) (\rightarrow) Common DC(_m) (\rightarrow) PC(_m)</td>
<td>0.00 (0.00)</td>
<td>.621</td>
<td>[-0.00, 0.02]</td>
</tr>
<tr>
<td>Avoidance(_m) (\rightarrow) Common DC(_f) (\rightarrow) PC(_m)</td>
<td>-0.01 (0.01)</td>
<td>.263</td>
<td>[-0.03, 0.00]</td>
</tr>
<tr>
<td>Avoidance(_f) (\rightarrow) Common DC(_f) (\rightarrow) PC(_m)</td>
<td>-0.03 (0.01)</td>
<td>.033</td>
<td>[-0.06, -0.01]</td>
</tr>
<tr>
<td>Avoidance(_f) (\rightarrow) Common DC(_f) (\rightarrow) PC(_f)</td>
<td>0.04 (0.02)</td>
<td>.059</td>
<td>[0.01, 0.10]</td>
</tr>
<tr>
<td>Avoidance(_m) (\rightarrow) Common DC(_f) (\rightarrow) PC(_f)</td>
<td>0.01 (0.01)</td>
<td>.361</td>
<td>[-0.01, 0.05]</td>
</tr>
<tr>
<td>Avoidance(_f) (\rightarrow) Common DC(_m) (\rightarrow) PC(_f)</td>
<td>-0.01 (0.01)</td>
<td>.263</td>
<td>[-0.03, 0.00]</td>
</tr>
<tr>
<td>Avoidance(_m) (\rightarrow) Common DC(_m) (\rightarrow) PC(_f)</td>
<td>-0.03 (0.01)</td>
<td>.033</td>
<td>[-0.06, -0.01]</td>
</tr>
</tbody>
</table>

**Note:** Unstandardized maximum likelihood estimates for IE are displayed. Significant IE are in bold.

Abbreviations: CI, confidence interval; common DC = common dyadic coping; f, fathers; IE, indirect effects; LLCI/ULCI, lower and upper CI; m, mothers; PC, parental confidence; PS, parenting stress.
Indirect effects

A significant indirect effect of fathers' avoidance on mothers' parenting stress via fathers' common DC was observed (Table 2). This finding suggests that more avoidant fathers (at pregnancy) were less likely to engage in collaborative ways of coping (from pregnancy to 6 weeks postpartum), which in turn increased their partner's levels of parenting stress (from 6 weeks to 6–9 months postpartum). The described pattern of mediation was not found for attachment-related anxiety (Table 3), which did not significantly predict the mediators or the outcomes (total and direct effects).

3.2.2 Indirect effects of common DC on the associations between romantic attachment and parental confidence

Selection of the model

We replicated the steps above to identify the best-fitting model regarding parental confidence. All paths could be equalized across gender without significant declines in model fit, with the exception of three pairs of paths: the actor paths between common DC at T2 and parental confidence at T3 ($\Delta \chi^2 = 4.071, \Delta df = 1, p = .044$) and between attachment-related avoidance and the outcome ($\Delta \chi^2 = 8.353, \Delta df = 1, p = .004$) and the partner paths between attachment-related avoidance and parental confidence at T2 ($\Delta \chi^2 = 14.699, \Delta df = 1, p < .001$). In contrast to the findings for mothers

<table>
<thead>
<tr>
<th>IE</th>
<th>IE (SE)</th>
<th>p</th>
<th>95% CI (LLCI/ULCI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety$_m \rightarrow$ Common DC$_m$ $\rightarrow$ PS$_m$</td>
<td>0.04 (0.07)</td>
<td>.612</td>
<td>[−0.04, 0.33]</td>
</tr>
<tr>
<td>Anxiety$_f \rightarrow$ Common DC$_m$ $\rightarrow$ PS$_m$</td>
<td>−0.05 (0.07)</td>
<td>.522</td>
<td>[−0.31, 0.03]</td>
</tr>
<tr>
<td>Anxiety$_m \rightarrow$ Common DC$_f$ $\rightarrow$ PS$_m$</td>
<td>0.12 (0.14)</td>
<td>.399</td>
<td>[−0.09, 0.45]</td>
</tr>
<tr>
<td>Anxiety$_f \rightarrow$ Common DC$_m$ $\rightarrow$ PS$_m$</td>
<td>−0.09 (0.15)</td>
<td>.548</td>
<td>[−0.58, 0.11]</td>
</tr>
<tr>
<td>Anxiety$_m \rightarrow$ Common DC$_f$ $\rightarrow$ PS$_f$</td>
<td>0.04 (0.07)</td>
<td>.612</td>
<td>[−0.04, 0.33]</td>
</tr>
<tr>
<td>Anxiety$_f \rightarrow$ Common DC$_m$ $\rightarrow$ PS$_f$</td>
<td>−0.05 (0.07)</td>
<td>.522</td>
<td>[−0.31, 0.03]</td>
</tr>
<tr>
<td>Anxiety$_f \rightarrow$ Common DC$_m$ $\rightarrow$ PS$_f$</td>
<td>0.01 (0.06)</td>
<td>.853</td>
<td>[−0.07, 0.20]</td>
</tr>
<tr>
<td>Anxiety$_m \rightarrow$ Common DC$_m$ $\rightarrow$ PS$_f$</td>
<td>−0.01 (0.05)</td>
<td>.878</td>
<td>[−0.23, 0.06]</td>
</tr>
</tbody>
</table>

Note: Unstandardized maximum likelihood estimates for IE are displayed.

Abbreviations: CI, confidence interval; common DC, common dyadic coping; f, fathers; IE, indirect effects; LLCI/ULCI, lower and upper CI; m, mothers; PC, parental confidence; PS, parenting stress.
common DC at T2 significantly predicted fathers' parental confidence at T3 ($B = -0.14, p = .033$). Attachment-related avoidance was significantly associated with fathers' parental confidence at T3 ($B = -0.17, p = .004$) but not with mothers' parental confidence ($B = 0.01, p = .798$). Finally, fathers' avoidance was positively associated with mothers' parental confidence at T2 ($B = 0.14, p = .026$), whereas mothers' avoidance was negatively associated with fathers' parental confidence at T2 ($B = -0.15, p = .022$). Therefore, these three pairs of paths were allowed to vary freely across gender, whereas the remaining paths were fixed to be equal for mothers and fathers. The final model fit the data well: $\chi^2 = 16.466, df = 19, p = .626; \text{RMSEA} = 0.000; \text{SRMR} = 0.071; \text{CFI} = 1.000$.

**Direct effects**

Figure 3 replicates the significant and negative actor effects between attachment-related avoidance and common DC at T2 and the nonsignificant actor and partner effects between the variables described in our first model (namely, regarding attachment-related anxiety). Taking into account the covariates included in the model (baseline levels of common DC), the explained variance in common DC at T2 was relatively high (mothers: 38%; fathers: 49%). As previously stated, the actor effects of common DC at T2 on parental confidence at T3 were only significant for fathers, suggesting that higher engagement in common DC reduced fathers' own parental confidence from T2 to T3. The partner effects of common DC were significant and positive, indicating that, for both mothers and fathers, the more engaged they were in common DC, the more confident their partners felt as parents in the long term. The final model (accounting for the baseline levels of the outcomes) explained a high proportion of variance in parental confidence (mothers: 67%; fathers: 59%). Overall, higher

**FIGURE 3** Statistical diagram of the proposed Actor–Partner Interdependence Mediation Model considering parental confidence as the outcome. Note: Path values represent unstandardized maximum likelihood estimates. For clarity, the correlations and effects of the covariates (common DC at Time 1 and parental confidence at Time 2) were omitted. The total effect of anxiety and avoidance on parental confidence at T3 (before inclusion of the mediators) is described in parentheses, and the direct effect (after inclusion of the mediators) is represented by the value outside parentheses. Common DC, common dyadic coping; $f$, fathers; $m$, mothers; Time 1, second trimester of pregnancy; Time 2, 6 weeks postpartum; Time 3, 6–9 months postpartum. *$p < .05$; **$p < .01$; ***$p < .001$
attachment-related avoidance at T1 predicted declines in common DC, the actor effects of common DC were significant for fathers (predicting declines in parental confidence), and the partner effects of common DC were significant for both parents (predicting increases in parental confidence).

**Indirect effects**

As presented in Table 2, we found a significant indirect partner effect of one's own avoidance on the partner's parental confidence via one's own common DC. This finding suggests that both more avoidant mothers and fathers were significantly less likely to engage in common DC over time, and less engagement in common DC predicted declines in the partner's parental confidence. In addition, the within-person mediation found for fathers showed that more avoidant fathers engaged less in common DC and, consequently, reported significant increases in their parental confidence. Concerning the role of attachment-related anxiety, there was no evidence of mediation (Table 3) for significant total or for direct effects (Figure 3).3

4 | DISCUSSION

This prospective longitudinal study examined the changes in both mothers' and fathers' parental adjustment over time and the mediating role of common DC on the associations between anxious and avoidant attachment and parenting stress and parental confidence. The main findings of this study generally confirmed our two hypotheses: (a) Perceived parenting stress declined and perceived parental confidence increased across the first year postpartum, and (b) more avoidant (but not anxious) parents at mid-pregnancy engaged less in common DC from pregnancy to 6 weeks postpartum, which increased their partners' parenting stress (only in mothers) and decreased their partners' parental confidence (in both parents).

Overall, the parents in this study appeared to be generally well adjusted to their parenting role and showed low stress and good confidence in their parenting skills, particularly between 6 and 9 months postpartum. This may be because the sample consisted of low-risk couples, and prior research shows that parents tend to experience less stress (Vismara et al., 2016) and feel more competent (Biehle & Mickelson, 2011; Hudson et al., 2001) in parenting over time. We found that mothers who are younger and less educated perceived more confidence in their maternal role, which is consistent with previous studies (Biehle & Mickelson, 2011; Bryanton, Gagnon, Hatem, & Johnston, 2008; Leerkes & Burney, 2007), whereas others have found inverse or nonsignificant relationships (Matthies et al., 2017; Ngai, Chan, & Ip, 2010). We also observed that mother's parenting stress was negatively related to pregnancy complications, which seems particularly counterintuitive. We hypothesized that mothers with specific pregnancy-related challenges (e.g., infections, gestational diabetes) may have developed adaptive coping strategies that helped them better navigate the transition to parenthood; as a result, they were less likely to present high levels of parenting stress in the long-term.

The mediational models showed that the partner's perception of common DC at 6 weeks postpartum accounted for the influence of one's own romantic avoidant attachment at mid-pregnancy on the partner's parental adjustment at 6–9 months postpartum. Regarding the first path of our model, in line with our expectations and prior findings (Batinic & Kamenov, 2017; Levesque et al., 2017), more avoidant parents were less likely to engage in joint coping efforts. However, contrary to the anticipated partner effects, we found only actor effects, indicating that each partner's perception of common DC depends more on his or her own, rather than the partner's, avoidant attachment. This finding

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3We recalculated the mediational models using data of all couples retained at T2 (N = 138). The direction, sizes, and significance of the direct and indirect effects did not change.
might suggest that the impact of the other's attachment does not work exclusively but may depend on other factors, such as one's own (more or less) secure attachment, an interaction effect that has previously been demonstrated in studies conducted with couples (Mikulincer & Shaver, 2016). The weaker associations between attachment-related anxiety and common DC compared to the associations between avoidance and common DC were as hypothesized and possibly reflect the ambivalent attitudes that more anxious individuals hold toward their romantic partners (Mikulincer & Shaver, 2016). On the one hand, when both partners face a shared stressor, higher engagement in couple-oriented behaviors (i.e., those that promote the desired proximity) may be expected; on the other hand, their self-focus and doubts about the partner's availability may constrain individuals to engage in a symmetrically or complementary process of coping (i.e., helping each other to reduce stress or resolving the problem jointly). As a result, it could be difficult to establish a consistent and predictable pattern of behaviors. A similar line of thinking could justify why, in our study, mothers and fathers' anxious attachment was not directly associated with their parenting stress or parental confidence, despite opposing evidence found in previous studies (Howard, 2010; Mazzeschi et al., 2015). Alternatively, because of our low-risk sample and the increased proximity and interdependence between partners during the course of a pregnancy (Cowan & Cowan, 2000), it could be possible that, on average, these individuals might not have perceived the multiple demands of pregnancy as particularly distressing as they value closeness in romantic relationships. In such circumstances, attachment concerns are less likely to become activated and, consequently, to influence individuals' appraisals, behaviors, and emotions.

Regarding the second path of our model, lower engagement in common DC seemed to account for increases in parenting stress and declines in parental confidence, as expected, but in an interactive way. That is, with regard to parenting stress, the more fathers had avoidant attachment, the less they engaged in common DC and, consequently, the more parenting stress the mothers perceived. We did not find similar effects for fathers' parenting stress, which suggests differences within couples regarding the role of joint coping efforts on perceived parenting stress. This finding could reflect the sociocultural context present in many westernized countries (including in Portugal), in which a high proportion of families are full-time dual earners (Matias, Andrade, & Fontaine, 2012; Yavorsky et al., 2015), and changes toward father's participation in child care and family life are increasing (Cabrera, Volling, & Barr, 2018; Wall et al., 2017), but mothers remain the primary caregivers and are more often responsible for infant care and household tasks than fathers (Matias et al., 2012; Yavorsky et al., 2015). Joint handling of everyday stressors most likely reduces mothers' greater family and household responsibilities and hence attenuates the maternal strain often associated with child care (Nyström & Öhrling, 2004). Perhaps for these reasons, for mothers with more avoidant partners, motherhood may be perceived as particularly stressful because their partners engage less in common DC. Although previous studies conducted with families with type I diabetes showed that feeling communally oriented toward one's partner reduced fathers', but not mothers', perceived parenting stress (Afifi et al., 2018), for women transitioning to first- or second-time parenthood, a communal approach to stressors (at least at the behavioral level) seems to play an important role. This explanation may also account for why these mothers also feel less confident in their role.

We found that less common DC perceived by more avoidant mothers played a crucial role in fathers' parental confidence. The importance of feeling confident as a parent during the first year postpartum has been described by both mothers and fathers (Nyström & Öhrling, 2004). However, mothers feel generally more confident compared to fathers, a result that our study replicated and that can also be explained by their greater involvement in child care (Biehle & Mickelson, 2011; Hudson et al., 2001). This is consonant with the larger societal norms and expectations
around the roles of mothers and fathers (Cabrera et al., 2018). Accordingly, mothers are socialized to assume a predominant caring role, whereas fathers are mostly the support provider (Katz-Wise et al., 2010; Yavorsky et al., 2015). Hence, the role allocation is likely to exclude fathers from many of the relevant concerns surrounding family life—particularly child care. Our findings suggest that, when mothers are willing to engage in collaborative strategies when dealing with daily demands, fathers become more involved in the family's everyday concerns and are perhaps better equipped to manage their insecurities. Fathers might feel that they are “part of a team,” which has been shown to be of particular relevance for fathers of young children (Afifi et al., 2018). Consequently, this should foster their own sense of competence in their parenting skills. This reasoning is supported by previous studies demonstrating that fathers’ greater involvement in child-care activities and perceptions of their partner's support of their parenting were associated with higher paternal parenting efficacy at 6 months postpartum (Leerkes & Burney, 2007) and greater paternal parenting satisfaction at 9 months postpartum (Schoppe-Sullivan et al., 2016), respectively.

Our findings suggest that a strong motivation to avoid emotional closeness and cohesion (high avoidance) produces challenges for engagement in common DC, putting both mothers and fathers at high risk of less perceived confidence as parents in the long term. Interestingly, the indirect effects between avoidant attachment and parental adjustment via common DC emerged across partners, suggesting the presence of crossover effects within couples (i.e., the negative experiences of one partner affect the other partner; Westman, 2011), simultaneously controlling for within-person effects. The stronger impact of partner effects above actor effects supports the salient interdependence within Portuguese couples in general (Vedes et al., 2016) and, in particular, the “we-experience” nature of the period following the birth of a child.

Finally, a somewhat surprising result was the within-person mediation found for fathers, which challenged our earlier interpretation. We found that more avoidant fathers engaged less in common DC, which in turn increased their own parental confidence. This is an unexpected result and should be interpreted with caution because the bivariate correlations show the inverse link. Nevertheless, this finding seems to be associated with the tendency toward more traditional gender roles after the birth of a child, as previously addressed. Fathers’ engagement in more or less complementary roles regarding support provision may conflict with societal beliefs surrounding fatherhood: Fathers are still viewed as the support providers and women as the support recipients (Brown, 1986; Rehel, 2013), and they generally assume a “protector role” toward women (Darwin et al., 2017), self-disclosing fewer needs of support to their partners than women (Cowan & Cowan, 2000; Levy-Shiff, 1999). Accordingly, fathers may see engagement in common DC as a sign of their incompetence in managing demanding situations independently as suggested in prior studies with Latino couples (Falconier, Nussbeck, & Bodenmann, 2013). The centrality of the breadwinner role is still present for many fathers (Kazmierczak & Karasiewicz, 2019), including for some Portuguese men (Matias et al., 2012; Vedes et al., 2016), supporting this line of thought. As a result, engaging in less common DC might lead to a sense of “I can handle potential stressors if my partner is not available,” which could consequently strengthen the extent to which they feel confident in undertaking their parenting chores. On a related note, it may be that more avoidant fathers perceive common DC as undesirable as they value independence and distance from their partner and consequently benefit more (in terms of perceived parental confidence) by engaging less in common DC. Additional research is warranted to both replicate and fully understand these findings.
4.1 | Strengths and limitations

This study contributes to existing perinatal research by providing an initial understanding of the unexplored links between romantic attachment and common DC, as well as between this dyadic process and parenting stress and parental confidence. Specifically, examining the relationships between these variables together in a mediational model provides a comprehensive picture of potential mechanisms explaining the effects of romantic attachment avoidance on early parental adjustment and thus adds evidence to the Attachment Diathesis-Stress Process Model (Simpson & Rholes, 2018). Other important strengths of this study are its prospective longitudinal design, which allowed examining one possible way in which attachment and dyadic processes may operate together to influence couples’ adjustment in the long term. Importantly, it considered the nonindependence of the observations over time by controlling for the scores of the variables assessed at previous times, which allowed us to obtain rigorous estimates. The consideration of the couple as the unit of analysis, which models the interdependence within couples, was particularly important because the indirect effects tested in this study occurred especially across partners rather than within persons and support the relevance of including both parents in attachment and parenting research (Jones et al., 2015).

The limitations of this study included the use of self-report questionnaires only, which are susceptible to shared method variance. However, this limitation was partly addressed by the undertaken APIM approach (i.e., the partner’s scores were used to predict individuals’ outcomes). Concerns also arise regarding the validity of self-report questionnaires. Because they assess subjective perceptions regarding interactions with the romantic partner and the child, despite its importance, they are sometimes inaccurate and do not always relate to more objective records (Jones & Prinz, 2005; Yavorsky et al., 2015). This potential lack of accuracy could be an additional reason for the unexpected association between fathers' common DC and their parental confidence (e.g., given the expected role of fathers as the breadwinner, they may be less accurate in assessing their engagement in common DC, as well as their own knowledge and abilities concerning child care, whose perceptions are likely to align with fatherhood ideologies). It would be interesting to replicate this study with experimental/observational methods, including biomarkers of parenting stress. Likewise, including measures that assess gender role attitudes would allow further research to test the explanations that we advanced for the obtained gender differences. In addition, attachment was only assessed during pregnancy; however, because attachment representations tend to be relatively stable across the first 2 years of parenthood (Stern et al., 2018), our findings are valuable indicators. Another limitation was the reduced sample size and high proportion of dropouts, which may have reduced the power to detect small to moderate effects in complex models (e.g., for attachment-related anxiety dimension). This can be explained by the lack of financial compensation for participation and the dyadic nature of the study, which required willingness to participate from both partners. In addition, because partners with higher engagement in common DC at baseline were those who participated for a longer time, this limited the generalizability of our findings to couples with better common DC strategies. However, lower retention rates in longitudinal studies and sampling bias are current methodological concerns in dyadic research, in which couples with positive relationships are more willing to participate. In future studies, researchers should make efforts to improve the participation of a larger and more diverse sample of couples, for example, by reinforcing confidentiality issues, maintaining contact with each partner, conducting separate data collection interviews and through diverse settings, and normalizing marital conflicts and challenges (Wittenborn, Dolbin-MacNab, & Keiley, 2013). The replication of this study with couples exposed to different types and degrees of stress (e.g., couples facing high-risk pregnancies) also constitutes a direction for future research. Moreover, although our model assumed that romantic attachment led to common DC, which in turn led to
parenting stress and parental confidence, the possibility of alternative models (e.g., parental adjustment acting as a mediator between romantic attachment and common DC) should be considered. The causal paths among these variables are likely to be bidirectional, influencing each other over time, and future studies would shed some light on other plausible causal influences.

4.2 | Conclusion

More avoidant romantic attachment constrains the use of adaptive collaborative ways of coping in couples dealing with early parenthood-related stressors, which impacts both partners' parental adjustment. By identifying modifiable targets through which more avoidance influences parents' adjustment, such as less engagement in common DC, it is possible to inform perinatal prevention strategies with concrete targets in a couple's relationship. Thus, the assessment of romantic attachment dynamics should be integrated into existing perinatal screening procedures to identify the mothers and fathers who could benefit most from common DC-enhancing interventions. Health professionals who provide training in collaborative ways to address parental stress together as a couple (e.g., by strengthening couples' DC skills) may have to use specific strategies to support couples with more avoidant partners. Moreover, our results highlight the importance of paying attention to each partner's cultural beliefs and values around parenting as a differential impact emerges regarding the role of common DC on fathers' parental confidence as a function of their own and of their spouses' perceptions of common DC.

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