Transition to parenthood and quality of parenting among gay, lesbian and heterosexual

couples who conceived through assisted reproduction

Abstract

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- 4 Little research has focused on the emotions felt during pregnancy and early parenthood as
 5 well as the initial quality of parenting displayed by first-time parents who conceived using
- 6 assisted reproduction technologies (surrogacy, donor insemination, and in vitro fertilization).
- 7 Research on primary and secondary caregivers in gay, lesbian, and heterosexual families is
- 8 especially sparse. The current study examined 35 gay-father families, 58 lesbian-mother
- 9 families and 41 heterosexual-parent families with their infants. Families were assessed at
- home when their infants were 4 months old (± 14 days), and each parent participated in an
- audio-recorded standardized semi-structured interview in which we explored parental feelings
- during pregnancy, feelings about the parental role, perceived parental competence, the
- enjoyment of parenthood, expressed warmth and emotional over-involvement of parents.
- 14 Heterosexual parents reported less positive feelings in early pregnancy than lesbian parents,
- while gay parents reported less positive feelings at the end of pregnancy than lesbian mothers
- and more positive feelings about parenthood during the first post-partum weeks than
- 17 heterosexual parents. There was no interaction between family type and caregiver role on
- reported feelings, or on perceived competence, enjoyment, warmth, and involvement. The
- 19 present findings elucidate the transition to parenthood among first-time parents conceiving
- 20 through assisted reproductive technologies, and especially contribute to our knowledge about
- 21 gay fathers who became parents through surrogacy.
- **Key words:** gay fathers, lesbian mothers, assisted reproduction technologies, transition to
- 23 parenthood, parental warmth

25 Introduction

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The number of couples pursuing parenting using assisted reproductive technologies (ARTs) has increased in Western societies over recent decades (Ferraretti et al., 2012), and a growing number of children have been born following the use of ARTs (Adamson et al., 2006). The procedures involved include in vitro fertilization (IVF), sperm donation, egg donation, embryo donation, and surrogacy. Initially designed for infertile heterosexual couples, with the first baby born via IVF in 1978 (Steptoe & Edwards, 1978), these techniques have increasingly been used by single women and by same-sex couples (Friedman, 2007; Johnson & O'Connell, 2002). There are important differences between heterosexual parents and same-sex parents who have utilized ARTs. For example, many heterosexual users have experienced infertility whereas infertility is not the main reason why same-sex intended parents use ARTs. Same-sex couples choose ART because they wish to raise children from birth (Bigner & Jacobson, 1989; Lev, 2006) and because ARTs allow them to have biological connections to their children (Lev, 2006; Mitchell & Green, 2007; Murphy, 2013). Heterosexual and same-sex couples who conceive using ARTs are similar in that they face difficulties becoming parents. For heterosexual parents, a history of infertility can be associated with increased psychological distress relating to both the infertility and the infertility treatment (Ellison & Hall, 2003). In addition, it may diminish self-esteem (Gibson Ungerer, Tennant et al., 2000), due in large part to the importance given to childbearing and to the transition to parenthood for both women and men in Western societies. In some countries, same-sex couples lack access to ARTs and receive less legal, cultural, and institutional support (Riskind, Patterson, & Nosek, 2013). Moreover, they have to overcome public beliefs that children should ideally be raised in traditional families with both mothers and fathers (Van de Meerendonk & Scheepers, 2004). Thus, both heterosexual and same-sex couples who conceive using ARTs have to cope with the stress induced by social stigma

which may result in higher parenting stress and thus may affect the transition to parenthood and the quality of parenting (Bos, van Balen, & van den Boom, 2004) which in turn affect child functioning (e.g., Patterson, 1988). Understanding the experience of gay-father, lesbian-mother and heterosexual parents as they become parents is especially significant in light of the increasing numbers of couples using ARTs. The present research therefore focused on the transition to parenthood and on the quality of parenting in families conceived by means of ARTs: surrogacy in the gay-father families, insemination with donor sperm in the lesbian-mother families and in vitro fertilization (IVF) in the heterosexual-parent families.

Although the routes to parenthood might be different, becoming parent is a major life event for both heterosexual and same-sex individuals and all new parents have to cope with novel experiences. According to Belsky (1984), the transition to parenthood generates changes in the couple's relationship, with consequences for parenting quality, parent-child relationships, and children's psychological wellbeing. The arrival of the first baby also causes major changes in the couple's working life (Cappuccini & Cochrane, 2000; Mercer, 2004). In heterosexual couples, one of the greatest sources of conflict during the transition to parenthood is the division of household labor (Cowan & Cowan, 1992), especially regarding child care (Belsky & Pensky, 1988). New heterosexual parents often report increasingly sexstereotyped roles and expectations, with mothers expected to assume primary responsibility for parenting and become the primary caregivers (McBride, Brown, Bost, Shin, & Vaughn, 2005; Wall & Arnold, 2007). In same-sex couples, the assignment of parenting roles depends on other factors and tends to be more egalitarian (Farr & Patterson, 2013) with satisfaction regarding the division of household labor positively associated with relationship satisfaction (Tornello, Kruczkowski, & Patterson, 2015).

Research on the transition to parenthood has largely focused on heterosexual families with naturally conceived children. Studies have shown that pregnant women have more

negative feelings towards pregnancy and less positive feelings about parenthood than do men (Hildingsson & Thomas, 2014), and that both maternal and paternal satisfaction increases in the months following birth (Hudson, Elek, & Fleck, 2001). Concerning same-sex parents, research on the transition to parenthood has mainly investigated how couples make decisions about conception (Dempsey, 2013; Goldberg, 2006), their perceptions of social support (Bergman, Rubio, Green, & Padron, 2010) and their relationship quality (Goldberg & Sayer, 2006). Little is known about parental feelings during pregnancy and feelings about parental roles after birth in parents using ARTs to conceive, although early caregiving patterns influence parents-infant interactions and in turn perceptions of pleasure and gratification associated with the parenting role (Hudson et al., 2001). For heterosexual parents, suffering induced by infertility can arouse negative feelings such as fear of miscarriage during pregnancy (Mathews & Mathews, 1986), and anxiety (McMahon, Ungerer, Beaurepaire, Tennant, & Saunders, 1997). Gay couples may be anxious about the fetus's and the surrogate's health (Kleinpeter, 2002) and may be concerned about the surrogate's pregnancy (Ziv & Freund-Eschar, 2015). Gay fathers thus might experience negative feeling during pregnancy especially during their first experience of overseas surrogacy. The current study therefore aimed to compare the parental feelings during pregnancy and early feelings about parental roles in same-sex parent families and heterosexual-parent families who conceived using ARTs. Research on early experiences of parenthood has largely focused on heterosexual families. In a study of assisted reproduction families, IVF-mothers of 4-month-old infants felt less able to understand their infants' signals and to soothe them than natural-conception

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Ungerer, McMahon et al., 2000). For fathers, there were no differences between those with IVF- and naturally conceived children in perceptions of parenting competency. Although

mothers (McMahon & Gibson, 2002) but were equally sensitive to their infants (Gibson,

report similar levels of parental satisfaction (Gameiro et al., 2011), social stigma and the lower self-esteem related to infertility may adversely affect perceptions of parental competence (Gibson, Ungerer, Tennant et al., 2000). Early parenting by same-sex couples has not been studied but lesbian and heterosexual mothers with older children experience of parenthood similarly and report the same levels of parental competence and nurturing (for a review see Golombok & Tasker, 2015). Some studies of parenting by same-sex adoptive couples have found equivalent parenting skills in adoptive gay fathers and heterosexual fathers (Goldberg & Smith, 2009; Golombok et al., 2014), and no differences between children with gay and heterosexual adoptive parent in well-being and adjustment (Farr, Forssell, & Patterson, 2010). Moreover, no significant differences were found on children's well-being between gay fathers and heterosexual parent (Bos, Kuijper, & Gartrell, 2017). Studies of gay-father families formed through surrogacy show positive parenting outcomes (Baiocco et al., 2015), but gay fathers are exposed to stigma regarding their sexual identity (Goldberg, 2010) and it is widely believed that fathers are less nurturing than mothers (see Biblarz & Stacey, 2010). This may result in negative parenting experiences for gay fathers. The present study therefore was designed to compare the experiences of parenting during the first month after birth in gay-father families, lesbian-mother families, and heterosexual-parent families formed using ARTs. In some early studies about quality of parenting, IVF-mothers seemed warmer and more emotionally involved than natural conception parents (for a review see Golombok & Tasker, 2015) but other researchers found no family-type differences in warmth (Gibson,

studies of heterosexual families show ART parents and those who conceived spontaneously

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Tasker, 2015) but other researchers found no family-type differences in warmth (Gibson, Ungerer, McMahon et al., 2000) or parental involvement (Barnes et al., 2004). Studies of same-sex parents have shown that lesbian mothers were as warm and responsive as single heterosexual mothers (MacCallum & Golombok, 2004) or warmer than single heterosexual

mothers (Golombok, Tasker, & Murray, 1997), suggesting that lesbian mothers may give children a "double dose" of warmth (Biblarz & Stacey, 2010). Inconsistent findings have been reported concerning fathers. Bos (2010) found no differences between gay fathers and heterosexual fathers who conceived naturally in emotional involvement (i.e., expression of affection and enjoyment of parenthood) whereas Golombok et al. (2014) reported that gay adoptive fathers expressed more warmth than heterosexual parents and were similar to lesbian mothers. However, most studies have focused on parents with preschool age and school-age children. The first month's post-partum may be a particularly relevant time to study early feelings about the parental role and the quality of parenting, as the new parents are actively forming relationships with their infants during this period (Loutzenhiser & Sevigny, 2008). Therefore, the present research, focusing on infant period, explored differences in parental warmth and involvement between first-time heterosexual parents and same-sex parents who conceived through ARTs.

The Current Study

The aim of the present study was to investigate the transition to parenthood by first-time parents with infants born using ARTs. We compared parental feelings during pregnancy, early feelings about parental roles, experiences of parenting and the quality of parenting in three types of families: gay-father families with infants born through surrogacy, lesbian-mother families with children born through insemination by sperm donation, and heterosexual-parent families who used IVF (without sperm or egg donation). Firstly, parents in all three types of families used ARTs which might cause social stigma and parenting stress which in turn might influence their feelings during pregnancy and early parenthood. Secondly, the gender composition of the parental dyads varied and these differences might influence how parents experience the transition to parenthood. Finally, being the primary or

secondary caregiver may also influence the way first-time parents experience parenthood and the parenting role (Deutsch, 2001) so this, too, was explored.

151 Method

Recruitment of participants

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The participants in the present study were involved in an international research project on couples who became parents through assisted reproductive technologies. The project was carried out by collaborating researchers in France, The Netherlands, and The United Kingdom (UK). Ethical approval for the study was obtained from the relevant committees at each of the researchers' home institutions. In each country, participants were recruited through several sources, such as specialist lawyers with expertise in surrogacy (for the recruitment of gay fathers), lesbian and gay parenting support groups, infertility support groups (for the recruitment of heterosexual parents), fertility clinics (for the recruitment of lesbian and heterosexual parents), and online forums and magazines (for recruitment into all three groups). According to the inclusion criteria, all participants were couples who had used assisted reproductive techniques to conceive. Concerning methods of conception, gay-father families had to have used surrogate carriers with or without egg donation, lesbian-mother families had to have used anonymous sperm donors with one of the two mothers carrying the fetus, and heterosexual-parent families had to have used IVF without sperm or egg donation with mothers carrying the fetus. Additionally, all parents had to be primiparous; families with singletons or twins were included. Only families who provided active consent were allowed to participate in the project. One hundred and forty families participated in this international research project: 38 gay-father families, 61 lesbian-mother families, and 41 heterosexualparent families. Both parents in all families were invited to participate in a project that included an audio-recorded standardized semi-structured interview, standardized questionnaires online, and video-recorded observations.

Participants in the current study

The present paper presents results for families who took part in the interview. We thus excluded three families because the home visit could not be arranged (parents were not available), one family because only one parent was interviewed, and two more families because there were missing data. The study reported here thus involves 134 families: 35 gay-father families, 58 lesbian-mother families and 41 heterosexual-parent-families.

The parent who was most involved with the baby on a day-to-day basis was labeled as the primary caregiver and other parent was labeled as the secondary caregiver. To identify the primary and secondary caregivers in each family, 6 items on the "Who does what" instrument (Cowan & Cowan, 1990) were used. Both parents were asked who was responsible for their infant's weekday care: (a) when getting up, during breakfast, and when dressing the infant, (b) during the day from 9.00 a.m. to 1.00 p.m., (c) during the day from 1.00 p.m. to 5.00 p.m., (d) when having dinner, during playtime, at bedtime, (e) in the evening until midnight, and (f) when the infant needed care in the middle of the night. Response options ranged from 1 ("I do it all") to 9 ("Partner does it all"). The primary caregiver was therefore the parent with the lower average score on these six items. In eight families (5.71%) both parents had the same average score on the abovementioned six items and in 34 families (24.29%) one of the parents in a family unit had a missing value on one of the six items. Therefore, in these 42 families, the answer to the question "During the past week, who spent most time with [name infant(s)]?" (asked by the research assistant when arranging the home visit) was used to identify the primary caregiver.

Demographics characteristics for these 134 families are specified in Table 1. Nineteen (14%) had twins and 115 families (86%) had singleton. Gay couples were more likely to have twins (31%) than lesbian couples (5%) and heterosexual couples (12%) ($\chi^2(2) = 12.56$, p < 0.01). About 44% of the infants were male and 56% female, with no difference between gay,

lesbian, and heterosexual couples ($\chi^2(2) = 0.36$, ns). A two-way analysis of variance of parents' age with family type and caregiver role as independent variables revealed no significant effect for caregiver role, F(1, 257) = 0.64, p > .05 and a significant effect for family type, F(2, 257) = 26.62, p < .001. A Bonferroni post hoc test revealed that gay fathers were older (M = 38.63, SD = 6.11) than lesbian mothers (M = 33.16, SD = 4.05) and heterosexual parents (M = 34.85, SD = 4.89) ($p_s < .001$). The interaction between caregiver role and family type was not significant, F(2, 257) = 2.60, p > .05. Parents had been in relationships between 2 and 16.5 years, with an average duration of 8.13 years (SD = 3.62). Relationship duration differed by family type (F(2, 131) = 9.43, p < .001); a *Bonferroni* post hoc test revealed that relationship duration was shorter for lesbian parents (M = 6.77, SD =2.77) than for gay parents (M = 9.86, SD = 4.15) and heterosexual parents (M = 8.13, SD =3.62). There were also group differences in relationships status ($\chi^2(2) = 7.88, p < .05$), with lesbian couples more likely to be married or in civil partnerships (91%) than gay couples (69%) or heterosexual couples (76%). Families lived in large (29%), medium (33%), or smallsized cities (33%), and 6% lived in rural settings. Residential location differed by family type $(\chi^2(6) = 13.78, p < .05)$ with more gay parents living in medium or large cities (77%) than lesbian parents (61%) and heterosexual parents (47%). There were no significant group differences in family income ($\chi^2(4) = 7.06$, ns). Working status differed by family type for primary caregivers ($\chi^2(4) = 11.61$, p < .05) with more lesbian mothers than gay parents and heterosexual parents having part-time jobs. Differences were also found for secondary caregivers ($\chi^2(4) = 10.55$, p < .05) with fewer heterosexual parents having part-time jobs than gay parents and lesbian parents.

Procedure

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The families were assessed at home when their infants were 4 months old (± 14 days), by one or two investigators trained in the study techniques. Infants' postnatal and corrected

age at the 4-month visit did not differ by family types. Before the home visit, the parents each completed online questionnaires (protected by unique passwords for each parent) on their demographics characteristics and on their infant's temperament. During the home visit, each parent participated in an audio-recorded standardized semi-structured interview. Data unrelated to the scope of this paper were also collected during the visit (each parent completed standardized questionnaires online and participated in three video-recorded observations).

Measures

Data regarding parental feelings during pregnancy, feelings about the parental role, and parental experiences of parenting, warmth and involvement were collected by means of an interview designed to measure the quality of the parenting. Responses to the relevant items might be influenced by the temperament of the infant, so we also asked the parents to complete a questionnaire about the infant's characteristics.

Parent interview. Each parent was interviewed separately using an adaptation of a standardized semi-structured interview designed by Quinton and Rutter (1988) to assess the quality of parenting, which had been successfully used in previous studies of non-traditional families (e.g. Golombok, Cook, Bish, & Murray, 1995; Golombok et al., 2017). In the current study, some questions were adapted to be suitable for parents with infants or were removed because the content was not relevant for parents of infants, and additional questions relating to the pregnancy were also asked. Thus, lengthy and detailed questioning was used to elicit information about the infants and the parents' responses, with reference to the parents' feelings about pregnancy, the parents' feeling about the parental role, the parents' feelings about the infant, relationships within the family unit, babysitting, and child care (e.g., "How did you feel when you first found out the surrogate/you/your partner was pregnant?"; "How did you feel about having him/her/them home in the first few weeks after birth?"; "How do you feel about leaving him/her/them in the daycare?"; "How did you fell about the role of

looking after the baby, with the others roles you have in the family/work?"). Using a detailed and standardized coding criteria taking into account in-depth information obtained from the parents' responses as well as the assessment of nonverbal aspects of the parents' responses (Golombok et al., 1995; Golombok et al., 2017; Quinton and Rutter, 1988) researchers completed the rating described below.

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The following variables were coded: (a) feelings at the beginning of pregnancy, rated on a 4-point scale from 0 (high anxiety) to 3 (happy), assessed the parent's feelings when they first found out about the pregnancy; (b) feelings at the end of pregnancy, rated on a 4-point scale ranging from 0 (high anxiety) to 3 (happy), evaluated the parent's feelings during and at the end of pregnancy; (c) initial feelings about parental role, rated on a 5-point scale from 0 (rejecting) to 4 (happy), assessed feelings about being a parent during the first post-partum weeks; (d) current feelings about parental role, rated on a 5-point scale from 0 (rejecting) to 4 (happy), assessed feelings about being a parent when the infant was 4 months old; (e) perceived competence, rated on a 4-point scale from 0 (a lot of difficulties) to 3 (no difficulties), evaluated the parent's sense of competence, the level of problems associated with parenting, and parental beliefs about other parent's experiences; (f) enjoyment of parenthood, rated on a 4-point scale ranging from 0 (none) to 3 (a great deal), measured expressed enjoyment as well as reservations about parenthood; (g) expressed warmth, rated on a 6-point scale from 0 (none) to 5 (high), evaluated the parent's tone of voice, facial expressions and gestures when talking about their infant, spontaneous expressions of warmth, sympathy, and concern about any difficulties experienced by the infant, as well as enthusiasm and interest in the infant as a person; and (h) emotional over-involvement, rated on a 4-point scale ranging from 0 (little or none) to 3 (enmeshed), measured the extent to which family life and the parent's emotions were centered on the baby, the extent to which the parent was overconcerned or overprotective regarding the child, and the extent to which the parent had

interests apart from those relating to the child. In order to calculate inter-rater reliabilities, 20% of the interviews were coded by a second coder; intra-class correlation coefficients for these variables ranged from .76 to .96.

Infant temperament. The primary caregiver completed the Infant Characteristics Questionnaire (ICQ; English version: Bates, Freeland, & Lounsbury, 1979; French version: Bertrais, Larroque, Bouvier-Colle, & Kaminski, 1999; Dutch version: Kohnstamm, 1984), an instrument designed to measure parental perceptions of infant temperament. This instrument produces scores on Fussy/Difficult, Unadaptable, Dull, and Unpredictable subscales, with higher scores representing more difficult temperaments. For the current analyses, scores on the 7-item Fussy/Difficult subscale were combined to create the covariate used in the analyses reported below. Parents were asked to rate their infants' behavior (e.g., How easy or difficult is it for you to calm or soothe your baby when he/she is upset?) using a 7-point scale (1 = easier behavior; $7 = most \ problematic \ behavior$), with higher scores representing more fussy temperament. The internal consistency coefficient for the Fussy/Difficult subscale was adequate ($\alpha = .71$).

Statistical Analysis

For descriptive analyses, Pearson correlations coefficients were calculated using the IBM Statistical Package for the Social Sciences (SPSS) Statistics 19 for Windows. To investigate the transition to parenthood by first-time parents with infants born using ARTs, we used multilevel modeling (with HLM 7.01, Raudenbush, Bryk, & Congdon, 2013), because parents (Level 1) were nested within couples (Level 2), and therefore we took into account the within-couple dependency on the outcome variable scores (Smith, Sayer, & Goldberg, 2013). At level 1, parents were distinguished by caregiver role, and at level 2, comparisons were made on all parents independently of caregiver role. In line with Belsky's (1984) model of the determinants of parenting, measures of parental characteristics (caregiver role and parent

gender), child characteristics (infant temperament, number of baby), and contextual factors (family type) were distinguished. At level 1, caregiver role and parent gender were entered as predictors. At Level 2, family type was entered as a predictor and both child temperament and the number of children (singleton versus twins) were entered as covariates. As family type was a categorical variable, a dummy variable was created. For each model, a first analysis was run with heterosexual parents as the reference category. Then, in order to test for the difference between gay parents and lesbian parents, a second analysis was run with lesbian parents as the reference category.

307 Results

Descriptive statistics and correlations

Descriptive statistics for measures based on gender, family type and caregiver role are presented in Table 2. Looking at mean levels of the studied variables across the total sample, parents reported high levels of positive feelings at the beginning of pregnancy (M = 2.39, SD = 0.85), moderately high levels of positive feelings at the end of pregnancy (M = 2.07, SD = 0.97), moderately high levels of positive initial feelings about the parental role (M = 2.98, SD = 0.99), high levels of positive current feelings about the parental role (M = 3.38, SD = 0.72), high levels of perceived competence and enjoyment of parenthood (respectively M = 2.33, SD = 0.64, and M = 2.55, SD = 0.67), moderately high levels of expressed warmth (M = 3.70, SD = 1.26), and low levels of emotional over-involvement with the child (M = 0.59, SD = 0.80). Correlations among the studied variables are presented in Table 3. Correlational analyses revealed significant positive associations between feelings during pregnancy and feelings regarding parenthood during the first months after the baby's birth: the more feelings at the beginning of pregnancy were positive, the more positive feelings were at the end of pregnancy and the more positive were the initial feelings about parenthood. When parents

reported positive feelings at the end of pregnancy, they were more likely to evaluate their

experiences of parenting and perceive competence positively. Moreover, there were significant correlations between feelings at the end of pregnancy and feelings towards the child: higher positive feelings at the end of pregnancy were associated with less emotional over-involvement with the child. Finally, all inter-correlations among initial positive feelings about parenthood, current positive feelings about parenthood, parental experiences and perceived competence, enjoyment of the child, and expressed warmth were positive and significant.

Multilevel modeling

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Table 4 presents results for the models with heterosexual families as the reference family type category. The analysis revealed that lesbian parents expressed more positive feelings at the beginning of pregnancy (M = 2.55, SD = 0.69) than heterosexual parents (M =2.14, SD = 0.97) ($\beta = .52$, SE = .18, p < .01), with no significant difference between gay parents and heterosexual parents. Lesbian parents also expressed more positive feelings at the end of pregnancy (M = 2.34, SD = 0.79) than heterosexual parents (M = 1.98, SD = 1.02) ($\beta =$.51, SE=.19, p < .01), and gay parents expressed less positive feelings at the end of pregnancy (M = 1.73, SD = 1.06) than heterosexual parents (M = 1.98, SD = 1.02) $(\beta = -.44, SE = .22, p < .44)$.01). The analysis with lesbian parents as the reference category for the family type variable also revealed that lesbian parents reported more positive feelings at the end of pregnancy (M = 2.34, SD = 0.79) than gay parents (M = 1.73, SD = 1.06) (β = -.95, SE = .26, p < .001). Moreover, gay parents expressed more initially positive feelings about the parental role (M =3.27, SD = 0.74) than heterosexual parents (M = 2.85, SD = 1.05) ($\beta = .37$, SE = .18, p < .05). Caregiver role predicted emotional over-involvement, with primary caregivers reporting more emotional over-involvement (M = 0.72, SD = 0.87) than secondary caregivers (M = 0.45, SD = 0.71) ($\beta = -.24, SE = .10, p < .05$). There were no caregiver role differences in feelings during pregnancy, feelings about the parental role, perceived competence, enjoyment

of parenthood and expressed warmth. There were also no gender of parent differences in feelings during pregnancy, feelings about the parental role, perceived competence, enjoyment of parenthood, expressed warmth and emotional over-involvement.

352 Discussion

This study explored the transition to parenthood and the quality of parenting in first-time parents who conceived using assisted reproductive technologies (ARTs) and revealed strikingly few differences between gay-father families, lesbian-mother families, and heterosexual-parent families. At the beginning of pregnancy, lesbian couples reported more positive feelings than heterosexual couples. At the end of pregnancy, lesbian couples reported more positive feelings than heterosexual and gay couples. Gay couples reported less positive feelings than heterosexual parents at the end of pregnancy but expressed more positive feelings about the parental role during the first post-partum weeks than heterosexual parents. In all types of families, primary caregivers were more likely to report greater emotional over-involvement than the secondary caregivers.

Feelings during pregnancy were related to feelings about the parenting role during the first four post-partum months. Parents who had more positive feelings during pregnancy reported experiencing higher levels of competence 4 months post-partum. Feelings concerning parenting during the first weeks at home were also associated with positive feelings about the parenting role at 4 months, as well as perceived competence, enjoyment of and warmth.

Differences between gay couples and the other couples at the end of the pregnancy may be explained by the fact that their pregnancies were experienced more remotely. Gay parents reported that, although they were frequently in contact with the surrogates, the fact that they were not physically present during the pregnancies generated "fear about missing the baby's birth" or "fear of administrative or legal difficulties that delayed them from coming

home with their baby" which in turn made their feelings less positive. Gay couples choose surrogacy in order to ensure their biological relatedness and legal status but this generated anxiety during pregnancy which was sometimes exacerbated by legal obstacles (Ryan & Berkowitz, 2009).

By contrast, difficulties related to the infertility of heterosexual couples may explain differences between them and lesbian couples during pregnancy. The heterosexual parents had experienced infertility and had to use IVF, whereas the lesbian mothers chose ART as a way of becoming parents. Moreover, IVF is a more stressful procedure than donor insemination. Indeed, heterosexual parents indicated that conceiving children through IVF was an "exhausting" and "stressful process". They also reported being anxious throughout the pregnancy, resulting in "waiting to tell relatives and friends about the pregnancy", "fear of having a miscarriage in the first trimester" and "being afraid that pregnancy would be terminated prematurely". Such feelings have also been reported in other studies exploring the emotional reactions of heterosexual parents who used IVF (Mathews & Mathews, 1986; McMahon et al., 1997).

The current findings with respect to feelings during pregnancy and those about the parental role are consistent with other reports that feelings during pregnancy are associated with feelings both in the perinatal period and into toddlerhood (e.g., de Cock et al., 2016). During pregnancy, more positive feelings are related to better prenatal health practices and measures of the children's well-being (Lindgren, 2001; Van den Bergh & Simons, 2009). Positive parental evaluations of their capacities and competence affect their motivation, satisfaction, and behaviors (Hudson et al., 2001). The current study was the first to document these associations on the part of parents who conceived using ARTs.

The few differences between gay parents' and heterosexual parents' feelings about parental roles during the first post-partum weeks could be explained by the gender

composition of the parents. In heterosexual families, the mothers experienced pregnancies and deliveries which may have affected their feelings during the first post-partum weeks. Some heterosexual mothers described that the first-weeks as "difficult" because the delivery had sapped their health and energy and others reported difficulties initiating breastfeeding. Such pain and tiredness have been associated with reduced satisfaction in other research (Bell et al., 2008; Indraccolo, Bracalente, Di Iorio, & Indraccolo, 2012). Moreover, new heterosexual fathers sometimes feel helpless and anxious, while perceiving mothers as more experienced and naturally equipped to provide childcare (Kowlessar, Fox, & Wittowski, 2015). In gayfather families, by contrast, both parents are men, so neither can experience possible difficulties caused by delivery or breastfeeding. Instead, participants described their experiences in egalitarian terms. Gay parents generally appeared to share in domestic and childcare tasks and to have similar levels of parental involvement (Fossoul, D'Amore, Miscioscia, & Scali, 2013) whereas in heterosexual families, mothers usually spend more time in childcare than fathers do. Feelings about parental roles did not differ between heterosexual parents and lesbian mothers because such pain and tiredness are also probably true for lesbian mothers. In addition, lesbian mothers' and gay fathers' feelings about parental roles did not differ, probably because both gay fathers and lesbian mothers are more likely to share childcare and domestic tasks (Gartrell & Bos, 2010). Regardless of family type, primary caregivers reported that their lives were more

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Regardless of family type, primary caregivers reported that their lives were more centered on childcare and they were more likely to be concerned and protective and have fewer interests apart from the baby than secondary caregivers, some of whom were engaged in work outside of home. Nevertheless, the emotional over-involvement scores of the two groups of caregiver were low, indicating appropriate levels of involvement in both groups Overall, the parents' quality of parenting, their feelings about parenting, their

perceived competence, and their enjoyment of parenthood, generally did not vary depending

on family type or parental gender. Previous studies have also reported similarities with respect to parenting experiences, parental competence, warmth and responsiveness between same-sex parents and heterosexual parents (Bos et al., 2004; MacCallum & Golombok, 2004). When differences have been found, they showed better outcomes for families who had used ARTs (Golombok & Tasker, 2015; Van Balen, 1996). In the current study, gay fathers conceiving through surrogacy, lesbian mothers conceiving through donor insemination, and heterosexual parents conceiving through IVF were equivalently warm, experienced as much pleasure with and enjoyment of their babies, reported similar levels of competence, and were equivalently involved.

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A limitation of the study was the size of the samples. It was not possible, thus, to explore differences between the parents' feelings during pregnancy and early childhood or the parents' quality of parenting in the three countries where they lived. Future studies with larger samples are needed since the legal and cultural contexts in the U.K., France, and the Netherlands differ quite substantially. Moreover, because all the participants had experienced planned pregnancies and had moderate to superior incomes, the findings cannot be generalized more widely. Another limitation could be that participants were asked to describe their feelings retrospectively; this might have reduced the validity of our findings regarding the parents' feelings during pregnancy and its association with feelings about parental role at first weeks. However, the ratings were made taking into account very detailed information obtained during the interviews as in previous studies using this procedure (e.g., Golombok et al., 2014). A further limitation was that the poles on the feeling scales ("high anxiety" vs "happy") might seem not to assess the same construct. It can be assumed, however, that these are contrasting emotions and detailed coding criteria were used. It might be interesting, however, to use two distinct scales, one ranging from "unhappy to "happy" and another from "high anxiety" to "low anxiety" in a future study.

Notwithstanding these limitations, the findings make clear that, regardless of sexual orientation, parents who conceive using ARTs described similar feelings and experiences of parenthood during the first months of parenthood and expressed as much as warmth and involvement, although there were small differences between the heterosexual parents and parents in the other types of families on some dimensions. Therefore, our findings may have implications for the development of policy and legislation regarding ARTs procedure in the countries we studied, especially in relation to the laws that prevent same-sex couples from realizing their wish to become parents and by improving the access to IVF procedure for heterosexual couples.

Further longitudinal research is needed to explore the stability and change in feelings about parental roles and the quality of parenting, and the mechanisms by which such trajectories are shaped. Indeed, research on families formed through ARTs advances our understanding of the psychological consequences for children conceived by surrogacy, sperm donation and IVF procedure. In particular, the quality of the relationships between parents conceiving through ARTs and their children, and the impact on child development and secure attachment should be examined.

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