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## Abstract

The transition to parenthood can present significant challenges. Many new parents report experiencing stress, depression and anxiety across the perinatal period, as well as difficulty with co-parenting and declines in relationship satisfaction. These factors can all have long-term impacts on parent mental health, infant development and family functioning. Early intervention for parents is important. Parents actively seek evidence-based information on child development and parenting, however, often report being inadequately supported with their own mental health. Traditional approaches to supporting parent mental health involving psychosocial and psychological therapies have often underestimated the importance of parenting support. Evidence-based parenting programs such as Triple P for Baby can provide comprehensive and preventative support for parents at the transition to parenthood.

## Introduction

It's often implied that the transition to parenthood is joyful, easy and instinctual (DeGroot and Vik 2021). While the transition to parenthood is seen as normative (Cowan and Cowan 2012), parenting is not necessarily instinctual, is rarely described as easy (Don and Mickelson 2014), and the process of adaptation during the perinatal period is significant.

**Alina Morawska**
*Parenting and Family Support Centre, School of Psychology, The University of Queensland, QLD, Australia*

**Amy E Mitchell**
*Parenting and Family Support Centre, School of Psychology, The University of Queensland, QLD, Australia*
*School of Nursing, Midwifery and Social Work, The University of Queensland, QLD, Australia*
*Griffith Centre for Mental Health, Griffith University, QLD, Australia*

**Caitlin Jackson***
*Triple P International*
*Email Caitlin.jackson@triplep.net*

**corresponding author*

Becoming a parent typically involves an intense period of adjustment, with multiple and rapid changes across physiological, psychological, relational and social systems (Van Haeken et al. 2020). The transition to parenthood increasingly occurs later in life and with less experience with infants and children compared to previous generations, and parents are often anxious about beginning the parenting journey (Mickelson and Marcussen 2023a), with implications for how confident new parents are, how much support they have around them, as well as their expectations of parenthood. While most parents-to-be are aware of common issues such as feeding and settling challenges, sleep deprivation, and the impact of early parenthood on work and social relationships, the contrast between reality and expectations can be stark (Mickelson and Marcussen 2023b). This disconnect between expectations and the day-to-day experience of early parenting can contribute to difficulties with adjustment, and may lead new parents to question their skills and capabilities (Mihelic, Filus and Morawska 2016; Staneva et al. 2017).

## Adjustment to parenthood

The experience of stress, anxiety and mood disorder symptoms is common during the perinatal period (Falah-Hassani, Shiri and Dennis 2017). Around one in five mothers and one in ten fathers may experience anxiety and/or depression during pregnancy or in the first year after their baby's birth (Paulson and Bazemore 2010). Symptoms of depression, anxiety and stress tend to increase towards the end of pregnancy and are predictive of ongoing symptoms in the postnatal period (Da Costa et al. 2019; Rallis et al. 2014), reflecting the intense period of adjustment to parenthood, and the physical and mental challenges of caring for a baby.

For many new parents, these symptoms can have short- and long-term impacts on individual adjustment, the couple relationship and the developing child. For both mothers and fathers, symptoms of depression, anxiety and stress during pregnancy and following birth tend to predict greater mental health difficulties well beyond the perinatal period (Da Costa et al. 2019; Heron et al. 2004). For mothers facing adversity, mental health difficulties in the prenatal and postnatal periods are associated with ongoing mental health difficulties up to 5 years later (Bryson et al. 2021). Fathers with elevated distress in the early postnatal period may experience persistent and increasing distress over the first 7 years of their

child's life (Giallo et al. 2014). Paternal mental health symptoms also correlate with maternal mental health difficulties (Da Costa et al. 2019) which are among the strongest predictors of paternal mental health symptoms (Thiel et al. 2020), underscoring the need for perinatal support for the couple dyad.

Many couples report a sudden decrease in relationship satisfaction following their baby's birth (Twenge, Campbell and Foster 2003), difficulties adjusting to changing role demands, changes in communication and intimacy, and greater overall couple conflict and disagreement (Antoniou et al. 2021). Poor relationship satisfaction is a key predictor of poor mental health for both mothers and fathers in the perinatal period and can contribute to a vicious cycle of psychological and relational distress for parents (Don and Mickelson 2014). This highlights the importance of providing support to couples at a time when their physical and emotional resources may be significantly depleted.

The flow-on effects of parental mental health and relationship difficulties on infant development and early parenting behaviour are well-established. Maternal depressive and anxious symptoms are associated with poorer developmental outcomes across the motor, cognitive, socioemotional, language and adaptive behavioural domains, with differences appearing as early as 6–8 weeks of life and extending beyond infancy into childhood and adolescence (Rogers et al. 2020). These effects appear to be at least partially mediated by differences in early parenting behaviour, including less sensitive and responsive early parenting behaviour, lower early parenting self-efficacy (confidence), and differences in parent–infant interaction patterns (Goodman et al. 2020; Van Haeken et al. 2020). Parent mental health difficulties and conflict within the couple relationship are predictive of less effective early parenting (Galbally and Lewis 2017; Zemp et al. 2017), and thus represent important proximal targets for intervention to improve infant developmental outcomes.

## Supporting the transition to parenthood

It has long been recognised that supporting parents during the transition to parenthood is important. Addressing mental health problems is fundamental to promoting the wellbeing of parents and their babies (Galbally and Lewis 2017). Typically, approaches to supporting perinatal mental health involve a range of robustly evidenced psychosocial and psychological (most commonly, cognitive behavioural therapy) therapeutic options for postnatal depression in mothers (Dennis and Dowswell 2013), with some support for pharmacological approaches for severe mental health difficulties (Molyneaux et al. 2014). However, research is limited on targeting a larger range of perinatal mental health difficulties, improving access for mothers with psychosocial challenges, and better supporting fathers in perinatal services (Howard and Khalifeh 2020).

What is lacking in these treatment-focused approaches is support around parenting. Parents often report feeling inadequately supported with their mental health during the perinatal period, citing poor mental health awareness, stigma around help-seeking, and limited support for fathers and other caregivers (Darwin et al. 2021). Health professionals report inadequate training and low confidence when supporting parents with adjustment, particularly difficulty working with differing needs of caregivers and co-parenting challenges (Darwin et al. 2021).

Information seeking by parents during the perinatal period is common and seen as normative. Many parents seek evidence-based information about how to raise their baby and increase their knowledge of child development and parenting (increasingly through online sources) (Morawska, Weston and Bowd 2018). This presents an opportunity to engage parents, support parenting and have a positive impact on parental adjustment. Recommendations for improving perinatal mental healthcare include increased access to mental health and parenting support for families, evidence-based training for health professionals, (Triple P Positive Parenting Program n.d.b), and enhanced continuity of care across the perinatal period and beyond (Galbally and Lewis 2017; Webb et al. 2023).

A recent systematic review and meta-analysis (Adina et al. 2022) synthesised the evidence relating to parenting interventions delivered during the perinatal period and symptoms of perinatal depression. A total of 17 studies were included, and results indicated that participation in a parenting intervention resulted in statistically significant reductions in maternal depressive symptoms at post-intervention. This important finding demonstrates that interventions focused on parenting can improve factors such as parental sensitivity, help parents to learn parenting skills, enhance parenting confidence (Mihelic, Morawska and Filus 2017), and improve parental mental health and wellbeing. It is likely that these effects are bi-directional – a parent who is more skilled in parenting is likely to have more positive experiences in parenting their baby, enhancing their sense of confidence and improving their wellbeing. Likewise, a parent who is equipped with coping tools and appropriate support is more likely to persist in gaining new parenting skills in the face of challenges, increasing their confidence, contributing to a cycle of wellbeing and positive parenting experiences.

## Triple P for Baby

The Triple P – Positive Parenting Program is a multi-tiered approach to evidence-based parenting support characterised by a self-regulatory framework (Sanders et al. 2014). The system is designed to flexibly support parents, offering universal and targeted interventions to foster positive parenting practices across populations. Triple P adopts a public health perspective, recognising the fundamental importance of positive parenting for all children, with parenting contributing to children's development, adaptation and lifelong wellbeing. Triple P strategies directly support dimensions of social and emotional health, encompassing self-efficacy, self-regulation, personal agency, patience, persistence, conflict resolution, effective communication and empathy.

Triple P for Baby (Spry 2013), provided in group or individual formats, was developed as a comprehensive, proactive approach to assist parents during the transition to parenthood. It addresses common risk factors associated with this transition to support early parenting confidence, responsive infant care, parental coping, and the couple relationship. The program was designed to equip parents with essential knowledge and skills needed for

a successful transition into parenthood. The program seeks to enhance parental competence and confidence by empowering parents to build strong bonds with their infants, promote infant development, employ adaptable strategies for handling infant-related challenges (e.g., crying, settling, sleeping), enhance partner communication, and improve parental coping skills. Triple P Online for Baby, an online self-paced adaptation of the program, is currently free for all parents and carers in Australia, supported by the Australian Government's Parenting Education and Support Program (Triple P Positive Parenting Program n.d.a). Parents can choose to undertake the program during pregnancy or after the baby's birth, with opportunities for ongoing practice and application of acquired skills in various parenting scenarios and settings.

Studies undertaken in diverse contexts have shown evidence of positive infant outcomes for families who participated in Triple P for Baby program. These benefits encompass enhancements in infant temperament and reduced crying frequency (Popp, Fuths and Schneider 2019) and fewer mother-reported baby behavioural difficulties (Adina, Morawska and Mitchell 2023). Notably, Colditz and colleagues' (2019) study of families of infants born preterm found improved cognitive and motor skills for infants whose parents had participated in Triple P for Baby shortly after the baby's birth. Additionally, Adina and colleagues (2023) found better infant fine motor skills and receptive language at 6 months compared to a care-as-usual condition.

While these positive infant outcomes are very important, it is also worthwhile to draw attention to the benefits for parents. Several studies of both mothers and fathers have demonstrated that parents who participate in Triple P for Baby show improved mental health outcomes. These include improvements in maternal adjustment (Wittkowski et al. 2022) and maternal anxiety and depression (Adina et al. 2023; McPherson et al. 2022). Importantly, positive effects have also been noted for fathers, who reported significantly lower levels of anxiety 2 years following completion of the program (McPherson et al. 2022).

## Conclusions

Triple P for Baby has shown promising outcomes for both infants and parents and has the potential to make a difference to parental health and wellbeing during the transition to parenthood. However, further research is required to explore the changes to parenting that result from participation and how these contribute to positive parenting and wellbeing. Inclusion of fathers and a focus on fathering are critical elements to examine, given the increased involvement of fathers in parenting their children.

## Conflict of interest / funding

The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by UQ to publish and disseminate Triple P worldwide. The authors of this report have no share or ownership of TPI. A/Prof Morawska receives royalties from TPI. A/Prof Morawska and Dr Mitchell are employees at UQ. Caitlin Jackson is employed as a research officer by TPI.

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