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# Patterns and Predictors of Change in Relationship Status Among Black Mothers Over 16 Weeks Postpartum

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The transition to parenthood has long been viewed as a period of change in new parents' romantic relationships. However, this research has largely focused on changes in relationship quality, generally overlooking changes in relationship status (e.g., ending or entering a relationship during this period). To address this gap, we explored patterns and predictors of relationship dissolution and relationship formation during the early postpartum period among a sample of first-time Black mothers. A community sample of mothers living with low incomes ( $N = 212$ ; 10% married; 85% enrolled in Medicaid) reported on their relationship status and other characteristics at 1, 8, and 16 weeks postpartum. Among mothers who were in a relationship at 1 week postpartum ( $N = 126$ ), 20% of these relationships ended by Week 8 or 16. Mothers whose relationships ended reported lower relationship functioning at Week 1 than mothers whose relationships remained intact. Among mothers who were single at 1 week postpartum ( $N = 86$ ), over 50% subsequently reported being in a relationship at Week 8 or 16. Mothers who started relationships reported lower overall social support at Week 1 relative to mothers who remained single. Together, these findings indicate that changes in relationship status during the early postpartum period were common and provide initial insights into factors characterizing mothers who experienced relationship transitions. Future work would benefit from considering changes in relationship status as well as other relational changes during the transition to parenthood to reflect a wider range of experiences among new parents.

**Keywords:** romantic relationships, transition to parenthood, relationship dissolution, relationship formation, Black families


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The transition to parenthood is a time of significant change in new parents' lives, introducing new caretaking roles that can impact many facets of well-being. Becoming a parent can bring a novel sense of purpose and meaning in one's life, which can generate great joy, but the additional responsibilities and stress associated with childrearing may also compromise individual well-being (e.g., Nelson et al., 2014). Alongside these normative changes, some parents enter the transition to parenthood with additional contextual stressors that can further impact their well-being during this already stressful period. For instance, Black mothers experience frequent racial discrimination (e.g., Davis, 2019; Mehra et al., 2020) and financial difficulties (e.g., C. H. Liu et al., 2016) during pregnancy and postpartum, which

can harm their health (e.g., Ceballos et al., 2017; Geronimus, 2023) and that of their infants (e.g., Vilda et al., 2021).

Along with the significant impact that these role changes and contextual stressors can have on individual well-being, another area of life that is commonly impacted by the transition to parenthood is the romantic relationships of parents. For instance, couples commonly experience declining relationship satisfaction over the transition to parenthood (e.g., Doss & Rhoades, 2017; Kluwer, 2010). Given that relationship challenges can have downstream negative effects on parents' mental health (e.g., Whisman et al., 2011) and parenting and child outcomes (e.g., Brown, 2010), understanding how relationships change across the transition to parenthood remains an important

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priority for family scholars and practitioners. However, much of the research on relationships across the transition to parenthood has focused on White parents (see Perry-Jenkins & Schoppe-Sullivan, 2019), leaving a gap in understanding the relationship experiences of Black parents across the transition to parenthood. Given that positive romantic relationships can be important sources of resilience for Black Americans experiencing contextual stressors (e.g., Beach et al., 2019), it is important to further understand Black parents' relationship experiences during this time of profound change.

Additionally, most of the work on changes in relationships during the transition to parenthood has focused on changes in relationship quality among committed couples. Meanwhile, changes in relationship *status* during the transition to parenthood have received far less attention. This omission is not surprising given that previous research on romantic relationships during the transition to parenthood has mostly included married couples (Perry-Jenkins & Schoppe-Sullivan, 2019), who are unlikely to experience changes in relationship status in the postpartum period (Lichter et al., 2016). However, changes in relationship status are likely to be more common among unmarried parents (e.g., Carlson et al., 2004), who form a large percentage of the population (40% of births in 2021; Osterman et al., 2023). For example, unmarried cohabiting parents have been shown to have higher rates of relationship dissolution at 1 year postpartum than married parents (Lichter et al., 2016). Conversely, some parents who were not partnered at the time of their baby's birth subsequently enter into relationships during the postpartum period (Carlson et al., 2004).

To better understand patterns of relationship status during the transition to parenthood among Black parents, the present study used data from a sample of first-time Black mothers who were assessed three times over the first 16 weeks postpartum. Mothers were eligible for the study regardless of their relationship status at the time of their child's birth, affording a unique opportunity to examine changes in relationship status among mothers in a relationship (e.g., married, cohabiting, or dating) as well as mothers who were not in a relationship. Given the limited data on Black mothers' postpartum relational experiences, it is crucial for research to include Black mothers with a range of relationship statuses to capture the diversity of their relationship experiences. In the present study, we examined relationship dissolution among mothers who were initially partnered and relationship formation among mothers who were initially single and explored individual, relational, and external factors that distinguished mothers who experienced these changes to those who maintained their initial relationship status.

### Changes in Relationship Status During the Early Postpartum Period

Research on changes in relationship status during the early postpartum period is fairly limited. Regarding relationship dissolution among partnered mothers, one of the most widely cited statistics comes from the Future of Families and Child Wellbeing Study (FFCWS), which included a sample of children born to primarily unmarried parents. By the child's first birthday, 32% of relationships had ended (Center for Research on Child Wellbeing, 2003); dissolution rates ranged from 20% among couples who were cohabiting at the time of their child's birth to nearly 50% among couples who were not living together (Carlson et al., 2004). In the Building Strong Families (BSF) randomized controlled trial, which consisted primarily of unmarried couples recruited at or

around their child's birth, between 20% and 25% of relationships dissolved by 15 months postbaseline (Wood et al., 2010). Data from the National Survey of Family Growth (NSFG) reveal that 3% of married and 14% of unmarried cohabiting partnerships dissolved within 1 year after the child's birth (Lichter et al., 2016). The MotherWise project, a randomized controlled trial of a relationship skills program for pregnant or postpartum women, found 10% dissolution rates at 1 year postpartum among women who were married to, or in a steady relationship with, their baby's father at baseline (Patnaik et al., 2023). In sum, there is some evidence of relationship dissolutions during the first year postpartum.

There are less data on the degree to which women who were single at the time of their child's birth establish a relationship during the postpartum period or remain single. In the FFCWS, mothers were coded as "not in a romantic relationship" at baseline if they were not in a romantic relationship with the father of their child at the time of birth (about 17% of the sample). At 1 year postpartum, 12% of these individuals were romantically involved with their baby's father (Carlson et al., 2004), reflecting themes from qualitative work with this sample in which some mothers hoped to rekindle that relationship (Edin & Kefalas, 2011). This estimate provides initial evidence that some single mothers reestablish relationships during the postpartum period, but it is almost certainly an underestimate of the total percentage of women who formed relationships during this period. That is, some mothers might have resumed a relationship with the father of their child earlier in the postpartum period but were no longer in that relationship at 1 year postpartum; others may have entered a relationship with someone else around the time of their child's birth or after. Unfortunately, these estimates are not available nor were estimates on relationship formation provided in the other studies described earlier.

Together, these studies provide preliminary evidence that changes in relationship status occur during the postpartum period, but clearly, gaps remain. First, the aforementioned studies reported changes in relationship status relatively late in the postpartum period (1 year in FFCWS, NSFG, and MotherWise; 15 months in BSF). Given that mothers experience significant shifts in many domains early in the postpartum period (e.g., Nelson et al., 2014), it is important to examine changes in relationship status earlier in the postpartum period as well. Second, there are very little data on relationship formation among mothers who were initially single. These estimates were often not reported, or they were based on a relationship with the baby's father, and thus cannot speak to relationship formation patterns more generally (i.e., mothers in a relationship with someone other than the father of their child). Relatedly, there are no data on the relationship functioning of these newly formed relationships, such as satisfaction in the relationship or level of partner support, which provides important context for understanding the adjustment of mothers across this transition. Third, although these studies included racially and ethnically diverse samples, the analyses generally focused on describing overall trends across the sample, necessitating further research on patterns specifically among Black mothers postpartum.

Another significant gap is that these studies provide few insights into the baseline factors that characterize which mothers experience a relationship transition (either ending or starting a relationship), leaving open questions about who is most likely to experience changes in relationship status. Further research is needed to more directly compare characteristics of (a) mothers whose relationships

dissolve to those whose relationships remain intact, (b) mothers who form relationships to those mothers who remain single, and (c) mothers who form relationships to those whose relationships remain intact. To that end, Kluwer's (2010) integrated model for the transition to parenthood captures pre- and postbirth vulnerabilities and resources from the individual (e.g., demographic characteristics), relationship (e.g., support), and the broader situation (e.g., socioeconomic status) that influence a couple's adaptive processes and relationship quality during this transition. Characteristics from each of these domains have been shown to predict relationship quality across the transition to parenthood among intact couples (Kluwer, 2010).

Here we extend this model to explore a broad set of factors that might differentiate among mothers with different patterns in their relationship status as well, including individual demographic characteristics (e.g., age, education), relationship characteristics (e.g., marital and cohabitation status, relationship satisfaction, support), and situational characteristics (e.g., income, financial strain, general social support). Research has indicated that these specific and related individual, relationship, and situational characteristics predict the stability of marriages broadly (see Karney & Bradbury, 1995) and Black couples' marriages in particular (Bryant et al., 2010). However, as noted above, there has been very little research examining factors that differentiate new parents who make transitions in their relationship status postpartum. In the FFCWS, relationship characteristics at baseline such as partner support predicted subsequent relationship status (i.e., greater support predicted staying together), and certain individual characteristics (e.g., education) were associated with current relationship status (Carlson et al., 2004). More work is needed to understand characteristics that distinguish between new parents with different patterns of change in relationship status during the early postpartum period.

## The Present Study

The present study aimed to address some of these gaps and provide new insights into changes in relationship status during the early postpartum period by examining the relationship experiences of first-time Black mothers across the first few months postpartum. First, we sought to understand relationship dissolution among mothers in a relationship at 1 week postpartum (Aim 1). Specifically, we examined the frequency of relationship dissolution by 16 weeks postpartum among the subset of mothers who initially reported being in a romantic relationship and initial differences between those mothers whose relationships ended and those mothers whose relationships remained intact. Given the exploratory nature of these comparative analyses, we did not have hypotheses about specific variables that would distinguish between the two groups but did expect that there would be at least some initial differences.

Second, we sought to understand relationship formation among mothers who were single at 1 week postpartum (Aim 2). Specifically, we examined the frequency of relationship formation among the subset of mothers who initially reported they were not in a romantic relationship and differences between those mothers who started a relationship and (2a) mothers who remained single and (2b) mothers whose relationships remained intact. As with the previous aim, we explored the broad set of variables as predictors but did not have any specific hypotheses regarding potential group differences.

## Method

### Participants

First-time Black mothers and their infants were recruited after delivery from the newborn nursery of a hospital in the southeastern United States between 2018 and 2021. Mothers were eligible if they were  $\geq 17$  years old, were English speaking, identified as Black or African American, lived within 75 miles of the hospital, had a full-term ( $\geq 37$  weeks gestational age) singleton pregnancy, had their first child, and had an infant weighing  $\geq 2,500$  g at birth. Mother-infant dyads were excluded if the mother or infant had a known medical condition that could impact postnatal care or infant feeding/growth (given the broader study aims), if there was an adoption plan, or if the mother was planning to move out of the area. Mothers provided informed consent and parental permission for their infants in the hospital during enrollment. The study was approved by the Augusta University institutional review board and was not preregistered. Materials and analysis code are available by request from the corresponding author. We report how we determined our sample size, all data exclusions (if any), all manipulations, and all measures in the study.

Of the 292 eligible families, 234 enrolled in the study, and 212 provided data at 1 week postpartum (the first assessment session following enrollment in the hospital). All participants self-identified as Black (100%), and nearly all self-identified as non-Hispanic (99%). They were 22.72 years old on average ( $SD = 4.53$ , range = 17–42). Modal education was completed high school (48.1%), followed by some college or technical school (25%), some high school (14.2%), completed college (9%), and postgraduate training/degree (3.8%). Nearly half (47.6%) of mothers were enrolled in the Supplemental Nutrition Assistance Program (SNAP); 76.4% were enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and 84.5% were enrolled in Medicaid. Given the income caps that exist for these federal assistance programs (e.g.,  $< 130\%$  federal poverty level, see Center on Budget & Policy Priorities, 2023), many of these mothers would be considered as having low income.

The broader study from which these data were drawn was a randomized clinical trial testing the effects of a responsive parenting intervention on infant weight, sleep, soothing, feeding, and play relative to a child safety control intervention among Black mothers (see Lavner et al., 2019, 2022, 2023). As expected, intervention condition did not significantly predict mothers' relationship status at baseline, subsequent relationship transitions, or relationship characteristics among mothers in a relationship (see variables under the Relationship Characteristics section) and thus was not considered further in the analyses.

### Procedures

Community research associates (local community members who identified as Black and received training in study procedures) conducted home visits when infants were approximately 1, 3, 8, and 16 weeks old. At the 1-, 8-, and 16-week visits, mothers completed online Qualtrics questionnaires using iPads ( $N = 212, 187, \text{ and } 194$ , respectively). Measures of interest to the present investigation are described below.

## Measures

### Changes in Relationship Status

At 1 week postpartum, mothers were asked “Are you currently in a romantic relationship?” (yes/no). Those who responded “yes” were then asked “which of the following describes your current relationship status?” with five response options: (a) married and living together, (b) married but not living together, (c) living together, (d) romantically involved on a steady basis but not living together, and (e) involved in an on-again and off-again relationship. These mothers were also asked “is this relationship with your child’s father?” (yes/no), how long they had been in the relationship with their current romantic partner (years and months), and whether they had ever broken up and gotten back together (yes/no).

At 8 and 16 weeks postpartum, mothers were asked “which of the following describes your relationship status since our last visit?” and provided with five response options: (a) ... in a relationship then and I am in the same relationship now, (b) ... in a relationship then and I am in a new relationship now, (c) ... in a relationship then and I am single now, (d) ... single then and I am in a relationship now, and (e) ... single then and I am single now.

Categories denoting changes in relationship status were created based on these responses. For mothers who were in a relationship at Week 1, those who indicated being in the same relationship at every available subsequent assessment (i.e., reporting “... in a relationship then and I am in the same relationship now” at all available follow-up assessments) were coded as “same relationship”; those who reported at least one relationship transition (i.e., single or in a new relationship at a follow-up assessment) were coded as “relationship ended.” For mothers who indicated that they were single at Week 1, those who reported being single at every available subsequent assessment were coded as “stayed single”; those who reported that they were in a relationship at 8 and/or 16 weeks were coded as “started relationship.”

### Demographic and Situational Variables

**Demographics.** Mothers’ age and race were extracted from hospital medical records. Other demographic characteristics were reported by mothers at the 1-week assessment, including education, employment status, income, participation in SNAP and WIC, enrollment in Medicaid, and others living with the mother and baby (e.g., the baby’s father or grandparent).

**Financial Strain.** At Week 1, mothers rated items assessing their financial difficulties (sample item: “We have enough money to afford the kind of food we need”; Conger et al., 1992) using a 4-point Likert scale (1 = *strongly disagree* to 4 = *strongly agree*). Items were reverse coded and averaged, such that higher scores indicated greater financial strain ( $\alpha = .91$ ).

**General Social Support.** At Week 1, mothers reported on general social support using the 24-item Social Provisions Scale (Cutrona & Russell, 1987). Mothers indicated their agreement using a 4-point Likert scale (1 = *strongly disagree* to 4 = *strongly agree*) with items including “There are people I can depend on to help me if I really need it.” Items were summed to create total scores, such that higher scores indicated more social support ( $\alpha = .89$ ).

### Relationship Characteristics

**Relationship Satisfaction.** At Weeks 1, 8, and 16, mothers in a relationship reported their relationship satisfaction using the four-item Couples Satisfaction Index (Funk & Rogge, 2007), a self-report questionnaire including items such as “How rewarding is your relationship with your partner?” assessed on a Likert scale (1 = *not at all* to 6 = *completely*).<sup>1</sup> Responses were summed at each time point to create an index of the overall relationship satisfaction ( $\alpha = .70-.85$ ).

**Dissolution Risk.** At Weeks 1, 8, and 16, mothers in relationships reported risk of relationship dissolution using two items from the Dyadic Adjustment Scale (Spanier, 1976). Mothers indicated the frequency on a Likert scale (1 = *never* to 4 = *often*) of the following items: “Do you ever regret that you got involved in this relationship?” “How often do you discuss or have you considered terminating your relationship?” The two items were summed at each time point to create an index of dissolution risk. Reliability varied across timepoints (Spearman–Brown coefficient ranged from .51 to .81<sup>2</sup>).

**Relationship Commitment.** At Weeks 1 and 16, mothers in a relationship reported on their relationship commitment using four items from the Commitment Inventory (Stanley & Markman, 1992; sample item: “My relationship with my partner is clearly part of my future life plans”) on a 7-point Likert scale (1 = *strongly disagree* to 7 = *strongly agree*). Items were averaged at each time point to create an index of relationship commitment ( $\alpha = .71-.72$ ).

**Partner Aggression.** At Weeks 1 and 16, mothers in a relationship completed a five-item version of the Conflict Tactics Scale (Straus, 1979) assessing their partner’s verbal and physical aggression toward them. The frequency of partner aggressive behaviors such as “throw things at you” were rated on a Likert scale (1 = *always* to 4 = *never*). Items were reverse scored and summed such that a higher score indicated more partner aggression ( $\alpha = .70-.91$ ).

**Partner Support.** At Week 1, mothers in a relationship reported on three items assessing support provided by the partner (Beach et al., 2019; Surjadi et al., 2011). Mothers rated the frequency of support (e.g., “During the past month, how often did your partner ... act loving and affectionate toward you?”) on a Likert scale (1 = *always* to 4 = *never*). Items were reverse scored and summed such that a higher score reflected more support ( $\alpha = .88$ ).

## Results

### Sample Characteristics

At 1 week postpartum, 59.4% of mothers ( $n = 126$ ) reported being in a relationship, and 40.6% of mothers ( $n = 86$ ) reported that they were not in a relationship (see Figure 1). Demographic comparisons between these groups are provided in Supplemental Materials.

Among the 126 mothers in a relationship at Week 1, 17.5% were married and living with their spouse ( $n = 22$ ), 52.4% were unmarried and living with their partner ( $n = 66$ ), 29.4% were romantically involved but not living with their partner ( $n = 37$ ), and 0.8% were involved in an on-again and off-again relationship ( $n = 1$ ). The mean relationship length was 37.51 months ( $SD = 29.47$ ; range = 1–139 months). Nearly all of these mothers (96.8%,  $n = 122$ ) indicated that the relationship was with the father of their baby.

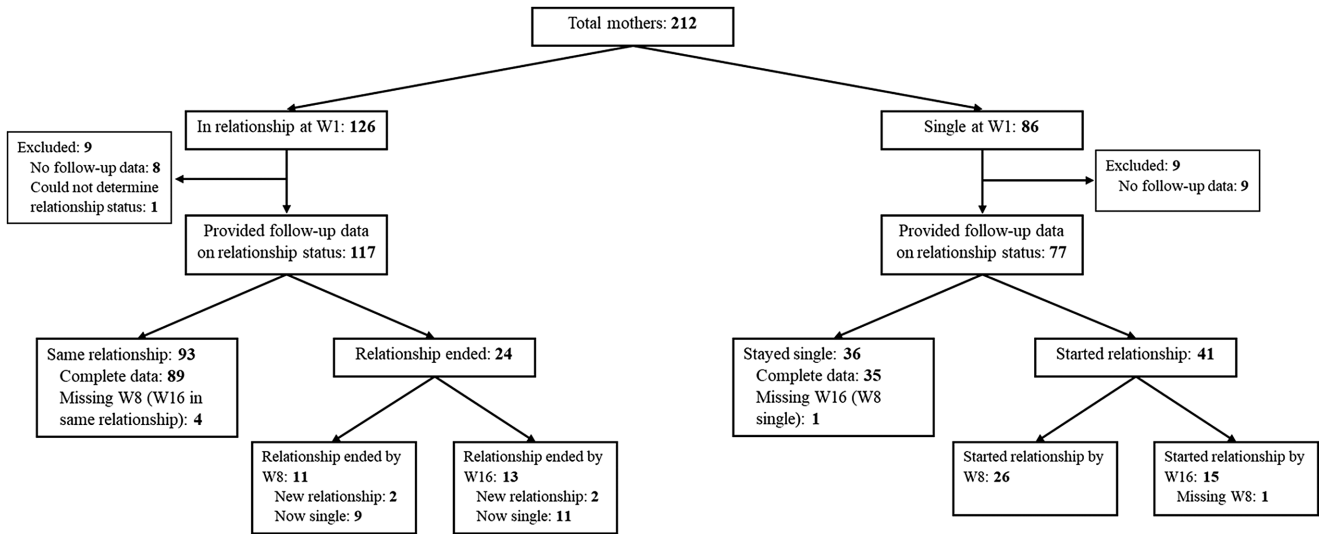
<sup>1</sup> Only three items were included at Week 1 due to a programming error.

<sup>2</sup> The Spearman–Brown coefficient was used due to its advantages over Cronbach’s alpha for two-item measures (Eisinga et al., 2013).



**Figure 1**

Breakdown of Mothers by Initial Relationship Status and Subsequent Changes in Relationship Status Over the Course of the Study



Note. W1 = week 1 postpartum; W8 = week 8 postpartum; W16 = week 16 postpartum.

### Aim 1: Understanding Relationship Dissolution Among Mothers in a Relationship at 1 Week Postpartum

We first examined changes in mothers' relationship status among the 126 mothers who were in a relationship at 1 week postpartum (Figure 1, left side). Data were available from 117 of the 126 originally partnered mothers (92.9%). Of this group, 79.5% ( $n = 93$ ) were coded as being in the same relationship throughout the study, and 20.5% ( $n = 24$ ) were coded as mothers whose relationship ended. Among the group of 24 mothers whose relationship ended, 11 reported that their relationship ended by Week 8 (i.e., indicating they were in a new relationship [ $n = 2$ ] or were now single [ $n = 9$ ]<sup>3</sup>), and an additional 13 reported their relationship ended by Week 16 (i.e., indicating they were in a new relationship [ $n = 2$ ] or were now single [ $n = 11$ ]).

We then tested whether there were any initial differences between the 93 mothers who remained in the same relationship over the course of the study and the 24 mothers whose relationships ended. Comparisons of the individual and situational variables revealed two significant differences (Table 1), with effects ranging from small to medium. Mothers in the same relationship were older ( $M = 24.10$  years,  $SD = 5.23$ ) than those whose relationships ended ( $M = 21.75$  years,  $SD = 2.64$ ), and they were also more likely than those whose relationships ended to report that the baby's father was living in the home at Week 1 (74.2% vs. 50.0%). The two groups did not differ in education, employment, income, financial strain, use of government assistance programs, or overall social support at Week 1.

More significant differences emerged when comparing relationship characteristics at Week 1, with effects ranging from medium to large (Table 2). Mothers who remained in the same relationship reported longer relationship duration at baseline ( $M = 42.14$  months,  $SD = 29.94$ ) than mothers whose relationships subsequently ended ( $M = 24.04$  months,  $SD = 22.12$ ), and they were more likely to be married (22.6% vs. 4.2%) and less likely to be romantically involved but not living together (24.7% vs. 45.8%). Mothers who

stayed in the same relationship were also more likely than those whose relationships ended to be romantically involved with the father of their baby at Week 1 (100% vs. 87.5%) and less likely to report at baseline that they had previously broken up and gotten back together (22.6% vs. 45.8%). There were differences in self-reported relationship functioning at Week 1 as well: mothers whose relationships remained intact reported higher relationship satisfaction, more relationship commitment, and lower dissolution risk at Week 1 than mothers whose relationships subsequently ended. The groups did not significantly differ in their reports of partner aggression or partner support.

### Aim 2: Understanding Relationship Formation Among Mothers Who Were Single at 1 Week Postpartum

Next, we turned to understanding changes in relationship status among the 86 mothers who indicated that they were not in a relationship at 1 week postpartum (Figure 1, right side). Data were available from 77 of the 86 (89.5%). Among this group, 46.8% ( $n = 36$ ) were coded as stayed single, and more than half (53.2%;  $n = 41$ ) were coded as started relationship (i.e., in a relationship at 8 or 16 weeks). Among the latter group of 41 mothers, 26 first reported that they were in a relationship at Week 8,<sup>4</sup> and 15 first reported being in a relationship at Week 16.

Table 3 provides comparisons at baseline between the 36 mothers who stayed single and the 41 who started relationships (Aim 2a).

<sup>3</sup> The two mothers who entered a new relationship by Week 8 reported being single at Week 16. Among the nine mothers who reported they were now single at Week 8, four subsequently reported entering a relationship by Week 16, and the remaining five reported that they were still single at Week 16.

<sup>4</sup> At Week 16, 14 of these mothers reported that they were in the same relationship (53.8%), four reported they had entered a new relationship (15.4%), seven reported that they were single (26.9%), and one did not provide data (3.9%).

**Table 1***Differences in Individual and Situational Variables Based on Changes in Relationship Status Among Mothers in a Relationship at Week 1*

Variable	Same relationship ( <i>N</i> = 93)	Ended relationship ( <i>N</i> = 24)	Difference test		
	<i>N</i> (%) or <i>M</i> ( <i>SD</i> )	<i>N</i> (%) or <i>M</i> ( <i>SD</i> )	( $\chi^2$ or <i>t</i> )	<i>p</i> value	Effect size
Age	<i>M</i> = 24.10 ( <i>SD</i> = 5.23)	<i>M</i> = 21.75 ( <i>SD</i> = 2.64)	<i>t</i> = 3.07	.002	<i>d</i> = 0.49
Education			$\chi^2$ = 2.78	.595	<i>V</i> = 0.15
Some high school (9–11)	8 (8.6%)	2 (8.3%)			
High school graduate	41 (44.1%)	13 (54.2%)			
Some college or technical school (13–15)	24 (25.8%)	7 (29.2%)			
Completed college (16)	13 (14.0%)	2 (8.3%)			
Postgraduate training/degree (17+)	7 (7.5%)	0 (0%)			
Employment			$\chi^2$ = 2.37	.667	<i>V</i> = 0.14
Working full time	36 (38.7%)	8 (33.3%)			
Working part time	13 (14.0%)	5 (20.8%)			
Student, attending classes	4 (4.3%)	2 (8.3%)			
Unemployed	36 (38.7%)	9 (37.5%)			
Other	4 (4.3%)	0 (0%)			
Income			$\chi^2$ = 6.38	.496	<i>V</i> = 0.23
<\$10,000	23 (24.7%)	5 (20.8%)			
\$10,000–\$24,999	15 (16.1%)	2 (8.3%)			
\$25,000–\$49,999	16 (17.2%)	4 (16.7%)			
\$50,000–\$74,999	6 (6.5%)	1 (4.2%)			
\$75,000–\$99,999	2 (2.2%)	0 (0%)			
>\$100,000	2 (2.2%)	0 (0%)			
Do not know	25 (26.9%)	12 (50.0%)			
Refuse to answer	4 (4.3%)	0 (0%)			
Financial strain	<i>M</i> = 1.81 ( <i>SD</i> = 0.68)	<i>M</i> = 1.75 ( <i>SD</i> = 0.69)	<i>t</i> = 0.40	.698	<i>d</i> = 0.09
Received SNAP (yes)	40 (43.0%)	12 (50.0%)	$\chi^2$ = 0.18	.692	<i>V</i> = 0.04
Received WIC (yes)	70 (75.3%)	17 (70.8%)	$\chi^2$ = 0.28	.597	<i>V</i> = 0.05
Received Medicaid (yes)	75 (80.6%)	19 (79.2%)	$\chi^2$ = 0.01	.934	<i>V</i> = 0.01
Baby's biological father living at home (yes)	69 (74.2%)	12 (50.0%)	$\chi^2$ = 5.24	.022	<i>V</i> = 0.21
Grandparent of baby living at home (yes)	31 (33.3%)	11 (45.8%)	$\chi^2$ = 1.30	.255	<i>V</i> = 0.11
General social support	<i>M</i> = 80.99 ( <i>SD</i> = 8.86)	<i>M</i> = 79.08 ( <i>SD</i> = 8.99)	<i>t</i> = 0.93	.180	<i>d</i> = 0.21

Note. SNAP = Supplemental Nutrition Assistance Program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

The only significant difference between these two groups was overall social support: Mothers who stayed single reported higher social support at Week 1 than mothers who were later in a relationship, with a medium effect size.

Finally, we compared relationship functioning at Weeks 8 and 16 among mothers who were initially single but subsequently reported being in a relationship (*n* at Week 8 = 26; *n* at Week 16 = 33) to that of mothers who were in the same relationship across the study

**Table 2***Differences in Relationship Characteristics Based on Changes in Relationship Status Among Mothers in a Relationship at Week 1*

Variable	Same relationship ( <i>N</i> = 93)	Ended relationship ( <i>N</i> = 24)	Difference test		
	<i>N</i> (%) or <i>M</i> ( <i>SD</i> )	<i>N</i> (%) or <i>M</i> ( <i>SD</i> )	( $\chi^2$ or <i>t</i> )	<i>p</i> value	Effect size
Relationship status			$\chi^2$ = 10.41	.015	<i>V</i> = 0.30
Married and living together*	21 (22.6%)	1 (4.2%)			
Living together	49 (52.7%)	11 (45.8%)			
Romantically involved on a steady basis but not living together*	23 (24.7%)	11 (45.8%)			
Involved in on-again and off-again relationship	0 (0%)	1 (4.2%)			
Relationship with baby's father (yes)	93 (100%)	21 (87.5%)	$\chi^2$ = 11.93	<.001	<i>V</i> = 0.32
Previously broken up and gotten back together (yes)	21 (22.6%)	11 (45.8%)	$\chi^2$ = 5.04	.025	<i>V</i> = 0.21
Relationship length	<i>M</i> = 42.14 ( <i>SD</i> = 29.94)	<i>M</i> = 24.04 ( <i>SD</i> = 22.12)	<i>t</i> = 3.26	.002	<i>d</i> = 0.64
Relationship satisfaction	<i>M</i> = 16.52 ( <i>SD</i> = 2.42)	<i>M</i> = 14.38 ( <i>SD</i> = 3.31)	<i>t</i> = 2.97	.006	<i>d</i> = 0.82
Commitment	<i>M</i> = 6.16 ( <i>SD</i> = 0.96)	<i>M</i> = 5.47 ( <i>SD</i> = 1.41)	<i>t</i> = 2.28	.030	<i>d</i> = 0.65
Dissolution risk	<i>M</i> = 1.25 ( <i>SD</i> = 0.49)	<i>M</i> = 1.73 ( <i>SD</i> = 0.72)	<i>t</i> = -3.07	.005	<i>d</i> = 0.87
Partner aggression	<i>M</i> = 1.09 ( <i>SD</i> = 0.15)	<i>M</i> = 1.13 ( <i>SD</i> = 0.28)	<i>t</i> = -0.66	.517	<i>d</i> = 0.21
Partner caring and support behaviors	<i>M</i> = 11.30 ( <i>SD</i> = 1.16)	<i>M</i> = 10.58 ( <i>SD</i> = 2.02)	<i>t</i> = 1.68	.105	<i>d</i> = 0.52

\* Indicates specific contrasts identified as significantly different (*p* < .05) within omnibus chi-squared difference test.

**Table 3***Differences in Individual and Situational Variables Based on Changes in Relationship Status Among Mothers Single at Week 1*

Variable	Stayed single ( <i>N</i> = 36)	Started relationship ( <i>N</i> = 41)	Difference test		
	<i>N</i> (%) or <i>M</i> ( <i>SD</i> )	<i>N</i> (%) or <i>M</i> ( <i>SD</i> )	( $\chi^2$ or <i>t</i> )	<i>p</i> value	Effect size
Age	<i>M</i> = 22.11 ( <i>SD</i> = 3.49)	<i>M</i> = 21.51 ( <i>SD</i> = 4.00)	<i>t</i> = 0.70	.485	<i>d</i> = 0.16
Education			$\chi^2$ = 4.51	.341	<i>V</i> = 0.24
Some high school (9–11)	4 (11.1%)	10 (24.4%)			
High school graduate	20 (55.6%)	21 (51.2%)			
Some college or technical school (13–15)	11 (30.6%)	7 (17.1%)			
Completed college (16)	1 (2.8%)	2 (4.9%)			
Postgraduate training/degree (17+)	0 (0%)	1 (2.4%)			
Employment			$\chi^2$ = 2.88	.578	<i>V</i> = 0.19
Working full time	12 (33.3%)	8 (19.5%)			
Working part time	5 (13.9%)	5 (12.2%)			
Student, attending classes	2 (5.6%)	3 (7.3%)			
Unemployed	17 (47.2%)	24 (58.5%)			
Other	0 (0%)	1 (2.4%)			
Income			$\chi^2$ = 7.66	.264	<i>V</i> = 0.32
<\$10,000	7 (19.4%)	8 (19.5%)			
\$10,000–\$24,999	3 (8.3%)	4 (9.8%)			
\$25,000–\$49,999	4 (11.1%)	2 (4.9%)			
\$50,000–\$74,999	3 (8.3%)	0 (0%)			
\$75,000–\$99,999	0 (0%)	0 (0%)			
>\$100,000	1 (2.8%)	1 (2.4%)			
Do not know	16 (44.4%)	25 (61%)			
Refuse to answer	2 (5.6%)	0 (0%)			
Missing	0 (0%)	1 (2.4%)			
Financial strain	<i>M</i> = 1.84 ( <i>SD</i> = 0.59)	<i>M</i> = 1.81 ( <i>SD</i> = 0.77)	<i>t</i> = 0.20	.839	<i>d</i> = 0.05
Received SNAP (yes)	15 (41.7%)	23 (56.1%)	$\chi^2$ = 1.90	.168	<i>V</i> = 0.16
Received WIC (yes)	25 (69.4%)	34 (82.9%)	$\chi^2$ = 2.05	.152	<i>V</i> = 0.17
Received Medicaid (yes)	30 (83.3%)	33 (80.5%)	$\chi^2$ = 0.02	.880	<i>V</i> = 0.02
Baby's biological father living at home (yes)	4 (11.1%)	8 (19.5%)	$\chi^2$ = 1.03	.311	<i>V</i> = 0.12
Grandparent of baby living at home (yes)	20 (55.6%)	21 (51.2%)	$\chi^2$ = 0.15	.704	<i>V</i> = 0.04
General social support	<i>M</i> = 78.54 ( <i>SD</i> = 9.83)	<i>M</i> = 73.45 ( <i>SD</i> = 10.61)	<i>t</i> = 2.18	.032	<i>d</i> = 0.50

Note. SNAP = Supplemental Nutrition Assistance Program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

(Aim 2b; Table 4). At Week 8, mothers who were initially single but in a relationship at Week 8 reported significantly lower relationship satisfaction and significantly higher dissolution risk than mothers who were in the same relationship over the entire study, with medium and large effect sizes, respectively. At Week 16, mothers who were initially single but in a relationship at week 16 reported significantly lower relationship commitment, with a large effect size. These mothers also reported elevated dissolution risk and higher partner aggression than mothers in the same relationship over the entire study, though these effects were just above the  $p < .05$  threshold ( $p = .051$  and  $p = .055$ , respectively) and thus must be interpreted cautiously; relationship satisfaction did not significantly differ ( $p = .257$ ).

## Discussion

This study examined changes in romantic relationship status from 1 to 16 weeks postpartum among a sample of first-time Black mothers in the southeastern United States who were predominantly unmarried and living with low income. Specifically, we explored how often relationships ended among initially partnered mothers, how often mothers who were initially single later reported being in a relationship, and the unique characteristics of these women relative to those whose relationship status remained consistent during this early postpartum period. Because the literature on relationships during the transition to parenthood has largely

centered around changes in relationship quality among married couples (see Kluwer, 2010; Perry-Jenkins & Schoppe-Sullivan, 2019), questions relating to transitions out of relationships (among those who were in them) and into relationships (among those who were single) have received minimal attention. Findings from the present study suggest that this may be a significant omission, revealing a relatively high frequency of changes in relationship status among this sample and providing initial insights into some of the factors predicting these changes.

## Relationship Dissolution Among Initially Partnered Mothers

Among the approximately 60% of mothers in the sample who were in a relationship at 1 week postpartum, 20% were no longer in that relationship 15 weeks later. It is important to note that mothers whose relationships ended had been in these relationships for 2 years on average, and about half were living with their partner at week 1, meaning that many of these mothers had significant time and resources invested in these relationships prior to their child's birth. Even so, their relationships went on to dissolve in the following few months, with nearly half of these dissolutions occurring by the 8-week postpartum assessment. These patterns dovetail with insights from qualitative interviews of unmarried postpartum parents, which have revealed that strains



**Table 4**  
*Differences in Relationship Characteristics at Weeks 8 and 16 for Mothers by Initial Relationship Status*

Variable	Week 8				Week 16					
	Same relationship (N = 89)		Started relationship (N = 26)		Same relationship (N = 93)		Started relationship (N = 33)			
	M (SD)	t	p	d	M (SD)	t	p	d		
Relationship satisfaction	21.53 (3.46)	19.31 (4.68)	-2.25	.031	0.59	20.58 (4.30)	19.70 (3.63)	-1.14	.257	0.21
Dissolution risk	1.38 (0.62)	2.29 (0.90)	4.83	<.001	1.31	1.42 (0.71)	1.77 (0.92)	2.01	.051	0.46
Partner aggression						1.08 (0.23)	1.37 (0.81)	1.99	.055	0.62
Commitment						5.90 (1.03)	4.74 (1.20)	-4.92	<.001	1.08

*Note.* Mothers in the same relationship group reported being in a relationship at Week 1 and in that same relationship at Weeks 8 and 16. Mothers in the started relationship group reported not being in a relationship at Week 1 but being in a relationship at Week 8 and/or Week 16. Partner aggression and commitment were not assessed at Week 8.

in relationships in the first months postpartum are common despite many couples' stated commitment at the time of birth (Edin & Kefalas, 2011). These findings also build on earlier work showing dissolution rates ranging from 3% to 32% over the first year postpartum (Center for Research on Child Wellbeing, 2003; Lichter et al., 2016; Patnaik et al., 2023). Notably, these trends were over a more extended follow-up, making the 20% dissolution rate observed here over the first 4 months postpartum all the more striking and revealing that relationship dissolution can occur early in the postpartum period as well.

We extended Kluwer's (2010) model identifying individual, relationship, and situational characteristics associated with relationship adjustment across the transition to parenthood to explore predictors associated with relationship dissolution. Mothers whose relationships remained intact and those whose relationships ended were similar across many demographic and situational domains, with the exception of age and household composition—mothers in intact relationships were older and more likely to report that the baby's biological father was living in the home. These patterns may reflect previous findings in which younger adults often experience ongoing personal development that may interfere with long-term relationships (e.g., Shulman & Connolly, 2013), although this research has largely focused on nonparent samples. The findings regarding greater likelihood of the baby's biological father living in the home dovetail with the many differences that emerged when considering the relationship characteristics at Week 1 postpartum. Mothers whose relationships subsequently remained intact had been in their relationships longer, were more likely to be married, were more likely to be in a relationship with the father of their baby, and were less likely to have a history of breaking up with their partner compared to mothers whose relationships subsequently ended. Additionally, mothers whose relationship remained intact reported better initial relationship functioning, including higher relationship satisfaction, greater relationship commitment, and lower dissolution risk, relative to mothers whose relationships ended.

These findings show that indicators of greater relational commitment and investment (e.g., longer relationship duration, cohabitation with the baby's biological father, marriage) and better relationship functioning predict greater relationship stability. Such patterns build on (a) prior work showing that marriage (relative to cohabitation) predicts lower relationship dissolution in the postpartum period (e.g., Lichter et al., 2016) and (b) research among married couples indicating that couples with better prebirth functioning tend to experience better postpartum relationship adjustment (see Perry-Jenkins & Schoppe-Sullivan, 2019). More broadly, these findings are consistent with the literature indicating that remaining committed to a relationship is more likely in the context of better relationship functioning as well as greater investments in the relationship (e.g., time and resources such as shared space and possessions; see Tran et al., 2019). Conversely, couples with relatively poorer functioning have fewer relational resources to draw on during this stressful period, which may put their relationship at risk for instability. Such challenges may be compounded for Black mothers, who face multiple forms of oppression and elevated contextual stressors such as racial discrimination and disproportionate financial strain (e.g., Bryant et al., 2010), thereby creating additional strains during this normative transition that may further tax couples' coping abilities.

## Relationship Formation Among Mothers Who Were Initially Single

Among mothers who were single at Week 1 postpartum, over half reported currently being in a relationship at either the 8- or 16-week assessment. Thus, relationship formation was quite common among this group of mothers, with fewer than 50% of this group remaining consistently single over the course of the study.<sup>5</sup> Some mothers indicated that the relationship they were in at the Week 8 and/or Week 16 assessment was one that they had been in previously, meaning that for at least a subset of mothers, the relationship was with a previous partner (others indicated that these relationships were with new partners). These data may reflect patterns documented by Edin and Kefalas (2011), who showed that the relationships “single” mothers have with their child’s father are often fluid across the early postpartum period, leading those authors to conclude that “women labelled ‘single mothers’ in government statistics are rarely truly so” (p. 68). It is also important to note that we did not assess whether mothers were interested in and/or actively looking for a relationship (e.g., casually dating), meaning that we are potentially underestimating relational activity among the mothers who indicated that they stayed single. Taken together, these patterns reveal that relational transitions were common among this group of mothers who initially indicated that they were not in a relationship, calling for further research to better understand these types of changes in relationship status and their implications.

We again applied Kluwer’s (2010) model of individual and situational characteristics to examine predictors of relationship formation. Results indicated that the mothers who remained single and the mothers who started relationships were similar at baseline in nearly all of the domains assessed, with the exception of social support. Specifically, mothers who stayed single reported higher overall social support at Week 1 than mothers who subsequently reported being in a relationship. Single mothers with higher initial levels of social support from family and friends might have been able to access more support across this early postpartum period. Indeed, extended kin commonly offer practical support to single mothers (e.g., housing support; Edin & Kefalas, 2011; Williams, 2023). In particular, decades of scholarship on Black families have documented that the families of Black single mothers often assist in childrearing (e.g., Gonzalez et al., 2014; Jones et al., 2003, 2007; Wilson, 1986), which can have important benefits for mothers’ adjustment (e.g., Jones et al., 2007). In contrast, mothers who were single but had less social support shortly after birth might have been more likely to welcome or need additional support in the form of a romantic partner. Moreover, given that many of these mothers were living with low income, support from family or friends may be particularly impactful. Additional research is needed to better understand factors contributing to mothers’ entry (or reentry) into a romantic relationship during this period.

Our findings also provided a glimpse into the functioning of these relationships through comparisons with those of mothers who remained in the same relationship over the course of the study. Several significant differences emerged. Specifically, at 8 weeks, mothers who were initially single reported lower relationship satisfaction and higher dissolution risk relative to those who were consistently in the same relationship. At 16 weeks, mothers who were initially single reported lower relationship commitment relative to those in the same relationship, with suggestive evidence of higher dissolution risk and partner

aggression as well. These findings indicate that these new relationships were generally lower functioning relative to the more established relationships that persisted across the 16 weeks. Additionally, many mothers (44%) who first reported that they were in a relationship at Week 8 were no longer in that relationship at Week 16. New relationships are often characterized by uncertainty (see Solomon & Knobloch, 2004), so it is understandable that new relationships would be lower in quality than established relationships or dissolve soon after formation. The postpartum period is also likely to be a particularly challenging time to initiate or reestablish a romantic relationship given the many demands associated with caring for a new baby. Nonetheless, the somewhat tenuous nature of these new relationships might have implications for maternal and child well-being.

## Limitations

Limitations of this study should be considered when interpreting findings. First, all mothers were enrolled in a clinical trial focusing on promoting different parenting practices. There were no differences between treatment groups in the variables under examination here, as expected, but it is possible that different patterns might have emerged if participants were not receiving an intervention. Second, several variables measured at Week 1 distinguished mothers whose relationships remained intact from mothers whose relationships ended, revealing early risk factors for dissolution. Nonetheless, replication and additional investigation are needed to understand a fuller set of factors that characterize mothers undergoing relational transitions. For example, these findings cannot speak to other, potentially more proximal experiences that may have influenced these dissolutions, such as coparenting quality or father involvement. Additionally, for mothers who formed relationships by Week 8 or Week 16, those assessments did not include whether that relationship was with the father of their baby (this was only assessed at Week 1). Moreover, in the present study, we were interested in comparing mothers who experienced no change in their initial relationship status to mothers who experienced a transition. Future research with larger samples could explore different categorizations of mothers, including comparing the experiences of mothers whose relationships ended but then started a new relationship to mothers whose relationships ended but were then single, or mothers who made multiple transitions of any type compared to mothers who made only one transition.

Additionally, this study included first-time Black mothers and their infants living in the southeastern United States who were recruited from a single hospital and predominantly living with low income. As such, these results should not be interpreted as reflecting population-level patterns among Black mothers. For instance, different patterns may emerge among mothers with other children, as they might have different experiences postpartum (e.g., more

<sup>5</sup> We saw similar patterns regarding relationship formation among the small group of mothers ( $n = 11$ ) who were in a relationship at Week 1 but had transitioned out of that relationship by Week 8. Among this group, two mothers reported being in a new relationship at Week 8 (both of which ended by Week 16), and four reported being in a relationship at Week 16. Accordingly, over half of the mothers whose initial relationship had dissolved by 8 weeks postpartum entered into a new relationship over the course of the study. These patterns must be interpreted cautiously given the small subsample but nonetheless complement the findings from the initially single mothers by showing that relationship formation was common during this period among mothers who were not partnered.

confidence in parenting, caring for a newborn while caring for their older children), which could influence their relationships. Next, we tracked mothers only through 16 weeks postpartum given the broader study aims. It would have been beneficial to conduct follow-up assessments through at least 1 year postpartum to facilitate more direct comparisons with previous findings (Center for Research on Child Wellbeing, 2003; Patnaik et al., 2023). Lastly, although our focus on Black mothers addresses a need for more research on the relationships of Black mothers postpartum (Perry-Jenkins & Schoppe-Sullivan, 2019), the present findings should not be taken to suggest that transitions into or out of relationships during the transition to parenthood are unique to Black families; indeed, such changes have been documented in studies with racially and ethnically diverse samples as well (e.g., Carlson et al., 2004; Wood et al., 2010).

## Implications

These limitations notwithstanding, these findings have important implications. Despite the high rate of births to unmarried mothers (Osterman et al., 2023), the preponderance of research on romantic relationships during the transition to parenthood has focused on married couples (Perry-Jenkins & Schoppe-Sullivan, 2019). As a result, the science of relationship change during the transition to parenthood has largely been a science of change in relationship quality (e.g., Doss & Rhoades, 2017; Kluwer, 2010). The present findings highlight notable changes in relationship status among this sample of first-time Black mothers during this period as well, including both relationship dissolution (among partnered mothers) and relationship formation (among single mothers). As such, these findings suggest that alongside a variety of other changes in the early postpartum period (e.g., changes in social roles; Nelson et al., 2014) and elevated contextual stressors, a significant percentage of first-time Black mothers may simultaneously be navigating changes in their romantic relationship status, which is important given that relationship dissolution and formation can have implications for maternal and child well-being (e.g., Brown, 2010; Meadows et al., 2008). Greater consideration of these transitions among other samples can provide a more robust understanding of the full breadth of changes in relationships during the postpartum period and the predictors of these changes.

In conducting this work, more nuanced (and more frequent) assessments of relationship *status* during the transition to parenthood will be needed. For example, dichotomous assessments (in a relationship or single) do not capture individuals whose relationship status is uncertain, such as those in an on-off relationship, those who are casually dating, or those who are unsure how to label their relationship status. Including these types of options would capture a fuller range of relational experiences. More nuanced assessments would also be valuable in clinical settings so that providers serving postpartum mothers can gain a more complete understanding of mothers' relationships. It will also be important to ensure that early parenthood interventions accommodate different close others providing support for the mother and child during the postpartum period; such interventions are typically designed to accommodate only the mother (e.g., Hickey et al., 2020; S. Liu et al., 2021) or the mother plus a consistent partner (see Pinquart & Teubert, 2010), with rare exceptions (Wasser et al., 2020). The inclusion of different support providers could allow nonpartner caregivers to benefit

from these interventions and facilitate support provision during the postpartum period.

## Conclusion

The present study provides data on the relative frequency of relationship dissolution and relationship formation among a community sample of first-time Black mothers during the first few months of the postpartum period and insights into initial differences between mothers who experienced changes in their relationship status and those mothers who remained partnered or single. Moving forward, attending to changes in the relationships of postpartum mothers with greater nuance in research and clinical settings will be important to better understand and support mothers' well-being and that of their children in the early postpartum period and beyond.

## References

- Beach, S. R. H., Lei, M. K., Simons, R. L., Barr, A. B., Simons, L. G., Cutrona, C. E., & Philibert, R. A. (2019). Perceived relationship support moderates the association of contextual stress with inflammation among African Americans. *Journal of Family Psychology, 33*(3), 338–348. <https://doi.org/10.1037/fam0000509>
- Brown, S. L. (2010). Marriage and child well-being: Research and policy perspectives. *Journal of Marriage and Family, 72*(5), 1059–1077. <https://doi.org/10.1111/j.1741-3737.2010.00750.x>
- Bryant, C. M., Wickrama, K., Bolland, J., Bryant, B. M., Cutrona, C. E., & Stanik, C. E. (2010). Race matters, even in marriage: Identifying factors linked to marital outcomes for African Americans. *Journal of Family Theory & Review, 2*(3), 157–174. <https://doi.org/10.1111/j.1756-2589.2010.00051.x>
- Carlson, M., McLanahan, S., & England, P. (2004). Union formation in fragile families. *Demography, 41*(2), 237–261. <https://doi.org/10.1353/de m.2004.0012>
- Ceballos, M., Wallace, G., & Goodwin, G. (2017). Postpartum depression among African-American and Latina mothers living in small cities, towns, and rural communities. *Journal of Racial and Ethnic Health Disparities, 4*(5), 916–927. <https://doi.org/10.1007/s40615-016-0295-z>
- Center for Research on Child Wellbeing. (2003). *The retreat from marriage among low-income families* (Fragile Families Research Brief No. 17). Princeton University. <https://ffcw.princeton.edu/sites/g/files/toruqf4356/files/researchbrief17.pdf>
- Center on Budget and Policy Priorities. (2023). *A quick guide to SNAP eligibility and benefits*.
- Conger, R. D., Conger, K. J., Elder, G. H., Jr., Lorenz, F. O., Simons, R. L., & Whitbeck, L. B. (1992). A family process model of economic hardship and adjustment of early adolescent boys. *Child Development, 63*(3), 526–541. <https://doi.org/10.2307/1131344>
- Cutrona, C. E., & Russell, D. (1987). The provisions of social relationships and adaptation to stress. In W. H. Jones & D. Perlman (Eds.), *Advances in personal relationships* (Vol. 1, pp. 37–67). JAI Press.
- Davis, D.-A. (2019). Obstetric racism: The racial politics of pregnancy, labor, and birthing. *Medical Anthropology, 38*(7), 560–573. <https://doi.org/10.1080/01459740.2018.1549389>
- Doss, B. D., & Rhoades, G. K. (2017). The transition to parenthood: impact on couples' romantic relationships. *Current Opinion in Psychology, 13*, 25–28. <https://doi.org/10.1016/j.copsyc.2016.04.003>
- Edin, K., & Kefalas, M. (2011). *Promises I can keep: Why poor women put motherhood before marriage*. University of California Press.
- Eisinga, R., Grotenhuis, M. T., & Pelzer, B. (2013). The reliability of a two-item scale: Pearson, Cronbach, or Spearman-Brown? *International*



- Journal of Public Health*, 58, 637–642. <https://doi.org/10.1007/s00038-012-0416-3>
- Funk, J. L., & Rogge, R. D. (2007). Testing the ruler with item response theory: Increasing precision of measurement for relationship satisfaction with the Couples Satisfaction Index. *Journal of Family Psychology*, 21(4), 572–583. <https://doi.org/10.1037/0893-3200.21.4.572>
- Geronimus, A. T. (2023). *Weathering: The extraordinary stress of ordinary life in an unjust society*. Hachette UK.
- Gonzalez, M., Jones, D., & Parent, J. (2014). Coparenting experiences in African American families: An examination of single mothers and their nonmarital coparents. *Family Process*, 53(1), 33–54. <https://doi.org/10.1111/famp.12063>
- Hickey, G., McGilloy, S., Leckey, Y., Leavy, S., Stokes, A., O'Connor, S., Donnelly, M., & Bywater, T. (2020). Exploring the potential utility and impact of a universal, multi-component early parenting intervention through a community-based, controlled trial. *Children and Youth Services Review*, 118, Article 105458. <https://doi.org/10.1016/j.childyouth.2020.105458>
- Jones, D. J., Shaffer, A., Forehand, R., Brody, G., & Armistead, L. P. (2003). Coparent conflict in single mother-headed African American families: Do parenting skills serve as a mediator or moderator of child psychosocial adjustment? *Behavior Therapy*, 34(2), 259–272. [https://doi.org/10.1016/S0005-7894\(03\)80016-3](https://doi.org/10.1016/S0005-7894(03)80016-3)
- Jones, D. J., Zalot, A. A., Foster, S. E., Sterrett, E., & Chester, C. (2007). A review of childrearing in African American single mother families: The relevance of a coparenting framework. *Journal of Child and Family Studies*, 16(5), 671–683. <https://doi.org/10.1007/s10826-006-9115-0>
- Karney, B. R., & Bradbury, T. N. (1995). The longitudinal course of marital quality and stability: A review of theory, method, and research. *Psychological Bulletin*, 118(1), 3–34. <https://doi.org/10.1037/0033-2909.118.1.3>
- Kluwer, E. S. (2010). From partnership to parenthood: A review of marital change across the transition to parenthood. *Journal of Family Theory & Review*, 2(2), 105–125. <https://doi.org/10.1111/j.1756-2589.2010.00045.x>
- Lavner, J. A., Hohman, E. E., Beach, S. R. H., Stansfield, B. K., & Savage, J. S. (2023). Effects of a responsive parenting intervention among Black families on infants' sleep: A secondary analysis of the Sleep SAAF randomized clinical trial. *JAMA Network Open*, 6, Article e236276. <https://doi.org/10.1001/Jamanetworkopen.2023.6276>
- Lavner, J. A., Savage, J. S., Stansfield, B. K., Beach, S. R. H., Marini, M. E., Smith, J. J., Sperr, M. C., Anderson, T. N., Hernandez, E., Moore, A. M., Caldwell, A. L., & Birch, L. L. (2022). Effects of the Sleep SAAF responsive parenting intervention on rapid infant weight gain: A randomized clinical trial of African American families. *Appetite*, 175, Article 106080. <https://doi.org/10.1016/j.appet.2022.106080>
- Lavner, J. A., Stansfield, B. K., Beach, S. R. H., Brody, G. H., & Birch, L. L. (2019). Sleep SAAF: A responsive parenting intervention to prevent excessive weight gain and obesity among African American infants. *BMC Pediatrics*, 19(1), Article 224. <https://doi.org/10.1186/s12887-019-1583-7>
- Lichter, D. T., Michelmore, K., Turner, R. N., & Sessler, S. (2016). Pathways to a stable union? Pregnancy and childbearing among cohabiting and married couples. *Population Research and Policy Review*, 35(3), 377–399. <https://doi.org/10.1007/s11113-016-9392-2>
- Liu, C. H., Giallo, R., Doan, S. N., Seidman, L. J., & Tronick, E. (2016). Racial and ethnic differences in prenatal life stress and postpartum depression symptoms. *Archives of Psychiatric Nursing*, 30(1), 7–12. <https://doi.org/10.1016/j.apnu.2015.11.002>
- Liu, S., Phu, T., Dominguez, A., Hurwich-Reiss, E., McGee, D., Watamura, S., & Fisher, P. (2021). Improving caregiver self-efficacy and children's behavioral outcomes via a brief strength-based video coaching intervention: Results from a randomized controlled trial. *Prevention Science*. Advance online publication. <https://doi.org/10.1007/s11121-021-01251-6>
- Meadows, S. O., McLanahan, S. S., & Brooks-Gunn, J. (2008). Stability and change in family structure and maternal health trajectories. *American Sociological Review*, 73(2), 314–334. <https://doi.org/10.1177/000312240807300207>
- Mehra, R., Boyd, L. M., Magriples, U., Kershaw, T. S., Ickovics, J. R., & Keene, D. E. (2020). Black pregnant women 'get the most judgment': A qualitative study of the experiences of Black women at the intersection of race, gender, and pregnancy. *Women's Health Issues*, 30(6), 484–492. <https://doi.org/10.1016/j.whi.2020.08.001>
- Nelson, S. K., Kushlev, K., & Lyubomirsky, S. (2014). The pains and pleasures of parenting: When, why, and how is parenthood associated with more or less well-being? *Psychological Bulletin*, 140(3), 846–895. <https://doi.org/10.1037/a0035444>
- Osterman, M. J. K., Hamilton, B. E., Martin, J. A., Driscoll, A. K., & Valenzuela, C. P. (2023). Births: Final data for 2021. *National Vital Statistics Reports*, 72(1), 1–52. National Center for Health Statistics. <https://doi.org/10.15620/cdc:122047>
- Patnaik, A., Wood, R. G., & Gonzalez, K. (2023). Impacts of healthy marriage and relationship education for expectant and new mothers. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 72(4), 1456–1473. <https://doi.org/10.1111/fare.12818>
- Perry-Jenkins, M., & Schoppe-Sullivan, S. (2019). The transition to parenthood in social context. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles, & M. A. Whisman (Eds.), *APA handbook of contemporary family psychology: Foundations, methods, and contemporary issues across the lifespan* (Vol. 1, pp. 463–482). American Psychological Association. <https://doi.org/10.1037/0000099-026>
- Pinquart, M., & Teubert, D. (2010). A meta-analytic study of couple interventions during the transition to parenthood. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 59(3), 221–231. <https://doi.org/10.1111/j.1741-3729.2010.00597.x>
- Shulman, S., & Connolly, J. (2013). The challenge of romantic relationships in emerging adulthood: Reconceptualization of the field. *Emerging Adulthood*, 1(1), 27–39. <https://doi.org/10.1177/2167696812467330>
- Solomon, D. H., & Knobloch, L. K. (2004). A model of relational turbulence: The role of intimacy, relational uncertainty, and interference from partners in appraisals of irritations. *Journal of Social and Personal Relationships*, 21(6), 795–816. <https://doi.org/10.1177/0265407504047838>
- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and Family*, 38(1), 15–28. <https://doi.org/10.2307/350547>
- Stanley, S. M., & Markman, H. J. (1992). Assessing commitment in personal relationships. *Journal of Marriage and Family*, 54(3), 595–608. <https://doi.org/10.2307/353245>
- Straus, M. A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scales. *Journal of Marriage and Family*, 41(1), 75–88. <https://doi.org/10.2307/351733>
- Surjadi, F. F., Lorenz, F. O., Wickrama, K. A. S., & Conger, R. D. (2011). Parental support, partner support, and the trajectories of mastery from adolescence to early adulthood. *Journal of Adolescence*, 34(4), 619–628. <https://doi.org/10.1016/j.adolescence.2010.10.001>
- Tran, P., Judge, M., & Kashima, Y. (2019). Commitment in relationships: An updated meta-analysis of the Investment Model. *Personal Relationships*, 26(1), 158–180. <https://doi.org/10.1111/per.12268>
- Vilda, D., Hardeman, R., Dyer, L., Theall, K. P., & Wallace, M. (2021). Structural racism, racial inequities and urban-rural differences in infant mortality in the US. *Journal of Epidemiology and Community Health*, 75(8), 788–793. <https://doi.org/10.1136/jech-2020-214260>
- Wasser, H. M., Thompson, A. L., Suchindran, C. M., Goldman, B. D., Hodges, E. A., Heinig, M. J., & Bentley, M. E. (2020). Home-based

- intervention for non-hispanic black families finds no significant difference in infant size or growth: Results from the mothers & others randomized controlled trial. *BMC Pediatrics*, 20(1), Article 385. <https://doi.org/10.1186/s12887-020-02273-9>
- Whisman, M. A., Davila, J., & Goodman, S. H. (2011). Relationship adjustment, depression, and anxiety during pregnancy and the postpartum period. *Journal of Family Psychology*, 25(3), 375–383. <https://doi.org/10.1037/a0023790>
- Williams, H. M. (2023). We get by with family: Maternal partnership transitions and extended kin coresidence. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 72(5), 2353–2370. <https://doi.org/10.1111/fare.12883>
- Wilson, M. N. (1986). Perceived parental activity of mothers, fathers, and grandmothers in three-generational Black families. *Journal of Black Psychology*, 12(2), 43–59. <https://doi.org/10.1177/009579848601200201>
- Wood, R., McConnell, S., Moore, Q., Clarkwest, A., & Hsueh, J. (2010). *Strengthening unmarried parents' relationships: The early impacts of building strong families*. Mathematica Policy Research.

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