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Prenatal Expectations as Predictors of Postnatal Coparenting: Moderation Effect of Psychological Distress

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ABSTRACT

Objective: To investigate whether parents' prenatal expectations of coparenting predict their own and their spouse's postnatal coparenting quality, both at the individual level and in terms of daily variability, and whether prenatal psychological distress at the family level moderates these associations.

Background: Previous research has shown a link between prenatal and postnatal coparenting, and between poorer coparenting and psychological distress. However, few studies have examined whether prenatal coparenting expectations impact both the level and variability of postnatal coparenting quality or consider psychological distress as a moderator of early coparenting development.

Method: The coparenting relationship was examined with a longitudinal design that utilized survey data and daily diary data among 144 Finnish couples expecting their first child, through 6 months post-birth. Structural equation modeling was used to estimate both one's own (actor) and their spouse's (partner) associations between prenatal expectations of coparenting (measured by the CRS-CPV) and postnatal coparenting (as measured by the D-COP), and how prenatal psychological distress (assessed using the MHI-5) might moderate these associations.

Results: Parents' prenatal expectations of coparenting predicted level of their own postnatal coparenting, but little of the variability in daily postnatal coparenting quality. Family's prenatal psychological distress shaped some associations between prenatal and postnatal coparenting. No gender differences were found.

Conclusion: These findings shed light on the importance of both parents' prenatal expectations as an early indicator of coparenting and the risks of prenatal psychological distress for the later development of coparenting in early parenthood, even among parents with nonclinical levels of distress.

1 | Introduction

Transition to parenthood has been considered one of the most meaningful transitions in life. For those new parents who are living in a spousal relationship, the transition to parenthood is a unique shared experience as they take on the new roles of parent and coparent. Coparenting refers to parental cooperation in relation to a child (Feinberg 2003) and it can be seen as one of

the important subsystems of the family (Cox and Paley 1997). Well-functioning coparenting is a crucial factor for more effective parenting (e.g., Morrill et al. 2010) and child well-being (e.g., Teubert and Pinquart 2010). Thus, understanding the development of coparenting from its early phases, that is, during the transition to parenthood, is essential.

Yet, there are only a few studies (Altenburger et al. 2014; Kuersten-Hogan 2017; McHale et al. 2004; McHale and Rotman 2007) that have longitudinally investigated coparenting over the transition to parenthood phase. All of them have examined how prenatal coparenting predicts the overall level of coparenting (from poor to high quality) after birth. However, coparenting experiences also vary, for example from day to day (e.g., Le et al. 2019; McDaniel et al. 2017), and although for some parents coparenting might be quite stable over time, for others it may be more variable. Hence, in this study, we prospectively examined not only how prenatal expectations of coparenting predict the level of postnatal coparenting in early parenthood (Aim 1) but also whether expectations of coparenting predict the variability in daily coparenting quality (Aim 2).

Besides being a joyful time, the transition to parenthood can also be a source of stress for couples (Doss and Rhoades 2017). A significant proportion of mothers and fathers experience psychological distress, depression, and/or anxiety during pregnancy (Condon et al. 2004; Schetter and Tanner 2012), which can make it difficult to form a supportive coparenting relationship (e.g., Tissot et al. 2017). Therefore, this study also examined whether parents' prenatal psychological distress plays a moderating role in the development of the coparenting relationship during the transition to parenthood (Aim 3).

As family members' experiences and perceptions about family relationships are connected to each other (Cox and Paley 1997), we examined the development of coparenting from a dyadic perspective using couple data and formally tested for possible gender differences in the development of coparenting (Aim 4).

2 | Background

2.1 | The Importance of the Early Stage of Coparenting for Subsequent Coparenting

The family consists of different subsystems of which coparenting is one (Cox and Paley 1997). Coparenting is a multidimensional construct and there are different theories about the number and content of the key dimensions. One of the most cited theories is Feinberg's (2003) ecological model of coparenting according to which postnatal coparenting comprises four components: childrearing agreement, supporting or undermining one's partner's parenting, division of labor, and joint family management. Later, Feinberg et al. (2012) also added a fifth dimension to the model which is parenting-based closeness.

Much research has been done investigating coparenting between parents of children of different ages. In contrast, prenatal coparenting among couples expecting their firstborn has been studied seldomly, even though coparenting is thought to begin developing during pregnancy. This early stage is when parents discuss, for example, issues and practicalities related to childcare, which raises expectations about their future coparenting relationship. In fact, previous research (Kuersten-Hogan 2017) has found that both the cognitive (i.e., mental representations of coparenting, e.g., beliefs or expectations) and behavioral (i.e., the way parents behave as co-parents) aspects of coparenting activate during pregnancy. Because prenatal coparenting has been studied less than postnatal coparenting, the coparenting dimensions involved in the prenatal phase are less established compared with those from the postnatal phase. The few existing studies suggest that the prepregnancy (Leal et al. 2022) and prenatal dimensions of coparenting (Lindroos et al. 2023; Pinto et al. 2018) correspond for the most part to Feinberg et al.'s (2012) postnatal model of coparenting. However, it seems that during pregnancy, the perceptions of prospective coparenting are not yet fully differentiated, as fewer dimensions have been found during pregnancy than after the birth of the child (Lindroos et al. 2023; Pinto et al. 2018).

Although previous research (e.g., Biehle and Mickelson 2012) has found that expectations during pregnancy can be unrealistic, there is still some indication that both aspects of prenatal coparenting, cognitive and behavioral, predict the coparenting relationship once the baby is born. In a study by Kuersten-Hogan (2017) couples' harmonious prenatal representations of future coparenting (i.e., positive expectations of future family life, anticipations of harmony-promoting behaviors, and triadic propensity), were found to be associated with their harmonious postnatal representations of coparenting at 3 months and 1 year after the birth of the child. There is also evidence that if expectations concerning parental involvement are not met, the costs for wellbeing may rise (e.g., Biehle and Mickelson 2012). Also, couples' prenatal representations of coparental antagonism (i.e., pessimism about future coparenting, expectations of parenting differences, and anticipations of future disparagement and competition) predicted their antagonistic postnatal representations of coparenting at 3 months and 1 year after the birth of the child. In addition, prenatal expectations of coparenting have been shown to be associated with similar types of coparenting behavior up to 1 year after childbirth (McHale et al. 2004; McHale and Rotman 2007). Observational studies have also found that prenatal coparenting behavior (with a doll) predicted postnatal coparenting behavior (with the baby) after childbirth, so that couples who have higher prenatal coparenting behavior quality also have more supportive and less undermining postnatal coparenting behavior after 9 months (Altenburger et al. 2014). Based on previous studies, it can therefore be concluded that the prenatal phase is likely to be significant for the development of coparenting, at least for the first year.

2.2 | Variability in Coparenting Quality

Despite the moderate rank-order stability in coparenting quality captured by traditional longitudinal studies (e.g., Feinberg et al. 2012; Le et al. 2016), little is known about the daily variability in coparenting quality and its effects on parents. As life with a firstborn includes many new experiences and rapid

changes, for example in relation to infant sleep and eating, it is understandable that coparenting quality also fluctuates from day to day in early parenthood (e.g., Le et al. 2019; Lindroos et al. 2024).

However, so far very little prior research has distinguished the *level* of coparenting quality from the *variability* in coparenting quality. Whereas coparenting level describes the usual quality of the coparenting relationship (ranging from e.g., poor to high quality), variability indicates the extent to which levels of coparenting deviate (over time) from the usual coparenting quality. Thus, it is possible that there are two parents who report the same level of coparenting, but one has low variation (i.e., the range of within-parent experiences across time is narrower) and the other has high variation (i.e., the range of within-parent experiences across time is wider) in coparenting experiences.

It is not possible to say unequivocally whether variability in coparenting quality has beneficial or harmful consequences for the family, because different theories and empirical findings draw different (and even contradictory) conclusions. For example, based on the relational turbulence model (Solomon and Knobloch 2004), changes in the relationship can create greater uncertainty in family life (i.e., greater variability) which may lead to negative outcomes, like greater distress and weaker conflict resolution (Campbell et al. 2010). Coparenting literature provides tentative support for this, as McDaniel (2016) found that greater daily variability in coparenting quality predicted a decrease in the level of coparenting quality and an increase in children's behavior problems. It may be that greater variability in coparenting quality manifests as inconsistent upbringing and care and may thus be connected to poorer child well-being.

On the other hand, some change in daily coparenting is part of typical family life, especially during times of transitions, such as the transition to parenthood, as transitions involve reorganization of families and thus also variability (Cox and Paley 1997). Further, based on the variability-as-respite hypothesis (Don et al. 2022) variability can be beneficial for family life, especially if the situation in the family is weaker on average, as shown by previous research: when the interparental relationship was poor, greater variability in interparental relationship quality was associated with benefits for parent–child interactions (Don et al. 2022). Thus, variability in coparenting quality can be beneficial; for example, for couples with high levels of tensioned coparenting, it can help break the contentious atmosphere.

2.3 | Coparenting and Psychological Distress in Transition to Parenthood

A significant proportion of mothers and fathers experience mental health challenges, including psychological distress, during pregnancy (Condon et al. 2004; Schetter and Tanner 2012). Psychological distress is typically defined as a mix of symptoms of depression and anxiety (Mirowsky and Ross 2002) and thus, it is an indicator of poor mental health. High levels of psychological distress are a risk factor for diagnosable mental health disorders (Sunderland et al. 2011). However, people may experience moderate psychological distress without meeting the threshold for a clinical diagnosis of depression or anxiety, making it more widely experienced than depression or anxiety disorders.

Individual mental health problems during the prenatal period can create challenges for both people giving birth and their partners. Previous studies suggest that prenatal depressive symptoms can persist well into the postnatal period for both mothers and fathers (e.g., Kiviruusu et al. 2020). In addition, it has been found that one parent's depression predicts strongly the other parent's depression (e.g., Kiviruusu et al. 2020), and that a decrease in both parents' distress during the transition to parenthood are highly interdependent (Gillis et al. 2019). The development of coparenting across the transition to parenthood might also be disrupted when parents experience mental health challenges (Cox and Paley 1997; Feinberg 2003). For example, parents experiencing higher levels of psychological distress may be less likely to support their partner (e.g., Racine et al. 2019; Sufredini et al. 2022) as a coparent and may be more susceptible to coparenting conflicts and undermining behaviors. Pinto et al. (2018) found that already during pregnancy, parents' higher depressive and anxiety symptoms are related to their more negative prenatal expectations of coparenting. Parents who reported higher prenatal depressive symptoms also reported higher expectations of coparenting disagreement and coparenting conflict. Furthermore, parents with higher prenatal anxious symptoms had higher expectations of coparenting disagreement (Pinto et al. 2018). In addition to a parent's own mental health challenges during the transition to parenthood being associated with their own assessment of coparenting, previous studies (e.g., Bai et al. 2024; Williams 2018) have shown that spouses' depression is also related to their partner's assessment of coparenting quality (i.e., a partner effect). Together these studies suggest that difficulties in parents' mental health and in the coparenting relationship co-occur. This is alarming because of the potential negative consequences of the combined effect of parents' mental health challenges and dysfunctional coparenting for the child.

Based on above-mentioned previous empirical findings (e.g., Bai et al. 2024; Gillis et al. 2019; Williams 2018) and the family systems theory (Cox and Paley 1997) about the influence of family members on each other, we consider psychological distress as a family-specific variable instead of an individual-specific variable (as has often been done in the previous research). By family distress, we mean a situation where one or both parents show indications of psychological distress in the family. Furthermore, unlike previous studies we know of, we examine how psychological distress may moderate the development of coparenting. Psychological distress as a moderator means that prenatal psychological distress influences the strength of the association between prenatal expectations of coparenting and postnatal coparenting. An example of moderation would be when negative prenatal expectations more strongly predict negative postnatal coparenting behavior in families with higher psychological distress than in families with lower psychological distress. This would mean that the accumulation of both lower coparenting expectations and higher distress during pregnancy combine to result in weaker development of coparenting in early parenthood. Understanding the impact of these combined associations on the coparenting relationship after childbirth is essential to identify vulnerable families early during pregnancy, so that preventions can be targeted to reduce prenatal distress and support higher quality coparenting.

In addition to examining how psychological distress may moderate the development of early coparenting, we also examine whether distress moderates the associations between expectations of coparenting and variability in postnatal daily coparenting quality. Moderation could appear, for example, in such a way that in expectant parents with higher psychological distress, negative prenatal expectations more strongly predict greater variability in coparenting quality after childbirth than in families with less psychological distress. The sparse research evidence is in line with this suggestion by showing that variability in postnatal daily coparenting quality predicted parents' depressive symptoms: the more parents reported variability in daily postnatal coparenting quality, the higher level of depression they also reported (McDaniel 2016). Similar results have also been found for variability in relationship satisfaction (Whitton et al. 2014; Whitton and Whisman 2010).

2.4 | Gender Perspective on Early Coparenting Development and Psychological Distress

Based on family systems theory, it is important to study the early development of coparenting by considering coparenting expectations and experiences of both parents. Previous studies (e.g., Feinberg et al. 2012; Lindroos et al. 2024; McDaniel et al. 2017) have shown that mothers' and fathers' perceptions of coparenting are related, but the associations vary from weak to moderate, meaning that there is also variation between spouses. Thus, although spouses evaluate the same coparenting relationship, their experiences partially differ from each other.

The importance of the dyadic perspective is also highlighted by the findings of the previous empirical studies (Kotila et al. 2013; McDaniel and Teti 2012) showing that mothers and fathers differ in their involvement in parenting activities during the transition to parenthood, so that involvement is stronger by mothers than fathers. Moreover, Le et al. (2019) provide tentative support that among new parents, mothers can play a stronger role than fathers in transmitting the experiences of coparenting to one's spouse as according to their study, mothers' coparenting support predicted fathers' coparenting support but not vice versa.

A dyadic perspective also necessitates the consideration of possible differences between mothers and fathers, considering the country and cultural context. This study focuses on the early development of coparenting in Finland, one of the Nordic countries, which emphasizes gender equality and provides institutional support for parenthood. Finland offers, for example, high availability and coverage of free maternity and child health clinics and generous paid parental leave for both partners. During our data collection in 2020–2021, the Social Insurance Institution of Finland offered in total about 12 months of parental leave (Social Insurance Institution of Finland 2022). Maternity and child health clinics offer low-threshold early support for mental health and coparenting. Furthermore, equally shared parental leave supports coparenting during the transition to parenthood. However, in Finland, there is a tension between the emphasis on gender equality and the culture of mother-centeredness (Raudasoja et al. 2022). Namely, despite parental leave being available for both parents and Finnish family policy encouraging parents to share parental leave, most parental leave days are taken up by mothers (Social Insurance Institution of Finland 2022). Furthermore, although maternity and child health clinics are intended for both parents and the proportion of fathers' visits has increased, mothers still visit them much more often (Finnish Institute for Health and Welfare 2025). This reflects mother-centeredness in Finland, especially in the early parenthood phase. Thus, it is reasonable to assume that the early development of coparenting in mothers and fathers may differ in Finland.

Psychological distress and depressive symptoms are quite common before and after childbirth among both mothers and fathers in Finland. According to Kiviruusu et al. (2020) 11% of mothers and 5% of fathers reported prenatal depressive symptoms. In the postnatal phase, it has been reported that 26% of mothers and 14% of fathers of young children were psychologically distressed and 12% of mothers and 6% of fathers of young children experienced significant depressive symptoms (Haapala et al. 2020). It seems that psychological distress and depression are more common among mothers than fathers in Finland, reflecting international research indicating that distress and depression are about twice as common for women as for men (Salk et al. 2017).

Regarding gender differences in the relationship between psychological distress and coparenting, there are few established effects. Tissot et al. (2017) have found that mothers' depressive symptoms are more likely to be linked to coparenting behaviors than those of fathers, whereas others have found the opposite, namely that the effects of depression on coparenting are stronger for fathers than mothers (Turney and Hardie 2021; Williams 2018). Fathers' vulnerability hypothesis (Cummings et al. 2010) explains the latter connection by suggesting that fathers may be more susceptible to stress in the family than mothers. Such increased vulnerability of fathers to the stress in the family has been explained, for example, by fathers' tendency to use social withdrawal as a coping response (Cummings et al. 2010).

2.5 | The Present Study

This study strives to address the identified gaps in the existing research on early development of coparenting and to clarify whether family's psychological distress moderates this development across the transition to parenthood. We operationalized coparenting in the prenatal phase as two interrelated dimensions, expectations of cooperative coparenting and expectations of coparenting conflict (Lindroos et al. 2023), and in postnatal phase as the interrelated dimensions of daily cooperative coparenting and daily tensioned coparenting (Lindroos et al. 2024; McDaniel et al. 2017). These operationalizations are based on Feinberg's theory (2003) and empirical work on coparenting (e.g., Feinberg et al. 2012). We had four aims that are graphically depicted in Figure 1. Based on family systems theory (Cox and Paley 1997), we examined both actor and partner effects for each aim using the Actor-Partner Interdependence Model (APIM; Kenny et al. 2006).

The first aim was to investigate parents' prenatal expectations of coparenting as predictors of level of postnatal coparenting

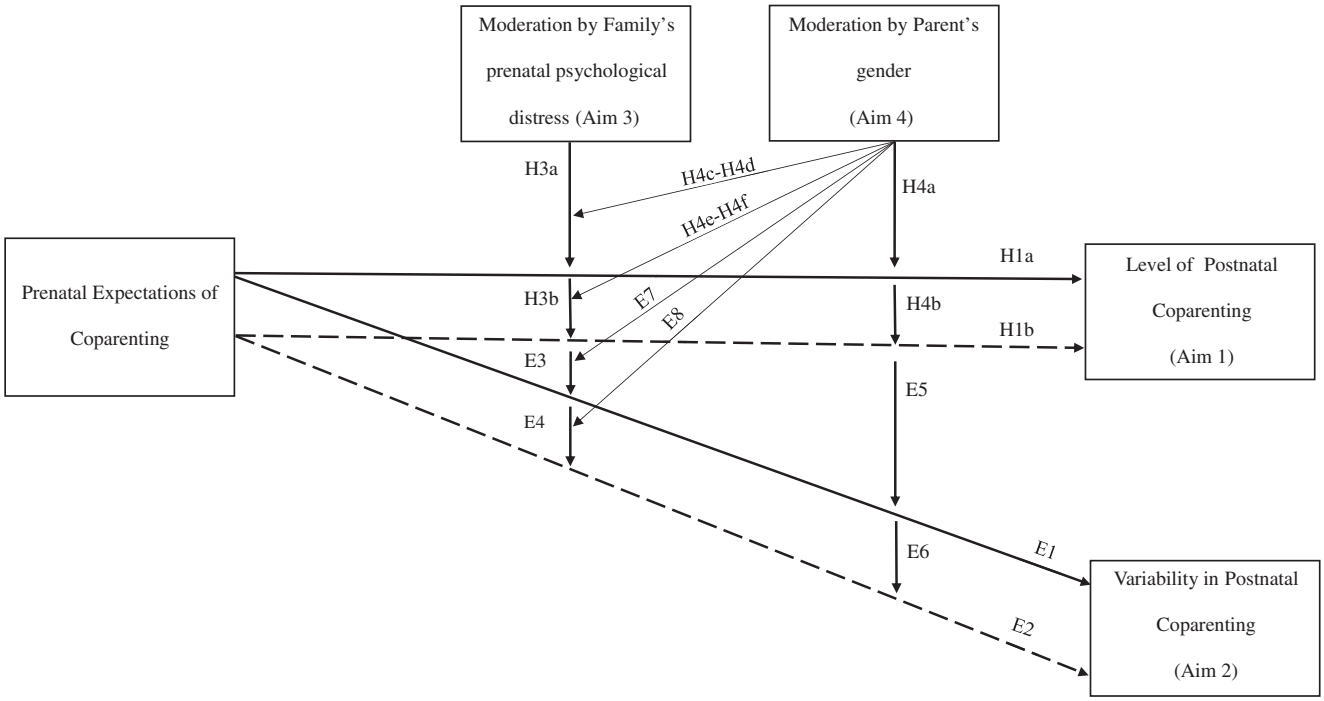

FIGURE 1 | Conceptual model of the associations from prenatal expectations of coparenting to postnatal coparenting and moderation effect of family's prenatal psychological distress. Solid arrows represent actor effects and dashed arrows represent partner effects. Although not depicted in the figure, we distinguished between expectations of cooperative coparenting, expectations of coparenting conflict, postnatal cooperative coparenting, and postnatal tensioned coparenting.

(Aim 1). Based on previous longitudinal studies (Altenburger et al. 2014; Kuersten-Hogan 2017; McHale et al. 2004) and theoretical suggestions (Cox and Paley 1997), we assumed that a parent's own prenatal expectations of coparenting would predict their own (Hypothesis 1a) as well as their spouse's (Hypothesis 1b) similar coparenting in the postnatal phase (Figure 1).

Second, we explored whether prenatal expectations of coparenting predict variability in postnatal coparenting quality (Aim 2). Given the contradiction in the theoretical propositions (e.g., Don et al. 2022; Solomon and Knobloch 2004) and the lack of empirical studies specifically examining variability in coparenting quality, our focus on these associations was exploratory and thus hypotheses about these associations were withheld (E1-E2 in Figure 1).

The third aim was to examine whether early development of coparenting is shaped by psychological distress (Aim 3). More specifically, we investigated whether the families with higher psychological distress during pregnancy differ from the families with lower/no psychological distress during pregnancy in terms of how prenatal expectations of coparenting predict the level of and the variability in postnatal coparenting quality. Two specific hypotheses were set based on Feinberg's (2003) ecological model of coparenting and family systems theory (Cox and Paley 1997). We expected that in families with higher psychological distress, parent's own negative expectations of coparenting—as indicated by more expectations of coparenting conflict and less expectations of cooperative coparenting—would predict more strongly their own (Hypothesis 3a) as well as their spouse's (Hypothesis 3b) level of negative postnatal coparenting than in families with lower/no psychological distress. In addition, we explored psychological distress as a moderator between prenatal expectations of coparenting and variability in postnatal coparenting quality. However, hypotheses about these associations were not set due to the lack of empirical family studies (E3-E4 in Figure 1).

Our Aim 4 concerned gender differences in all the associations in Aims 1–3. Regarding Aim 1, we expected parents' own expectations of coparenting to predict their own (Hypothesis 4a) and their spouses' level of postnatal coparenting (Hypothesis 4b) more strongly among mothers than among fathers (Figure 1) based on mother's more central position in the transition to parenthood (Kotila et al. 2013; Le et al. 2019; McDaniel and Teti 2012) as well as the Finnish context characterized by an intensive motherhood discourse (Raudasoja et al. 2022).

Regarding Aim 2 (i.e., the prediction between prenatal expectations of coparenting and the variability in postnatal coparenting quality), our examination of gender differences was explorative due to a lack of empirical evidence. Therefore, we did not set any specific gender hypotheses for this (E5-E6 in Figure 1).

Our final set of gender hypotheses focused on Aim 3 that examined the extent to which the associations between pre- and postnatal coparenting were dependent on psychological distress. We expected that in families with lower/no psychological distress, parents' own expectations of coparenting would predict more strongly their own level of postnatal coparenting among mothers than among fathers (Hypothesis 4c) based on above mentioned mother's central role in the family (Kotila et al. 2013; Le et al. 2019; McDaniel and Teti 2012; Raudasoja et al. 2022). In turn, we expected that among families with higher psychological

distress, the connection between parents' own negative expectations of coparenting and their own level of negative postnatal coparenting would be stronger for fathers than for mothers. The latter hypothesis was based on the fathers' vulnerability hypothesis (Cummings et al. 2010) and related empirical findings (Turney and Hardie 2021; Williams 2018) (Hypothesis 4d). Moreover, we expected across the distress groups that one parent's expectations of coparenting would predict their spouses' level of postnatal coparenting more strongly among mothers than among fathers (Hypotheses 4e and 4f) based on the mother's more central position in the transition to parenthood (Kotila et al. 2013; Le et al. 2019; McDaniel and Teti 2012; Raudasoja et al. 2022). Finally, as we study exploratively the associations related to variability in postnatal coparenting quality, we did not set any hypotheses for this (E7-E8 in Figure 1).

3 | Methods

3.1 | Procedure and Participants

Our study was part of an ongoing longitudinal study, Learning to Coparent: A Longitudinal Cross-National Study on Construction of Coparenting in Transition to Parenthood (CopaGloba), that aims to produce new knowledge on the construction of coparenting in early parenthood. It was conducted by an international consortium led by the University of Jyväskylä and JAMK University of Applied Sciences in Finland. The Human Sciences Ethics Committee of the University of Jyväskylä has approved the study protocol (January 7, 2020).

The present study utilizes online survey data and intensive repeated measures (IRM) data gathered via mobile diary from Finnish couples in 2020–2021. At Wave 1, the survey was targeted to first-time expecting couples in the third trimester of pregnancy (due date May 2020–February 2021). Other inclusion criteria were that the participants remained in their romantic relationship throughout the study and that the child was the firstborn for both spouses. At Wave 2, in 2020–2021, the same couples answered prompts from a mobile diary for 7 consecutive days when their firstborn was about 4–6 months old. Participants had to be able to complete the survey and the diary in Finnish. Mothers and fathers independently filled in identical questionnaires and diaries. The questionnaires and diaries were code-numbered to match those of the spouses.

Participants answered the diary via the mobile tool eKoutsi. We used an interval-contingent recording design (Laurenceau and Bolger 2005): the participants responded to the diary once a day in the evening before going to bed. A daily invitation to answer questions was sent to the participants via text message or email at 8 p.m. Participants answered via a web link in the message and had 4 h to answer the diary questions.

The recruitment of our participants was conducted in two phases. In the first phase, we recruited couples expecting their first child through maternity clinics in four major cities (119,984–292,796 inhabitants), which are among the 10 largest cities in Finland (OSF 2020). However, due to the COVID-19 pandemic, the maternity clinics did not provide family classes and therefore, the first recruitment phase resulted in too few ($n = 46$) participating couples. Thereby, we expanded the data collection by recruiting participants through targeted advertising on Facebook ($n = 98$ couples). The common pitfalls of Facebook as a platform for recruitment are difficulties in getting fathers and lower-educated parents to participate (e.g., Bennetts et al. 2019; Leach et al. 2019).

At Wave 1, 157 Finnish intact couples ($N = 302$ participants) responded to the prenatal questionnaire and at Wave 2, 144 of these couples were still intact (one couple had divorced/separated and thus were excluded) and responded to the mobile diary. Participants who dropped out of the study were statistically significantly different from those who remained in the study at Wave 2 in terms of recruitment method—all dropouts were recruited online via Facebook. However, the groups did not differ statistically significantly in terms of age, gender, education, relationship length, relationship status, or in expectations of coparenting. Thus, the final sample of this study consists of 144 Finnish couples ($N = 283$ participants, 93.71% of the initial sample). All couples included a parent who had given birth (i.e., no adoption or other forms of parenthood), and all participants had singleton births. In 139 of these couples, both spouses participated in the study, and for 5 couples, only mothers participated Most of the couples were heterosexual and one was a same-sex couple. For clarity, we use the term "mother" to refer to those parents who gave birth to the child, and "father" to refer to their spouses. To avoid confusion, we decided not to use the concept "partner" as this word has another specific meaning in APIM terminology (Kenny et al. 2006).

At Wave 1, the mean age of the mothers was 29.9 years (SD = 3.9, range: 20–40) and of the fathers 31.3 years (SD = 4.0, range: 20–42), which corresponds to the average age of those who become mothers (29.7 years) and fathers (31.6 years) for the first time in Finland in 2020 (OSF 2021a). The couples had been together 6.3 years on average (SD = 3.8, range: 1–16). Over half of the participants (56.5%) were married or in a registered partnership, and the rest (43.5%) were cohabiting. The proportion of married couples or couples in a registered partnership is higher than the average in Finland (43%) for those who become parents for the first time in 2020 (OSF 2021b). There is no official statistic on the number of cohabiting couples who have had their first child, but most of all children born outside marriage are born to cohabiting parents in Finland (OSF 2021b). For clarity, we use the term "spouse" to refer to individuals in married couples, couples in a registered partnership, and cohabiting couples. For the reasons explained above, we decided not to use the concept "partner" (Kenny et al. 2006).

Highly educated parents were overrepresented in our data, as 84.0% of mothers and 69.1% of fathers had a bachelor's degree or higher, which is higher than the proportion for Finnish first-time mothers (46.1%) and first-time fathers (38.0%) overall in 2020 (OSF 2021c). After childbirth at Wave 2, most of the mothers (91.4%) were on parental leave, 4.3% were employed or self-employed as their main activity, and 4.2% were not employed (i.e., they were e.g., students or unemployed). In turn, most of the fathers (92.3%) were employed or self-employed, 7.7% were not employed (e.g., student or unemployed), and none of the fathers had reported parental leave as their main activity. This is a very typical situation in Finland, because mothers use about

90% of the parental leave days (Social Insurance Institution of Finland 2022).

Our data collection took place during the COVID-19 pandemic. Therefore, our survey included questions concerning the participants' perceptions of its effects on their prenatal psychological distress and expectations of coparenting. Slightly over half of the participants (57.3%) felt that the pandemic had not affected their levels of psychological distress. The remainder felt that the pandemic had affected their psychological distress: negatively in most cases (25.6% of all participants), positively in a few cases (0.7%), and both positively and negatively in the remainder (16.4%). The participants with higher psychological distress and participants with lower/no psychological distress did not differ statistically significantly from each other in their COVID-related perceptions of psychological distress (for mothers $\chi^2(2) = 2.47$, $p = 0.291$, for fathers $\chi^2(3) = 1.51$, $p = 0.679$). Furthermore, most participants (89.9%) felt that the pandemic had not affected their expectations of coparenting. Among those who felt that the pandemic had affected their expectations of coparenting, 6.1% reported a positive effect, 2.2% a negative effect, and 1.8% both positive and negative effects.

3.2 | Measures

We used two different coparenting scales, one for prenatal coparenting (Pinto et al. 2018) and one for daily coparenting (McDaniel et al. 2017), both based on Feinberg's (2003) coparenting theory and the Coparenting Relationship Scale (CRS) developed by Feinberg et al. (2012).

3.2.1 | Prenatal Expectations of Coparenting

Participants' prenatal expectations of coparenting were assessed by the 18-item Coparenting Relationship Scale—Couples' Prenatal Version (CRS-CPV; Lindroos et al. 2023) (see Appendix 1 for the items). This scale is an adaptation of the Coparenting Relationship Scale-Father's Prenatal Version (Pinto et al. 2018) for couples. The response scale ranged from 1 (*not true of us*) to 7 (*very true of us*). The CRS-CPV scale consists of two dimensions. The first dimension, expectations of cooperative coparenting (13 items), refers to expectations of support, agreement, closeness, and endorsement of partner's parenting, whereas the other dimension, expectations of coparenting conflict (5 items), refers to different aspects of conflict in the coparenting relationship (e.g., arguing with a partner in the child's presence) (Lindroos et al. 2023). To provide overall summary scores for each coparenting dimension, we calculated the factor score variables (estimated using the regression method which is the default in Mplus; Muthén and Muthén 1998–2017) separately for mothers and fathers. The ω reliabilities were 0.87 (cooperative) and 0.84 (conflict) for mothers and 0.84 (cooperative) and 0.83 (conflict) for fathers.

3.2.2 | Postnatal Daily Coparenting

Couples' daily coparenting when their firstborn was about 4–6 months old was assessed by the Daily Coparenting Scale (D-Cop; McDaniel et al. 2017) which contains seven items on cooperative daily coparenting and three items on tensioned daily coparenting (see Appendix 1 for the items). The response scale ranged from 1 (*strongly disagree*) to 7 (*strongly agree*). Cooperative daily coparenting refers to cooperation, support, and upholding rules, whereas tensioned daily coparenting refers to disagreement and hostility (Lindroos et al. 2024; McDaniel et al. 2017). The scale was translated by a certified translator, and a backtranslation was made. In addition, we piloted the scale to ensure that the items were appropriate for Finnish participants. A mean score for both dimensions of coparenting was computed separately for mothers and fathers on each of the 7 days. If the participant had missing data, the mean scores were calculated using the available data. The ω reliabilities were 0.89–0.94 (cooperation) and 0.74–0.83 (tensioned) for mothers, and 0.85–0.93 (cooperation) and 0.67–0.85 (tensioned) for fathers.

To study the level and variability in postnatal coparenting quality, we formed eight new variables based on the daily coparenting mean scores. The four variables denoting intraindividual variability in cooperative daily coparenting quality and tensioned daily coparenting quality for mothers and fathers were formed by calculating the within-person standard deviations across each participant's 7 days of responses separately for each dimension of daily coparenting. The four variables for the overall level of cooperative and tensioned daily coparenting for mothers and fathers were calculated as the within-person means across each participant's 7 days of responses separately for each dimension of daily coparenting. The daily missing rate varied from 2.8% to 9% for mothers and from 15.3% to 23.6% for fathers. As most of the mothers (93%) and fathers (78%) responded to the diary at least 6 days out of seven, we calculated the level and variability variables across the available days.

3.2.3 | Family's Prenatal Psychological Distress

Participants' prenatal psychological distress was assessed at wave 1 by the Mental Health Inventory-5 (MHI-5; Berwick et al. 1991) which contains 5 items asking about anxiety and mood symptoms over the past month (e.g., "How much of the time, during the past month, have you been a very nervous person?"). The response scale ranged from 1 (*none of the time*) to 6 (*all of the time*). Typically, in large population-based studies, the MHI-5 scale is rescaled from 0 to 100, and 52 is the recommended cut-off point, where 52 points or less indicates clinically relevant psychological distress (i.e., highly correlated with diagnosis of mood and anxiety disorders) (Strand et al. 2003).

In this study, we were not only interested in capturing parents who were clinically distressed, but instead, our focus was on comparing parents with lower and higher levels of distress. Based on previous studies (e.g., Dollberg et al. 2021), even nonclinical levels of psychological distress may have negative consequences for coparenting. Therefore, we calculated the mean score for mothers and fathers separately based on the original scale. Thus, the higher values of the mean scores indicated higher distress. The ω reliabilities were 0.86 for mothers and 0.81 for fathers. In the analyses, we utilized psychological distress as a family level variable. Therefore, we first standardized (Z) mothers' and fathers' mean scores

separately and then recoded the scores into two categories: 0 = lower/no psychological distress (including participants whose *Z* score was −0.99 SD below the mean at maximum), 1 = higher psychological distress (including participants who scored at least 1 SD below the mean). After this, we combined mothers' and fathers' variables and created a new family-specific psychological distress variable (0 = both parents have lower/no psychological distress, 1 = one or both parents have higher psychological distress). Although we used the variable as a categorical variable rather than a continuous variable, we named the groups "lower/no" and "higher" because we think these names are most accurate to describe the relative distress levels between the groups.

3.2.4 | Control Variables

Control variables included participants' level of education and length of the relationship in years measured at Wave 1. *Level of education* was asked with the question "What is your highest qualification?". The response options were as follows: (1) No vocational qualification; (2) Upper secondary level education; (3) Lower tertiary education (i.e., BA level); (4) Upper tertiary education (i.e., MA level). Responses were recoded into two categories: 0 = other (options 1–2), 1 = tertiary qualification (options 3–4). We chose to control for the length of the couple relationship and level of education in the analyses, because education has previously been shown to be associated with coparenting perceptions (e.g., Lindroos et al. 2023) and the length of the participants' couple relationship will likely vary.

3.3 | Data Analysis

For the descriptive statistics, we calculated means, standard deviations (see Table 1), and correlations (see Appendix 2). All main analyses were conducted with structural equation modeling (SEM). The fit of the models was evaluated using the chi-square (χ^2) test, Comparative Fit Index (CFI), Tucker–Lewis Index (TLI), and root mean square error of approximation (RMSEA). For a model to be acceptable, the χ^2 test should be nonsignificant, RMSEA ≤ 0.06, and CFI and TLI ≥ 0.95 (Hu and Bentler 1999). Because coparenting is a process between the parties of a couple, we took this interdependency into account by modeling the data by using the couple as the unit of analysis. In all analyses, we used the four factor score variables for the mothers' and fathers' expectations of coparenting as independent variables, whereas the four level and the four variability variables for postnatal coparenting quality served as the dependent variables. Mothers' and fathers' level of education and length of the relationship were controlled for in all analyses.

To answer Aims 1–2, we examined whether parents' prenatal expectations of coparenting predict their own (actor effects in APIM; Cook and Kenny 2005) and their spouses' (partner effects in APIM) overall level of (Hypotheses 1a–1b in Figure 1) and variability in postnatal coparenting quality (the exploratory associations E1–E2 in Figure 1). Moreover, we studied gender differences in these associations (Aim 4: hypotheses 4a–4b and the exploratory associations E5–E6 in Figure 1) by comparing a freely estimated model with all the predicted paths estimated as

TABLE 1 | Descriptive statistics of the CRS-CPV dimensions, D-Cop dimensions, psychological distress, and control variables ($N_{couples} = 144$, $N_{individuals} = 283$).

		Mothers ($n = 144$)		Fathers ($n = 139$)	
	Range	*M*	SD	*M*	SD
Dimensions of coparenting expectations (based on mean scores)	1–7				
Expectations of cooperative coparenting		6.31	0.55	6.29	0.55
Expectations of coparenting conflict		2.79	1.16	2.50	1.02
Postnatal coparenting dimensions	1–7				
Cooperative coparenting level		5.93	0.84	6.08	0.71
Cooperative coparenting variability		0.64	0.41	0.52	0.31
Tensioned coparenting level		1.76	0.68	1.74	0.76
Tensioned coparenting variability		0.77	0.56	0.60	0.44
Length of the relationship (years)*	1–16	6.30	3.76	—	—
Individual psychological distress (based on mean scores)	1–6	2.21	0.70	2.09	0.70
		n	**%**	***n***	**%**
Level of education[a]	0–1	23/121	16/84	43/96	31/69
Family-level psychological distress*[b]	0–1	97/43	69/31	—	—

Note: CRS-CPV = Coparenting Relationship Scale—Couples' Prenatal Version (1 = not true of us, 7 = very true of us); D-Cop = Daily Coparenting Scale (1 = strongly disagree, 7 = strongly agree).
*Length of the relationship and psychological distress have been calculated per family, thus the numbers for mothers and fathers are the same. Higher psychological distress: mothers $n = 19$, fathers $n = 19$, both parents $n = 5$.
[a]Level of education: 0 = other, 1 = tertiary qualification.
[b]Family-level psychological distress: 0 = lower/no psychological distress, 1 = higher psychological distress.

unequal across the genders (indicating the moderating effect of gender) to the gender-equal model using the scaled χ^2 difference test (Satorra and Bentler 2001).

To answer Aim 3 (Hypotheses 3a–3b and the exploratory associations E3–E4) on the moderating role of psychological distress on the associations between prenatal expectations of coparenting and postnatal coparenting and gender differences in these associations (Aim 4: hypotheses 4c–4f and the exploratory associations E7–E8 in Figure 1), we proceeded as follows. First, we tested whether psychological distress (i.e., the families where one or both parents have higher psychological distress ($n = 43$) vs. the families in which both parents have lower/no psychological distress ($n = 97$)) and gender of the parent served jointly as moderators (i.e., 2-way interaction) by comparing the freely estimated model (with the paths estimated as unequal across the distress and gender groups) to the constrained model (with the paths set to be equal across the groups) using the scaled χ^2 difference test (Satorra and Bentler 2001). In the case the test result favored the freely estimated model indicating a joint moderation effect of psychological distress and gender, we further examined the interaction effects in two directions: distress differences within gender and gender differences within distress groups by using first the χ^2 difference test to investigate whether the distress groups differed either among mothers or fathers or among both, and then we tested whether mothers and fathers differed within both distress groups or only in one of them. When model comparison supports these differences, we then examined pathwise differences between the gender or the distress groups using the Wald's test.

As our key focus was on the potential differences between the distress groups in association with prenatal expectations of coparenting and postnatal coparenting, we only report these in the results section. The rest of the results based on this modeling can be found in Appendices 4 (results between outcomes and control variables) and 5 (results where the groups do not differ from each other).

All the analyses were conducted using Mplus version 8.11 (Muthén and Muthén 1998–2017). As our coparenting variables were skewed, we estimated the models using a robust maximum likelihood estimator. Missing data were accounted for by using the full information maximum likelihood procedure, which uses all the information in the data without imputing the missing values (Enders 2010). Due to the limited sample size ($N = 144$ couples), especially in the group-level examinations in our Aims 3 and 4 (see Table 1), we use 0.10 as the level of statistical significance when reporting results.

4 | Results

4.1 | Prenatal Expectations of Coparenting as Predictors of the Level of Postnatal Coparenting and Gender Differences

Our first aim was to investigate whether parents' prenatal expectations of coparenting predict their own (actor effects) and their spouses' (partner effects) overall level of postnatal coparenting. The results and model fit are displayed in Figure 2. We

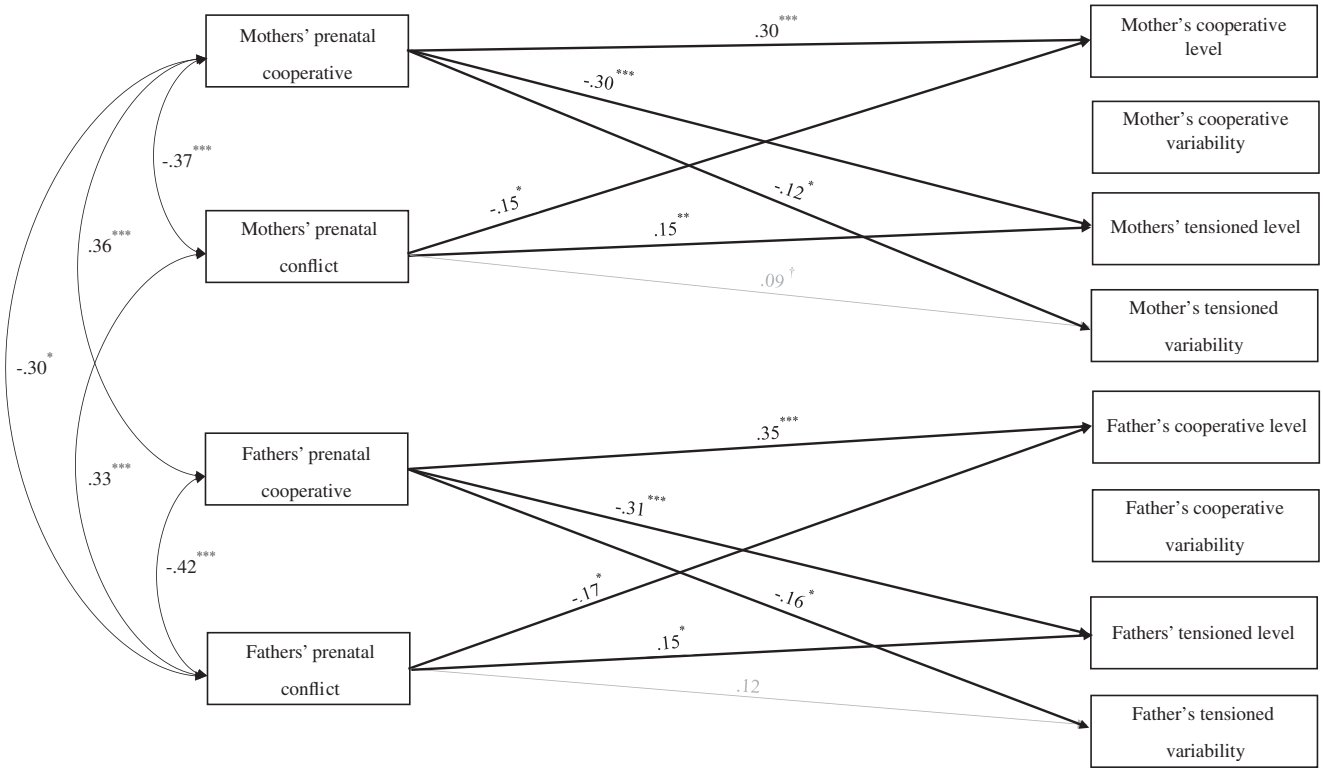

FIGURE 2 | Associations between prenatal expectations of coparenting and postnatal coparenting ($N = 139$ couples). $^{\dagger}p < 0.10$, $^{*}p < 0.05$, $^{**}p < 0.01$, $^{***}p < 0.001$. For clarity, nonsignificant effects, control variables (length of the relationship and level of education), and correlations between outcomes are not depicted. All outcomes are correlated with each other (range |0.16–0.78|). No gender differences were found. The model fit was $\chi^2(28) = 34.76$, $p = 0.177$, CFI = 0.99, TLI = 0.96, RMSEA = 0.04.

found four actor effects for mothers and fathers, but no partner effects. Parents' expectations of cooperative coparenting predicted positively their level of cooperative coparenting and negatively their level of tensioned coparenting in the postnatal phase. That is, the more parents reported expectations of cooperative coparenting, the higher the level of cooperative coparenting and the lower the level of tensioned coparenting they experienced after the birth. In addition, parents' expectations of coparenting conflict predicted positively their own level of postnatal tensioned coparenting and negatively their own level of postnatal cooperative coparenting: the more the parents reported expectations of coparenting conflict, the higher level of tensioned coparenting and the lower level of cooperative coparenting they experienced postnatally. Thus, our results supported Hypothesis 1a (actor effects), but not Hypothesis 1b (partner effects).

Gender comparisons showed that there were no statistically significant gender differences between prenatal expectations of coparenting and the level of postnatal coparenting ($\Delta\chi^2(8) = 12.84$, $p = 0.118$). This means that the strength of these effects was similar across the spouses, and hence gender hypotheses 4a (actor effects) and 4b (partner effects) were not supported.

4.2 | Prenatal Expectations of Coparenting as Predictors of the Variability in Postnatal Coparenting Quality and Gender Differences

As the second aim, we explored whether parents' prenatal expectations of coparenting predict their own (actor effects) and their spouses' (partner effects) variability in postnatal coparenting quality. We found one actor effect for mothers and fathers, but no partner effects (see Figure 2). Parents' expectations of cooperative coparenting predicted negatively variability in their own postnatal tensioned coparenting quality. That is, the more parents reported expectations of cooperative coparenting, the lower variability of tensioned coparenting quality they experienced after the birth of the child. In addition, we found one marginally significant actor effect that appeared only for mothers: expectations of coparenting conflict positively predicted variability in their own postnatal tensioned coparenting quality. However, as gender comparisons showed no statistically significant differences in this effect ($\Delta\chi^2(8) = 4.35$, $p = 0.824$), we concluded there is no effect for either mothers or fathers. Regarding the associations between prenatal expectations of coparenting and the variability in postnatal coparenting quality, we had no hypotheses because these examinations were explorative (E1-E2 and E5-E6 in Figure 1).

4.3 | Prenatal Expectations of Coparenting Predicting Postnatal Coparenting: Differences by Family Psychological Distress and Gender

Finally, we studied whether the associations between prenatal and postnatal coparenting during early parenthood are moderated jointly by family's psychological distress (Aim 3) and parent's gender (Aim 4). The results showed that distress and gender together moderated early development of coparenting ($\Delta\chi^2(48) = 66.55$, $p = 0.039$). Further examination of this interaction from the point of view of distress differences within gender showed that the distress groups differed both among mothers ($\Delta\chi^2(16) = 28.14$, $p = 0.03$) and among fathers ($\Delta\chi^2(16) = 29.40$, $p = 0.021$). The path-wise results (see Appendix 3) showed four statistically significant differences between the distress groups so that family's prenatal psychological distress strengthened some associations between prenatal expectations of coparenting and postnatal coparenting. The results and model fit regarding these group differences are presented in Figure 3 (reported based on the freely estimated model). Families in the two distress groups differed from each other in terms of how the fathers' prenatal expectations of cooperative coparenting predicted their own level of cooperative postnatal coparenting. In families with lower/no psychological distress, fathers' higher expectations of cooperative coparenting predicted more strongly their own higher level of postnatal cooperative coparenting than in families with higher distress. Moreover, families in the distress groups also differed in how mothers' prenatal expectations of coparenting conflict predicted their spouse's level of tensioned postnatal coparenting. In the families with higher distress, mothers' higher expectations of coparenting conflict predicted more strongly their spouses' lower level of tensioned postnatal coparenting than in families with lower/no distress.

Taken together, our results contradicted Hypotheses 3a (actor effects) and 3b (partner effects) because in families with increased signs of psychological distress, parents' higher expectations of coparenting conflict predicted their spouses' lower level of postnatal tensioned coparenting, and in families with decreased signs of psychological distress, the positive association between expectations of cooperative coparenting and level of postnatal cooperative coparenting was stronger.

Next, we further studied the identified distress-gender interaction from the point of view of gender differences within each distress group. We found no statistically significant gender differences among families with lower/no psychological distress ($\Delta\chi^2(16) = 22.68$, $p = 0.122$), or among families with higher distress ($\Delta\chi^2(16) = 23.29$, $p = 0.106$). These gender-equal findings suggest that the strength of the effects was similar across the spouses and, hence, gender hypotheses 4c-4d (actor effects) and 4e-4f (partner effects) were not supported.

Lack of statistically significant gender differences is somewhat surprising. Figure 3 shows that for the fathers, there were differences between the distress groups (i.e., the actor effect from prenatal to postnatal level of cooperation, displayed with black line) whereas for the mothers, differences did not exist as the estimates of distress groups were much closer to each other (i.e., the corresponding effect displayed with gray line). In addition, there were visibly large differences between the estimates of the gender groups (i.e., partner effect from prenatal conflict to tensioned level among families with higher distress: −0.26 from mother to father vs. 0.00 from father to mother) that did not reach statistical significance. This can possibly be explained by large standard errors of the estimates, which may stem from the small group frequencies, especially regarding the group of families with higher distress. Thus, it is plausible that the interaction analysis lacks statistical power and fails to depict a statistically significant gender effect.

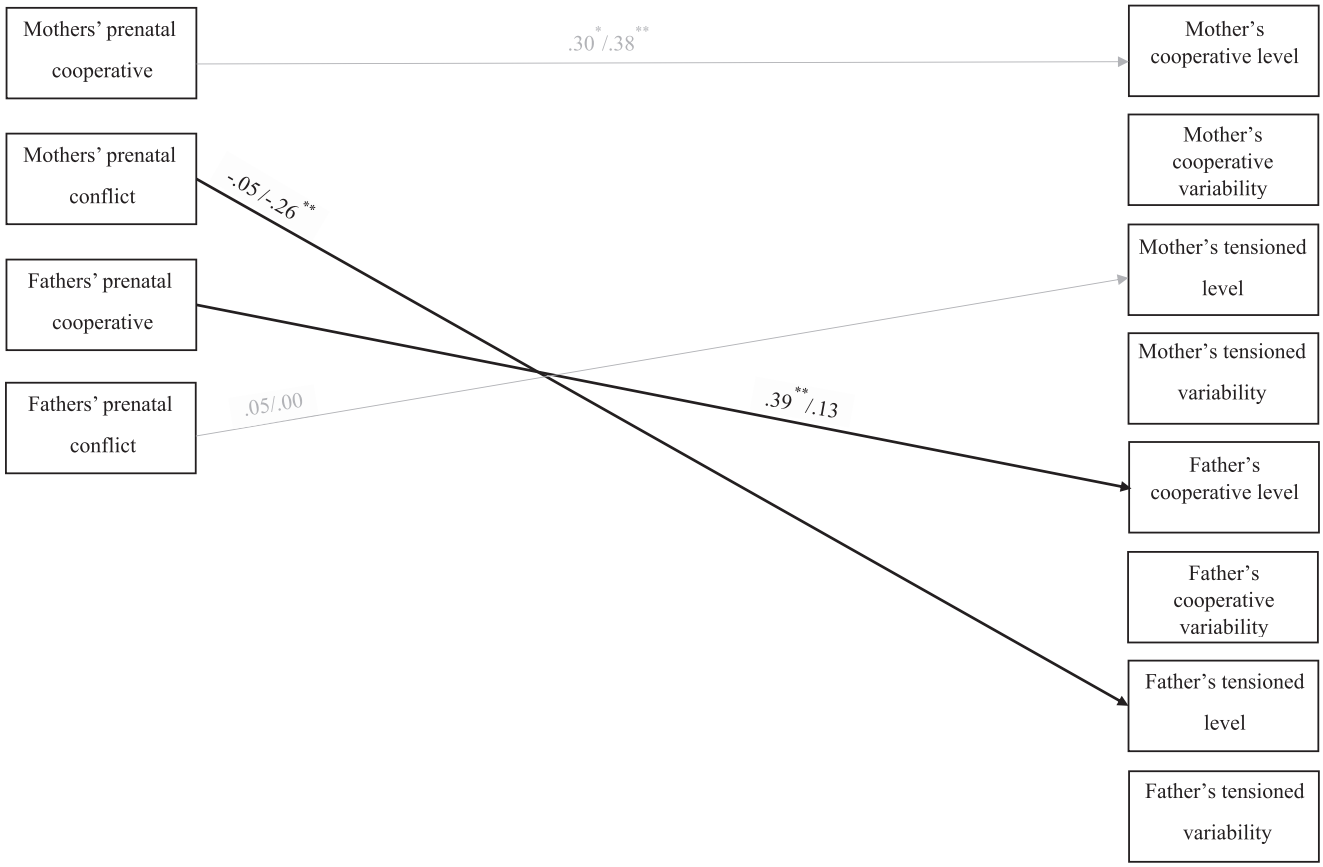

FIGURE 3 | Group differences between families with lower/no psychological distress and families with higher psychological distress ($N = 137$ couples). *$p < 0.05$, **$p < 0.01$. For clarity, associations that are nonsignificant for both parents are not depicted. Black lines indicate associations that differ statistically significantly between distress groups. Gray lines indicate corresponding associations for the other gender. The values of families with lower/no psychological distress are presented first, and then the values of families with higher psychological distress. No gender differences were found. The model fit based on the freely estimated model was $\chi^2(8) = 8.80$, $p = 0.360$, CFI = 1.00, TLI = 0.97, RMSEA = 0.04.

5 | Discussion

Using couple data from new parents, this study contributes to the coparenting literature by shedding light on the importance of parents' prenatal expectations of coparenting as early indicators of postnatal coparenting quality. Another novel finding of the study is that even nonclinical levels of psychological distress during the prenatal phase may shape the early development of coparenting. In higher distress contexts, expectations of coparenting conflict turned out to be unrealistic, and discontinuity in cooperative coparenting was also observed. In contrast, being in a low or no distress context seems to provide parents with the opportunity to see the future coparenting relationship more clearly already during the prenatal phase. Finally, the findings revealed similarity between mothers and fathers in the early development of coparenting.

5.1 | Expectations of Coparenting as an Early Marker of Postnatal Coparenting Quality

To our knowledge, this study is the first to examine both actor and partner effects in the development of coparenting during the transition to parenthood. Our findings suggest that coparenting begins to develop during pregnancy, and parents' own prenatal expectations especially act as an early indicator of subsequent coparenting. As expected (H1a), parents' prenatal expectations of coparenting predicted their own level of postnatal coparenting (actor effect). The more positive expectations of coparenting (i.e., higher expectations of cooperation and lower expectations of conflict) parents had, the more positive experiences (i.e., higher level of cooperative coparenting and lower level of tensioned coparenting) they had after the baby was born. Similarly, the more negative expectations of coparenting (i.e., higher expectations of conflict and lower expectations of cooperation) parents had, the more negative experiences (i.e., higher level of tensioned coparenting and lower level of cooperative coparenting) they had after the birth of the child. These findings support and expand the body of longitudinal coparenting research, which has shown that parents' own prenatal and postnatal coparenting are associated (Altenburger et al. 2014; Kuersten-Hogan 2017; McHale et al. 2004; McHale and Rotman 2007).

Although mothers' and fathers' expectations of coparenting in the prenatal phase were correlated, we did not find any partner effects from prenatal coparenting to postnatal coparenting, which is contrary to our expectations (H1b) and assumptions of family systems theory (Cox and Paley 1997). However, our findings are in line with a recent study by Terry (2020) which also did not find any predictive partner effects in early parenthood. Because our findings were unexpected and require further research, we can only speculate about the lack of these effects.

One explanation could be related to the birth of the child, which transforms the dyadic relationship into a triadic one so possibly mitigating the dyadic effects. Furthermore, research findings suggest that early developmental paths of coparenting can be different for mothers and fathers (e.g., Ranta et al. 2024). During the immediate postnatal period, there may be less synergy between parents due to the new challenges and destabilization that come with a new infant. Because all the participants were first-time parents, they have no actual experience of their partner's parenting yet. Therefore, although their expectations are more congruent in the prenatal period (as indicated by the correlations we found), they are less so in the early postnatal period (as shown by the lack of predictive partner effects in this study). Based on the assumption of family systems theory that families seek to move towards equilibrium and adaptation (Cox and Paley 1997), challenges and destabilization could be assumed to have settled down over time as parents learn to better evaluate their partner's coparenting. Thirdly, the lack of predictive partner effects may also be a sign that spouses don't share their wishes and expectations with each other. However, based on family systems theory (Cox and Paley 1997), partners don't need to be sharing expectations and wishes for their expectations to impact their partner's behavior. Methodologically, the lack of predictive partner effects may stem from the wording of the items in the prenatal coparenting scale: an agent of the items varies between 'I' and 'we' (see Appendix 1), which may have confounded the partner effects.

We also explored whether parents' prenatal expectations of coparenting predicted the variability in postnatal coparenting quality. We found only one actor effect that is in line with relational turbulence model (Solomon and Knobloch 2004): The lower prenatal expectations of cooperative coparenting parents had, the more variability they had in their postnatal tensioned coparenting quality. Based on our findings it seems that variability in postnatal coparenting quality is not consistently foreshadowed during the prenatal phase, or at least not by expectations of coparenting. Instead, variability in postnatal coparenting quality might be better explained by more proximal factors that occur in everyday family life—such as daily fluctuations in couple relationship quality, parent negative mood, parenting stress and fathers' work hours (McDaniel et al. 2018), as well as the child's characteristics (Mendez et al. 2015).

5.2 | Psychological Distress Moderates the Early Development of Coparenting

Our results suggest that even nonclinical levels of prenatal psychological distress shape the development of coparenting during the transition to parenthood. Contrary to our expectations (H3a), parents' expectations of cooperative coparenting positively predicted their postnatal cooperative coparenting among families with lower/no distress. This association was not found among families with higher distress. Although the effect among families with lower/no distress was unexpected, it is understandable and in line with previous empirical research on the connections between prenatal and postnatal coparenting (Altenburger et al. 2014; Kuersten-Hogan 2017; McHale et al. 2004; McHale and Rotman 2007). Our findings suggest that being in a low/no distress context may provide parents with the opportunity to see the future coparenting relationship more clearly already during the prenatal period and thereby help them to uphold their higher expectations of cooperation to higher postnatal cooperative coparenting. For families with higher distress, prenatal psychological distress may introduce some uncertainty into the family systems that makes the coparenting relationship in terms of cooperation less predictable in these families.

Contrary to our expectations (H3b), higher expectations of coparenting conflict predicted lower levels of tensioned coparenting after childbirth among families with higher distress, but not among families with lower/no distress. One explanation could be that distressed families may overestimate how much tension there is going to be as a couple after the baby is born. In other words, their distress may cloud their expectations, and they evaluate their future too pessimistically. It may also be that distressed parents who expect negative coparenting may choose to disengage from interactions with their partner, and in that way report less tension. Tissot et al. (2017) have also found similar results, as parent's higher depressive symptoms when the child was 9 months old predicted lower coparenting conflict when the child was 18 months old. They also speculated that in families with higher depressive symptoms, there may be less engagement in family interactions, which may reduce the opportunities for conflicts to occur (Tissot et al. 2017). Thus, our findings complement Tissot et al. (2017) research by suggesting that this negative cycle may start early during pregnancy, rather than after the child is born.

5.3 | Role of Gender in Early Development of Coparenting

Contrary to our expectations (H4c-H4f), we found no gender differences in early coparenting. This was unexpected because of the mother's somewhat more central position during the transition to parenthood (Kotila et al. 2013; Le et al. 2019; McDaniel and Teti 2012) and intensive motherhood discourse in Finland (Raudasoja et al. 2022). However, our findings highlighted that the prenatal phase is equally important for the early development of coparenting for both parents, not just for mothers.

The lack of gender differences may be because Finland places a strong emphasis on gender equality. Therefore, our findings may indicate that mothers and fathers are similarly accurate in their expectations and participation in parenting tasks and care more equally. In addition, the lack of gender differences may be related to the participants' relatively high socioeconomic status and well-being, as gender-equal coparenting practices have mostly been identified among highly educated middle-class urban parents (e.g., Johansson 2011) as was also the case in our sample.

5.4 | Limitations and Future Directions

This study has its limitations. The first set of limitations is related to the generalizability of our findings. Our sample was a convenience sample where couples had self-selected into the study. This most likely led to the fact that our sample was relatively highly educated and had positive experiences of coparenting. In

addition, this study was carried out in Finland, which has, like other Nordic countries, supportive public policy and an emphasis on gender equality. The data collection took place during the COVID-19 pandemic, which may have also shaped the results, for example, regarding the lack of gender differences. During the COVID-19 pandemic, the structure of daily family life changed as most individuals worked from home. This may have been affected either positively by reducing conflict and increasing support within families, or the effect may have been just the opposite. Thus, it is unclear whether our results can be generalized beyond highly educated first-time parents whose coparenting seems generally to work well, to countries with less supportive and less gender-equal public policies and services, or to times beyond the COVID-19 pandemic. In the future, research with more socio-demographically diverse samples is needed to study the early development of coparenting.

Our second set of limitations concerns the sample size. The overall sample size at the couple-level ($N = 144$) was quite small and therefore our study may have suffered from limited statistical power. Although we were able to show some differences in the early development of coparenting among expecting parents with relatively higher psychological distress (as a relative comparison to those with lower/no distress), the small number of couples may have led to an inability to detect small and even moderate effects (Cohen 1988) in the differences between genders or the distress groups. Therefore, 0.10 was used as the level of statistical significance. With larger samples, future research could provide a more nuanced understanding of how parent's gender and their psychological distress may jointly contribute to development of coparenting in early parenthood. For example, a larger sample of distressed parents would allow the analysis of individual-level reports of psychological distress. In addition, future studies could also include parents' postnatal psychological distress in the analysis to capture changes in distress over time and its importance for the early development of coparenting.

The third set of limitations focuses on substantive issues. In this study, we examined the early development of coparenting with two measurement points: the first during pregnancy and the second about 6 months after birth. Because we focused on this early stage of coparenting, we studied the dyadic relationship between the spouses instead of the triadic one. However, future studies could also consider the possible contribution of the infant (e.g., temperament, sleep disruption) to the early development of coparenting. Another substantive notion is that our examination focused on prediction between prenatal expectations of coparenting and postnatal coparenting. Future research could enrich this by examining the extent to which expectations are met after childbirth (e.g., over-met or under-met coparenting behaviors) and how it may further affect the wellbeing of the family members.

6 | Conclusion

The current study contributes to the coparenting literature by shedding light on the importance of both parents' prenatal expectations of coparenting and the risks of prenatal psychological distress for the development of coparenting in early parenthood. Experiencing no or only very minor levels of distress in the family appears to provide parents with the opportunity to see the future coparenting relationship more clearly already during the prenatal phase and thereby help them to uphold their higher expectations of cooperation to higher postnatal cooperative coparenting. Conversely, even nonclinical levels of psychological distress can introduce some uncertainty into the family system, as expectations of coparenting conflict turned out to be unrealistic, and discontinuity in cooperative coparenting was observed. Our findings emphasize that coparenting interventions should be targeted to the prenatal phase and that families experiencing psychological distress and/or pessimistic expectations concerning future coparenting should be offered additional parenting support. Family services should have a greater emphasis on coparenting during the prenatal period. For example, family training classes could provide a forum for parents to recognize their coparenting expectations and also share them with one's partner. In addition, they could offer knowledge about the benefits and skills of cooperative, supportive coparenting. It is important that in two-parent families, both parents are engaged to access family services during pregnancy, as coparenting is not just about supporting the well-being of the individual but the entire family.

Conflicts of Interest

The authors declare no conflicts of interest.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.