

## Relationship Education for Unwed, Expectant Couples: Guidelines for Practitioners

Engaging expectant couples in marriage / relationship education (MRE) can greatly benefit the couple's relationship and their relationship with their child(ren). The key for practitioners is to know how to provide MRE effectively.

Couples having a baby are an audience who benefit greatly from marriage/relationship education (MRE). Typically, they are excited about the birth of their baby and are thinking about the many ways they will be affected as a couple and a family. This is what many in the MRE field consider a "teachable moment," which is a point in time when couples are open to learning and improving their lives. For example, when they learn of a pregnancy, one or both partners may commit to changing spending or eating patterns. Similarly, this is a wonderful opportunity to engage the couple in MRE.

Once the pregnancy is known, the relationship itself becomes a major issue. Having a baby is an especially important opportunity for unmarried couples to assess their relationships. Family or friends may be asking if they are going to get married or if they are going to stay together "for the baby." An unmarried couple may be living together, teen parents, or not have a long history together



and are uncertain of the future of their relationship. The fact that a couple may already have a child (either together or by a previous partner) may play a significant role in their expectations and decision making.

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## 10 Tips to Engage Unwed Expectant Couples

1. **Refer to them as a “couple.”** Many, especially those who are not living together, are unlikely to be in many settings where they are treated as a couple.

2. Help couples understand that **they are in a lifelong relationship**; this means that both mom and dad have a role in raising the child. MRE can teach the skills necessary to handle life’s ups and downs (i.e. communication and problem solving skills) as they co-parent.

3. **Select a curriculum that targets expectant couples.** There are a variety of options such as Love’s Cradle, Loving Couples, Loving Children, Becoming Parents Program (see the National Healthy Marriage Resource Center Marriage Curricula for Parents). These curricula focus on how the challenges of becoming a parent can strain couple relationships and prepare them for the exhaustion, negotiation and management of a newborn.

4. **Make it comfortable and convenient.** Expectant mothers are likely to have special dietary needs and trouble sitting for long periods of time. Expectant fathers may be trying to work more hours before the baby arrives in order to take time off to attend prenatal appointments, or help out around the house. Some well-meaning couples are unable to commit to

MRE because of pregnancy-related challenges such as exhaustion or bed rest. Your program needs to show that you acknowledge this by offering healthy

food before/during MRE workshops, ensuring you have comfortable seating, not keeping couples for a long time

during sessions, and

scheduling workshops that will not interfere with work schedules.

### 5. **Stress the importance of a healthy relationship.**

Couples will start attending classes because they want to do what is best for their baby; stressing the importance of a healthy relationship will keep them coming back. Use lessons about newborns and pregnancy as examples, but keep the workshops focused on the couple relationship. Enforce the message that a healthy relationship matters to their baby and to them.

6. **Address financial strains.** Having a baby is very expensive: medical costs associated with the birth and prenatal care can be up to \$10,000; formula and diapers can easily add up to \$200 per month; and one or both parents are likely to take time off from work when the baby is born and may lose pay. Expectant couples, especially those who are unmarried and may not have co-mingled finances, will need to figure out who will pay for what or how they will pay for everything. This can be a major relationship stressor. If your program can provide financial supports or prizes such as car seats or diapers – do it! It is likely to encourage attendance.

7. **Talk about expectations.** A couple is likely to expect that life will change when the baby arrives (whether this is the first or subsequent child), but your program may be the only place couples can openly

discuss expectations. Offer an opportunity for them to discuss who will diaper or feed the baby, who will work, how involved grandparents or other relatives will be in the baby's care, etc.

8. **Use the word marriage.** Couples who attend are likely to be in a romantic relationship. Talk with them about marriage and why it matters to their children.

9. **Partner with organizations** such as Women, Infants and Children (WIC), prenatal care providers or childbirth preparation instructors who offer expertise in reaching and engaging expectant couples. These organizations may be able to help with recruitment efforts or supply your program with "incentives" like formula or diapers.

10. **Offer a "big ticket item"** as motivation for couples to attend the entire workshop. At the end of the last session, give away a crib, car seat, baby swing, stroller or other expensive baby gear. This will encourage completion of the program. Fathers especially report feeling like they "earned" something by participating in the workshop.

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These guidelines will offer unwed, expectant couples

the tools to navigate through this significant transition in their lives and give them the opportunity to consider marriage as a way to strengthen their families. **The best way to engage this target audience in your marriage and relationship education program is to respect and understand each couple's unique needs.** Offer couples the communication tools they need for their babies (and families) to succeed.

*The National Healthy Marriage Resource Center (NHMRC) would like to thank Courtney Harrison, MPA of the Resource Center for her contributions to this Tip Sheet. This is a product of the NHMRC, led by co-directors Mary Myrick, APR, and Jeanette Hercik, Ph.D., and project manager Patrick Patterson, MSW, MPH.*