

Abstract

This article presents partial results of a mixed methods study about consensual non-monogamists' perceptions of conciliating their parenting and sexual lifestyle roles. By using the Expanding the Movement for Empowerment and Reproductive Justice Lens that was enhanced by Cowan and Cowan's Ecological Model of the Transition to Parenthood, six out of the eight participants completed an online questionnaire and a semi-structured interview. The qualitative results reveal that parenting consensual non-monogamy contains three phases: contemplating consensual non-monogamy, acting on it, and incorporating it during parenthood. The conciliation of roles depends on family functioning, effective communication, and social support, yet participants found diverse ways to return to their sexual lifestyle. The quantitative results from the Parenting Role-Sexual Role Conciliation Scale support the qualitative ones. Perinatal nurses and allied health care professionals need to know about parenting consensual non-monogamists and how they conciliate their parenting and sexual lifestyle roles.

Keywords Consensual non-monogamy, transition to parenthood, parenting role, sexual lifestyle role, parenting consensual non-monogamy

Parenting Consensual Non-Monogamists' Perceptions of the Conciliation of their Parenting and Sexual Lifestyle Roles

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Introduction

There is a paucity of research on parenting consensual non-monogamists (PCNMs) and their sexual lifestyle (Arseneau et al., 2019; Avanthay Strus, 2019; Klesse, 2019). Consensual non-monogamy (CNM) is defined as a person who engages in a romantic and/or sexual activity with more than one partner, with all partners being aware of their involvement (Hauptert et al., 2017; Matsick et al., 2014). PCNMs are parents who partake in CNM (Avanthay Strus, 2019; Avanthay Strus & Polomeno, 2021, 2024).

There are three main types of CNM: open relationships,

swinging, and polyamory (Arseneau et al., 2019; Hauptert et al., 2017). Open relationships involve consensual extra-dyadic sexual activity, typically without romantic involvement (Fernandes, 2009; Matsick et al., 2014), and originated during the 1960s sexual revolution. They include three models: primary-secondary (one main partnership prioritized), multiple primary (equal-status partners, including polyfidelity), and uncommitted (non-exclusive sexual partnerships) (Labriola, 1999). Swingers engage in sexual activity outside their primary relationship with partner consent, usually for pleasure rather than intimacy (Fernandes, 2009; Jenks, 1998). Swinging emerged in early 20th-century Greenwich Village or from the 1960s free love movement, gaining popularity in the 1970s, with organized clubs expanding globally (Fernandes, 2009; Gould, 1999). Swinging was legalized in Canada in 2005 (R. v. Labaye, 2005). Polyamorous couples pursue both emotional and sexual intimacy with multiple partners, often sharing roles and emphasizing equality, with arrangements sometimes resembling open relationships in sexual practices (Barker & Langdrige, 2010; Boyd, 2017).

Intimacy and sexuality are the two dimensions that are the most affected by the transition to parenthood (Cowan & Cowan, 2000; Polomeno & Dubeau, 2009). This transition is divided into four phases: preconception, pregnancy, childbirth, and the first two postnatal years (Polomeno, 2013). The initial postnatal period (the first three postnatal months) is the most challenging, as the new birthing parent is recovering from pregnancy and childbirth, and the parents are learning to respond to the newborn's needs (Polomeno, 2013). Parents fare better when they can strike a harmonious balance between their roles of lover, partner and parent (Polomeno, 2013).

Two recent publications describe how PCNMs experience the transition to parenthood (Avanthay Strus & Polomeno, 2021, 2024). During the first phase of preconception, PCNMs put thoughtful effort into the decision to become parents, which is also called 'Deliberately Planning Families' (Arseneau et al., 2019). During the second phase of pregnancy, their experiences may be positive or negative. Complications arising during this phase can produce a negative perception. PCNMs may have positive or negative perceptions of the third phase of childbirth. Some negative perceptions of this phase can lead to birth-related trauma, potentially resulting in post-traumatic stress disorder (Avanthay Strus & Polomeno, 2021). In the last phase of the first two postnatal years, PCNMs demonstrate advanced communication and prioritize sexual intimacy over emotional intimacy. Yet, little is known about how individuals who are parents and partake in the CNM sexual lifestyle conciliate the parenting and the sexual lifestyle roles.

Although nurses acknowledge the importance of sexual healthcare (Avanthay Strus, 2019), the majority of them have little to no training in human sexuality, either in their undergraduate program or through continuing education (Allen & Fountain, 2007; Azar, Kroll, & Bradbury-Jones, 2022). Perinatal nurses have even less knowledge and training in perinatal sexuality that focuses on sexuality and intimacy during the transition to parenthood (Avanthay Strus, 2019; Polomeno, 2013), including sexual diversity groups such as PCNMs (Avanthay Strus & Polomeno, 2021). It is of the utmost importance that perinatal nurses know how PCNMs strike a balance between their parenting and sexual lifestyle roles, so that these nurses can better respond to the needs of PCNMs and know how to intervene clinically (Avanthay Strus & Polomeno, 2021).

The present article presents partial findings from a larger study whose aim was to describe Manitoban consensual non-monogamists' perceptions of their parenting and sexual lifestyle. These partial findings relate to the following research questions:

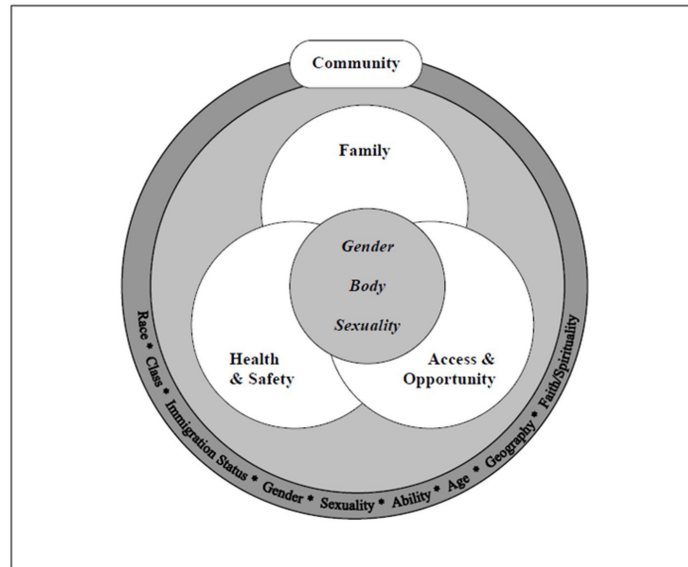
1. What are the perceptions of PCNMs regarding the conciliation between their parenting role and sexual lifestyle roles?
2. What are the perceptions of PCNMs regarding the Parenting Role-Sexual Role Conciliation Scale (PRSRCS)?
3. What are the similarities and differences between the perceptions of PCNMs regarding the conciliation between their parenting role and their sexual lifestyle roles, and the Parenting Role-Sexual Role Conciliation Scale (PRSRCS)?

Conceptual Framework

The study's conceptual framework (see Figure 1) combines the EMERJ (Expanding the Movement for Empowerment and Reproductive Justice) lens (Expanding the Movement for Empowerment and Reproductive Justice [EMERJ], 2008), with Cowan and Cowan's Ecological Model of the Transition to Parenthood (Cowan & Cowan, 2000), providing a comprehensive perspective on the challenges faced by PCNMs. The EMERJ framework, rooted in the reproductive justice movement initiated by women of color in the 1980s, emphasizes a human rights and social justice approach to issues surrounding reproductive autonomy, while highlighting how identities such as race, gender, sexuality, and class influence experiences within family, health, and societal systems (EMERJ, 2008; Price, 2010). Cowan and Cowan's Ecological Model of the Transition to Parenthood (Cowan & Cowan, 2000) focuses on the multiple layers of context influencing family life, extending from individual internal worlds to broader societal institutions. Specifically, it considers five key aspects: personal identity and feelings; the parent-child relationship; the partnership between parents; relationships with extended family like grandparents; and interactions with external institutions such as healthcare and social services. The integration of the Ecological Model with the EMERJ lens facilitates a nuanced understanding of how community identities and family dynamics intersect with external societal influences in shaping PCNMs.

The reproductive justice framework is inherently intersectional, a concept first articulated by Crenshaw (1989) to describe how social identities—such as race, gender, sexuality, class, immigration status, and ability—intersect to shape unique experiences of oppression and privilege. Reproductive justice builds on this by emphasizing that reproductive lives are inseparable from broader social, economic, and political contexts (Luna & Luker, 2013; Ross, 2006). Structural inequities influence not only the ability to have or not have children, but also the conditions of family formation and

Figure 1. Adapted Reproductive Justice Model



Adapted with permission from:
<http://www.racialequitytools.org/resourcefiles/ACRJ-RJ-Lens-Toolkit.pdf>

parenting. In this study, intersectionality is applied as a guiding analytical principle within the EMERJ lens, centering identity and community in assessing reproductive freedom and oppression. Integrating Cowan and Cowan’s Ecological Model under the Family domain further highlights how intersecting identities affect reproductive autonomy and parenting realities in non-normative family structures such as PCNMs. This combined framework informed the development of research tools—an interview guide and an online questionnaire—by emphasizing how community identities and ecological layers shape disclosure, healthcare access, and social support. The EMERJ lens foregrounds societal stigma and barriers, while the Ecological Model illuminates relational and institutional influences. Together, they enable a holistic, justice-oriented analysis of the intersecting challenges faced by PCNMs in navigating societal expectations, family roles, and institutional support.

Methods

Research study type and design

The original research study type was mixed methods, which included both qualitative and quantitative data (Plano Clark & Creswell, 2008). The first aforementioned research question focused on qualitative data, the second one on quantitative data, and the third research question incorporated both qualitative and quantitative components. The research design

involved the triangulation design-convergence research model that included “a single phase, [where] both types of data are given equal emphasis...the two sets of results are converged during the interpretation, and the intent is to draw valid conclusions about a research problem” (p. 84). This design is time efficient as both data sets are collected concurrently and considered equally important (Plano Clark & Creswell, 2008).

Rooted in critical theory, this study’s conceptual framework also aligns with the pragmatic paradigm, emphasizing lived experiences and actionable solutions (Plano Clark & Creswell, 2008). This complements the EMERJ lens and the Ecological Model, allowing an integrated approach that values both critical reflection and practical applicability, and supports the convergence of qualitative and quantitative data for solution-focused insights.

Although the study initially planned a strict convergence model with simultaneous data collection, recruitment challenges due to sensitive subject matter led to a greater emphasis on the qualitative component. This shift suited the exploratory design, enabling deeper investigation of nuanced experiences with smaller, purposive samples (Francis et al., 2010).

Population, sample and sample size

The research population focused on individuals who were PCNMs living in the province of Manitoba, Canada. Eight participants met the six inclusion criteria: 1) be 18 years old

and older; 2) having been in a consensually non-monogamous relationship in the last two years; 3) having started to be consensually non-monogamous before or during the transition to parenthood; 4) be a primary parent for the child(ren); 5) the child must still be in their care and have always been so since birth; and 6) speak, read and write in English. The exclusion criterion involved individuals in an exclusive relationship with one other person. Only six of the original eight participants completed the online questionnaire and the interview; two withdrew for personal reasons.

No formal guidelines exist for sample size in this type of study, though several sources offer guidance (Creswell & Plano Clark, 2007; Francis et al., 2010; Guest, Bunce, & Johnson, 2006). One common approach involves data saturation, achieved when additional interviews yield no new themes or findings (Francis et al., 2010; Guest et al., 2006). Creswell and Plano Clark (2007) note that saturation depends on study type, suggesting 4–10 interviews for mixed methods. Francis et al. (2010) recommend setting a minimum initial sample and “stopping criteria,” defined by how many subsequent interviews produce no new themes. In this study, qualitative data collection paused upon reaching saturation, ensuring richness without redundancy. Quantitative data served a complementary role, supporting qualitative findings rather than aiming for generalization.

The sample (Avanthay Strus, 2019) consisted of two male and four female participants, and their ages ranged from 31 to 45 years ($M = 37.67$ years, $SD = 6.37$). Five participants identified as bisexual or pansexual, and the other one as heterosexual. At the beginning of the transition to parenthood, one participant identified as polyamorous, one was in an open relationship, and four participants identified as swingers. At the time of data collection, two participants identified as swingers, while four of them were polyamorous. Four participants were married, one was common-law, and the last one was separated. Three participants had secondary partners at the time of data collection, and three had secondary partners during the transition to parenthood. The number of children for each participant ranged from 1 to 3, with an average age of 10.63 years at the time of the interviews. Their incomes ranged from \$ 19,000 to over \$ 60,000. All participants were Canadian born.

Data collection

Qualitative data. A semi-structured interview guide (Avanthay Strus 2019) containing 32 questions divided into four sections was used to collect the qualitative data: 1) the participants’ perceptions of the transition to parenthood; 2) their sexual lifestyle; 3) the reconciliation of their parenting role and their sexual lifestyle role; and 4) their perceptions of health care professionals. Only the third section of the interview guide was

retained for this present article. The interviews took between 1.5 and 2 hours to complete.

Quantitative data. The quantitative data were collected using an online questionnaire that contained 24 questions regarding sociodemographic, relational, and parenting characteristics, and included three research instruments (Avanthay Strus, 2019): the Parenting Sense of Competence Scale (PSCS) (Johnston & Mash, 1989); the Personal Assessment of Intimacy in Relationship Inventory (PAIR) (only the emotional and sexual intimacy subscales were retained) (Schaefer & Olson 1981); and the Parenting Role-Sexual Role Conciliation Scale (PRSRCS) which was created for this study (Avanthay Strus, 2019). Only the data from the PRSRCS were considered for this present article. The final version of the PRSRCS (Avanthay Strus, 2019) containing 13 items represented four subcategories: family and sexual styles’ balance, parenting and sexual roles’ balance, childcare arrangement, and social network reactions. The PRSRCS underwent face validity, content validity and pretesting (Fortin & Gagnon, 2016). Each item was assessed using a five-point Likert scale from 1 “Never” to 5 “Always”. A mean score was obtained by totalling the values of each item and dividing by thirteen; a higher mean score represented a greater degree of conciliation between the parenting role and the sexual lifestyle role. The online questionnaire took the participants between 15 and 20 minutes to complete.

Data analysis

Qualitative data analysis. The Schreier inductive method (Schreier, 2014) was used to analyze the qualitative data to infer themes that emerged during data analysis. This systematic approach to data analysis began by the first author’s submersion in the data by way of repeatedly reading after the interviews were transcribed. General impressions and thoughts were noted following the general themes in the interview guide (Transition to Parenthood, Sexual Style/Sexuality, Reconciliation of Roles, and Health Care Professionals). During the process, the two rounds of coding were compared for consistency. This permitted the researcher (first author) to reorganize the coding frame to eliminate any inconsistencies and subcategories that could be interchangeable. Any inconsistencies that arose were compared between the two authors.

The inductive interpretive approach outlined by Schreier (2014) allows themes and patterns to emerge directly from the data, supporting flexibility and depth necessary for exploring complex, context-dependent social phenomena. This approach is widely recommended in exploratory qualitative research where prior knowledge is limited (Braun & Clarke, 2006; Patton, 2015; Schreier, 2014). Unlike hypothetico-deductive methods—which prioritize testing pre-established

hypotheses—inductive approaches enable researchers to capture the richness of participants’ lived experiences and generate new theoretical insights (Elo & Kyngäs, 2008; Thomas, 2006). Thus, the Schreier method was particularly appropriate for this study’s focus on PCNMs, where nuanced meanings and social complexities are intertwined.

Quantitative data analysis. Descriptive statistics (Fortin & Gagnon, 2016) were applied to all quantitative variables using Version 24 of SPSS Statistics (IBM, 2016).

Comparative data analysis. Both qualitative (primary data set) and quantitative (complementary data set) data were collected concurrently and given equal emphasis (Plano Clark & Creswell, 2008). The qualitative data were analyzed first, followed by the quantitative data. Once both data sets had been analyzed independently, they were integrated during the interpretation phase to enable comparison. These comparisons helped determine whether the findings were congruent (similar) or divergent (dissimilar) across methods.

Joint displays were used to integrate qualitative and quantitative data, visually juxtaposing them in a single table or figure to highlight patterns and enhance interpretation (Fetters, Curry, & Creswell, 2013). This approach allows researchers to draw meta-inferences, identify convergence, divergence, or expansion between data sets, and clarify how

different evidence sources complement or contradict each other, strengthening the validity and depth of mixed methods research.

Ethical considerations

Ethics approval had been obtained from the first author’s educational institution, where they were a master’s student in nursing. Informed consent was obtained from each participant, while each was attributed a number (First Participant=P1, Second Participant=P2, etc.) to protect their identities. The participants chose the location and time for their interview.

Results

The qualitative data analysis from the original study resulted in five themes: perceptions of the transition to parenthood; intimacy and communication during the transition to parenthood; relationship evolution and sexual style during the transition to parenthood; the reconciliation of roles during the transition to parenthood; and the relationship with health care providers. Only the qualitative results from the third and fourth themes (‘Relationship Evolution and Sexual Style during the Transition to Parenthood’ and ‘Conciliation of Roles during the Transition to Parenthood’) (see Table 1) are retained for this article, as the qualitative results from the first, second and fifth themes have already been published (Avanthay Strus &

Table 1. Results of the Qualitative Data Analysis from the Third and Fourth Themes of the Original Study

Themes	Categories	Subcategories
Relationship Evolution and Sexual Style during the Transition to Parenthood	Contemplation of CNM	-Comparison of societal norms -Initiator of the discussion
	Acting on CNM	-Arriving at a consensus -Importance of communication -Exploration of various sexual styles and CNM
	Incorporation of CNM	-Disclosure -Sexual and health related practices -Influence of gender and sexual identity on sexual expression
Conciliation of Roles during the Transition to Parenthood	Family Functioning	-Household chores -Childcare responsibilities -Prioritization
	Impact of Sexual Style on Parenting	-Expectations as parenting partner, sexual partner, and conjugal partner -Flexibility and ability to discuss difficult subjects with children

Polomeno, 2021, 2024). This will be followed by the results from the quantitative data in relation to the PRSRCS and those from the comparative analysis.

Qualitative Data

Third Theme: Relationship Evolution and Sexual Style during the Transition to Parenthood

All six participants described how their relational and sexual styles evolved during the transition to parenthood, resulting in three phases (three categories): 1) Contemplation of CNM, 2) Acting on CNM, and 3) Incorporation of CNM.

Category 1: Contemplation of CNM. The first phase of the Contemplation of CNM includes two subcategories: Comparison of societal norms and Initiator of communication. In the first subcategory of Comparison of societal norms, the participants questioned themselves about the societal value of monogamy. For the second subcategory of Initiator of communication, the CNM conversation was initiated by four female participants and one male participant. Four participants were in a monogamous relationship, until they decided to engage in CNM with their partners, while another one was considering CNM after an episode of infidelity. P6 emphasized the importance of being on the same page with partners when deciding to engage in CNM, "Lots of people... come into [CNM] for the wrong reasons and are no longer together...the key there is communication."

Category 2: Acting on CNM. Regarding the second phase of Acting on CNM, three subcategories emerged: Arriving at a consensus, Importance of communication, and Exploration of various sexual styles and CNM. For the first subcategory of Arriving at a consensus, before embracing CNM, participants stressed the importance of consensus, involving self-reflection on societal norms, family values, and potential consequences. Decision-making involved discussions with partners, learning the language of consent culture, and establishing ground rules.

For the second subcategory of Importance of communication, participants emphasized the critical role of communication in their CNM practices, establishing ground rules and conducting regular check-ins to share experiences, voice concerns, and monitor relationship dynamics. Effective communication fostered trust, security, and clarity, with two couples (P1 and P2, P5 and P6) explicitly identifying each other as primary partners through verbal and nonverbal cues in social settings. Many participants used online platforms, clubs, and lifestyle events to meet like-minded individuals, highlighting the importance of understanding and practicing consent within this sexual lifestyle. Several participants also engaged in

BDSM activities, with some reducing participation after the arrival of their children but seeking alternative outlets such as lifestyle events and bathhouses. BDSM (Sheff & Hammers, 2011) involves consensual bondage, discipline/dominance, sadism, and masochism. However, not all experiences were positive. P1 shared concerns about unwanted touch at a lifestyle event, emphasizing the vulnerability of newcomers and the importance of full communication to ensure consent. P5 expressed worries about limited disclosure from partners, highlighting the ongoing necessity of transparent communication to mitigate health risks and uphold informed consent.

For the third subcategory of Exploration of various sexual styles and CNM, participants reported on diverse sexual styles within the context of CNM. To connect with like-minded individuals, participants utilized various avenues, including online platforms like Fetlife, dating sites, and public spaces :

So shortly after we were married, we joined a dating site where we actively looked for other couples...also found a couple of clubs...were able to network with likeminded people and were able to have more of those conversations of... how does this happen and why does this happen, and this is fun...let's try things out. (P6).

Within the context of the transition to parenthood, four participants reported increased sexual adventurousness, while two others reduced CNM participation due to a diminished social network and an increase in parenting challenges. Five participants practiced BDSM (Sheff & Hammers, 2011). One participant experienced a decline in home-based BDSM after having children and sought alternative outlets like local bathhouses and lifestyle events, "There's a lot of things that uh we enjoy that are on the BDSM spectrum...neither of us had been to the sadomasochism aspect of it really, we are much more into the bondage and domination side of things." (P6).

Category 3: Incorporation of CNM. Concerning the third and last phase, Incorporation of CNM, three subcategories were identified: Disclosure, Sexual and health related practices, and Influence of gender and sexual identity on sexual expression. In the first subcategory of Disclosure, participants faced challenges in deciding to whom and when to disclose their CNM lifestyle: family, workplace colleagues, and children. Five participants prioritized non-disclosure due to concerns about judgment, societal stigma, maintaining a professional image, and safeguarding their children. However, P6 was fully open about their sexual lifestyle, "I have a family member... who is aware, but they don't have a complete understanding of

exactly what it means as a swinger...the door is always open, and they do on occasion open that door and ask questions.” Regarding children, five participants opted not to openly exhibit their sexual lifestyle in front of them. Nonetheless, three among them expressed their willingness to discuss their lifestyle if their children initiated the conversation, “I would respond truthfully regarding my sexual lifestyle.” (P2). P6 expressed how she maintains a level of caution around her children, “There is a filter I need to maintain...”, yet certain aspects of her sexual expression are known, such as her being “part nudist.”

In terms of the second subcategory of Sexual and health related practices, participants implemented measures to not only protect their children, but also to keep their health and that of their children safe. Regarding the participants’ protection of their children, they were careful with the introduction of people: “We are careful who we introduce into the home...it’s after a more regular period of...getting to know each other...It’s always been a couple even if we are only sexually active with the one member of that couple.” (P6). One secondary partner was not acknowledged as a partner in the presence of extended family, being perceived more as a roommate, “Because when our partner moved in with us, we did not announce who she was to a lot of people. She was just a roommate. She was Aunty to the kids, she still is.” (P4).

In regard to health practices, the participants emphasized the importance of complete control over their bodies including contraceptive choices, STBBI (sexually transmitted and blood-borne infection) testing, and personal hygiene. Two participants, who were unable to use oral contraceptives or an intrauterine device, opted for condoms as their primary contraception method. All six participants were meticulous in their use of condoms to safeguard against STBBIs, frequently using terms like ‘clean’ or ‘disease-free’ to reflect their health status. One participant reported on bringing a recent STBBI panel as proof of their STBBI-free status to the attendees of certain house parties. All participants placed great emphasis on personal hygiene and holistic physical, mental, spiritual, and emotional well-being: “...safe sexual practices and ensuring that everyone’s mental, physical, sexual, and spiritual well-being is taken care of. It’s not just about being sexually healthy; it’s about maintaining overall bodily health for good relationships.” (P1). It is noteworthy that all participants asserted control over their bodies during CNM participation, except in cases of consensual non-control, such as within BDSM practices or the altered state following intense orgasms. Exceptions did arise in regard to situations of pregnancy resulting from CNM, where uncertainty about paternity and involvement of multiple partners led to a sense

of loss of control.

“I’m feeling like I also possibly got pregnant in a swinging situation, and it was with my husband’s best friend and his wife. I found out I was pregnant about a month later, and we didn’t know who it was, so we had to sit down with the four of us and make a decision about what was going to be best. Everyone kind of at the table had to discuss what was the right course of action. I felt like [I] no longer had control over my body and my choices because they all wanted the abortion.” (P4).

In this case, the participant experienced pressure from others involved to undergo an abortion, and ultimately decided to go ahead with the procedure, despite facing discrimination and judgment from healthcare providers during the consultations.

Health was particularly important in the context of parenthood, as the participants reduced CNM activities during conception and pregnancy. The four female participants refrained from engaging in CNM activities when attempting to conceive or during their pregnancies, in order to ensure paternity and to protect their unborn children. Male participants, during the period of their partners’ pregnancies, did partake in CNM but only with partners they deemed safe, “...and for when my husband did have a couple of encounters during the pregnancy, it was done extremely safely and just...making sure that we were being safer for our family.” (P1).

For the last subcategory of Influence of gender and sexual identity on sexual expression, the two male participants expressed concerns about societal expectations, their struggle to articulate how being male influenced their sexuality, and having higher sex drives than their female partners and occasional unmet needs during the transition to parenthood. On the other hand, the four female participants highlighted struggles with societal norms and the power dynamics of consent. P4 reported on the paradox of women having the power of consent yet being shamed for their sexuality, “Women have the power yet they are shamed for it, for their sexuality.” P6 expressed frustration at societal restrictions on female sexual expression:

“In terms of being able to express my true person, my true nature of my sexual...you know scope, I feel like I can’t really you know disclose that to just everybody because people might just think very negative thoughts about the fact that a female...feels that sexually expressive. That’s not necessarily socially acceptable. Um and in most circles, I would say it’s not...that aspect of it is hard to comes to grip with as being a female. I think if I was male and I had the same feelings, it would be easier to express those feelings

and to make those feelings known and it would not have a negative effect on how people view me.” (P6).

Fourth Theme: Conciliation of Roles during the Transition to Parenthood

This theme can be divided into two categories: Family functioning and Impact of sexual style on parenting.

Category 1: Family Functioning. The first category of Family functioning comprises three subcategories: Household chores, Childcare responsibilities, and Prioritization. Regarding the first subcategory of Household chores, participants reported on both equal and unequal sharing of these chores. Some participants found that shared responsibilities facilitated the conciliation between their parenting and sexual lifestyle roles. Other participants reported on maintaining traditional roles during the mother’s parental leave, only shifting to more equal sharing after their return to work. P2 describes the unequal sharing of household chores: “...so how do we share the domestic chores, well it’s fairly easy, I do, I do almost all of them.”

In the second subcategory of Childcare responsibilities, participants had to decide on how these responsibilities were going to be managed, during pregnancy or after childbirth: “...he would work a night shift, sleep all day when I was with the kids. Then I would go work in the evenings while he was home with the kids...one of us had to be at home with the kids.” (P4). Participants who traded off childcare responsibilities were able to pursue their sexual lifestyle, either individually or jointly: “...we were more supportive of each other like getting out...Instead of it getting in the way we recognized that there needs to be one of us here but...both of us don’t have to be here so...so...play.” (P4).

In the third subcategory of Prioritization, participants valued family and quality time. They actively sought time as a couple or triad, prioritizing primary partners and families in decisions related to their sexual lifestyle. P5 shared this: “...my lifestyle affects my decisions, but my decisions haven’t necessarily affected my lifestyle.” Also, three crucial strategies emerged from interviews with the participants on conciliating parenting and sexual lifestyle roles and prioritizing them: conjugal support, communication, and compromise. To illustrate the use of these three strategies, two participants (P5 and P6) supported each other by alternating household and childcare duties after a sexual lifestyle event. This arrangement was reached through communication and compromise, allowing one partner to recuperate from the event by obtaining sufficient sleep, food, and rest. The children were encouraged

to approach the parent who was not resting when they required assistance. Some participants chose to take turns going out to play with others and be more selective on which activities to attend, so that they could make noise or pursue activities on the BDSM spectrum. P3 mentioned the following: “...I think when we had the two kids, it became more settled down...and more like a deeper intimacy whereas before it was very...no strings attached, not a whole lot of commitment, a lot of play...” (P3).

Category 2: Impact of Sexual Style of Parenting. The second category within the theme of Conciliation of Roles during the Transition to Parenthood is the Impact of sexual style on parenting. This second category is divided into two subcategories: Expectations as parenting partner, sexual partner and conjugal partner, and Flexibility and ability to discuss difficult subjects with children.

For the first subcategory of Expectations as parenting partner, sexual partner and conjugal partner, effective communication was required to successfully prioritize the participants’ lifestyle choices. Prior to parenthood, regular check-ins were common among participants and their partners regarding their comfort levels with their sexual preferences. This proactive approach facilitated improved communication in other aspects of their lives, especially during parenting, as expressed by one participant: “Communication is an integral part of our relationship as a couple. It has opened us to communicate in ways we did not before. We’ve had to develop that communication side more, particularly because of the lifestyle we live...” (P6). On the other hand, unmet expectations, such as breakdowns in communication or unrealistic self-expectations, posed challenges to role conciliation: “There was a lot breakdown of communication...me thinking that he was going to...sacrifice some of his needs...and putting himself first where I wasn’t even getting to shower...I really have to [shower] now...because I am covered in baby pee.” (P1). Having a close social network helped the participants to engage with other like-minded parents practicing CNM and to strike a balance between their expectations for their three roles. Although P3 and P4 were open about their sexual lifestyle with their accepting families of origin, their partners’ families were not as supportive, leading to eventual divorces for both of them.

The second subcategory focuses on Flexibility and ability to discuss difficult subjects with children. Participants expressed how openness regarding their sexual lifestyle extended to communication with their children. One participant expressed openness to alternative sexual styles: “I think we’re a lot

Table 2. Results for the Parenting Role-Sexual Role Conciliation Scale (PRSRCS)

Subscale	Item	Total for Item	Mean per Item	Mean for Subscale
Family and Sexual Lifestyle Balance	1. It is easy for me to strike a balance between my family life and my sexual lifestyle.	25	4.17	3.96
	2. I feel that my family life interferes with my sexual lifestyle.	23	3.83	
	3. I feel that my sexual lifestyle interferes with my family life.	25	4.17	
	4. My partner(s) say that it is easy to strike a balance between our family life and our sexual lifestyle.	22	3.67	
Childcare Arrangement	5. I am comfortable with the arrangement for childcare while I am pursuing my sexual lifestyle.	25	4.17	4.17
Parenting and Sexual Role Balance	6. I feel that I am a better parent because I feel free to pursue my sexual lifestyle.	25	4.17	4.11
	7. I feel that I am a better sexual partner because my partner(s) is/are supportive of my sexual lifestyle.	30	5	
	8. I worry about my child(ren) while I am pursuing my sexual lifestyle.	19	3.17	
Social Network Reactions	9. My child(ren) is(are) aware of my sexual lifestyle.	8	1.33	2.8
	10. My family is aware of my sexual lifestyle	15	2.5	
	11. My friends are aware of my sexual lifestyle	20	3.33	
	12. My friends are accepting of my sexual lifestyle	23	3.83	
	13. My family is accepting of my sexual lifestyle	18	3	

more understanding...the amazing people we've met that were totally supportive of whatever our kids choose to do... Whatever they want to do." (P4). Participants ensured age-appropriate openness about sexuality with their children, not only by using correct terminology for body parts, but also by directly answering their questions. They implemented a sex positive outlook for their children from an early age, fostering a healthy understanding of the human body, and promoting their children's comfort with their bodies. P3 earned the nickname "sex lady" for their straightforward approach.

Quantitative Data

The PRSRCS (Avanthay Strus, 2019), comprising 13 items, measures family and sexual styles' balance, childcare arrangement, parenting and sexual roles' balance, and social network reactions (see Table 2). Mean scores for each participant ranged from 2.31 to 4.69, with an overall mean of 3.58 (SD = 0.83), indicating better conciliation between their parenting and sexual lifestyle roles. Only two participants had mean scores that were higher than 4.0 (4.24 and 4.69).

For the individual items of the PRSRCS, Item #7 ('I feel that I am a better sexual partner because my partner(s) is/are supportive of my sexual lifestyle') had the highest mean of 5.0 for all six participants. The next three items with the highest means of 4.17 were Item #1 ('It is easy for me to strike a balance between my family life and my sexual lifestyle'), Item #3 ('I feel that my sexual lifestyle interferes with my family life'), and Item #6 ('I feel that I am a better parent because I feel free to pursue my sexual lifestyle'). Conversely, Item #9

('My child(ren) is(are) aware of my sexual lifestyle') received the lowest mean score, with 83% of the participants choosing 'Never' as the response. In regard to the subscales, the childcare arrangement subscale had the highest mean score of 4.17, followed by the parenting and sexual role balance subscale which had a mean score of 4.11. The subscale with the lowest mean score was social network reactions (2.8). This latter subscale represents disclosure of the participants' sexual lifestyle to the social network, involving their awareness and their acceptance. It is noteworthy that the friends of the social network had the highest mean scores for both awareness (3.33) and acceptance (3.83), when compared to the means for the children and the family members.

Comparative Qualitative and Quantitative Data: Convergence and Divergence

Integration of qualitative and quantitative results (Table 3) showed convergence between relational support, communication, and higher PRSRCS scores for sexual partner support and parenting/sexual role balance. Partial divergence was observed for social stigma, limited disclosure, and gendered oppression, which were prominent in qualitative data but less so in PRSRCS scores.

Discussion

This article presents partial findings from a mixed methods study on consensual non-monogamists' perceptions of their relationship evolution and sexual lifestyle during the transition to parenthood, and the conciliation of their parenting and

Table 3. Joint Display: Integration of Qualitative and Quantitative Results

Qualitative Theme and Category	Key Qualitative Insights	Quantitative Findings (PRSRCS)	Interpretation / Integration
Theme Three: Relationship Evolution & Sexual Style during the Transition to Parenthood			
Category 3.1: Incorporation of CNM <i>Subtheme: Disclosure, Consent, and Safety in Parenthood</i>	- CNM occurred in three stages: contemplation, acting on, incorporation.	- All items of the PRSRCS.	Convergence: There was partial convergence of the PRSRCS with these three stages. Divergence: There was partial divergence of the PRSRCS with these three stages.
	- Strong emphasis on communication and a culture of consent	- Item #7: Highest mean score (5.0) → "I feel I am a better sexual partner because my partner(s) support my lifestyle." - Item #1: Mean = 4.17 → "It is easy to strike a balance between my family and sexual lifestyle."	Convergence: Partner support and communication reinforce relationship quality.
	- Disclosure was complex, selective, and context-dependent (family, work, children).	- Item #9: 83% = "Never" → "Children are aware of my lifestyle."	Divergence: Selective or absent disclosure to children reflects enduring stigma.
	- STBBI prevention and emotional safety were emphasized.	- Item #3: Mean = 4.17 → "Lifestyle interferes with family life"	Partial Alignment: STBBI risk management is emphasized qualitatively but not captured in PRSRCS.
Category 3.2: Influence of Gender and Sexual Identity on Sexual Expression	- Women described navigating shame and societal judgment. - Men emphasized unmet needs and traditional expectations around male sexuality. - Gender roles shaped sexual agency and expression.	<i>Not directly measured in PRSRCS</i>	Insight: Gendered dynamics of sexual expression are present but undermeasured. Future tools should integrate these intersectional experiences.
Theme Four: Conciliation of Roles during the Transition to Parenthood			
Category 4.1: Family Functioning	- Household and parenting roles were actively renegotiated.	- Parenting & Sexual Role Balance Subscale: Mean = 4.11 - Childcare Arrangement Subscale: Mean = 4.17	Convergence: Strong internal strategies for balancing roles.
	- Prioritization of family over external validation; mutual support.	- Parenting & Sexual Role Balance Subscale: Mean = 4.11 - Childcare Arrangement Subscale: Mean = 4.17	Convergence: Strong internal strategies for balancing roles.
Category 4.2: Impact of Sexual Style on Parenting	- Some participants practiced sex-positive parenting and openness with children.	- Social Network Reactions Subscale: Mean = 2.80	Divergence: External disclosure limited due to judgment and stigma.

sexual lifestyle roles during this transition. It is noteworthy that all the participants identified as practicing CNM in the last two years prior to data collection and having partaken in CNM before or during the transition to parenthood.

The research findings for the theme of 'Relationship Evolution and Sexual Style during the Transition to Parenthood' reveal a three-phase process: 1) the contemplation of CNM, 2) the acting on CNM, and 3) the incorporation of CNM as a lifestyle. In the first phase of Contemplation of CNM, individuals undergo self-reflection by examining their personal values about monogamy (Jenks, 2014; Kimberly, 2019), which often involves exploring different relationship models and questioning societal expectations. This process aligns with broader understandings of sexuality as a social construct, where cultural norms and scripts shape individuals' behaviors and perceptions (Blank, 2012; Foucault, 1994; Gagnon & Simon, 2005). In this context, the participants

who later engaged in actively discussing and practicing CNM demonstrated a dynamic role in challenging traditional gender and relationship scripts. All four female participants, for example, initiated conversations about CNM with their partners—a behavior that contradicts the typical passive role assigned to women within conventional sexual scripts (Gagnon & Simon, 2005; Simon & Gagnon, 1986). Their willingness to approach these topics reflects their resistance to normative expectations and exemplifies how individuals can subvert societal norms to pursue authentic expressions of sexuality and relationship diversity.

Moreover, these participants exhibited traits associated with those who seek non-normative relationship arrangements, including comfort with ambiguity, exploration of pleasure, and a desire to redefine their relational boundaries (Conley et al., 2013; Jenks, 1985; Kimberly & Hans, 2017). Their actions demonstrate a conscious departure from traditional scripts,

highlighting how sexual and relational behaviors are fluid and socially constructed rather than biologically predetermined (Blank, 2012; Kimmel, 2007). This active challenge to normative norms underscores their pursuit of autonomy and authentic self-expression within their evolving relationships.

In the second phase of Acting on CNM, individuals arrive at a consensus, communicate on the importance of CNM, and explore various sexual styles in relation to CNM. The findings from the present study are similar to those reported in the McRae (2024) study, in which participants reached an agreement about their sexual relationships, and negotiated and revised boundaries regulating sexual behavior. Communication was determined to be important for CNM to be initiated and to be maintained: many studies focusing on open relationships emphasize how communication is paramount to CNM as a sexual lifestyle (Conley et al., 2013; Jenks, 1985; Kimberly & Hans, 2017). Similar to the findings reported by Kimberly and Hans (2017), most participants in the present study showed a preference for diverse sexual practices. However, numerous studies (Jenks, 2014; Kimberly & Hans, 2017; O'Byrne & Watts, 2011, 2011) indicate a lack of consensus about diverse sexual practices amongst swingers, polyamorists, and those in open relationships, or as per their sexual orientation such as pansexual, bisexual, and homosexual. A unique finding in the present study is the degree of adventurousness reported by the study participants, with four of them being more adventuresome during the transition to parenthood, while two others were less so, due to a lack of social network and having more parenting challenges (special needs children). This finding warrants further research as to how internal and external factors impact the practice of CNM in the context of parenthood.

This study did not exclude participants who engaged in CNM but maintained temporary exclusive relationships during the various stages of the transition to parenthood—conception, pregnancy, childbirth, and postpartum. Many individuals adopt temporary exclusivity during these phases to ensure paternity, clarify parental roles, and support offspring health (Lammers & Dannys, 2019; Rallis & Williams, 2012; Schmidt & Boon, 2016). Excluding such participants could have limited our understanding of how relationship structures—exclusive or non-monogamous—intersect with sexuality and parenting. Future research should include both exclusive and non-exclusive arrangements to better capture the fluidity and diversity of relational choices during the transition to parenthood. Indeed, this study offers valuable insights into how individuals practicing CNM navigate societal norms related to gender, sexuality, and parenthood. While Jenks

(2014) briefly suggested that CNM could be compatible with heteronormative or patriarchal frameworks, our findings illustrate the complex ways participants actively negotiated their identities within these societal structures. For example, although several female participants expressed discomfort when engaging in swinging scenarios that reinforced more submissive dynamics akin to the female being the receptive partner to sexual initiation, some participants actively defied these dynamics, claiming power in their choices.

The third phase of CNM incorporation—disclosure, sexual and health-related practices, and the influence of gender and sexual identity on sexual expression—was particularly prominent among our participants. In regard to disclosure, five individuals chose not to disclose their sexual lifestyle to their children, family members, friends, or colleagues, in order to avoid stigma and protect themselves and their loved ones. Yet, they still engaged in sexual practices aimed at maintaining safety and health, including STBBI testing, contraception use, and hygiene management, reflecting a deliberate effort to balance their sexual autonomy with societal expectations (Avanthay Strus & Polomeno, 2021; O'Byrne & Watts, 2011). This focus on concealment and precaution underscores the ongoing tension between personal sexual expression and societal pressures that often stigmatize non-normative relationship models. The covert form of disclosure underscores the pervasive influence of heteronormative and mononormative norms, which often shape how non-normative relationships are publicly recognized and socially sanctioned (Schwartz, 2010). The underlying stigma associated with non-monogamous or non-heteronormative relationships often necessitates non-disclosure, leading individuals to conceal or downplay their relationships to avoid social rejection or conflict, especially in the context of parenthood. This concealment can be a strategic response rooted in the desire to protect family harmony and social standing, but it also reinforces societal norms that privilege heterosexual, monogamous couple structures as the accepted standard.

Moreover, the participants' emphasis on health-related practices highlights (Avanthay Strus, 2019; Avanthay Strus & Polomeno, 2021) their active engagement in controlling their bodily autonomy—despite challenges related to disclosure—and reflects a conscious effort to manage risks associated with their lifestyle within a society still navigating heteronormative and patriarchal norms. Gender played a significant role in shaping these experiences. Female participants expressed heightened concerns regarding societal judgment and the potential repercussions for their children, aligning with patriarchal norms that scrutinize women's sexuality and

maternal roles. Male participants faced different, yet equally normative pressures related to masculinity and sexual acceptance. These findings demonstrate that normative gender expectations continue to influence how individuals embody, resist, or negotiate their non-monogamous identities, especially in the context of parenthood (Avanthay Strus, 2019; Avanthay Strus & Polomeno, 2024). The active strategies employed by participants—ranging from avoidance of disclosure to careful health management—illustrate their ongoing negotiation between conformity and resistance within societal norms. These behaviors reveal their efforts to sustain their relationships and protect their families while resisting societal stigma (Avanthay Strus, 2019; Avanthay Strus & Polomeno, 2024).

In regard to the theme of ‘Conciliation of Parenting and Sexual Lifestyle Roles during the Transition to Parenthood’, the sharing of household chores and childcare responsibilities permitted the participants to free up their time and energy to pursue their sexual lifestyle. Conjugal support, communication, and compromise were necessary to enable one parent or the other or both to practice CNM, to strike a new balance in their roles of parenting partner, sexual partner and conjugal partner, and to have a supportive social network (Avanthay Strus, 2019; Avanthay Strus & Polomeno, 2024). Secondary partners were often included, to the point of moving in with the primary partners and in the sharing of family functioning. Their flexibility extended to the discussion of difficult subjects with their children and others. This type of shared parenting and joint division of roles is more similar to 2SLGBTQ* families during the transition to parenthood: the chosen family often helps with the parenting role (Kerppola et al., 2019, 2020; Saffron, 2002), allowing these parents to continue their various activities outside of the home. Alarie explains (2024) :

So shortly after we were married, we joined a dating site where we actively looked for other couples...also found a couple of clubs...were able to network with likeminded people and were able to have more of those conversations of....how does this happen and why does this happen, and this is fun...let's try things out. (P6).

The PRSRCS, a 13-item instrument developed for this study, measures balance in family and sexual styles, childcare arrangements, parenting and sexual roles, and social network reactions. The overall mean of 3.58 indicates participants generally achieved high conciliation between parenting and sexual lifestyles, particularly in family and sexual styles, childcare, and role balance. Consistent with Klesse (2019), having multiple adult carers may allow parents to distribute

responsibilities more evenly and maintain energy for their CNM practices. Unexpectedly, the social network reactions subscale scored lowest, reflecting limited awareness and acceptance from children, family, and friends, though friends were the most accepting—aligning with prior research (Arseneau et al., 2019; Avanthay Strus & Polomeno, 2024; Klesse, 2019).

Most PRSRCS quantitative results align with the qualitative findings, showing that family and sexual styles’ balance, childcare arrangements, and parenting and sexual roles support both the three-phase PCNM process and the conciliation of parenting and sexual lifestyles. Some divergences and additional insights were also observed as presented in the joint display of Table 3. For example, one participant (P4) explained that sharing childcare allowed them to maintain their sexual lifestyle: “...both of us don’t have to be here so...play,” which aligns with PRSRCS item #5: “I am comfortable with the arrangement for childcare while I am pursuing my sexual lifestyle.” Mixed methods designs, by combining multiple data sources, help overcome limitations of single-method studies and allow exploration, explanation, and interpretation of phenomena like PCNM (Plano Clark & Creswell, 2008). Future research should continue using joint displays to represent similarities and differences in CNM parenting contexts (Fetters, Curry, & Creswell, 2013; Plano Clark & Creswell, 2008).

The discussion of these research findings in relation to the three research questions produced two interesting outcomes. The first one relates to the identification of the three phase process of PCNM, entitled by the first author of the present article as the “Avanthay Strus’ Model: CNMPCs’ Model of Resilience during the Incorporation of CNM as a Lifestyle While Parenting” (2019) (see Table 4). The Avanthay Strus model can be compared to two other models, that of Jenks (1985) and that of Kimberly and Hans (2017). The Jenks (1985) Model based on swinging contains five steps; the first three steps of the Jenk’s Model can be compared to the first phase of the Avanthay Strus Model, while steps 4 and 5 of the Jenk’s Model are like phases 2 and 3 of the Avanthay Strus Model, respectively. To continue in the same vein, the Kimberly and Hans’ Model (2017) is also based on swinging and includes three phases: each phase of the Kimberly and Hans Model can be compared to each of the three phases of the Avanthay Strus Model. Despite the Jenk’s and Kimberly and Hans’ Models referring to a culture of informed and sexual consent, gender influences were mentioned in them, wherein female participants still felt that they were having to follow a heteronormative script, and how sexual style and identity continued in their evolution. However, the Avanthay

Strus Model presents other elements: 1) it is more extensive, as it focuses on PCNM which includes open relationships, swinging, and polyamory; 2) it is more inclusive due to its non-heteronormative sexual script; 3) disclosure appears to be more unique to the conjugal relationship than previously thought; 4) the greater social network can work as a buffer on the effects of stigma as experienced by sexuality diverse minorities; and 5) some emotional attachments do occur as sexual play partners become friends and on occasion 'family members'. The Avanthay Strus Model warrants further assessment, both clinically and research-wise.

The second outcome of these research findings highlights their relevance within the broader context of sexual and reproductive justice. The two authors of the present article are proposing that PCNM should be considered within the broader context of sexual and reproductive justice, and by doing so, perinatal health researchers, clinicians and providers including perinatal health nurses, will gain a deeper understanding of the challenges faced by PCNMs during the transition to parenthood. New York City Health [NYC Health] (2022) published its definition of sexual and reproductive justice in 2022 :

...exists when all people have the power and resources to make healthy decisions about their bodies, sexuality

and reproduction. That means every person has the right to: 1) choose to have or not have children; 2) choose the conditions in which to give birth or create a family; 3) care for their children with the necessary social support in a safe and healthy environment; and 4) control their own body and self-expression, free from any form of sexual or reproductive oppression. (p. 354).

The four rights that are associated with this definition can be regrouped into two parts: on the one hand, parenting and sexuality (rights #1, #3, and #4), and on the other hand, perinatal health care (right #2). PCNM is implicitly contained within the two parts of this definition. In addition, the two authors (who are both fluently bilingual in English and French) acknowledge that this is the first time that PCNM and perinatal health care are being associated together and in the greater context of sexual and reproductive justice, in both the English and French scientific and clinical literature.

Emerging from above, the authors of the present article would like to propose a visual representation of sexual and reproductive justice acting as a bridge between PCNM and the perinatal health care system including perinatal health care nurses (see Figure 2). On the one hand, PCNMs prioritize family first, then sexuality, using a secure family environment,

Table 4. Avanthay Strus's Model: CNMPCs' Model of Resilience during the Incorporation of CNM as a Lifestyle While Parenting

Jenk's Model: Five Step/Stages of Swinging (Jenks, 1985)	Kimberley and Hans's Model Three Phases: How Swinging Couples Enter and Navigate the Swinging Lifestyle (Kimberly & Hans, 2015)	Avanthay Strus' Model: CNMPCs' Model of Resilience during the Incorporation of CNM as a Lifestyle While Parenting (Avanthay Strus, 2019)
Step 1 : -A strong interest or early involvement in sex Step 2 : -Personal characteristics conducive to swinging: liberal sexual orientation, low degree of jealousy Step 3: -Passive phase characterized by learning and talking about swinging, thinking about participating	Transition: -Fantasies vocalized -Self-esteem assessed	Phase 1: Contemplation of CNM : -Personal characteristics -Comparison of societal norms -Process leading them to consider CNM as a viable lifestyle (initiator of discussion)
Step 4: -Active phase characterized by contact with swingers, possibility of withdrawal	Experiences: -Sexual desires fulfilled, man screens, woman decides	Phase 2: Acting on CNM: -Arriving at consensus -Importance of communication -Exploring various sexual styles
Step 5: -Commitment phase characterized by actual involvement	Satisfaction: -Long-term friendships -Shared activities -Enhanced trust-Open communication	Phase 3: Incorporation of CNM: -Disclosure -Sexual health related practices -Influence of sexual identity on sexual expression

communication, and social support to explore sexual practices and build resilience (Avanthay Strus, 2019; Avanthay Strus & Polomeno, 2021, 2024). On the other hand, perinatal health professionals can provide sensitive, nonjudgmental care, affirm alternative lifestyles, understand atypical sexual practices, manage countertransference, and avoid irrelevant focus on sexual behavior (Avanthay Strus, 2019; Avanthay Strus & Polomeno, 2021).

Failing to address the relational and normative dimensions of CNM limits our understanding of these relationships and overlooks their potential to question societal expectations surrounding fidelity, partnership, and social stability. Recognizing and exploring these aspects are essential for fostering a more nuanced and holistic view of CNM, one that celebrates its diversity and challenges restrictive norms. Addressing these issues explicitly within academic discourse not only mitigates biases but also affirms the legitimacy and richness of non-monogamous relationships as valid relational, familial and sexual arrangements.

Strengths and Limitations

This mixed methods study provides an initial understanding of how consensual non-monogamists balance parenting and sexual lifestyle roles, addressing a research gap. The triangulation–convergence design (Creswell & Plano Clark,

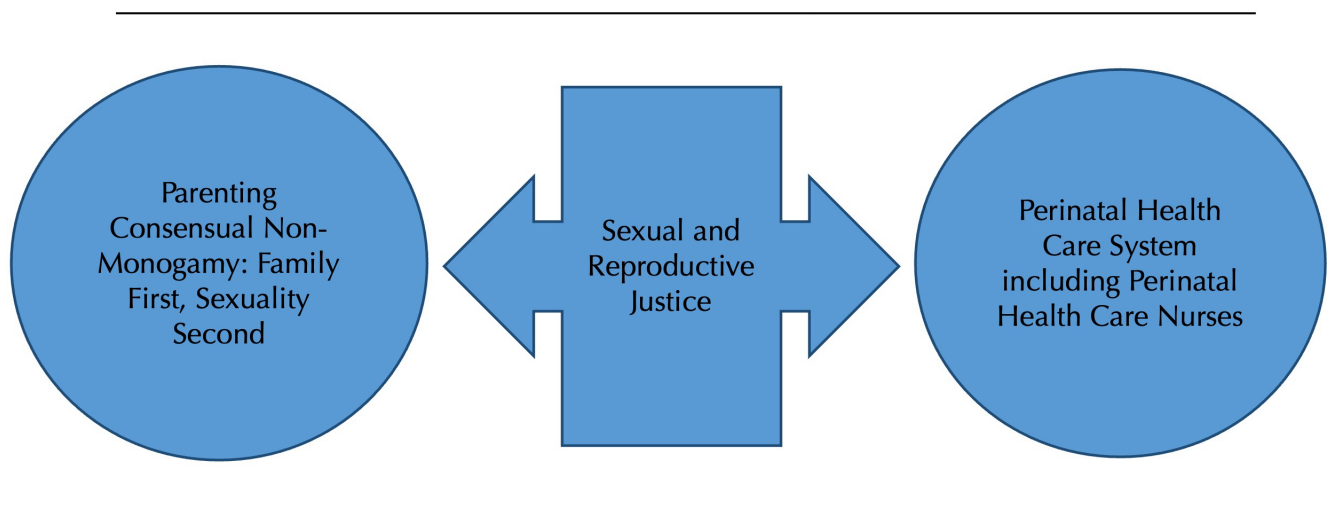
2007) enabled concurrent qualitative and quantitative data collection, enriching interpretation. Recruitment challenges led to prioritizing qualitative data, while quantitative findings supported and contextualized results, though generalizability is limited. Data saturation ensured reliable themes, and the conceptual framework—combining the EMERJ lens and Cowan and Cowan’s Ecological Model—enhanced the understanding of CNM in the context of parenthood. Despite being a convergent design that is often linked to pragmatism, the study aligns with critical theory and the reproductive justice framework, grounding findings in lived experience and practical solutions.

Implications for Nursing Education, Practice and Research

This study highlights the importance of recognizing CNM as a complex relational practice beyond its sexual aspects, challenging mononormative assumptions and stereotypes (Klesse, 2018; Sheff, 2014).

Nursing Education: Undergraduate curricula should include sexuality-diverse groups, particularly PCNMs, to prepare future nurses for relevant clinical encounters (Avanthay Strus, 2019; Avanthay Strus & Polomeno, 2021). Postgraduate and continuing education opportunities—courses, workshops, webinars, and publications—can support perinatal nurses in

Figure 2. Sexual and Reproductive Justice as a Bridge between Parenting Consensual Non-Monogamy and the Perinatal Health Care System



developing interventions and clinical skills for this population (Avanthay Strus, 2019, 2021, 2024).

Nursing Practice: Frontline perinatal nurses can use the CNMPC Resilience Model to understand the phases of integrating CNM during parenthood, normalizing multiple partners, supporting communication, and promoting resilience (Avanthay Strus, 2019; Avanthay Strus & Polomeno, 2024). Advanced practice nurses can train frontline staff, supervise graduate nursing students' projects, and influence nursing standards or position statements through professional associations like CAPWHN (Avanthay Strus, 2019; Avanthay Strus & Polomeno, 2021).

Nursing Research: Future studies should consider intersectional methodologies, larger and bilingual samples, and further validation of tools like the PRSRCS (Fortin & Gagnon, 2016). Integrating pluralistic theoretical frameworks, such as reproductive justice with the Ecological Model, enables nursing research to capture complex, intersectional experiences while generating practical, solution-oriented insights (Meleis, 2018), for parenting sexual minorities.

Conclusion

In sum, our findings highlight the importance of future research exploring the nuanced ways in which consensual non-monogamist parents manage disclosure, identity, and health in relation to societal expectations. Greater awareness of these dynamics is crucial for fostering more inclusive environments where diverse relationship models are recognized and respected by perinatal health care professionals including nurses without fear of marginalization, discrimination, or stigma.

Ethical Permissions

Ethics approval was obtained from the University of Ottawa Research and Ethics Board in Ottawa, Canada (Ethics File Number H05-17-05). All study participants provided informed consent, and their anonymity was preserved. The two authors do not have any conflict of interest to report.

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