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Characteristics of the Relationship Between Mothers in Pregnancy-First Marriage and Their Preterm Infants

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Abstract

The couple who is in marriage form said to be unintended pregnancy is a tendency to increase. It is said that this marriage form has a peculiar transition. On the other hand, a Low Birth Weight Infant is also increasing in recent years, and the NICU graduate's child-rearing problem is pointed out. However, there is no research which clarified the process of marriage, pregnancy, premature birth which unintended pregnancy couple experience. For this reason, keeping the relationship in mind, it was clarified for the infancy formative process of the family who has such a problem. A method is vertical section observation description research. As a result, 9 categories and the subcategory of 28 were found out. Category names are [lack of planning], [consent between couple], [possibilities of a relation], [in the middle of relations], [the developing family], [mother who realizes a family], [an isolated mother], [the life which can do concrete image],[the life that various problems are felt uneasy about]. A difference was seen in the construction of the couple of relationships by the difference that was in marriage form from the figure of a category and the subcategory of relationships. For the couple of general marriage, [possibilities of a relation] was seen as couple and family through pregnancy and childbirth. But unintended pregnancy couple were [in the middle of relations]. A husband's support was indispensable to development of each relation. The strength of couple's base made by the basis of a husband's support had affected mother and child's relation and family formation. When especially a child was a premature baby, it was shown that a marital relationship and infancy formative process of the family need to gather information in order to improve the bringing-up environment after leaving hospital.

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Introduction

During the 1990s when current NICU care was established, many couples followed the sequence of marriage, pregnancy, and childbirth. As Okado states, in the early stages of marriage, efforts are made to strengthen the bond between husband and wife, gradually enhancing family cohesion. The birth of the first child then brings a significant shift to a triadic relationship [1]. Essentially, pregnancies and preterm births occurred after the couple's relationship was established. Consequently, addressing infants' issues primarily involved caring for the mother as the main caregiver. This enabled mothers to enhance their parenting skills and form families as nurturing environments for the child, resolving most problems during the infant's hospitalization.

However, recent years have seen a significant shift in Japanese marriage patterns, altering the parental relationship that forms the child's nurturing environment. Notably, couples in what has been termed "pregnancy-first marriage" [2] are increasing. Pregnancy-first marriage presents a unique transitional situation where developmental challenges of the newlywed period and the parenting period coexist, making it difficult to maintain good family functioning during the parenting period [3].

Thus, problems in the relationship between preterm infants and their mothers coexist with the risks to family functioning inherent in pregnancy-first marriage. It is anticipated that care centered solely on the mother and child, as in the past, will be insufficient, and such care remains in a trial-and-error state.

Therefore, the purpose of this study is to clarify the experiences of couples who married before pregnancy during the process of pregnancy, marriage, and the birth of a preterm infant.

Methods

Research design

Longitudinal observational descriptive study.

Operational efinitions of Terms

Marriage before pregnancy: A marriage form where the estimated pregnancy date was known before the marriage registration was filed.

Conventional marriage: A marriage form where the estimated pregnancy date was known after the marriage registration was filed.

Relationship: Intimacy and harmony built through accumulated mutual interaction

Research subjects

Mothers and their children who were in a pregnancy-first marriage or general marriage at the time of birth, during the period from

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February 2009 to September 2010. Mothers were primiparous, had no underlying medical conditions, were aged 20–44 years, and had Japanese as their native language. Infants were singletons born between 23 weeks 0 days and 36 weeks 6 days gestation, without congenital disorders or chromosomal abnormalities, admitted to the NICU after birth. All mothers and infants meeting these criteria and providing informed consent were included.

Data collection methods

Analysis was based on verbatim transcripts of three interviews and observations of the mother during visits. Interviews were conducted three times: after the initial meeting with the mother and infant, at the mother's discharge, and at the infant's discharge. These sessions used an interview guide to explore the mother's thoughts upon learning of her marriage or pregnancy and her experience of delivering a preterm infant. Each interview lasted 20–30 minutes and was conducted in the context of the situation, either in front of the infant in the incubator or in a quiet private room.

Data analysis method

Analysis focused on relationships to reveal family dynamics from the three interviews. Data obtained through semi-structured interviews were transcribed verbatim for each subject. These transcripts were carefully read to grasp their overall meaning. The verbatim data were classified and coded by meaning content. Researchers then revisited the data, refining codes to increase abstraction while developing subcategories and categories. Throughout this process, data from pregnancy-preceding marriages and general marriages were continuously compared and contrasted at each stage to refine and finalize subcategories and categories. Finally, the relationships between categories and subcategories were schematized.

Ensuring research validity

To ensure validity, the interview guide was carefully refined, and data collection techniques were enhanced. Focusing on relationships, repeated comparisons and reclassifications were made within and between categories by returning to the data and codes for verification.

Analysis was conducted with a researcher specializing in qualitative research, followed by supervision from experts in the field of maternal nursing.

Ethical considerations

Ethical considerations for participants included explaining verbally and in writing their freedom to participate or withdraw, personal information protection, and the benefits and drawbacks of participation, obtaining informed consent. The study was conducted with approval from the Ethics Committees of the Faculty of Medicine and Graduate School of Medicine at the affiliated university, and the Nursing Department at the affiliated hospital. (Application No. 2008-543).

Results

Overview of participants

At the collaborating research facility, consent was obtained from 8 individuals meeting the study criteria, and observation and interviews were conducted. Three were general marriages, and five were pregnancy-first marriages, with children born at 23 to 32 weeks (Table 1).

Process of family formation in pregnancy-first marriage couples

The family formation process is explained under the following categories: thoughts on marriage, spousal relationship, mother-child relationship, and post-discharge life. Each category is described below. [ ] indicates the category, and indicates the code.

The following descriptions adopt the child's perspective and use terminology considering the family as the nurturing environment, hence referring to the wife as “mother” and the husband as “father.”

Thoughts on marriage

Two categories emerged to describe the participants' thoughts on marriage and the circumstances leading to it: [Mutual Agreement Between the Couple] and [Lack of Planning]. These categories revealed significantly different implications depending on the marriage type.

Mutual Agreement Between the Couple] characterized mothers in conventional marriages. These mothers shared a developmental period with their partners during their courtship a time of deepening bonds focused on their future together or a courtship where marriage was on the horizon leading to marriage and the start of their life as a couple. By the time they began married life, they had already established a foundation as a married couple.

Marriage was a very natural progression, and having children was a pregnancy agreed upon between the couple.

Furthermore, in all CASE instances, the mother thought “Next is a child” regarding the pregnancy, and the father agreed, both eagerly awaiting the pregnancy together.

On the other hand, mothers in pregnancy-first marriages (hereafter referred to as pregnancy-first marriages) were characterized by a [lack of planning] regarding both pregnancy and marriage. They began strongly desiring a child as a means to realize their own dream of marriage. Through repeated unprotected intercourse, they achieved a “marriage spurred by pregnancy,” seizing their dream with their own hands.

Marriage existed as a dream or aspiration. While enjoying single life, mothers would suddenly reflect on their age. Feeling the limit of their reproductive years, they began considering marriage as a means to have children and started actively seeking partners. Wanting children, these mothers refrained from contraception. Upon discovering their pregnancies, they imbued the child they conceived with the meaning of a “child of destiny,” having poured significant energy into achieving the pregnancy. In CASE 5, the mother reflected on how she had strongly desired her own child and had not used contraception since the dating phase.

CASE 3: “When it happened, I made sure to tell him I really wanted a child.”

CASE 5: “We were trying to conceive.” “We decided pregnancy should be the main focus.”

Mothers who believed they had been blessed with a destined child used pregnancy as a powerful backing to pressure the father into marriage, carrying out what could be called a marriage spurred by pregnancy.

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CASE	"Marriage arrangements"	wife's age	"husband's age"	"Period of naturalization"	"wife's occupation"	"Family Composition"	Gestational age	Gender	Bitth Wight	Child's Progress
1	"Traditional marriage"Dear	28	28	Two years prior to discovering the pregnancy	Currently employed (company employee)	2 (husband)	27weeks 0days	female	973g	Respiratory Distress Syndrome (RDS) requiring mechanical ventilation; extubated at 2 days of age; placed on nasal continuous positive airway pressure (n-CPAP). Weaned off mechanical ventilation at 30 days of age. Transferred to the General Care Unit (GCU) at 30 days of age. Transferred to a cot at 40 days of age. Discharged at 91 days of age.
2	"Marriage following pregnancy"	27	34	unknown	"Resigned after marriage"	4 (husband birh mother sister)	27weeks 0days	male	1070g	The infant was placed on mechanical ventilation via RDS. Extubation occurred on day 1, weaning from the ventilator on day 2, with oxygen administered in an incubator. Transfer to the GCU occurred on day 9. Oxygen was discontinued on day 20. Transfer to a cot occurred on day 55. Oral feeding commenced on day 64. Discharge occurred on day 83.
3	"Marriage following pregnancy"	26	31	"5 months pregnant"	"Resigned after marriage"	2 (husband)	27weeks 0days	male	1018g	Delivered by ambulance. Heart rate 0, responded to resuscitation 22 minutes after birth. Managed on ventilator for RDS. No spontaneous breathing or body movement. Spontaneous breathing was poor, requiring reintubation several times. Extubation successful at 60 days of age. Transferred to open crib with nasal oxygen at 71 days of age. Weaned off ventilator at 74 days of age. Transferred to cot at 80 days of age. Transferred to GCU at 113 days of age. Repeated apneic episodes required
4	"Traditional marriage"	31	31	Six months before discovering the pregnancy	Resigned after marriage	2 (husband)	27weeks 1days	female	979g	Premature placental abruption observed; managed with mechanical ventilation due to RDS. Extubated on day 3, managed with n-DPAP. Weaned off mechanical ventilation on day 39, respiratory management with oxygen administration. Transferred to GCU on day 18. Oxygen administration discontinued on day 76. Transferred to cot on day 51. Initiated direct breastfeeding on day 61. Discharged on day 78.
5	"Marriage following pregnancy"	32	26	"22 weeks pregnant"	Resigned after marriage	3 (husband father)	23weeks 0days	male	297g	"Due to FGR, it was explained that there were no known cases of survival after birth. After birth, resuscitation was successful and mechanical ventilation was initiated. Extubation occurred at 40 days of age, followed by n-DPAP placement. Mechanical ventilation was discontinued at 69 days of age, and nasal oxygen therapy was initiated. Transfer to the GCU occurred at 49 days of age. Transfer to the cot occurred at 104 days of age. Direct breastfeeding began at 100 days of age. Discharge occurred at 185 days of age via HOT."
6	"Traditional marriage"	34	35	Six months before discovering the pregnancy	Currently employed (company employee)	2 (husband)	23weeks 6days	male	523g	Amniotic fluid rupture at 16 weeks gestation. After birth, managed on mechanical ventilation for RDS, extubated at 49 days of age. n-DPAP applied, weaned off mechanical ventilation at 55 days of age. Transferred to GCU at 60 days of age. At 74 days of age, initiated direct breastfeeding while in the incubator under supplemental oxygen, and began holding outside the incubator. Transferred to a cot at 76 days of age. Due to progression of retinopathy of prematurity, n-DPAP was reapplied at 79 days of age and placed in an incubator. Discharged at 126 days of age on home oxygen.
7	"Marriage following pregnancy"	32	37	After 13 weeks of pregnancy	Currently employed (company employee)	4 (husband huxband's parents)	32weeks 5days	male	1675g	Emergency C/S for suspected placental abruption. AP 8/9. Intubated and ventilator-managed via RDS, extubated on day 1. Weaned off ventilator on day 2. Transferred to GCU on day 5. Respiratory status stabilized; began holding outside the incubator and direct breastfeeding on day 7. Transferred to cot on day 14. Discharged on day 50.
8	"Marriage following pregnancy"	33	24	After 12 weeks of pregnancy	Currently on childcare leave	2 (husband)	31weeks 0days	female	1087g	Managed on mechanical ventilation via RDS. Extubated on day 1 and fitted with n-DPAP. Respiratory status stabilized, leading to weaning from mechanical ventilation on day 2, with simultaneous discontinuation of supplemental oxygen. Transferred to the GCU on day 22. Transferred to a cot on day 40. Initiated direct breastfeeding on day 51 and discharged on day 68.

Table 1: Overview of Research Subjects.

Marital relationship

Regarding the nature of the marital relationship, two subcategories—"Relationship Development" and "Relationship in Progress"—were classified to indicate the thoughts and process of relationship building experienced while sharing life with a husband or partner, including events like marriage and pregnancy.

[Relationship Development] characterized mothers in conventional marriages. In marriages based on mutual consent between the couple, they enjoyed psychologically stable daily lives and lived a marriage where the relationship deepened. Particularly in CASE 1, the mother desired a child while enjoying a satisfying married life with ample interaction as a couple, and the father agreed. Upon learning of the pregnancy, the mother felt joy and simultaneously positioned it as a pregnancy that signified the family's further development—a pregnancy conscious of becoming a family. The father also desired it as much as the mother did.

Furthermore, the pregnancy was an event that made them conscious of their development from a couple into a family.

CASE 1: "I was incredibly happy. I was so happy, I really thought about how to tell Papa, how to tell him. {...} (husband) was happy, so I thought he'd be happy, but he was really happy, so I was just happy for the time being." "We'd really enjoyed our time together as a couple, and we felt it was about time for a child next, so the timing was good. {...}But after getting pregnant with A, I felt, 'I'm going to be a mom, he's going to be a dad, we're becoming a couple, we're becoming a family.'"

On the other hand, mothers who married before pregnancy did not practice contraception during their relationship and viewed the child as a "child of destiny." Mothers who had wished for a child welcomed the pregnancy, but when they told the father, they sensed a "disconnect" in his reaction. This disconnect became a significant event that continued to influence their marital relationship and parenting.

All mothers who married first uniformly recalled feeling joy upon learning of the pregnancy; none were shaken. In CASE5, they discussed names together during the pregnancy, strongly positioning this child as their "destiny child."

CASE 5: "I wanted to give it hope. I wanted to say, 'We wanted this.'"

Conversely, for CASE 2 and CASE 7, discovering the pregnancy was an event where the mother distinctly felt a "disconnect with her husband." In CASE 2, the mother shared her joy upon learning she was pregnant, but the father responded with surprise, saying, "I guess I never really thought it would happen," which left the mother feeling uneasy. In CASE 7, the mother believed she had finally found an opportunity to marry, but upon hearing the pregnancy news, the father responded with a "Oh, I see" kind of reaction, behaving differently than the mother had imagined. After learning of the pregnancy, the mothers acted quickly to register the marriage and plan a wedding, but they also created their own "justification for marrying before pregnancy" regarding the pregnancy happening first. Later, to save face, the mothers strongly insisted on "ceremonial rituals," but the fathers' reactions varied: sometimes aligning with the mothers, sometimes not. Particularly in CASE 7, the father did not understand the mother's "insistence on rituals," and they entered married life without a proposal, wedding ring, or ceremony. Though dissatisfied, the mother suppressed her feelings without voicing her discontent to her husband.

For couples who married early, this period was meant to be about building a new family together. However, some mothers, unable to fully process the sudden changes, prioritized themselves during pregnancy. Without sufficient time to properly engage with the pregnancy, they faced its termination due to premature birth.

The course of married life diverged depending on how closely the father aligned with the mother's feelings and actions, resulting in either a "couple in sync" or a "marriage lacking a sense of partnership."

Since all CASE subjects had been cohabiting since their dating period, they spent considerable time together. While they described active mutual communication between spouses, in CASE 3, email became the primary means of conversation due to the father's busy work schedule. Their relationship as a couple can be described as [in the process of developing].

Mother-child relationship

The time spent between mother and child was categorized into three themes reflecting the mother's feelings and experiences regarding the sudden end of pregnancy due to premature birth, and her thoughts on the child's growth and childcare during hospitalization: [Developing Family], [Mother Experiencing Family], and [Isolated Mother].

All mothers experienced childbirth before they could prepare or process their feelings, abruptly ending their pregnancy. They regretted giving birth to a small baby and not being able to keep the baby in the womb longer. They felt remorseful, apologetic to the baby, the father, and those around them, and experienced confusion and self-blame about the sudden birth, wondering if the preterm birth was their fault.

The mothers reflected on their pregnancy experience differing from their expectations. They had hoped for a desired pregnancy and envisioned a certain pregnancy journey, but due to their own hospitalization and the sudden interruption of the pregnancy, they were unable to experience what they had hoped for.

[Developing Family]was a characteristic of mothers in conventional marriages. Facing their tiny, fragile child in the incubator, coupled with the inability to provide the childcare they had envisioned, they felt a sense of frustration toward their child, thinking they could do nothing for them. They struggled with self-blame over the premature birth and a persistent inability to feel positive, making it difficult to face their child's growth directly. However, it was also the child's growth that alleviated the mother's anxiety. Furthermore, the father shared the mother's feelings about the child's actions, creating a sense of shared understanding that helped ease her anxiety. The father became a major support for the mother struggling to stay positive. He accepted her self-blame, visited the child together with her, and by feeling and sharing the child's growth together, gradually helped her feelings move forward in a positive direction. Moreover, the fact that the father had begun developing affection for his child even before birth by thinking about names together during pregnancy and truly feeling the family growing alongside the mother helped him step into his role as a father immediately after the birth. Supported by her husband, the mother's condition stabilized. She began focusing on her

child's daily growth, feeling herself becoming more positive alongside her child's development, and started looking forward to her child's positive changes. This nurtured their relationship.

CASE1: "He told me, 'Don't ever think being here is a burden,' and said he had nothing to apologize for. That made me feel relieved... {omission} When he made being together enjoyable, I felt more at ease too. I looked forward to the days we could visit together; I was happy and couldn't wait."

Mothers from pre-marital relationships fell into two groups: [Mothers Feeling Family] and [Isolated Mothers]. Like mothers from conventional marriages, they felt the child's smallness upon first seeing them and experienced self-blame. Mothers who felt like a family were those where the father showed supportive words and actions toward the mother's feelings of guilt. During visits with the child, the father stayed close to the mother, and both parents actively participated in childcare. The mother's perception of the father's supportive stance strengthened her awareness of the child's growth. Furthermore, by the father aligning with the mother's vision for their family and becoming her partner in this journey, the mother could feel she had become part of a family.

On the other hand, the "isolated mother" found relief from regret and self-blame by seeking similarities between her child and herself, observing the child's physical growth and stable condition, and comparing the child to others. They also pursued "child-rearing to fulfill a dream," creating an ideal image of what a mother should be through obsessive focus on breastfeeding and childcare, striving to realize that role and mission. Furthermore, having achieved her dream of having children and getting married, she could not bring herself to destroy it with her own hands. Even if she harbored grievances about her husband as a spouse or father, she kept them hidden, determined to protect her "happy family she didn't want to ruin." Even when my father showed no inclination to support my mother, leaving her to struggle alone in fatherless childcare, she knew voicing dissatisfaction would shatter the family. So she pretended not to notice the gears grinding to a halt in their marriage and family life, focusing instead on nurturing her relationship with the child.

Life after discharge

How mothers envisioned life after discharge was categorized into [a life with concrete images] and [a life fraught with various problems].

Following the sudden birth, as their child's condition stabilized daily and progressed from the NICU to the GCU, from an incubator to a cot, and as the mothers themselves became increasingly capable of caring for their child, the doctors broached the subject of discharge. Mothers welcomed this long-awaited news, rejoicing at finally bringing their child home. They imagined life with their newborn, looking forward to a child-centered life. This [life with concrete images] was seen among mothers in general marriages. They understood that caring for a preterm infant required extra vigilance. Therefore, while bringing the baby home was highly anticipated, the specific worries unique to a premature infant were also crystallizing. They viewed discharge as a "life of three filled with both anxiety and excitement." The father and mother prepared for the baby's discharge together, with the father sometimes taking the lead on tasks like shopping. Once the specific discharge date was set, they counted down the days, imagined the post-discharge daily routine, and while eagerly awaiting it, also considered and arranged childcare support options. Meanwhile, mothers who married before pregnancy fell into two groups: those with a [concrete image of life] similar to those who married after pregnancy, and those with a [life fraught with various problems]. Mothers in the [life fraught with various problems] group, even as discharge approached, felt growing dissatisfaction that their partners weren't engaging with the baby or them. They held a desire for their partners to understand them and their child, coupled with the reality of having to handle childcare alone, and a [vague mix of anxiety and hope] about the long-awaited discharge finally happening. Additionally, they treasured photos taken during the child's hospitalization, displaying them prominently. Each mother held onto the hope embodied in these family photos, projecting an ideal image of the father onto them one who would participate in childcare and listen to her, despite his indifference. Her father remained indifferent to relationships with others, perpetuating a strained dynamic with those around them. Consequently, the mother had to expend energy building relationships with others, leaving her unable to devote her full energy to childcare. They faced discharge from the hospital in this precarious state, where even a small crack held the potential to shatter their current life.

Discussion

This study found that husbands' words and actions significantly influence thoughts on pregnancy and marriage, as well as the couple's relationship. Whether the husband becomes a good companion to the mother and whether she feels his support clearly affects the family's development. Therefore, we will examine how the husband's support influences family formation in general marriages versus arranged marriages, using the size and shape of the figures surrounding the categories shown in Figure 1.

Mothers in general marriages reached marriage through mutual consent between the couple. With the solid support of their husbands (fathers), they developed their marital relationship throughout married life and shared joy over pregnancy. Therefore, the husband's support is depicted with solid lines. This support enabled them to develop into a large, complete circle as a couple and family. Mochizuki [4] states that the newlywed period requires the formation of a stable marital relationship as the family's core. It is a time for the couple to share a long-term vision of the kind of household they will build and establish basic life plans. In other words, the mothers in this study's general marriages had sufficient mutual exchange to build a foundation as a couple, supported by their husbands. They achieved development in their marital relationship. In contrast, mothers in early marriages discover pregnancy amid a lack of planning. They experience a disconnect with the father regarding the pregnancy, leading to a marital life devoid of real connection. Their relationship as a couple remains unformed. Consequently, the husband's support is not evident, represented by a dotted line. The development as a couple and family is insufficient, shown by a small circle and dotted line. It is inferred that the marital relationship was not established during the newlywed period. Regarding marital relationships after the birth of the first child, Belsky [5] points out a decline in marital quality following the child's arrival.

On the other hand, Shea et al. [6] report that affectionate and emotional support stemming from a good marital relationship and satisfaction reduces daily life stress and enhances maternal self-esteem and feelings of competence. Furthermore, studies indicate that when husbands adopt cooperative attitudes and provide support as fathers to mothers with infants and toddlers, it increases the wives' satisfaction with childcare[7]. This underscores the importance of husbands

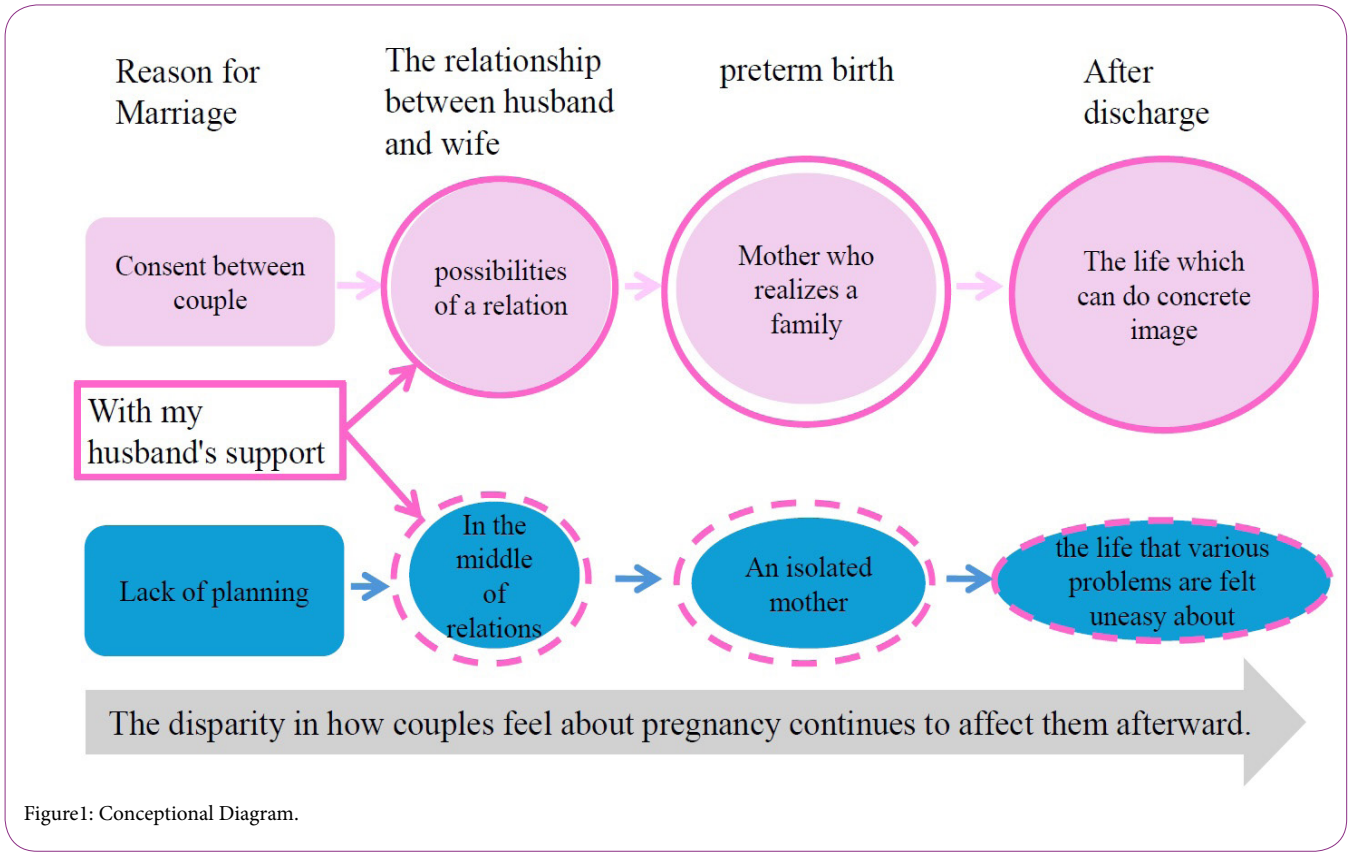

Figure1: Conceptional Diagram.

consistently demonstrating their role as supportive partners. In other words, this suggests that establishing a good relationship with one's husband is key to fostering a positive mother-child bond. The mothers in this study, who were in general marriages, experienced various thoughts and feelings due to the event of preterm birth. However, supported by their husbands, they felt a sense of family and developed into a growing family, achieving family development that expanded like a larger circle.

However, mothers in pre-marital relationships followed different trajectories depending on how much their husbands demonstrated an attitude of attunement to their feelings and actions, and whether they could genuinely feel this support. When there was marital interaction and a good relationship, and when they felt their husband's support after preterm birth, leading to family development, the family could grow into a circle of similar size to that of general marriages. Conversely, when couples lacked marital communication even after the premature birth and the transition from spouses to parents remained incomplete, the husband's presence felt distant, making it difficult for the mother to connect with the child. The child grows and is discharged from the hospital, but the couple still fails to establish a marital relationship. Without the husband's childcare support typical of a conventional marriage, the mother raises the child in isolation, merely envisioning an ideal father figure in family photographs. This isolated mother's situation is far removed from a developing family, represented not by a perfect circle but by an ellipse a dotted line signifying precariousness. Consequently, even after discharge, she cannot envision a child-centered life. Family bonding remains incomplete, leading to a life fraught with various problems. Here too, it remains elliptical, not a perfect circle. Sugawara [8] states that affection for the husband is reset around childbirth, influencing the degree of childcare cooperation during infancy. The affection that is then rebuilt remains stable for over ten years afterward.

On the other hand, Tomioka [9] points out the interdependence of family developmental tasks, stating that insufficient achievement at one stage makes subsequent tasks difficult to accomplish. In any case, if the foundation of the couple is fragile during the preparatory stage of forming a family, it suggests the potential for subsequent parent-child relationships to be affected. When the marital relationship is fragile, raising a child who is a preterm infant a child requiring careful nurturing, as is often said of NICU graduates is considered an inadequate parenting environment. It is presumed that providing conventional NICU care to a mother burdened with accumulated problems is unlikely to lead to improved parenting skills or care that promotes family formation. Moving forward, it is necessary to gather information on the couple's relationship and explore intervention methods starting during the child's hospitalization, with a view toward the post-discharge period. For mothers in pregnancy-preceding marriages, the husband's attitude at any stage can either stabilize the foundation of the couple and family or, conversely, lead to a situation where the relationship fails to develop and collapses. This highlights the need for early information gathering, including on the couple's relationship.

Conclusion

1. Differences in marital formation were observed in how couples built their relationships. While couples in general marriages showed “relationship development,” those in prior marriages remained in a “relationship in progress” state.

2. The husband's support for the mother was indispensable for the development of the couple's relationship and the family as a whole.
3. The fragility of the marital foundation impacted the mother-child relationship and family formation.
4. Assessing the post-discharge childcare environment suggests the need to gather information on marital relationships and the family formation process.

Competing Interests

The authors declare that they have no competing interests.

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