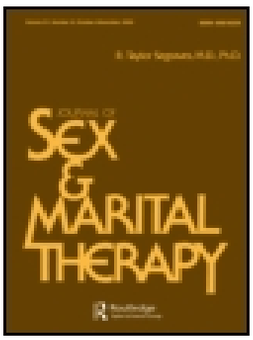

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Consensual Nonmonogamy in Pregnancy and Parenthood: Experiences of Bisexual and Plurisexual Women With Different-Gender Partners

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ABSTRACT

The current study constitutes a qualitative investigation of experiences with and perceptions of consensual nonmonogamy (CNM) among a sample of 21 bisexual and plurisexual women with different-gender partners. Participants from Massachusetts, USA, and Toronto, Canada, were interviewed four times during pregnancy and the postpartum period. Using an inductive qualitative approach, we found participants were selective about CNM disclosure, and generally apprehensive about stigma surrounding CNM involvement. Additionally, results emphasize the importance of communication and highlight the range of barriers to and benefits of CNM endorsed by these parents. Directions for future research and implications for practitioners are discussed.

Consensual nonmonogamy (CNM) refers to relationship configurations in which the individuals may have mutually consensual romantic and/or sexual relationships with more than one person. Forms of CNM vary by number of partners, involvement of romantic and/or sexual relationships, presence or lack of a "primary" relationship, level of commitment, and relative exclusivity (Matsick, Conley, Ziegler, Moors, & Rubin, 2014; Sheff & Tesene, 2015). These relationships tend to be stigmatized and understudied (Brewster et al., 2017; Moors, Matsick, Ziegler, Rubin, & Conley, 2013), meaning much is unknown about motivations for CNM, disclosure of CNM activities, decisions about whether or not to engage in CNM, and outcomes of these arrangements over time.

While CNM has drawn increasing attention from academics, clinicians, and the public addressing topics such as stigma, jealousy, and relationship satisfaction (e.g., Blumer, Haym, Zimmerman, & Prouty, 2014; Deri, 2015; Rubel & Bogaert, 2015), it is notable that very little research has explored CNM among parents (Brewster et al., 2017). Given that (a) more than 75% of adults become parents by age 40 (Livingston, Parker, & Rohal, 2015; Martinez, Daniels, & Chandra, 2012) and (b) as many as 21% of U.S. adults engage in CNM (Haupert, Gesselman, Moors, Fisher, & Garcia, 2016) amidst dominant discourses surrounding the importance of monogamy (Moors et al., 2013), it is important to understand how adults with children make decisions about and experience CNM.

Consensual nonmonogamy and parenting

The limited extant work on polyamorous parents indicates that parents and children receive multiple benefits from CNM engagement. This literature suggests that involvement of additional adults in

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parenting translated to increased resources, including financial resources, attention to and supervision of the children, sense of community, availability of drivers and homework helpers for the children, and ability of parents to have personal time and have their own needs met (Goldfeder & Sheff, 2013; Pallotta-Chiarolli, Haydon, & Hunter, 2013; Sheff, 2010). In Sheff's (2010) research with 71 polyamorous parents, many struggled with if, when, and how much to disclose to their children about their relationships, yet parents who spoke more openly about their sexuality reported fostering a sex-positive environment that allowed them to act as a sexual education resources for their children and their children's friends.

A frequent concern expressed by the polyamorous parents in Sheff (2010) and Pallotta-Chiarolli et al. (2013) was the potential impact of stigma on their children, and the possible necessity of having children lie about their family to outsiders. Sheff's (2010) sample of polyamorous parents also worried that children may become attached to a partner who leaves. To handle these challenges, parents employed strategies such as using extreme caution before introducing their partners to their children, having partners make a commitment to their children, and managing stigma by demonstrating honesty and self-acceptance.

Notably, parents who participate in other forms of CNM beyond polyamory have thus far not been the focus of research (Barker & Langdridge, 2010). Attention to parents involved in forms of CNM other than polyamory is important considering that the experiences of people involved in different forms of CNM may be quite distinct. For example, studies indicate that individuals in more sexual or pleasure-focused CNM relationships such as swinging and open relationships may be stigmatized as less ethical and less responsible by both polyamorous and monogamous individuals (Klesse, 2006; Matsick et al., 2014). The differential level of stigma associated with more sexual and pleasure-focused CNM engagement may be particularly pronounced for parent populations, who must manage additional challenges when navigating CNM relationships (e.g., expectations for "responsible" parent behavior, potential disclosure of CNM to children and parenting status to CNM partners, and child care).

The few studies that include parents who engage in types of CNM other than polyamory suggest that during the transition to parenthood, parents may shift their orientation to and engagement in CNM. The transition to parenthood is a major life transition in which individuals and couples are likely to experience changes in relationship quality, social networks, and mental health experiences such as depressive symptomology (Bost, Cox, Burchinal, & Payne, 2002; Doss, Rhoades, Stanley, & Markman, 2009). In turn, Jamieson (2004) posited that CNM is a "leisure pursuit" that couples do not continue to pursue when raising children. Instead, resources are directed toward parenthood and the couple relationship. Some empirical studies have also briefly addressed this dynamic. For example, Tasker and Delvoye's (2015) study of seven bisexual mothers found that four women with young children described deprioritizing or placing their sexuality "on hold," and at least one mother of older children described a return to exploring her sexual identity and connecting with others. Given discourses of motherhood that emphasize nuclear family, personal sacrifice, and the prioritization of husband and child (Damaske, 2013; Kaplan, 1990), of interest is how women negotiate CNM involvement with partners, understand CNM involvement in relation to their parental identities, and manage stigma and outness about CNM to others.

Bisexual and plurisexual mothers—wherein plurisexual is an umbrella term for those with attraction to more than one gender, including those with bisexual as well as pansexual, bi-curious, mostly heterosexual, and other identities (Mitchell, Davis, & Galupo, 2015)—may represent a subset of parents particularly likely to navigate the possibility of CNM. This is in part due to partners' expectations informed by societal stereotypes linking bisexuality and nonmonogamy, and the cultural image of the "hot bi babe" who has sexual experiences with women for men's enjoyment (Gustavson, 2009; Klesse, 2005; McLean, 2004). However, no research has specifically examined how bisexual and other plurisexual women negotiate parenting demands, the couple relationship, and decision making around CNM during the transition to parenthood.

Consensual nonmonogamy and bisexuality

There is a growing body of literature that discusses the intersections of CNM and bisexuality. Barker and Langdridge (2010) noted that bisexuality seems to be common among polyamorous individuals,

and many women who swing may identify as bisexual or bicurious. A recent representative sample of Americans found that sexual-minority individuals were particularly likely to have engaged in CNM at some point during their lives, and more than one third of bisexual people reported having had at least one open relationship (Haupert et al., 2016).

For bisexual individuals, CNM may represent both a threat and a source of validation. The belief that bisexual individuals need more than one partner has been documented as a prevalent stereotype that may cause significant distress in bisexual people's lives and relationships (Gustavson, 2009; Ross, Dobinson, & Eady, 2010). Individuals who are both bisexual and nonmonogamous are stereotyped as promiscuous and incapable of monogamy, which may be extremely stigmatizing for women (Klesse, 2005; McLean, 2004). Yet some bisexual women have described CNM engagement as important to and affirming of their identities (Moss, 2012; Sheff, 2005).

CNM may also offer opportunities for bisexual women and other women open to plurisexual experiences to explore their sexual desires. Sheff (2005) reported that the high status or idealization of bisexual women in polyamorous communities may encourage women to experience same-gender relationships for the first time, whereas other polyamorous women identified as bisexual before associating with a polyamorous community. Additionally, participants in Budnick's (2016) study of diverse young sexual-minority women, 40% of whom were mothers, reported that threesomes were a nonthreatening way of exploring their same-sex desires in the context of motherhood and relationships with men. Finally, in Moss's (2012) interviews with 11 women who identified as bisexual or plurisexual prior to their marriages to men, participants discussed polyamory as helping them to feel "happy and to be complete in their lives" (p. 424), despite needing to negotiate the invisibility and disclosure of their plurisexual and polyamorous identities. For women with different-gender partners who may regularly encounter assumptions of heterosexuality, CNM may represent a significant route to experiencing same-gender relationships and feeling affirmed by one's self and/or others as bisexual or plurisexual. Thus, CNM appears to be linked with both sexual exploration and validation of sexual identity, yet little research has asked how bisexual mothers perceive their sexual identities in relation to CNM during the transition to parenthood.

Consensual nonmonogamy and relationship dynamics

Studies have examined how couples experience CNM in terms of negotiation and communication, navigating jealousy, gender dynamics, and relationship quality, and this work highlights the crucial role of communication in CNM engagement (Cohen, 2016; Jamieson, 2004; Kimberly & Hans, 2015; McDonald, 2010; McLean, 2004). Many CNM couples establish rules surrounding their practice of CNM—a process requiring communication around desires and boundaries (Cohen, 2016; McLean, 2004). There is evidence that working through insecurity and jealousy, and agreeing on terms of the relationship are challenging for some people (Cohen, 2016; McLean, 2004). Negotiated rules may also be used for minimizing jealousy (De Visser & McDonald, 2007), such as keeping some sexual activities exclusive to the primary couple. Communication may be used as a tool in managing jealousy, for example, through "don't ask, don't tell" strategies or completely open communication (Sheff & Tesene, 2015). In one of the only studies to examine relationship contracts in the context of the transition to parenthood, Huebner, Mandic, Mackaronis, Beougher, and Hoff (2012) found that communication around CNM may decrease for new parents due to time constraints and fatigue, and opportunities to seek out additional partners may decrease for similar reasons. However, most studies do not consider the role of parenthood or assess parental status. More research is needed to understand whether or how rule setting and communication change during the transition to parenthood when couples are experiencing new stressors and responsibilities.

Objectives of the current study

We could identify no work that has focused on experiences with CNM specifically in the context of the transition to parenthood—a time of unique sexual and emotional needs that may be very relevant to the experience of CNM. Indeed, during the transition to parenthood, parents encounter challenges related

to balancing the multiple demands associated with child care, intimate relationships, employment, and household maintenance (Chong & Mickelson, 2013; Nomaguchi & Milkie, 2003), and parents in both same-sex and heterosexual relationships typically report reductions in frequency of sexual activity and sometimes in relationship quality as changes that (temporarily) accompany the transition to parenthood (Ahlborg, Dahlöf, & Hallberg, 2005; Goldberg, Smith, & Kashy, 2010; Huebner et al., 2012; Woolhouse, McDonald, & Brown, 2012). Of particular interest is the experience of bisexual and plurisexual women, who as a group are understudied yet may be particularly likely to navigate conversations about CNM, due in part to discourses linking bisexuality with hypersexuality and nonmonogamy (Gustavson, 2009; Klesse, 2005; McLean, 2004). The current study seeks to address this research gap by exploring perceptions of and experiences with CNM among a sample of women who are transitioning to parenthood and who identify as bisexual and/or whose sexual history in the last five years includes partners of more than one gender. CNM was defined broadly as any consensual romantic or sexual behavior occurring with multiple partners. Our analysis considered the ways in which women's descriptions of CNM intersected with and departed from existing literature on polyamorous parents and CNM more generally. Specifically, this study sought to answer the following research questions: How do bisexual and other plurisexual women engage with and perceive CNM during the transition to parenthood? How do participants navigate communication about CNM engagement within their families and in larger social contexts? How do perinatal and CNM experiences disrupt or develop participants' parental and sexual identities?

Theoretical framework

We drew on minority stress theory (Meyer, 2003) and social constructionism (Berger & Luckmann, 1966) in the current study. Minority stress theory has been applied to understand disparities in physical and mental health outcomes for people from marginalized populations, proposing that the social stressors relating to stigmatized identities result in a greater burden of stress, and in turn, health disparities, for marginalized groups (Meyer, 2003). Recent research has concluded that bisexual people are at higher risk for both mental and physical health challenges as compared to their heterosexual or lesbian/gay counterparts, and that stigma is a primary contributor to this (Feinstein & Dyar, 2017; Ross et al., 2018). As bisexual and plurisexual people engaging in CNM, participants in our study contend with multiple forms of stigma, including monogamism (invalidation of or discrimination against people who engage in nonmonogamous relationships), heterosexism, monosexism, and biphobia. We used the minority stress framework to identify and frame the minority stressors and resilience factors mentioned by participants, such as proximal and distal experiences of prejudice, anticipated stigma, and community support.

Social constructionism (Berger & Luckmann, 1966) emphasizes that what we take for granted as objective reality is in fact created and concretized through the organization of social processes. Through the repetition of these processes, a society develops shared assumptions about how things are (e.g., related to motherhood, marriage, and sexuality), and we behave according to conventions based on these assumptions. In this study, we used social constructionism to examine to what extent and how participants' lived experiences challenged existing social constructs about what it means to be a parent or a partner, and the meanings of CNM engagement in the context of these roles. We also focused on ways that participants constructed and reified their social identities related to gender, sexuality, parenthood, and CNM.

Method

Design

The qualitative data reported in this article stem from a longitudinal mixed-methods parent study on the perinatal health and experiences transitioning to parenthood (Ross et al., 2017). The parent study investigated the health and well-being of women with diverse sexual histories, and 29 sexual-minority women partnered with cisgender men and trans individuals were invited to participate in four qualitative interviews over the course of one year.

Participant recruitment

Participants were recruited from midwifery and obstetric clinics in Toronto, Ontario, and Massachusetts (two sites chosen for their relatively high proportions of sexual-minority mothers) through a consecutive sampling technique. Each individual receiving prenatal care at the recruitment sites received a recruitment form from their service provider at 25 to 32 weeks' gestation, which included questions about their sexual identity, their sexual history in the last five years, and the gender of their current partner. All participants self-identified as women. Eligibility criteria included being partnered, at least 18 years old, and English-speaking. All eligible people who indicated they were a sexual minority by either reporting a sexual-minority identity or by reporting sexual activity (as defined by the participant) with someone of the same gender in the last five years were contacted to participate.

Sample

As this article focuses on the qualitative data from the parent study, we sampled only from the women who participated in qualitative interviews ($n = 29$). Of these, we further selected only those participants who discussed in their interviews the theme of focus, CNM (consistent with recommendations for thematic analysis, Braun & Clarke, 2006). Specifically, our sample includes participants who (a) reported prior and/or current experience with CNM; (b) expressed interest in future engagement in CNM; or (c) discussed CNM generally. Thus, our criteria included individuals who both had and did not have direct experience with CNM, which allowed for analysis of broader norms and discourses related to CNM in parenthood and insight into the decision making of women who considered but decided not to engage in CNM. Of the 29 participants in the parent qualitative study, 21 met these criteria and were included in analysis. Demographic data for these participants are provided in Tables 1 and 2.

Table 1. Demographic data.

	M (*SD*) or *n* (% of 21)
Age	31.14 (5.21)
Sexual Identity	
Bisexual	16 (76.2%)
Queer	2 (9.5%)
Heterosexual	3 (14.3%)
Race	
White	17 (81.0%)
Latina	3 (14.3%)
East Indian	1 (4.8%)
Education	
High school or less	3 (14.3%)
Some college/technical certificate	3 (14.3%)
College degree	8 (38.1%)
Master's degree	7 (33.3%)
Employed full-time	10 (47.6%)
Annual income	
< $20,000	4 (19.0%)
$20,000–$39,999	3 (14.3%)
$40,000–$59,000	3 (14.3%)
$60,000–$79,999	2 (9.5%)
$80,000–$99,000	2 (9.5%)
$100,000+	6 (28.5%)
Partner gender	
Cisgender man	20 (95.2%)
Trans woman	1 (4.8%)
Number of previous children	
None	12 (57.1%)
One	8 (38.1%)
Three	1 (4.8%)

Data collection

Sexual-minority women partnered with a cisgender man or a trans partner were invited to complete a series of four interviews. For most participants, the first interview took place during late pregnancy, the second at three to four months' postpartum, the third at six to eight months' postpartum, and the fourth at 10 to 12 months' postpartum. Two participants completed the first interview after giving birth due to scheduling conflicts. The interviews were conducted in person or via telephone depending upon the preference of each participant. The primary goal of the interviews was to explore how participants experience the transition to parenthood, with a particular focus on how this transition related to their experiences of perinatal mental health.

The interviewers, who included two of the authors and trained graduate students, used a semi-structured interview guide to conduct the interviews, which ranged in length from 30 to 150 minutes. The interview guide included questions regarding participants' experiences of pregnancy, birth, and transition to parenthood as well as their sexual identities and histories, their relationships, social support, and mental health. Although none of the primary questions in the interview guide referred to CNM, we noted early in the data collection process that this was an emerging theme, and so we added probe questions to promote further discussion when CNM was mentioned. Examples of probe questions included, "You mentioned having experiences [with women] with your husband as well. How has that gone? How did you introduce that possibility?" and "You mentioned a little bit about a swinging club. Can you tell me a bit about how your experiences fit with that?" For a more detailed description of the data collection process, (Ross et al., 2017).

Table 2. Description of participants.

Name	CNM Involvement	Relationship Duration (T1)	Age (T1)	Ethnicity	Location
Angie	Discussed in interview her expectations of partner's reaction to CNM	11 years	29	Latina	Massachusetts
Caroline	Open relationship	12 years	31	White	Massachusetts
Diane	Discussed possibility of threesomes with partner; decided at T3 to be monogamous	1 year	33	White	Massachusetts
Eileen	Open relationship	7 years	33	White	Massachusetts
Julie	Discussed possibility of threesomes with partner	4.5 years	29	White	Massachusetts
Lisa	Had threesomes with partner	5 years	25	White	Massachusetts
Mara	Discussed possibility of threesomes with partner	.5 years	24	White	Massachusetts
Bella	Discussed possibility of threesomes with partner	.83 years	24	Latina	Massachusetts
Cara	Past open relationship	7 years	36	White	Massachusetts
Amelia	Had female partner "on the side" and threesome with current partner	5 years	22	Latina/White	Massachusetts
Tina	Discussed possibility of individual or couple-level sexual CNM with partner	3 years	33	White	Massachusetts
Lynn	Open relationship	19 years	37	White	Massachusetts
Allison	Attempted to negotiate polyamory with current partner	3.5 years	33	White	Toronto
Paige	Discussed CNM, no interest with partner	16.5 years	44	White	Toronto
Jasmine	Engaged in sex with and without husband in current relationship	16 years	35	South Asian	Toronto
Katie	Past open relationship with girlfriend	2 years	25	White	Toronto
Suzie	Discussed possibility of casual sexual CNM with partner	11 years	33	White	Toronto
Nicole	Swinging	6 years	31	White	Toronto
Faye	Engaged in threesome with partner	5.6 years	35	White	Toronto
Hannah	Swinging	7 years	30	White	Toronto
Gail	Polyamorous/open relationships with past partners	1.3 years	32	White	Toronto

Note. CNM = consensual nonmonogamy.

Data analysis

We conducted the data analysis using an inductive constructivist thematic analysis method (Braun & Clarke, 2006). This approach, as outlined by Braun and Clarke (2006), enables "identifying, analysing, and reporting patterns (themes) within data" (p. 79). An exploratory analysis in which themes were identified inductively was determined to be the optimal approach to address the aims of this research, due to the limited existing data and theorization of CNM during the transition to parenthood.

We developed the initial data set by generating a list of search terms that were associated with CNM within the transcripts, including *relationship, monogamy, open, swing, poly, primary, threesome*, and *involved*. Two authors electronically searched all of the interview transcripts for these keywords, in addition to reviewing in full the transcripts flagged by interviewers or researchers as containing CNM content. These authors extracted any relevant data, together with sufficient context for interpretation, into abbreviated versions of each transcript. A total of 59 participant interviews collected from 21 of the participants were retained for the data set. Three of the authors each coded four interview transcripts line by line, meeting twice during the process to discuss codes most relevant to the research questions. These potential codes were then compiled and organized into a draft coding framework, which was revised based on input from all five authors.

The first and second authors then applied the revised framework to the entire data set (i.e., the abbreviated transcripts of 59 interviews referencing CNM). After the coding was complete, the first two authors drafted theme memos that included analysis of each theme and exemplar quotations from participants. The third author reviewed and gave feedback on each theme memo prior to finalizing the interpretation presented in this manuscript.

Results

We identified five main themes related to CNM in the data set: CNM structure and involvement, sexual identity and CNM, outness and disclosure, communication, and benefits of and barriers to CNM related to parenting. We describe these themes with illustrative quotations below. All names presented are pseudonyms, and demographic information for each participant is presented in Table 2.

CNM structure and involvement

Our participants described three types of CNM they had engaged in or discussed with their current partner: swinging, casual sexual relationships, and open relationships. For example, one participant, Nicole, described her swinging activity: "We're part of a swingers' club. When we go and hang out, if we want to just hang out, then we do, but if somebody is interesting and I feel like being with them, then I can chat with them and take it from there." Another participant, Lisa, discussed her experience with casual sexual relationships. She said, "We had [an] instance where a friend got involved with us sexually a handful of times, and I've had maybe two or three of my own sexual encounters with women." The third type of CNM—open relationships—involves dating others outside of the couple relationship. For example, Eileen, who described herself as a "little asexual," stated:

> I've kind of explained to [my wife] Patricia, I wish you could find a partner that was sexual so I wouldn't have to worry about that, because somebody would be taking care of that for you. And that's not a big deal to me … But I'm totally fine with—like even if … in the future they had a really good relationship and that person wanted to move in with us, that would be fine.

Despite the prevalence of polyamory over other forms of CNM within research literature, only two participants described themselves as having been polyamorous, though both also used the language of open relationships and were monogamous in their present relationships.

Notably, only three participants reported that she or her partner were actively engaged in CNM during pregnancy or the postpartum period, and only one of these was herself romantically or sexually involved

with another partner. Eileen, above, noted her partner Patricia's dating activities during the postpartum period. Lynn explained that her male partner "is seeing another woman … she's his girlfriend and that's okay." Finally, Hannah discussed approximately a year after giving birth that she and her male partner "did manage last weekend or the weekend before to [go] to one of our [swinging] clubs that we like to go to, and we got to feel sexually invigorated again for the first time …" Thus, most women discussed CNM in terms of past experiences or future possibilities.

Sexual identity and CNM involvement

Ten participants made connections between their sexual identities and their involvement in CNM. Some participants' CNM involvement helped them to explore or discover their sexual identity, and many participants noted that involvement with women outside of their relationships with their male partners validated (or could validate) their sexual identity.

In three cases, participants described coming out to their partner and engaging in a conversation about CNM. For example, Amelia discussed how her partner "liked the idea that he was with somebody that liked girls" and encouraged her first to date another girl "on the side" and then to engage in threesomes with him. In another instance, Bella disclosed to her partner that she was bisexual and offered that they could "[bring] someone else into" the relationship if he wanted. By invoking discussion of CNM in the context of identity disclosure, participants and their partners constructed bisexuality as implicitly connected with the possibility of threesomes or open relationships.

For some participants, CNM gave them space to explore their sexuality and discover an interest in people of various genders in the context of relationships with different-gender partners. Caroline described how "being able to have an open relationship, and have a primary partner, knowing that there was no judgment on his end, it opened up a fluidity in my orientation that felt a lot more comfortable." Additionally, CNM was often identified as a way to actively experience or validate bisexual or plurisexual identities. Allison, who had attempted to negotiate polyamory with her partner, said:

> To consider being monogamous for a period of time or indefinitely, it does feel like that does affect my view [of] my own identity as a queer woman. I know a lot of people who say you don't have to be actively dating people of any gender to be queer, or just because I'm in a monogamous relationship that doesn't mean that I'm not queer. And that opinion is totally valid, but for me, if in the long term I'm having no sexual relationships with women, that does make me feel less queer.

Allison and other participants seemed to experience themselves as less "authentically" bisexual or queer when not actively having experiences with women, even though their attractions and identity label remained the same. These experiences are congruent with research findings that bisexual women—and in particular those in different-gender relationships—do not have the same experience of LGBTQ community as other sexual-minority women, and do not necessarily feel the same sense of belonging or connection (Balsam & Mohr, 2007; Hayfield, Clarke, & Halliwell, 2014). Unfortunately, the same research has found that these women also struggle to feel accepted in heterosexual communities.

Outness and disclosure

Outness and disclosure were discussed by 15 of the 21 participants. Participants in this study often spoke about their decisions regarding CNM disclosure, and their thoughts about disclosing their CNM involvement to their children.

Most participants selectively chose to disclose their CNM experiences to some people and not to others. Participants spoke about not wanting to give people more information than they could "handle," and worrying about potential negative reactions and stigma. For example, Caroline viewed concealment of her CNM from her parents as considerate; "sharing it … would feel really selfish. I would be sharing it just to get something off my chest or to make them know who I am." In addition, participants worried about negative reactions from people to whom they might disclose their involvement, anticipating a negative response (Meyer, 2003; Quinn & Chaudoir, 2009). While some participants spoke about feeling

that they benefitted from their assumed heteronormativity and monogamy, participants seemed very conscious of the stigma of CNM and extradyadic sexual activity. A few even noted that they felt more comfortable being out about their bisexual identity, or that they did not disclose their bisexuality because it would necessitate being out about their CNM activity. They identified assumptions of heteronormativity and monogamy as one way they passively avoid engaging in discussions about their relationship structures and styles, noting that because they are involved in relationships that appear normative to an outside eye, conversations about CNM "don't come up." Congruently, participants' CNM involvement was sometimes framed as something private that other people didn't need to know about.

Outness and disclosure with children

Participants expressed a range of thoughts and feelings about whether they would discuss their involvement in CNM with their children. Only one participant, Hannah, who participated in swinging events, said simply that she would openly discuss nonmonogamous sexuality with her children. Other participants expressed considerations such as children's capacity to understand and/or keep information private, and concealing CNM from children due to fear of harm. Caroline, Hannah, and Lisa all said that age was a major consideration for them, and that they would address it with their children when they were older. When speaking about what they may or may not disclose to their children regarding their relationship structures and styles, participants were unsure what information their children could "handle," both in terms of their own comprehension and because of potential exposure to stigma if they disclosed this information to others. Caroline discussed how, "if we are still involved in relationships outside of each other, then I think we would tell them, but on a level that made sense," and worried that "you have to tread carefully with children … because you don't want them to share things that they shouldn't." Even parents who believed knowledge of CNM would not be harmful to their children worried about how to present the information and keep it private.

Seven participants expressed concern that it would be harmful or inappropriate for their children to be aware of their CNM involvement, leading some to say they would never disclose to their children. Notably, the participants in this study did not explicitly discuss what negative impact they feared knowledge of CNM might have on their children, though their responses suggested a belief that children should not have knowledge of sexuality in general or their parents' sexuality specifically, perhaps due to the stigmatized status of sexuality and of CNM. Julie, who had discussed the possibility of threesomes with her partner, said she would wait until her children were "much, much older" to pursue those experiences because "I don't want it around them." Lisa described the discomfort of imagining discussing her threesomes with her daughter: "'Okay, this isn't a relationship that I want to be in with a woman, this is just somebody that I just want to involve my relationship with sexually'—I wouldn't want to have that conversation with her." Thus, parents constructed CNM as a private behavior that may be inappropriate or harmful for children to be cognizant of.

Communication

Many participants discussed communication as a vital factor when considering CNM engagement during pregnancy or parenthood. Two prevalent communication themes were "negotiating changes," discussed by six participants, and "boundary setting," discussed by five participants. Participants described their communication about their relationships as learning to navigate new territory together, including all the new questions, potential discomfort, new feelings, and mutual hurt that may arise when partners enter new romantic and/or sexual relationships, particularly in the perinatal context. For example, Caroline spoke about how her relationship with her partner improved as a result of enhanced communication after opening the relationship, subsequent to the birth of her first child. Her husband became involved with a mutual friend, which "opened up a whole pile of questions and discomfort." Caroline explained, "I think that made our relationship so much stronger that we both kind of screwed up, we both got hurt, and we both figured out okay, well let's not do that [involvement with a mutual friend] again." For her, communicating about what worked and what did not strengthened the partnership between her and her husband.

Faye, who had engaged in threesomes with her partner, similarly identified a link between negotiating changes and acknowledging evolution in a relationship, and the success of the relationship overall:

> [Lifelong monogamous relationships are] a beautiful idea, but realistically people are going to change and evolve when you are with them. Just from being pregnant or going through having a kid, your whole sex life changes so dramatically, it has to be that those changes are somehow embraced or negotiated throughout your relationship, otherwise it's not going to work out.

Thus, Faye constructed ongoing communication and acceptance of change as an important facet of CNM, which promoted the health and vitality of the couple relationship.

Some participants described increased communication about their involvement in CNM around their pregnancy and early parenting experiences, often related to a perceived increase in risk to their pregnancy, relationship, or parenting, resulting from involvement in CNM. For example, Eileen, whose wife occasionally went on dates with other people, recognized a need for more communication related to screening new partners who might become coparents and the need to negotiate date time when "I'm at home taking care of [baby]," such that Eileen would not bear the burden of child care unevenly while her wife enjoyed dates outside of the house. Caroline also discussed renegotiating CNM boundaries. A year after giving birth, she described her husband's growing motivation to date, whereas she was "still in mom mode most of the time," leading to intense discussions:

> So at this point we're discussing where our comfort level lies as far as seeing other people. Would we rather be present, would we rather not know about it? … There's so much more conversation [in an open relationship]. You have them and then the stakes are higher so when things sour, they just have repercussions. So we kind of tread very carefully back into that so no one gets hurt.

In this way, for many participants, the perinatal context translated into increased caution, necessitating increased communication.

Barriers to CNM involvement related to parenting

Parenting factors came up frequently for participants as barriers to involvement in CNM. Participants who had previously or were currently engaged in CNM, and those who considered possibly engaging in CNM in the future, all noted concerns and barriers related to parenting status.

The most prevalent of these barriers was logistical issues associated with being pregnant or the parent of a young child. Out of 21 participants who had considered or engaged in CNM, 12 specifically noted logistical barriers such as the physical discomfort of pregnancy, not being able to spend time away from their infant due to feeding and sleeping needs, and being exhausted and having no time to themselves. These findings are consistent with research on the transition to parenthood more generally, which consistently finds that fatigue and stress increase, while desire for and participation in sexual intimacy decrease (Ahlborg et al., 2005; Woolhouse et al., 2012). As Tina, who had considered but not engaged in CNM, said, "Literally the only time I have to myself is when he's napping or when he goes to bed, and when he goes to bed I'm exhausted … There isn't a whole lot of energy for sex."

Given their limited time and resources as new parents, five participants explicitly noted that their focus was on maintaining their relationship with the second parent to their child(ren), rather than seeking other sexual or relationship experiences. As Paige, who had considered but decided against CNM engagement, said, "When you have young kids, the idea of going out and meeting anybody, really taking the time of doing it—I feel maxed out just trying to maintain a loving relationship with my partner, being a mother and maintaining good friendships." Diane, who had discussed being "open-minded to the idea of a woman being involved" during pregnancy, reported a year after giving birth that becoming a parent "solidified the fact that my husband and I are monogamous." Six participants also described a decreased interest in CNM because they felt less physically attractive, were less interested in sexual activity, or viewed CNM as less of a priority when compared to parenting responsibilities. As Jasmine explained, "Because you're so tired and exhausted and breastfeeding … I don't have time to really focus

on me in this way, and I don't feel particularly attractive … I don't think either of us [I or my husband] are in that frame of mind right now."

Four participants explicitly identified stigma against CNM related to parenthood as a significant barrier to involvement. The anticipation that others would stigmatize parents and their families if they engaged in CNM may act both as a barrier to CNM and as a harmful stressor. Two of these four participants mentioned that other potential partners, specifically those who identify as women, were unlikely to be interested in them as parents in heteronormative relationships. Caroline, who had previously been in an open relationship and sought primarily sexual encounters, shared her impression that "there are fewer girls that will get involved with someone who's married to a straight guy and has two small kids." Similarly, Hannah discussed the reaction when she posted to an online swinging forum looking for advice about how to participate in swinging while also parenting a young child:

> There was a lot of judgment … "we would never do this, this is crazy, you're putting your kids in such harm," and then there were people saying, "I wouldn't do it because I would know that the mother wasn't really paying 100% attention" … I knew there was a lot of judgment toward parents, but it was pretty extreme.

Lynn explained that she was less likely to talk to people about her open marriage after giving birth due to concerns about stigma. She also resisted the idea of her partner's girlfriend joining the family unit because she feared the stigma her child might face:

> Friends' parents [might be] like, "Oh, you can't go over there, they are weird, they have three parents." That's going to be an issue for her. I'm much more comfortable having a close family friend who helps out than somebody that is more family … People accept the close family friend who helps out a lot, but the husband's girlfriend is maybe not culturally acceptable.

As these quotes illustrate, CNM holds a stigmatized status that can become more salient during pregnancy and parenthood, while simultaneously, pregnancy and parenthood may confer a stigmatized status within CNM communities.

Our data suggest that these stigmas may also be internalized. For example, some participants spoke to their own perceptions that CNM was not acceptable for parents. Both Mara, who had discussed the possibility of threesomes with her partner, and Amelia, who had previously engaged in CNM, noted that they want to present themselves as "stable" to their children. Lisa, who had had threesomes with her male partner, spoke about her "expectations of myself as a mom" and the self-judgment that would follow if she were to engage in CNM. For these women, engaging in CNM and being a mother were incongruent.

Some participants constructed CNM engagement as potentially unsafe or unsettling within the family context. One concern mentioned by two participants was a perceived risk to the parents' relationship, and the potential impact of relationship dissolution for the children. Suzie, who had discussed possible future sexual relationships with women with her partner, worried that CNM involving emotional connections "could lead to messy situations," and thus should be avoided after having a child. Lisa, who had previously engaged in threesomes with her current partner, Jared, described an emotional ambivalence about CNM involvement after giving birth that she did not feel prior to becoming a parent:

> The thought that comes to mind is that I would feel guilty. I would feel guilty if Jared wasn't involved in it. And I think that also if Jared was involved, I think I'd feel a tinge of jealousy because we have a family now. He even more so cannot look at somebody else. I'm the mother of your child. I feel like I should be the most important in his life. Even on a physical realm. Even though it really doesn't matter, but it kind of does.

As Lisa's quote illustrates, socially constructed notions of "family" at times were at odds with women's desires or preferences for CNM in ways that could produce ambivalence and conflicted feelings. Notably, however, these pressures may have decreased in intensity over time. Six months after the interview quoted above, Lisa noted that she and her partner had reinitiated conversations about bringing another woman into their sexual relationship, "whereas even a few months ago it was something that was just kind of out of the question." Thus, the power of discourses of heteronormative family and motherhood may vary across the transition to parenthood, and perhaps carry less weight as children age.

Another type of perceived threat that participants mentioned as salient during pregnancy was concern about sexually transmitted infections (STIs). Both Hannah and Nicole had stopped actively swinging

during their pregnancy because they worried about STIs, though both recognized that the risk was low and that they had not had trouble with STIs in the swinging community before their pregnancies. For example, Hannah mentioned how "you can always get [others at the swinging club] to show you their paperwork that they've just gotten tested." Given their perception of low risk, Hannah and Nicole appear to be responding to social expectations of responsible mothering, avoiding any level of threat to their children's health, even at the cost of their own pleasure.

Benefits to CNM involvement related to parenting

Although less prominent in participants' discussions than barriers to CNM, some participants discussed parenting-related benefits of CNM involvement. Specifically, three participants noted three distinct benefits to being involved in CNM.

First, Caroline, who opened up her relationship with her husband after the birth of their first child, described how engaging in CNM enabled her to be a better parent:

> [The open relationship] gave me a freedom to go out and explore and whatever I wanted, and that made me come home and be a better mom. I mean, you know how it is; even if you take a break for two hours and go to the mall or go for a run, you come back home and you feel like you're a better person to your kids because you've done something for yourself. You've eaten a good meal, you've taken a good nap, and you feel recharged. And I felt the same way when I could socially be someone other than mom.

As this quote illustrates, for Caroline, her open relationship expanded her identity beyond the mother role and provided opportunities for her to feel refreshed as a parent.

Lynn experienced another benefit. As noted by polyamorous parents in other studies (Goldfeder & Sheff, 2013; Sheff, 2010), the girlfriend of Lynn's husband was "one of the most helpful people" in volunteering to babysit and allowing Lynn to enjoy time on her own or with her partner. Lynn spoke several times about how much she appreciated the girlfriend's assistance with child care. For example, Lynn described how before her child's first birthday party, "[the girlfriend] basically said, 'Okay, tell me what you want for food and then don't think about it again, and I'll handle it.' She made her a cake. She's here every Sunday to help out."

A third and final benefit, mentioned by Nicole, was that her swingers' club provided a venue for sexual activity away from the home. In contrast to Hannah's stigmatizing experience with her online swinging forum, Nicole noted that parents comprised most of her swinging community, so the venue was a place parents could go that was "cheaper than a hotel, and more fun." The presence of a parent-friendly swinging community thus provided a refuge for parental intimacy.

Discussion

This study explored perceptions of and experiences with CNM among a sample of 21 bisexual and other plurisexual women during the transition to parenthood. Our findings build upon previous studies of CNM among nonparents or mixed samples and a separate body of literature on polyamorous parenting.

Decisions and concerns regarding disclosure of CNM engagement were a primary theme in our analysis. For individuals with concealable stigmatized identities, anticipating negative reactions from others has been shown to impact both decisions about disclosure and mental health (Moss, 2012; Quinn & Chaudoir, 2009; Schrimshaw, Downing, & Cohn, 2016). Like those in Moss's (2012) study of 11 married bisexual women, participants in this study were exposed to social stress related to the actual or anticipated emotional reactions of people in their lives upon disclosure of their CNM engagement. Expanding on Moss's (2012) work, our participants were also aware of the potential for added stigma against participating in CNM while parenting, which may have discouraged both CNM engagement and disclosure of past, current, or future engagement. Participants disclosed stigmatizing experiences or expectations of stigma from parenting communities, CNM communities, and society more broadly. Thus, the minority stress constructs of anticipated stigma and (lack of) community support appear present and salient in these women's decision making and experiences related to CNM (Meyer, 2003).

Prior work has documented the importance of communication for individuals and couples engaging in various forms of CNM (Cohen, 2016; Jamieson, 2004; Kimberly & Hans, 2015; McDonald, 2010; McLean, 2004). Consistent with this literature, our participants emphasized the necessity of communication, and spoke of setting ground rules and negotiating boundaries and changes as needed (McLean, 2004). Significantly, most of our participants viewed this openness and communication as a positive feature of their relationships (Conley & Moors, 2014; Kimberly & Hans, 2015). More unique to this sample, participants expressed that increased communication was needed when considering or engaging in CNM as a parent—yet exhaustion and lack of time when caring for a young infant may have also rendered this additional communication more difficult.

A significant contribution of this study was its focus on CNM during pregnancy and early parenthood. Several considerations and challenges unique to this period were highlighted by participants. Many of the couples chose to curtail their CNM involvement, with some re-engaging or expressing increased interest six months to a year after giving birth. During pregnancy, concerns about health risks discouraged some women's CNM participation, although several studies suggest that those who engage in CNM tend to use more safer-sex methods than nonconsensually nonmonogamous individuals (Conley, Moors, Ziegler, & Karathanasis, 2012). After birth, our participants noted a variety of barriers to CNM engagement: lack of time and energy, decreased sexual interest, a focus on the primary partnership, concern that exposure to CNM would be harmful to the child, increased stigma, and concern about jealousy or relational issues that could arise from CNM engagement. Many of these findings (e.g., decreased time, energy, and interest in sexuality) echo and are consistent with general research on the transition to parenthood, documenting declines in time spent alone together as a couple and sexual activity specifically (Doss et al., 2009; Nystrom & Ohrling, 2004). This study expands upon prior literature to highlight how these normative changes in postpartum sexuality specifically influence CNM interest and engagement. Furthermore, these findings document women's increased concerns related to stigma, potential emotional risks of CNM to the couple relationship, and perceived potential for harmful impacts of CNM engagement on children after giving birth. At the same time, this analysis illustrates ways CNM helped some participants to cope after childbirth through the provision of additional help from CNM partners, validation of bisexual or plurisexual identity, or the expansion of identity outside of motherhood.

Indeed, as participants in this study actively constructed their identities as parents, they contended with social scripts and discourses about motherhood and CNM. For example, motherhood is associated with sacrifice for children, exclusive focus on caring for children, and a de-emphasis on sexuality (Damaske, 2013; Kaplan, 1990). Women in this sample appeared to draw on these discourses in decisions (not) to disclose their CNM activity to children, in decisions not to engage in CNM, when struggling to reconcile previous or potential CNM involvement with motherhood, and in their knowledge of stigma against parents who engage in CNM. However, it is notable that at least one participant constructed her CNM involvement as helpful in developing a positive mother identity by allowing her to be more than "just" a mom and providing time away from mothering so she could return to the parental role refreshed. Consistent with literature on the transition to parenthood generally, participants' constructions of themselves as sexual beings and as parents thus appeared to shift throughout the first year of parenthood (Woolhouse et al., 2012).

Limitations and future directions

The primary research project from which these data were drawn was not designed to study CNM in the transition to parenthood, and recruitment was not conducted with this purpose in mind. As such, the sample is limited to bisexual and plurisexual women, most of whom are partnered with cisgender men, meaning that these results may not be transferable to women with same-gender partners, who may experience stigma and disclosure decisions differently. Additionally, this sample, though diverse socioeconomically, is predominantly White. The experiences of women of color may differ in important ways (for example, women of color who participate in CNM may be stigmatized more intensely; Klesse, 2005).

Given women's expressed concerns about how to navigate CNM while parenting young children, more research is needed that focuses on CNM and parenting. Future studies should intentionally include diverse identities, particularly racial/ethnic diversity and diversity of gendered relationship configurations. Furthermore, longitudinal studies beyond the first year of parenthood would provide additional information about trajectories of CNM involvement and how parents' experiences with CNM may change as children age.

Implications for practice

Findings from this research can inform the work of practitioners offering supports in the sex, marital, and family fields. Previous work has documented how CNM may challenge practitioners' own values, and clinicians rarely receive training specific to CNM (Bairstow, 2016). As a first step, service providers should be aware of the literature related to CNM and avoid assumptions that parents are necessarily monogamous. As demonstrated in this sample, parents are highly sensitive to the stigma surrounding CNM and the potential to be perceived as irresponsible or unstable due to CNM involvement. Care providers may find it helpful to avoid assumptions of monogamy and ask patients about any significant relationships in their lives.

Additionally, participants reported complex relationships between plurisexuality, parenthood, and CNM. Because these women were often assumed to be heterosexual, many reported that they found CNM to be affirming of their sexuality. However, CNM involvement tended to decrease or was put on hold during the perinatal period, which was sometimes viewed as a personal sacrifice. Parenthood communities could also be stigmatizing of plurisexuality and CNM, and some CNM communities were stigmatizing of parents. Thus, providers should be sensitive to the potential stressors and multiple directions of stigma such individuals might experience in order to help the people whom they support navigate the tensions between societal discourses, their own values and desires, and experiences of prejudice or exclusion. Providers can also use the data presented here to help normalize the logistical and parenting-related barriers to CNM, as well as the multiple trajectories that people may take as they transition to parenthood, such as continuing to negotiate rules of an open relationship, stopping CNM activity and reinitiating after the child is somewhat less dependent on parents, and deciding to close the relationship but leaving open the possibility for future conversation about CNM.

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