

Division of baby care in heterosexual and lesbian parents: Expectations versus reality

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This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as doi: [10.1111/jomf.12729](https://doi.org/10.1111/jomf.12729)

Acknowledgements: Financial support for this study was provided by the Institute for Research on Women and Gender at the University of Michigan; the Society for the Psychological Study of Social Issues; and the Williams Institute at the University of California, Los Angeles. We are grateful to the families who participated in our study, as well as to the graduate and undergraduate students who contributed to our data collection efforts.

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## ABSTRACT

**Objective:** We examined the extent to which prenatal expectations matched postpartum reality, and the implications of expectancy violation for relationship quality at postpartum, among heterosexual and lesbian couples transitioning to parenthood. **Background:** During the transition to parenthood, soon-to-be parents form expectations about how their lives will change after their baby is born; however, these expectations may not match reality. **Method:** We longitudinally examined (a) expectancy violation in division of baby care among 47 heterosexual and lesbian couples transitioning to first-time parenthood (total  $N = 94$  participants) and (b) the associations between expectancy violation and relationship quality at 3 and 10-months postpartum. **Results:** We found that expectations matched reality for lesbian couples, but not for heterosexual couples: Heterosexual mothers did more baby care than they expected, and fathers did less. Heterosexual birth mothers were less satisfied when they did more baby care than they expected, whereas fathers were both less satisfied and less invested in their relationship when they did more baby care than they expected. In contrast, for lesbian birth mothers and non-birth mothers, doing more baby care than anticipated was not associated with postpartum relationship quality. These results remained even after controlling for prenatal relationship quality and timing of postpartum assessments. **Conclusion:** The extent to which prenatal expectations match postpartum reality, and the outcomes of expectancy violation, may be different for heterosexual and lesbian couples.

Keywords: Transition to parenthood, Pregnancy, Gender, Relationship Quality, Dyadic data,

Child care

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Relationship quality tends to decrease over time for many couples, but those transitioning to parenthood often show a more sudden deterioration (Doss, Rhoades, Stanley, & Markman, 2009). Moreover, women transitioning to parenthood tend to experience larger decreases in relationship quality compared with men (Mitnick, Heyman, & Smith Slep, 2009). The disproportionate decrease in relationship quality among couples transitioning to parenthood can negatively impact child development (e.g., Cowan & Cowan, 2002). To promote greater family functioning, it is important to ask why some couples may experience more severe drops in relationship quality than others during this transition.

Having a baby brings the added demands of baby care and increased household labor, which often require couples to change their roles and behavior patterns (Bateman & Bharj, 2009). Division of labor tends to become more gendered during this transition, even among previously egalitarian couples (Baxter, Hewitt, & Haynes, 2008). Women often express displeasure with these inequalities (e.g., Ruppanner, Brandén, & Turunen, 2018), which may contribute to larger decreases in women's than men's relationship quality over time. However, division of labor tends to be more egalitarian in same- versus opposite-gender couples (Goldberg, Smith, & Perry-Jenkins, 2012), which could buffer same-gender couples from decreases in relationship quality during this transition. The current study uses a longitudinal design to assess (a) discrepancies between prenatal expectations and postpartum realities surrounding division of baby care among heterosexual and lesbian couples and (b) how these discrepancies are associated with postpartum relationship quality.

*Expectations and Reality in Division of Labor*

During pregnancy, soon-to-be-parents form expectations about how their life will change when they become parents (Kalmuss, Davidson, & Cushman, 2017). These expectations may be rooted in personally important values and may lead to important consequences if violated. Yet prenatal expectations, especially about how parents will divide household labor, are often violated once babies arrive. For example, mothers often expect fathers to be more involved in baby care than they turn out to be (Biehle & Mickelson, 2012). Consequently, women whose expectations regarding division of labor are violated may report more negative feelings toward their partners (Hackel & Ruble, 1992; Ruble et al., 1988). These findings are in line with Expectancy Violation Theory, which suggests that violated interpersonal expectancies can impact relationship outcomes (EVT; Burgoon, 1993).

EVT suggests that if expectancy violation is negatively valenced or introduces uncertainty to the relationship, it will negatively impact the relationship; if expectancy violation is positively valenced or decreases uncertainty in the relationship, it will positively impact the relationship (Burgoon, 1993). Thus, the outcome of expectancy violation during the transition to parenthood may depend on whether the violation is in an undesirable direction and whether it violates expectations not only about what *will* happen in a relationship, but also about what *should* happen (see also Murray, Lamarche, Gomillion, Seery, & Kondrak, 2017). For instance, in one study, fathers who did less baby care than they expected had greater relationship satisfaction (Biehle & Mickelson, 2012), which may suggest that doing less baby care than

anticipated was a positive violation for fathers. In contrast, mothers who did more baby care than they expected had lower relationship satisfaction at postpartum, which may suggest that doing more baby care than anticipated was a negative violation for mothers. In another study, mothers reported *greater* marital satisfaction when they performed more baby care than they expected if they had more traditional gender orientations (Hackel & Ruble, 1992), which may suggest that doing more baby care than anticipated affirmed their traditional gendered views on division of labor and reduced uncertainty. Women with less traditional orientations, however, were less satisfied when they did more than they expected, which may suggest that doing more baby care than anticipated challenged their egalitarian views on division of labor and introduced more uncertainty.

In sum, both heterosexual fathers and mothers typically experience more negative outcomes when they do more baby care than anticipated (e.g., Biehle & Mickelson, 2012; Ruble et al., 1988), unless doing more affirms their views on division of labor (e.g., Hackel & Ruble, 1992). As described next, same-gender couples tend to have more egalitarian divisions of labor, even after the transition to parenthood, and the outcomes of expectancy violation may be different for them than for heterosexual couples. The experiences of lesbian couples can provide critical new information about expectations versus reality during this transition.

#### *Expectancy Violation within Lesbian Couples*

Lesbian couples typically place higher value on egalitarianism in their relationships than do heterosexual couples (Kurdek, 1988). Lesbian parents also express greater desire for an equal

division of household labor, and non-birth mothers tend to be more involved in baby care compared with fathers in heterosexual couples (Goldberg, 2013). Therefore, lesbian couples may have a more egalitarian view of how labor *should* be divided compared with heterosexual couples, which could be reflected in their expectations.

An interesting question to ask in this context is whether lesbian couples will fall vulnerable to unequal divisions of labor—divisions not based on gender but based on birth motherhood (Goldberg & Perry-Jenkins, 2007). On average, unlike heterosexual couples, who show an increased postpartum labor inequality, lesbian couples continue to share household labor and baby care more equally after the transition to parenthood (Goldberg et al., 2012; Patterson, 1995). However, when inequalities emerge, they are often seen in the division of baby care, with the birth mother contributing somewhat more than the non-birth mother (e.g., Patterson, 1995). Such differences appear to create traditional gender dynamics in lesbian couples' relationships (Goldberg, 2013), and may give rise to violated expectations.

There are currently no studies about the consequences of violated expectations about division of labor among lesbian couples; however, one qualitative study of lesbian couples has suggestive findings, indicating that the primary complaint among non-birth mothers experiencing postpartum depressive symptoms was feeling more left out than they thought they would (Maccio & Pangburn, 2012). Therefore, being *less* involved with the baby than anticipated may be associated with negative outcomes for lesbian non-birth mothers.

From an EVT perspective, having their expectations violated in a way that creates



traditional gender dynamics in their previously egalitarian relationship may be more negatively valenced or uncertainty-inducing for lesbian couples. Given that lesbian couples are more likely to endorse egalitarianism norms than heterosexual couples (Kurdek, 1988), doing more than anticipated may affirm the non-birth mothers' expectations about how labor should be divided (i.e., the birth mother should not do more) and reduce uncertainty. This may translate to higher relationship quality for the non-birth mother. In contrast, doing more than anticipated should challenge the birth mothers' expectations about how labor should be divided, which may translate to lower relationship quality for the birth mother.

#### *Current Study*

The current study examines (1) differences between lesbian and heterosexual couples in the extent to which expectations are violated during the transition to parenthood; and (2) the implications of expectancy violation for postpartum relationship quality. To date, research on expectancy violation has focused on heterosexual couples; however, lesbian couples may exhibit different patterns during the transition to parenthood due to differences in expectations about egalitarianism. Based on previous literature, we hypothesize that (1) expectancy violation will be greater for both partners in heterosexual couples, (2) doing more baby care than expected will be associated with lower relationship quality for heterosexual and lesbian birth mothers and heterosexual fathers, and greater relationship quality for lesbian non-birth mothers.

#### METHODS

The data used in the current study are part of a larger longitudinal study of hormonal and psychological changes among 58 couples (29 heterosexual, 29 lesbian) transitioning to first-time

parenthood (See Edelstein et al., 2015, for more detail). Couples were recruited via online and community advertisements, postings on social media, and solicitations through midwives and OB/GYN clinics. At approximately seven months of pregnancy (24-38 weeks), all heterosexual couples and a subset of the lesbian couples came to our laboratory in Ann Arbor, Michigan to complete online surveys, which included a measure of anticipated division of baby care; however, due to difficulty in recruiting expectant lesbian couples, the majority of the lesbian couples lived across the USA and thus completed prenatal assessments remotely via online surveys. At approximately three months postpartum (6-35 weeks) and ten months postpartum (25-56 weeks), all participants remotely completed measures that included division of baby care and relationship quality. The timing of the postpartum assessments was especially critical because the end of parental leave often occurs approximately three months after childbirth (Feldman, Sussman, & Zigler, 2004). We also measured postpartum division of household labor; however, because we did not measure prenatal expectations for household labor, we only focus on division of baby care here. The study was conducted between 2011-2016 and all procedures were approved by the university's Institutional Review Board.

Of the 58 couples, three heterosexual and two lesbian couples did not complete the measure of prenatal anticipations; two heterosexual and four lesbian couples did not complete the three-month postpartum assessment. The analytical sample in the current analyses therefore included the remaining 24 heterosexual and 23 lesbian couples. Reasons for not participating in prenatal or postpartum assessments included loss of baby, premature labor, and not responding to

follow-up invitations. Of these couples, 20 heterosexual and 18 lesbian couples also completed the ten-month postpartum assessment. Although several couples did not complete the last assessment, we did not impute these variables and instead handled the missing values in the data by using multilevel modeling.

In heterosexual couples, mothers' ages ranged from 20 to 38 ( $M = 30.10$ ,  $SD = 4.45$ ); fathers' ages ranged from 20 to 42 ( $M = 29.07$ ,  $SD = 4.09$ ). In lesbian couples, birth mothers' ages ranged from 24 to 41 ( $M = 31.58$ ,  $SD = 3.62$ ); non-birth mothers' ages ranged from 25 to 42 ( $M = 32.16$ ,  $SD = 4.24$ ). All couples were highly educated, with most participants having graduate degrees (70.2% in heterosexual, 67.9% in lesbian sample), high household income ( $Median_H = \$75,000-\$99,999$ ,  $Median_L = \$75,000-\$99,999$ ), and were predominantly White (70.1% in heterosexual, 95.7% in lesbian sample). Among these demographic variables, only age was associated with baby care, such that participants reported their partners did more if their partner was older ( $b = .07$ ,  $SE = .02$ ,  $p = .014$ ). At three-months postpartum, most participants were working outside the home (85.1% in heterosexual, 81.8% in lesbian sample). Most couples were married or engaged (87.5% in heterosexual, 82.6% in lesbian sample), one heterosexual and two lesbian couples were domestic partners, and all babies were healthy. Two of the lesbian couples had twins and one had triplets. Our main analyses yielded virtually identical results when these three couples were excluded from analyses; any differences in the preliminary analyses are noted below. Correlations, means, and standard deviations between study variables are provided in Table 1.

*Measures*

*Expectancy violation.* Participants were asked to report on *anticipated* division of baby care during the prenatal period (i.e., who will do more baby care?), and *actual* division of baby care postpartum (i.e., who does more baby care?). At both assessments, participants rated nine baby care items (e.g., “*Changing poopy diapers*”, “*Bathing baby*”) on a 1 (*Always me*) to 5 (*Always partner*) scale (Barnett & Baruch, 1987). The mid-point of the scale reflected an equal division of baby care. Ratings were averaged to create anticipated ( $\alpha = .67$ ) and actual division of baby care scores ( $\alpha = .86$  at three-months postpartum,  $\alpha = .92$  at ten-months postpartum). The relatively low internal consistency of the anticipated division of baby care measure is likely a result of most participants anticipating a somewhat equal division between partners (such that rating of one task might be negatively related to the rating of another task). Greater scores reflect greater partner involvement in baby care.

Because the discrepancy between anticipated and actual division of baby care was of interest in this study, an expectancy violation score was calculated. Following Murray et al. (2017), anticipated division of baby care was predicted from actual division of baby care using simple regression analyses. The residuals from these analyses gave us discrepancy scores that were uncorrelated with the actual division of labor, which allowed us to separate the effects of expecting to do more versus less from actually doing more versus less. We calculated these scores for two time points: three- and ten-months postpartum. More positive residuals indicate that the person him/herself is doing more than they anticipated. For example, if a person

anticipated high partner involvement (high anticipation score) but partner involvement was low (low postpartum score), the discrepancy would be positive, suggesting that the person does more than they anticipated.

*Relationship quality.* Relationship satisfaction (e.g., “*My relationship is close to ideal*”), commitment (e.g., “*I am committed to maintaining my relationship with my partner*”), and investment (e.g., “*My partner and I share many memories*”) were measured at the prenatal assessment and both postpartum assessments using the Investment Model Scale (Rusbult, Martz, & Agnew, 1998). Participants rated a total of 27 items on a 1 (*Do not agree at all*) to 9 (*Agree completely*) scale. Items were averaged to create scores for *satisfaction* ( $\alpha = .89$  at prenatal assessment,  $\alpha = .97$  at three-months postpartum,  $\alpha = .95$  at ten-months postpartum), *investment* ( $\alpha = .79$  at prenatal assessment,  $\alpha = .87$  at three-months postpartum,  $\alpha = .75$  at ten-months postpartum), and *commitment* ( $\alpha = .44$  at prenatal assessment,  $\alpha = .69$  at three-months postpartum,  $\alpha = .53$  at ten-months postpartum); higher scores reflect greater relationship quality.

The commitment scale had low reliability. When we removed the item “*I would not feel very upset if our relationship were to end in the near future*”, the reliabilities of the commitment scale increased to .70 at the prenatal assessment, .95 at the three-month postpartum assessment, and .73 at the ten-month postpartum assessment. This may be due to the low variability in this item; about 80% of all participants rated this item as “*Disagree Strongly*” across different assessments, even though they varied in the remaining items. However, when we repeated the analyses with a modified six-item commitment scale (i.e., aforementioned item removed), results

remained the same. Therefore, we used the original commitment scale in our Results section.

### *Analytical Approach*

The study sample consisted of four groups: heterosexual mothers, heterosexual fathers, lesbian birth mothers, and lesbian non-birth mothers. First, we compared these groups on anticipated and actual division of baby care, as well as the extent to which they did more baby care than they anticipated at postpartum assessments. Because assessments were taken from both couple members, ratings of anticipated and actual division of baby care were non-independent. Therefore, to examine differences in anticipated baby care, we used the Multilevel Modeling approach to dyadic data (MLM; Kenny, Kashy, & Cook, 2006), which models the non-independence by treating dyads as groups consisting of two individuals. Actual division of baby care was measured at two time points, which added an additional layer of non-independence. Therefore, we used a similar MLM approach to examine postpartum differences, this time modeling repeated measures across time (Kenny, Kashy, & Cook, 2006). This approach allowed us to obtain more precise estimates of the effects by pooling information across multiple time points. In all preliminary MLM analyses, we examined the effects of birth motherhood (i.e., differences between birth mothers and their partners), sample (i.e., differences between opposite-gender and same-gender couples), and the interaction of the two.

The main analyses concerned associations between expectancy violation and relationship quality across the two postpartum time points. Similar to the preliminary analyses, assessments were taken from both couple members at two different time points. Therefore, ratings of

relationship outcomes were non-independent within couples and over time. In order to account for this interdependence, we used the over-time standard Actor-Partner Interdependence Model, also known as the “stacked” approach (APIM; Kenny, Kashy, & Cook, 2006). In addition to modeling multiple levels of data, this model also examines *actor effects* as well as *partner effects*. For example, the effect of the mother doing more than she anticipated on her *own* relationship satisfaction is the actor effect, and the effect of the *partner* doing more than they anticipated on the mother’s relationship satisfaction is the partner effect. We included both of these effects to achieve more robust results; however, our hypotheses were concerned with actor effects, because people may be less aware of or influenced by violations in their partner’s expectations about division of baby care. Similar to the over-time MLM analyses, the stacked approach allowed us to obtain more precise estimates of the actor and partner effects by pooling information across multiple time points.

We examined the association between expectancy violation and relationship satisfaction, investment, and commitment in three separate over-time APIM models. We did not aggregate the three relationship quality measures because they were not significantly correlated for lesbian couples at all time points (see Table 1). We controlled for several covariates in our APIM analyses: week of pregnancy at the prenatal assessment, weeks until the postpartum assessment, and relationship quality (i.e., satisfaction, investment, or commitment) at the prenatal assessment. Controlling for these covariates accounted for the effects of initial relationship quality, when the anticipations were formed, and how long after birth was the division of baby

care assessed. Results remained virtually the same without these covariates.

Our APIM analyses also included two moderators of relationship outcomes: birth motherhood and sample. Including both moderators allowed us to examine partner differences (i.e., are birth mothers different than their partners?), sample differences (i.e., are heterosexual couples different from lesbian couples?), and the interaction of the two (e.g., are heterosexual fathers different than lesbian non-birth mothers?). We first tested the interaction of birth motherhood, sample, and expectancy violation on relationship outcomes. If this interaction model showed significant interaction terms, we then tested the different levels of the moderators. For example, if there was an interaction with birth motherhood, we tested the effect for mothers and partners within a single model. This model, known as the two-intercept model, estimated the effects into two parts simultaneously: one for the birth mothers and one for the partners. We tested all multi-level models using SPSS Version 26, with Restricted Maximum Likelihood method, a Heterogeneous Compound Symmetry covariance matrix, and random intercepts.

## RESULTS

### *Preliminary Analyses*

We first compared heterosexual mothers, heterosexual fathers, lesbian birth mothers, and lesbian non-birth mothers in their *anticipated* divisions of baby care. Overall, birth mothers anticipated doing more of the baby care than their partners ( $b = -.22$ ,  $SE = .03$ ,  $p < .001$ ,  $\beta = -.61$ ). There was also an interaction between birth motherhood and sample ( $b = .07$ ,  $SE = .03$ ,  $p = .03$ ,  $\beta = .20$ );  $p = .055$  when only couples with singletons were analyzed. Decomposing this interaction



revealed that heterosexual mothers ( $M = 2.59$ ,  $SD = .31$ ) anticipated that they would do more of the baby care compared with lesbian birth mothers ( $M = 2.83$ ,  $SD = .26$ ;  $b = .12$ ,  $SE = .04$ ,  $p = .002$ ,  $\beta = .33$ ). However, heterosexual fathers ( $M = 3.17$ ,  $SD = .27$ ) and lesbian non-birth mothers ( $M = 3.12$ ,  $SD = .23$ ;  $p = .502$ ,  $\beta = -.07$ ) had comparable levels of anticipated division of baby care, anticipating their partners doing slightly more than themselves.

We then compared heterosexual mothers, heterosexual fathers, lesbian birth mothers, and lesbian non-birth mothers in terms of their *actual* divisions of baby care. Overall, birth mothers did more of the baby care than their partners ( $b = -.38$ ,  $SE = .05$ ,  $p < .001$ ,  $\beta = -.61$ ). There was also an interaction between birth motherhood and sample ( $b = .16$ ,  $SE = .05$ ,  $p = .003$ ,  $\beta = .26$ ). Decomposing this interaction revealed that heterosexual mothers ( $M = 2.35$ ,  $SD = .08$ ) did more of the baby care over the two postpartum time points compared with lesbian birth mothers ( $M = 2.75$ ,  $SD = .08$ ;  $b = .20$ ,  $SE = .06$ ,  $p = .001$ ,  $\beta = .33$ ). Lesbian non-birth mothers ( $M = 3.19$ ,  $SD = .08$ ) also did more baby care than heterosexual fathers ( $M = 3.43$ ,  $SD = .08$ ) over the two postpartum time points ( $b = -.12$ ,  $SE = .05$ ,  $p = .03$ ,  $\beta = -.20$ ).

Finally, we compared heterosexual mothers, heterosexual fathers, lesbian birth mothers, and lesbian non-birth mothers in the extent to which they did more baby care than they anticipated. Overall, birth mothers showed larger discrepancies between prenatal expectations and postpartum division of baby care than their partners ( $b = .14$ ,  $SE = .05$ ,  $p = .004$ ,  $\beta = .32$ ). That is, birth mothers reported doing more baby care than anticipated. There was also an interaction between birth motherhood and sample ( $b = -.11$ ,  $SE = .05$ ,  $p = .03$ ,  $\beta = -.25$ );  $p = .050$

when only couples with singletons were analyzed. When we broke down this interaction, we observed that heterosexual mothers ( $M = .23$ ,  $SD = .08$ ) had marginally larger discrepancies between their prenatal expectations and postpartum division of baby care than lesbian birth mothers ( $M = .03$ ,  $SD = .08$ ;  $b = -.10$ ,  $SE = .06$ ,  $p = .07$ ,  $\beta = -.24$ ), which was not significant ( $p > .10$ ) when only singletons were analyzed. Lesbian non-birth mothers ( $M = -.04$ ,  $SD = .08$ ) also had smaller discrepancies compared with heterosexual fathers ( $M = -.26$ ,  $SD = .07$ ;  $b = .11$ ,  $SE = .05$ ,  $p = .04$ ,  $\beta = .25$ ).

In summary, our preliminary findings were in line with the hypothesis that expectancies would be more often violated in heterosexual couples. We next conducted over-time dyadic analyses to examine associations between expectancy violation and postpartum relationship quality by taking into account both actor and partner effects.

#### *Main Analyses*

We examined longitudinal associations between doing more than anticipated and each relationship quality outcome variable. We found an interaction of expectancy violation and sample, such that doing more baby care than anticipated had a different effect on postpartum relationship *satisfaction* for participants partnered with the opposite versus the same gender ( $b = 1.65$ ,  $SE = .56$ ,  $p = .004$ ,  $\beta = .24$ ). When we decomposed this effect, we found that only those who were partnered with someone of the opposite gender (i.e., heterosexual mothers and fathers) showed lower postpartum relationship satisfaction when they did more than they anticipated ( $b = -2.64$ ,  $SE = .73$ ,  $p = .001$ ,  $\beta = .36$ ). Doing more than anticipated was not associated with

postpartum relationship satisfaction for those who were partnered with someone of the same gender ( $b = .67$ ,  $SE = .86$ ,  $p = .45$ ,  $\beta = .13$ ). These findings suggest that doing more baby care than anticipated is associated with lower relationship satisfaction for heterosexual mothers and fathers only.

Furthermore, doing more baby care than anticipated had a different effect on postpartum relationship *investment* for participants partnered with someone of the opposite versus the same gender ( $b = .74$ ,  $SE = .27$ ,  $p = .01$ ,  $\beta = .20$ ). However, this effect was qualified by a three-way interaction between expectancy violation, birth motherhood, and sample ( $b = -.86$ ,  $SE = .28$ ,  $p = .003$ ,  $\beta = .25$ ). To decompose this interaction, we ran a two-intercept model to examine how our effects and their interactions with sample differed by birth motherhood. Doing more baby care than anticipated had no overall effect on relationship investment for birth mothers ( $b = -.13$ ,  $SE = .28$ ,  $p = .66$ ,  $\beta = .07$ ); however, there was an interaction with sample for their partners ( $b = 1.60$ ,  $SE = .48$ ,  $p = .002$ ,  $\beta = .45$ ). We ran separate models for each sample to further decompose this effect, which revealed that doing more baby care than anticipated was associated with lower relationship investment for fathers ( $b = -2.15$ ,  $SE = .57$ ,  $p = .001$ ,  $\beta = -.61$ ) but *had no effect on* relationship investment for non-birth mothers ( $b = .83$ ,  $SE = .73$ ,  $p = .27$ ,  $\beta = .23$ ). These results suggest that doing more baby care than anticipated was associated with lower relationship investment for heterosexual fathers only (Figure 1).

Finally, doing more baby care than anticipated had no effects on postpartum *commitment*. Overall, results provided partial support for our hypotheses: Doing more baby care than

anticipated was negatively associated with relationship satisfaction for participants in opposite-gender couples, and negatively associated with investment for male partners only. Thus, violated expectations about baby care were unrelated to relationship quality among lesbian couples. Also, doing more than anticipated was not associated with relationship commitment for any of the groups. We did not observe any effects of having a *partner* who did more than they anticipated on any of the outcomes. Neither sample nor birth motherhood predicted any of the outcomes, and results were virtually identical when we controlled for actor and partner age.

#### CONCLUSION

The current study investigated violation of expectations regarding the division of baby care in heterosexual and lesbian couples, and how these violations affected new parents' postpartum relationship quality. We hypothesized that (1) expectancy violation would be greater in heterosexual versus lesbian couples, and (2) lesbian non-birth mothers would experience greater relationship quality when they did more baby care than they expected, but others would experience poorer relationship quality when they did more baby care than they expected.

Findings regarding differences between lesbian and heterosexual couples in the extent to which their expectations were violated were mostly in line with our hypothesis that expectancy violation would be greater in heterosexual versus lesbian couples. Previous research showed that lesbian couples endorse egalitarianism more and share responsibilities more equally after transitioning to parenthood than heterosexual couples, which provided suggestive evidence that lesbian couples may do better at meeting prenatal expectancies at postpartum than heterosexual

couples (Goldberg et al., 2012; Kurdek, 1988). The current findings provided some of the first direct evidence. Our preliminary findings, especially that heterosexual mothers did more baby care than all other groups, are also in line with previous literature in showing that lesbian couples are more egalitarian.

Findings from the main analyses partially supported our second hypothesis that the outcomes of expectancy violation may be different for heterosexual and lesbian couples. For example, we found that doing more baby care than anticipated had a negative effect on relationship satisfaction for heterosexual mothers and fathers, but no effect for lesbian birth mothers and non-birth mothers. Similarly, our results revealed that doing more baby care than anticipated had a negative effect on relationship investment for heterosexual fathers but no effect for lesbian partners. These are important findings because low relationship satisfaction and investment may contribute to the deterioration of the relationship (e.g., Le, Dove, Agnew, Korn, & Mutso, 2010). Furthermore, these findings expand our knowledge of how heterosexual and lesbian couples may experience the transition to parenthood differently.

The dynamics found in this study may be the result of the valence of or the uncertainty induced by expectancy violation (Burgoon, 1993). Doing more than anticipated may be more negative for heterosexual birth mothers, who may already be dissatisfied with gendered divisions of labor (Coltrane & Shih, 2010). Doing more than anticipated may be more uncertainty inducing for fathers, because it challenges gender norms and induces uncertainty about one's role. Future research may clarify why expectancy violation is associated with certain outcomes by measuring

how negative and uncertainty-inducing people perceive their violated expectations to be.

There are several strengths of this study. By comparing heterosexual and lesbian couples, we can observe differences among partners who are not birth mothers but who differ in gender (i.e., heterosexual fathers and lesbian non-birth mothers). This may be especially important in studying gendered expectations in division of labor. Second, the dyadic nature of our data allowed us to examine the effects of both one's own expectancy violation and his or her partner's expectancy violation. Although the extent to which one's partner experienced expectancy violation was not associated with one's own postpartum relationship quality, our results may be more robust because they partition the variance between actor and partner. Third, we examined multiple indices of relationship quality, which helped us understand the effects of expectancy violation beyond just relationship satisfaction. Finally, we used longitudinal data, which showed that prenatal expectations can influence relationship quality across a long period of time.

The current findings may have implications for future efforts to develop interventions during the transition to parenthood. A recent intervention for couples who transitioned to parenthood attempted to boost couples' marital quality via satisfaction with division of labor, among other variables (Feinberg, Jones, Hostetler, Roettger, Paul, & Ehrenthal, 2016). Couples took classes before and after the birth of their baby to build parenting skills, including mutual support strategies. Although some relationship characteristics, such as positive communication and co-parenting positivity, were enhanced, the attempt to target divisions of labor was not successful. Further, couples in the intervention group *declined* in marital quality. The current

findings suggest that such interventions may be more effective if they take expectations, and the extent to which those expectations are met, into account. For example, instead of only targeting actual division of labor, future interventions may also consider helping couples set expectations together and meet those expectations. In our sample, heterosexual fathers anticipated doing less baby care than their partner and were less satisfied and invested if they did more than they anticipated. An intervention designed to divide baby care more equally may backfire for a person who anticipated doing less than their partner. Thus, targeting both prenatal expectations and postpartum reality may be more effective in improving postpartum relationship quality.

Several limitations of the study should also be noted. First, our division of baby care measure is self-reported, which means that we do not know the extent to which it reflects real versus perceived division of baby care. This is a common limitation in this literature, and self-reported division of baby care is likely more a measure of perceptions than the true reality. However, perceived division of labor may in fact be more important than reality for one's own perceived relationship quality. Another critical limitation of this study is that we did not measure individuals' views of how the birth mother and partner *should* typically divide labor. However, the extent to which couples value egalitarianism might contribute to whether doing more than anticipated is negative and uncertainty-inducing. Lesbian couples tend to have more egalitarian views, even though they may also divide labor in various ways that are not always egalitarian (Downing & Goldberg, 2011). Still, the lack of an explicit gender role orientation measure in the current study is a critical limitation. Future studies will benefit from measuring the extent to

which individuals endorse egalitarian views, as well as the sources of those views, in order to capture differences within both heterosexual and lesbian couples.

The characteristics of our sample also limit our ability to generalize to a larger population. For example, most of the couples in the current study had relatively high incomes and were highly educated, either of which may have affected both relationship quality and expected and actual division of baby care. Further, we did not include gay male couples who are transitioning to parenthood. Recruiting more representative participants in future studies can help elucidate whether gay male couples, and those who vary on characteristics such as income, race, and education, experience expectancy violation differently.

A final limitation was the small sample size for each of the four groups. Given the complexity of conducting power analyses in longitudinal dyadic analyses, many researchers use simpler models as reference (Weidmann, Schönbrodt, Ledermann, & Grob, 2017). A cross-sectional APIM with 47 couples, birth-motherhood as a moderator, medium actor effects, and small partner effects has 51% power to detect actor effects (Ackerman, Ledermann, & Kenny, 2016); however, multiple time points grant more power. Thus, using this reference point, we may have sufficient power to detect actor effects. In the current study, we were mainly interested in actor effects (i.e., doing more than one anticipated) and did not expect to find partner effects (i.e., having a partner who does more than they anticipated). However, we cannot conclude that having a partner who does more than they anticipated does not impact relationship quality. It may be that when one person is experiencing greater expectancy violation, they act in ways that



impact the other person's relationship quality. Future studies with larger samples will have more power to detect differences in expectancy violation and its effects on partners.

It is also important to interpret our results within the social context. Participants in this study were from the U.S. and were mostly working outside the home at three-months postpartum. In other societies, such as Scandinavian countries (Feldman et al., 2004), mothers and fathers can take longer and paid leaves. These societal differences may both reflect gender norms in that country and impact parents' ability to contribute to baby care more equally. Future work may examine how such structural differences across countries may impact expectancy violation and relationship quality.

Despite these limitations, the current study revealed important differences in how heterosexual and lesbian couples experience the transition to parenthood. Findings suggest that the extent to which prenatal expectations match postpartum reality, and the outcomes of expectancy violation, may be different for heterosexual and lesbian couples, pointing to the importance of understanding the role of gender in the transition to parenthood.

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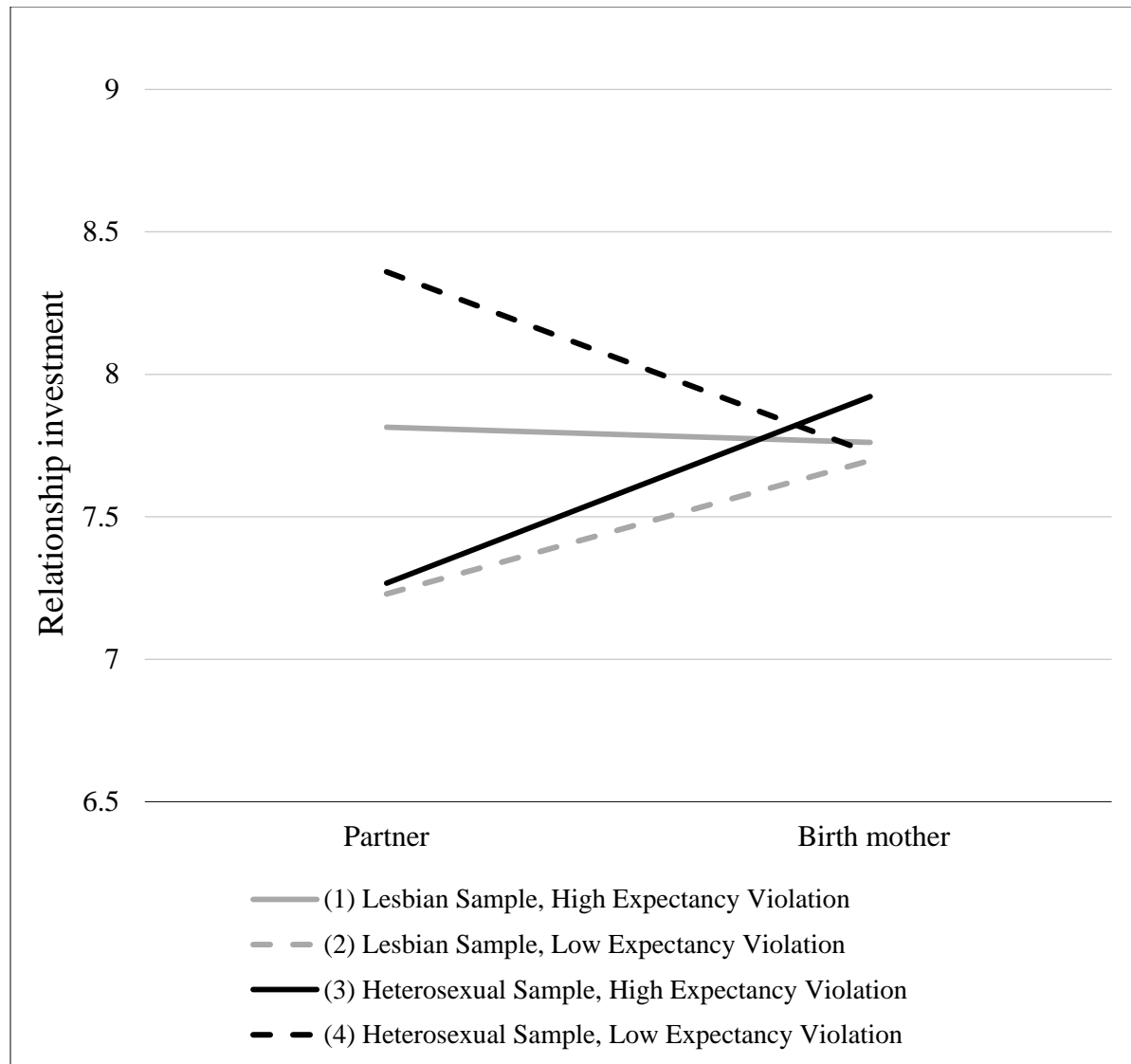
|                                  |                 | 1      | 2      | 3      | 4     | 5     | 6      | 7     | 8      | 9     | 10    |
|----------------------------------|-----------------|--------|--------|--------|-------|-------|--------|-------|--------|-------|-------|
|                                  | <b>Mean</b>     | .02    | .02    | 7.54   | 7.96  | 8.68  | .02    | .02   | 7.68   | 8.07  | 8.67  |
|                                  | <b>(SD)</b>     | (.26)  | (.26)  | (1.51) | (.80) | (.65) | (.27)  | (.27) | (1.34) | (.74) | (.64) |
| <b>1. Residual (3m)</b>          |                 | -      | -.48** | 0.09   | 0.14  | -0.07 | .90**  | -.36* | 0.02   | -0.12 | -0.15 |
|                                  | -0.01<br>(0.26) |        |        |        |       |       |        |       |        |       |       |
| <b>2. Partner Residual (3m)</b>  |                 | -0.30  | -      | -0.14  | 0.05  | 0.20  | -.36*  | .90** | -0.01  | 0.12  | 0.11  |
|                                  | -0.01<br>(0.26) |        |        |        |       |       |        |       |        |       |       |
| <b>3. Satisfaction (3m)</b>      |                 | -0.26  | 0.01   | -      | 0.20  | 0.29  | 0.07   | -0.12 | .74**  | 0.07  | -0.11 |
|                                  | 7.63<br>(1.62)  |        |        |        |       |       |        |       |        |       |       |
| <b>4. Investment (3m)</b>        |                 | -0.06  | -0.07  | .47**  | -     | 0.25  | 0.09   | 0.11  | 0.15   | .49** | -0.01 |
|                                  | 7.78<br>(1.09)  |        |        |        |       |       |        |       |        |       |       |
| <b>5. Commitment (3m)</b>        |                 | -0.06  | -0.07  | .36*   | .56** | -     | -0.07  | 0.18  | 0.16   | 0.03  | -0.05 |
|                                  | 8.49<br>(0.89)  |        |        |        |       |       |        |       |        |       |       |
| <b>6. Residual (10m)</b>         |                 | .86**  | -.41** | -0.08  | 0.07  | 0.00  | -      | -.36* | 0.06   | -0.12 | -0.12 |
|                                  | -0.02<br>(0.25) |        |        |        |       |       |        |       |        |       |       |
| <b>7. Partner Residual (10m)</b> |                 | -.41** | .86**  | 0.05   | -0.06 | 0.03  | -.60** | -     | 0.06   | 0.21  | 0.18  |
|                                  | -0.02<br>(0.25) |        |        |        |       |       |        |       |        |       |       |
| <b>8. Satisfaction (10m)</b>     |                 | -.32*  | -0.13  | .66**  | 0.19  | 0.17  | -0.21  | -0.09 | -      | .45** | .37*  |
|                                  | 7.58<br>(1.63)  |        |        |        |       |       |        |       |        |       |       |
| <b>9. Investment (10m)</b>       |                 | -0.20  | 0.01   | .67**  | .77** | .36*  | -0.06  | -0.01 | .51**  | -     | .59** |
|                                  | 7.82<br>(1.06)  |        |        |        |       |       |        |       |        |       |       |

|                                 |               |       |      |       |       |      |       |      |       |   |
|---------------------------------|---------------|-------|------|-------|-------|------|-------|------|-------|---|
| <b>10. Commitment<br/>(10m)</b> | 0.14          | -0.27 | .33* | .55** | .53** | 0.20 | -0.18 | .35* | .45** | - |
|                                 | 8.5<br>(0.75) |       |      |       |       |      |       |      |       |   |

Table 1. Correlations, means, and standard deviations.

*Note.* Correlations, means, and standard deviations below the diagonal are for the heterosexual sample, those above the diagonal are for the lesbian sample. \* $p < .05$ , \*\*  $p < .01$ .





*Figure 1.* Three-way interaction between expectancy violation, birth motherhood, and sample (i.e., opposite-gender or same-gender couple). High expectancy violation scores mean that the person him or herself is doing more than they anticipated.