

Young and Aboriginal: Labour and Birth Experiences of Teen Mothers in Winnipeg

**Bernice Downey, BScN MA PhD(c)
and
Roberta Stout**

August, 2011

Project # 237



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Table of Contents

Executive Summary	i
Résumé	v
Section 1	1
Introduction	1
Project Description	2
Methodology	2
Participants	3
Limitations	3
Literature Review	4
The Report.....	8
Section 2. Findings: Narratives on Young Aboriginal Mothers’ Labour and Birth Experiences	9
Sources of Information on Labour and Birth.....	9
Preparing for Labour, Birth and Baby	12
Feelings of Fear Related to Birthing	14
Labour Support	17
Boyfriends.....	18
Labour	20
Labour Pain, Comfort Measures and Pain Relief.....	23
Hospital Experience	30
Hospital Staff.....	32
Bonding with Baby	43
Cultural Teachings.....	45
Community Resources, Services and Programs	46
Section 3	49
Key Messages.....	49
Recommendations	50
Conclusion.....	52
Appendix	53

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Executive Summary

In 2009, Prairie Women's Health Centre of Excellence (PWHCE) undertook a study entitled, *Young Aboriginal Mothers in Winnipeg* which highlighted Aboriginal teen moms' understandings of sexuality and reproductive health, their familiarity with birthing options and the pre and postnatal care they receive. While the research underlined that young Aboriginal mothers had both positive and negative experiences with birthing, all of the women reported that it was a "frightening" experience. That finding demonstrated the need to better understand the contributing factors that made birthing so scary for young Aboriginal women, and what could make it less frightening.

With the goal of contributing to new knowledge on young Aboriginal mothers' experiences during labour and birth, the research was framed with the following three objectives:

- To draw attention to the labour and birth experiences of young Aboriginal mothers in Winnipeg;
- To discuss young Aboriginal mothers' perceptions of treatment, services and supports received from medical professionals in hospital settings during labour and birth; and
- To outline young Aboriginal mothers' labour and birthing needs and their suggestions for positive birthing experiences and outcomes.

This report echoes that of other Aboriginal teen advocates who are calling for research that specifically focuses on this population group and hopefully, will both increase awareness regarding their birthing needs and point the way to a more culturally relevant maternity care approach.

Key Messages

The findings of this report uphold the 2009 findings in that young Aboriginal mothers have both positive and negative birthing experiences in hospital settings. It also found that while many of them prepare for labour and birth, some still lack adequate information to be fully informed for a positive experience. Even when prepared, young mothers often have negative experiences related to age and racial discrimination or to a lack of respect for personal autonomy in the birthing process.

The following is a summary of key messages that capture the women's expression of personal labour and birthing experiences:

Sources of birthing information

Young Aboriginal women access information about labour and birth from a variety of sources including the internet, television, books, family and friends, community service organizations and public health services.

Personal readiness for birthing

A few of the young mothers who expressed that they felt prepared for labour and birth had taken a tour of the maternity ward and had developed birth plans. Others felt confident until they actually were in the birthing process and then found themselves unprepared. Many more spoke of not being ready for the onset of labour and birth.

Feelings of fear related to birthing

Fear related to labour and birth was based on not knowing what to expect, or a lack of or incorrect information regarding delivery. Others feared the birthing process itself and harm to the baby or themselves. Some women were fearful of having to have a caesarean section. There was anxiety connected to becoming a mother and a provider. There were also structural issues at play related to child protection services and the fear of their babies being apprehended alongside stigma around being a teenaged mother.

Birthing experience

Aboriginal teen moms' birthing experiences are perceived as both positive and negative. Painful labour, birthing complications and lack of control over their own birthing experience contributed to negative birthing experiences. Positive factors included seeing their baby for the first time, a short and less painful labour, and family support.

Relationship with healthcare providers

While there were some positive experiences with some nurses and doctors, health professionals are not connecting effectively with young moms during labour and delivery overall. Interactions between health professionals and the mothers could be improved. Young Aboriginal mothers expressed feeling judged because of their age and some experienced racism and discrimination in hospital settings.

Provision of health information

Discussions with the young mothers point to the need for more sharing of health information by health professionals during labour and birth. Several young women perceived doctors as detached from personal engagement with them and were confused and frustrated by conflicting information they received from nurses.

Positive emotional bonding with their babies

Participants have strong emotional connections with their babies which began during the prenatal period. During labour and delivery, the women strived to do what they thought best for their baby. Many of the women voiced how their babies have had a positive effect on their lives.

Next Steps

The young women in this study were all linked to at least one health or social service in Winnipeg. There are other groups of young Aboriginal women from whom we have not heard and it would be expected that their stories could be very different. For example there is the need to further research where young Aboriginal women receive support if they are no longer connected to their families? What are the stories of young Aboriginal women who fly-in from northern communities to birth in Winnipeg? How are young mothers achieving healthy pre-natal care if they are fearful of their child being apprehended by authorities and therefore are avoiding 'the system'? What are the labour and birth experiences of young Aboriginal women who do not access community services and supports?

Résumé

En 2009, le Centre d'excellence pour la santé des femmes, région des Prairies, a entrepris une étude intitulée *Aboriginal Women in Winnipeg* [Les femmes autochtones à Winnipeg], dont l'objectif était de mettre en lumière la compréhension qu'ont les mères adolescentes d'origine autochtone de la sexualité et de la santé génésique, des options en matière d'accouchement et des soins périnataux qu'elles reçoivent. Cette recherche a mis en évidence le fait que les jeunes mères autochtones avaient vécu des expériences d'accouchement tant positives que négatives, mais aussi le fait qu'elles avaient toutes vécu de la « peur » dans ce contexte. Cette constatation a démontré la nécessité de mieux comprendre les facteurs qui ont fait en sorte que les femmes autochtones ont vécu de la peur au cours de leur accouchement et de cerner les éléments qui pourraient réduire ce sentiment.

Dans l'intention d'approfondir les connaissances sur les expériences que vivent les jeunes mères autochtones en phase de travail et au stade de l'accouchement, les chercheuses ont établi les trois objectifs suivants :

- jeter un éclairage sur les expériences des jeunes mères autochtones de Winnipeg en ce qui a trait à l'étape du travail et à l'accouchement;
- discuter des perceptions des jeunes mères autochtones concernant les traitements, les services et les ressources de soutien qu'elles ont reçus des professionnels de la santé en milieu hospitalier, pendant le travail et l'accouchement; et
- donner un aperçu des besoins des jeunes mères autochtones à l'étape du travail et à l'accouchement et présenter leurs suggestions pour assurer un accouchement et des résultats positifs.

Ce rapport reflète les propos d'autres instances œuvrant pour les droits des adolescentes autochtones qui réclament d'autres recherches sur cette population dans l'espoir de sensibiliser les professionnels de la santé aux besoins de ces femmes en matière d'accouchement et d'ouvrir la voie à des soins de maternité plus culturellement appropriés.

Messages clés

Cette étude confirme les résultats obtenus en 2009 selon lesquels les jeunes mères autochtones vivent des expériences tant positives que négatives en milieu hospitalier. Elle indique aussi que nombre de ces mères se préparent à la phase de travail et à l'accouchement mais que certaines n'ont pas accès à une information adéquate qui leur permettrait de vivre une expérience positive. Même préparées, les jeunes mères vivent souvent des expériences négatives en lien avec leur âge et qui découle du racisme ou d'un non-respect de leur autonomie personnelle dans le processus de l'accouchement.

Les propos suivants résument les messages clés qui reflètent les témoignages des femmes concernant leur vécu pendant le travail et l'accouchement.

Les sources d'information sur le sujet de l'accouchement

Les jeunes femmes autochtones obtiennent de l'information de diverses sources concernant la phase de travail et l'accouchement, notamment Internet, la télévision, les livres, la famille et les amis, les organismes communautaires et les services de santé publique.

L'état de préparation personnelle avant l'accouchement

Quelques-unes des jeunes mères qui ont dit se sentir prêtes pour le travail et l'accouchement avaient visité la maternité et élaboré un plan d'accouchement. D'autres éprouvaient un sentiment de confiance jusqu'à ce qu'elles soient en situation d'accouchement et constatent qu'elles n'étaient pas bien préparées. Nombre d'entre elles ont affirmé qu'elles n'étaient pas préparées à faire face au travail et à l'accouchement.

La peur de l'accouchement

La peur de la phase de travail et de l'accouchement découlait du fait de ne pas connaître le déroulement des étapes et/ou d'avoir reçu de l'information erronée sur le sujet. D'autres avaient peur de l'accouchement même et des complications qui pouvaient nuire à la santé du bébé ou à leur propre santé. Certaines femmes craignaient devoir subir une césarienne. D'autres vivaient de l'anxiété concernant leur nouveau rôle de mère et de pourvoyeuse. Certaines problématiques structurelles étaient aussi présentes, en lien avec les services de protection de l'enfance, et certaines jeunes avaient peur qu'on leur retire leur bébé et d'être stigmatisées en tant que mères adolescentes.

L'expérience de l'accouchement

Les expériences d'accouchement chez les mères adolescentes autochtones sont perçues tant positivement que négativement. Un stade de travail douloureux, des complications au moment de la naissance et l'absence de contrôle sur leur accouchement faisaient en sorte que cette expérience s'avérait négative. Le premier contact visuel avec le bébé, un stade de travail court et moins douloureux et le soutien de la famille figuraient parmi les facteurs positifs.

La relation avec les professionnels de la santé

Bien que le contact soit parfois positif avec les infirmières et les médecins, la plupart des professionnels de la santé ne communiquent pas de façon efficace avec les jeunes mères, pendant le travail et l'accouchement. Il y aurait donc lieu d'améliorer les interactions entre les professionnels de la santé et les mères. Certaines jeunes mères autochtones ont dit s'être senties jugées en raison de leur âge et avoir subi du racisme et de la discrimination en milieu hospitalier.

La diffusion d'information en matière de santé

Des échanges avec les jeunes mères ont mis en lumière le fait que les professionnels de la santé doivent communiquer plus d'information en matière de santé pendant l'étape du travail et à l'accouchement. Certaines jeunes femmes avaient l'impression que les médecins accomplissaient leur travail de façon détachée et sans chaleur humaine à leur égard et se sentaient confuses et frustrées lorsqu'elles recevaient des consignes contradictoires de la part des infirmières.

Le tissage d'un lien d'attachement avec leur bébé

Les participantes sont très attachées à leur bébé et ce lien s'est tissé à la phase prénatale. Pendant le stade de travail et l'accouchement, les femmes ont tenté de faire ce qu'elles pensaient être le mieux pour leur enfant. Nombre de femmes ont affirmé que la présence de leur bébé a eu une influence positive sur leur vie.

Prochaines étapes

Les jeunes femmes qui ont participé à cette étude ont toutes reçu les services d'au moins une instance des services sociaux ou de santé, à Winnipeg. Il existe d'autres groupes de jeunes femmes autochtones avec lesquels nous n'avons pu échanger et leurs témoignages pourraient s'avérer très différents. Par exemple, il y a lieu de mener d'autres recherches pour répondre aux questions suivantes : Auprès de quelles instances les jeunes femmes

autochtones reçoivent-elles un soutien lorsqu'elles ne sont plus en contact avec leur famille? Que vivent les jeunes femmes autochtones qui arrivent par avion des communautés nordiques pour accoucher à Winnipeg? Comment les jeunes mères peuvent-elles bénéficier de soins prénataux adéquats si elles craignent que les autorités ne leur retirent leur enfant et qu'elles évitent le système de santé? Quelles expériences les jeunes femmes autochtones vivent-elles pendant le travail et l'accouchement si elles n'ont pas accès aux services communautaires et aux instances de soutien?

Section One

Introduction

As a country, Canada is considered among the best in the world with respect to maternal and early childhood survival, with an infant mortality rate in 2008 of 5.1 infant deaths per 1,000 live births¹. Canada's fortunate position is attributed to relatively high levels of education and economic wellbeing and an effective healthcare system. Most women in Canada are reported as having universal access to health services and receiving high-quality care during pregnancy. Women are also engaging in healthy behaviours and successful public health interventions during pregnancy including the use of folic acid supplementation².

However, not all women in Canada are doing as well. For example, the fertility rate of Aboriginal people continues to surpass that of the non-Aboriginal population. In 2006, Statistics Canada reported that whereas Aboriginal women can, on average, expect to have 2.6 children over their lifetime, the average among women in the general Canadian population is 1.5 children. Yet in general, Aboriginal women in Canada and the United States are noted to be late or low participators in prenatal care and "experience poor outcomes of care relative to the general population"³.

A 2009 Prairie Women's Health Centre of Excellence (PWHCE) report entitled *Young Aboriginal Mothers in Winnipeg* included new questions regarding Aboriginal teenage

¹ See Statistics Canada, <http://www40.statcan.ca/l01/cst01/health21a-eng.htm>, last accessed October, 2011.

² See Folic Acid and Prevention of Neural Tube Defects Information Update from PHAC- 2008, <http://www.phac-aspc.gc.ca/fa-af/fa-af08-eng.php>, last accessed September, 2011.

³ Smith, D. et al. (2007). "Making a Difference": A New Care Paradigm for Pregnant and Parenting Aboriginal People", Canadian Journal of Public Health, 98 (4), pp. 321-325.

Lui L.L. et al. (1994). *Pregnancy Among American Indian Adolescents: Reaction and Prenatal Care*, Journal of Adolescent Health, 15(4), pp. 336-341.

Bucharski et al. (1999). *Developing Culturally Appropriate Prenatal Care Models for Aboriginal Women*, Canadian Journal of Human Sexuality, 8(2).

Sokoloski, E. (1995). *Canadian First Nations Women's Beliefs About Pregnancy and Prenatal Care*, Canadian Journal of Nursing Research, 27(1), pp. 89-100.

mothers' understanding of sexuality and reproductive health; their familiarity with birthing options and the pre and postnatal care they receive. The report findings indicated that while these young Aboriginal mothers had both positive and negative experiences with birthing, all of the participants indicated that it was a "frightening" experience. This finding demonstrated the need to better understand the contributing factors that made birthing a frightening experience and to strive to identify factors that could make it less so.

Project Description

The goal of this project was to explore the important cultural, structural and social factors related to labour and delivery provision to young Aboriginal mothers. It also aimed to contribute new knowledge on the labour and birth experiences of young Aboriginal mothers. It is expected that the report findings and recommendations will be of use to maternal healthcare professionals, researchers, policy makers, program planners and hospital administrators working with this demographic. Building awareness often leads to the creation of more collaborative, sustainable partnerships that can effect structural and social change.

Methodology

At the outset of this project, informal discussions were held with two professionals (health and research-based) working with young women, including Aboriginal women in pregnancy and birth. In both cases, conversations pointed to the fact that better practices in maternal and infant programming for young Aboriginal mothers do exist, although they could always be improved. They also spoke to the need to increase awareness among young mothers of the existing programs.

Participants for both the focus groups and key informant interviews were recruited via a purposive snowball sampling strategy. While a call for participants was broadly distributed via email and faxed to youth, health and social service networks in Winnipeg, only a few calls trickled in from potential participants. The researcher then initiated individual meetings with community organizations for more targeted assistance. By way of personal meetings, the researcher was invited to conduct a focus group and personal interviews with Aboriginal women attending an on-going off-site high school program for young mothers.

The data collection phase of this project took place over the fall of 2010. The primary research techniques for this qualitative study included a facilitated focus group and individual interviews with First Nations and Métis teenaged women residing in Winnipeg at the time of the study. Several of young mothers participated in both an individual interview and the focus group.

The goal of the focus groups and individual interviews (Appendix A) was to gather experiential information within three areas of inquiry:

- What do young Aboriginal women have to tell us about labour and birth in Winnipeg hospitals?
- What are the experiences of young Aboriginal mothers with maternal health care providers, including physicians, nurses and midwives in Winnipeg hospitals?
- What services or programs could help lead to better labour and birthing experiences for young Aboriginal mothers?

The focus group and interviews were each audio-tape recorded for accuracy and then transcribed into written format. Transcriptions were then analyzed using a qualitative approach and several thematic areas were identified using an iterative process that included review and discussion between the two authors.

Participants

A total of 19 young Aboriginal women from Winnipeg were recruited to participate in this exploratory research. One focus group was held and included 13 mothers. Additionally personal interviews were conducted with 6 young women. The focus group and interviews were held at a location where the women met regularly as part of a teen moms' support program. One interview was held at a high school. Three of the young women in the study identified as Métis while all the others were First Nations. While one participant had her first child at 14, all of the others ranged between 15 and 17 when they delivered their babies. All of the participants were involved in local, teen mom high school support programs. All but one of the women had pre-existing relationships with one another given the program they were part of.

Limitations

For reasons unknown, the recruitment of young mothers for this study was a slow process. Call-out posters for interview and focus group participants were developed and distributed throughout Winnipeg, targeting specific organizations whose mandate it was to work with young mothers and pregnant women. These included hospitals, midwives, support residences for mothers, adolescent parenting networks, health clinics and educational and not-for-profit organizations serving Aboriginal clientele. Early on, a personal visit to one off-site high school program for young mothers proved highly advantageous as we were invited back to conduct both our focus group and five of the six interviews there with a pre-existing group of young moms.

For greater roundedness of young Aboriginal mothers' experiences in labour and birth, we would have preferred a broader group of participants, such as those who were part of other support groups in the city, as well as those not involved in support groups at all. We are also aware that this is a small sample size and that other opinions and experiences may be generated by a larger group size. These are considerations for future research.

Literature Review

There is limited research and information regarding the experiences of Aboriginal teenagers and pregnancy in the literature⁴. Relevant data to this report has been pieced together from both the available grey and peer-reviewed literature. The following overview echoes that of other Aboriginal teen advocates who are calling for research that specifically focuses on this population group and hopefully, will both increase awareness regarding their birthing needs and point the way to a more culturally relevant maternity care approach.

The Canadian Maternity Experiences Survey (MES) reports that although in Canada the Canadian Perinatal Surveillance System, a national health surveillance program, routinely monitors national perinatal health indicators, women's perceptions and behaviours during pregnancy are not routinely captured. Measuring women's perceptions of care is complex⁵. The MES identified teenage mothers (<20years) and Aboriginal mothers among population subgroups of interest because of their unique perspectives and also that they are believed to

⁴ Murdock, L., (2009). 'Young Aboriginal Mothers in Winnipeg', Prairie Women's Health Centre of Excellence, Winnipeg.

⁵ Public Health Association of Canada, (2008). Canadian Perinatal Health Report, Ottawa.

be at risk of adverse pregnancy outcomes⁶. A critical overview of the MES findings concludes that while many women are satisfied, or somewhat satisfied with the care they receive throughout their maternal care, there is continued room for improvement, including more family-centred care and the inclusion of traditional practices in the provision of care⁷.

Statistics on Aboriginal teen pregnancy report that Aboriginal girls are more likely than non-Aboriginal girls to give birth during the teenage years⁸. The reported birth rate for First Nations teenagers is 100 births per 1000, which represents a rate that is seven times greater than the general Canadian teenage population⁹. Teen pregnancies are four times higher among First Nations adolescents, 12 times higher in Inuit communities and 18 times higher on First Nations reserves than the general population¹⁰.

In 2004, one in eight First Nations teenage girls had a child in Manitoba. There were 128 births per 1,000 teenagers aged 15 – 19 years¹¹. While there is no disaggregated data for First Nations, Inuit and Métis births by young mothers in Winnipeg, the province had an overall rate of 30.8 births per 1,000 females aged 15-19 years in 2006¹².

Teen pregnancy in general, presents a complexity of health and social issues. For pregnant Aboriginal teenagers there is an added layer of issues that are less present for non-Aboriginal teenagers and/or women. These can be framed both within historical and contemporary socio-economic contexts.

⁶ Public Health Association of Canada, (2008). Canadian Perinatal Health Report, Ottawa, p. 20-21, 62.

⁷ Chalmers, B. et al. (2008). *The Canadian Maternity Experiences Survey: An Overview of Findings*, Journal of Obstetrics and Gynaecology Canada, 30(3), pp. 217-228.

⁸ Devries, K., et al. (2009). *Factors Associated with Pregnancy and STI among Aboriginal Students in British Columbia*, Canadian Journal of Public Health, 100(3), Ottawa.

⁹ Guimond, E. and Robitaille, N. (2008). *When Teenage Girls Have Children: Trends and Consequences*, in Hope and Heartbreak: Aboriginal Youth and Canada's Future. Horizons 10(1), pp. 49-51.

¹⁰ Ordolis, E. (2007). A Story of their Own: Adolescent Pregnancy and Child Welfare in Aboriginal Communities, First Peoples Child & Family Review, 3(4), pp. 30-41.

¹¹ UNICEF (2009). Canadian Supplement to the State of the World's Children: Aboriginal Health – Leaving No Child Behind, Toronto.

¹² Ibid.

Historical Context

Colonization and the emergence of Western medicine disrupted traditional birthing practices and disabled traditional birthing practitioners within Aboriginal communities¹³. Simpson calls “calculated colonialism” as that which changed traditional birthing practices for Aboriginal women and cites Armstrong who writes that “targeting the power of Indigenous women as life-givers; colonizers were able to disintegrate our communities and move our peoples towards genocide”¹⁴.

The shift towards ‘modern’ obstetrics in hospitals became a preferred choice for most mothers in Canada and the belief grew that midwife attended births were unsafe. This attitude spread to Aboriginal health programs and emphasis was placed on medical interventions and “the need to legitimize and regulate traditional midwifery use among Aboriginal women”¹⁵. Medicalized delivery rooms denied the presence of midwives, aunts and grandmothers to support the labouring woman. They also excluded birthing knowledge, traditional medicines and ceremony¹⁶.

Today, half of all Aboriginal people live in urban centres and this adds another dimension to the picture of Aboriginal birthing¹⁷. The numbers of Aboriginal women giving birth in large urban hospitals has increased over the past four decades. In 2006, NAHO found that 93

¹³ NAHO (2008). *Celebrating Birth: Aboriginal Midwifery in Canada*, Ottawa, p. 13.

Sokoloski, E. (1995). Canadian First Nations Women’s Beliefs About Pregnancy and Prenatal Care, *Canadian Journal of Nursing Research*, 27(1), pp. 90.

Lalond, A. et al. (2009). Maternal Health in Canadian Aboriginal Communities: Challenges and Opportunities, *Journal of Obstetrics and Gynaecology*, October, Ottawa, p. 957.

¹⁴ Simpson, L. (2006). *Birthing and Indigenous Resurgence: Decolonizing Our Pregnancy and Birthing Ceremonies*, *Until our Hearts are on the Ground: Aboriginal Mothering, Oppression, Resistance and Rebirth*, Toronto.

¹⁵ Lalond, A. et al. (2009). *Maternal Health in Canadian Aboriginal Communities: Challenges and Opportunities*, *Journal of Obstetrics and Gynaecology*, October, Ottawa, p. 957.

¹⁶ Simpson, L. (2006). *Birthing and Indigenous Resurgence: Decolonizing Our Pregnancy and Birthing Ceremonies*, *Until our Hearts are on the Ground: Aboriginal Mothering, Oppression, Resistance and Rebirth*, Toronto.

¹⁷ Birch, J. et al. (2009). *Culturally Competent Care for Aboriginal Women: A Case for Culturally Competent Care for Aboriginal Women Giving Birth in Hospital Settings*, *Journal of Aboriginal Health*, 4(2), pp. 24-34.

percent of First Nations and Inuit women surveyed gave birth in a hospital setting. The poll found that only 56% of Aboriginal respondents felt that they had received equal treatment to non-Aboriginal women within the health care system¹⁸. In response, Aboriginal people, researchers and front-line workers are making the case for models of care that integrate cultural competent practices within hospital settings, including the maternity ward¹⁹. In addition, culturally competent care must go beyond a pan-Aboriginal approach to that which understands the diversity of First Nations, Inuit and Métis peoples and cultures²⁰.

A report on best practices for returning birthing to rural and remote Aboriginal communities recommend that: “physicians, nurses, hospital administrators, and funding agencies (both government and non-government) should ensure that they are well informed about the health needs of First Nations, Inuit and Métis people and the broader determinants of health”²¹. This approach would also be useful for urban healthcare providers.

Socio-Economic and Health Contexts

Multiple socio-economic and health determinants and disparities contribute to a complex context for Aboriginal teen mothers²². The 2003 Standing Senate Committee on Aboriginal Peoples described the complex and inter-related issues confronted by young and pregnant Aboriginal women to include a loss of identity, language and culture, low levels of education and/or a poor school attendance; high unemployment levels and poor job prospects; lack of parental involvement and support in their daily lives; being young single parents with poor parenting skills; substance abuse; physical and emotional abuse; lack of housing; difficulty accessing social services; and poverty, racism and discrimination.

¹⁸ NAHO (2006). Exploring Models for Quality Maternity Care in First Nations and Inuit Communities: A Preliminary Needs Assessment, Ottawa.

¹⁹ Birch, J. et al. (2009). *Culturally Competent Care for Aboriginal Women: A Case for Culturally Competent Care for Aboriginal Women Giving Birth in Hospital Settings*, Journal of Aboriginal Health, 4(2), pp. 24-34.

²⁰ NAHO. (2011). Metis Maternal and Child Health: A Discussion Paper, Ottawa.

²¹ Couchie, C. et al. (2007). A Report on Best Practices for Returning Birth to Rural and Remote Aboriginal Communities, Journal of Obstetrics and Gynaecology Canada, pp. 250.

²² Lalond, A. et al. (2009). Maternal Health in Canadian Aboriginal Communities: Challenges and Opportunities, Journal of Obstetrics and Gynaecology, October, Ottawa, p. 957.

Teen pregnancy is considered a health matter by some in “that [it] increases the vulnerability of individuals and communities already socio-economically disadvantaged and with limited access to education, employment and formal child care”²³. This is corroborated by the Ontario Federation of Indian Friendship Centres in a 2003 Senate Standing Committee on Aboriginal Affairs report, who also report that Aboriginal teen mothers are more likely to develop complications “which can lead to medical problems, including death, iron deficiency anemia, pregnancy included hypertension, and maternal toxemia”²⁴. Health issues are also noted to be linked to the social situations of the mother including poor nutrition, quality and quantity of pre-natal care, inadequacy of preparation for childbirth and low quality of post-natal care and can cause serious medical problems²⁵.

NAHO makes the important argument that with the marked disparity in maternal and fetal outcomes between First Nations and non- First Nations, there is a need for change in how maternity care is provided for First Nations women. This recommendation can be applied to all Aboriginal women and more specifically for teenaged women. The Society for Obstetricians and Gynaecologists recognizes the importance of culturally sensitive maternal care. They advocate for the development of protocols and models of care that will “enable Aboriginal mothers to stay in their communities for birthing, with the delivery of prenatal care in the mother’s language of choice and with respect for traditional prenatal and maternity methods”²⁶.

In sum, young Aboriginal women need to be able to contribute to the development of their own programs in order to customize them, work with existing strengths, and bring programs to where youth are already meeting.

The Report

²³ UNICEF (2009). Canadian Supplement to the State of the World’s Children: Aboriginal Health – Leaving No Child Behind, Toronto.

²⁴ The Senate Standing Committee on Aboriginal Peoples (2003). Urban Aboriginal Youth: An Action Plan for Change Final Report, retrieved from <http://www.parl.gc.ca/37/2/parlbus/commbus/senate/come-e/abor-e/rep-e/repfinoct03-e.pdf>, last accessed April 11, 2011.

²⁵ Ibid.

²⁶ SOGC (2007). An Aboriginal Birthing Strategy for Canada, Addendum to A National Birthing Initiative for Canada: An inclusive, integrated and comprehensive pan-Canadian framework for sustainable family-centered maternity and newborn care (2008), Ottawa.

This report will now turn to the experiences shared by the young mothers. This section on findings is divided into the following sub-sections:

- Sources of information on labour and birth
- Preparing for labour, birth and baby
- Feelings of fears related to birthing
- Labour support
- Boyfriends
- Labour
- Labour pain, comfort measures and pain relief
- Hospital experience
- Hospital staff
- Bonding with baby
- Cultural teachings
- Community resources, services and programs

The paper concludes with a discussion on the key findings and messages.

Section Two

Findings: Narratives on Young Aboriginal Mothers' Labour and Birth Experiences

Sources of Information on Labour and Birth

In order to understand how the young women prepared for labour and birth, they were asked about where they looked for and found information on the matter. Their responses were varied. Overall, the women took it upon themselves to prepare for motherhood as best they could.

Several women reported learning about birthing through videos, the internet (birthing websites) and television reality shows which both reflects this demographic group's generational connection with media and technology and is also a sign of the current digital age. One participant said how she found one website to have "*a lot of information.*" She went on to comment that, "*There's so many different sites. Every week [they] will say, your baby is this and next week it will be that.*" Another mother also found a lot of her information on the internet, along with television. She stated, "*I used to go to the internet and try and see what other people have to say about labour and stuff. How it would be to take care of the baby? I used to watch that on TV and stuff.*"

Several reported that they received most of their information on labour and birth through books. One woman commented she got the best information, "*Probably through reading. I went to the store and I bought them or I went to the library and I got them. I didn't have access to a computer back then.*" Similarly, another woman recalled how books, along with classes, really helped her prepare for labour, "*I went to classes and had a whole stack of books. I was really prepared.*"

Several women reported seeing a public health nurse leading up to labour. Of those, one commented that the nurse "*showed me videos on labour. I read books. [She] gave me books to read and showed me the positions early on. The nurse would show me what was going to happen. So, it's the nurse and the books that helped me.*" Another woman said that the nurse was her primary and best source of information leading up to labour and birth.

Local urban programs such as the ‘Aboriginal Parent Centre’, ‘Healthy Start Program’, high school-based programs and ‘Nobody’s Perfect Parenting Program’ were reported as providing useful birthing information. Several went to prenatal classes and one attended a parenting class. However, two reported that they ‘forgot’ what they learned as they went into labour. This may reflect the need for coaching and/or additional birthing support once labour begins.

[I went to] prenatal class. They taught me a lot there. What to expect when you are in labour. What’s an epidural and what’s a water birth. There’s natural and there’s C-section [births]. They taught me all these. They told me about the drugs, what kind of drugs they might use and all that. I already knew about the epidural, the laughing gas, the morphine, that’s it.

I took a lot of pregnancy classes, or birthing classes. Watched a lot of birthing videos and read a lot of books. I went to Healthy Start and also I went to Nobody’s Perfect Parenting. I went to Adolescent Parents’ Centre and they did classes with us there. It was good. At the Adolescent Parent Centre, every lunch time they would have classes with pregnant girls and we would do exercise and go for walks and stuff like that. It was a pretty good program.

[I did] a parenting group and prenatal class together. I was doing that in the summer at [my high school]. They taught me a lot. They had these ice cubes and they put them in a bag and we had to squeeze it really tight and they told us that’s how much labour pain might be. It was like making your hand all numb and all that. Pretty much, it was something like that in labour.

I was reading a lot of books. Because I was so young CFS was involved and they told me to take programs so I took parenting courses so I could be safe with my son I guess. Yeah I took parenting courses and read lots of books. It was just the one at that point it was through Mawawi Parenting Program. I

also spoke to a counsellor at Mamawi and she helped me a lot through things, like teaching me how to make a labour sheet. Like the things I need to take with me to the hospital. So she helped me with that.

Family was also an important source of birthing information. Many of the young women relied on female family and extended family members and friends for labour and birth information. For example, one woman told how her sister's experience with labour and birth prepared her, "*My sister, she has six kids and she told me what would happen.*" She also relied on her mother's encouragement to "*have [my baby] natural and I did.*" Another young mother described how her grandmother helped prepare her for labour. She said "*My grandma didn't want me to have a hard labour. She wanted me to have a simple labour so she was feeding me vegetables and fruits through the whole pregnancy, the whole fibre thing.*" Other female relatives also provided their pre-labour words of advice. One woman said, "*My cousin told me that it will be a little hard, like the pain and stuff. By the time I came to labour, I was 3 centimetres, it was really hard.*" Another stated, "*My cousin used to tell me to think about [labour]. She used to tell me that it's all going to be fine and she used to not let me worry about it.*"

One woman was amazed with the knowledge she acquired leading up to the birth of her baby. She said, "*I'm amazed that I learned all these things. When I got pregnant, I didn't know anything about it.*" While many of the women looked for information in preparation for labour and birth, very few of them toured the maternity ward prior to labour. One reported learning information about the hospital where she delivered by visiting a friend who had given birth there.

Despite all of the classes, advice and information consumed prior to childbirth, many of the mothers stated that once they went into labour, they forgot much of their learnings. One of them remarked how her labour and birth were unique from anything that she had seen up to that point.

But when I went into labour, I just kind of forgot everything and I just had it my own way because every labour is different I noticed. I watched a lot of videos and noticed that my labour was very different from the other videos that I watched and all the stories I heard. It wasn't as painful as I thought it was going to be. I thought it was going to be really painful but it wasn't that bad. And it wasn't as long as people said it was going to be. I was only in labour for 6 hours. I had a pretty easy labour. I think it was because I used

to walk everywhere. I was two weeks late, so I would walk up and down the stairs, back and forth. I would do that for half an hour a day. So I think that is why it was so short.

Two other women shared similar thoughts. When one of the mothers said, “By the time I got there, I forgot about [the labour resources]” another agreed, “So did I actually. You don’t really think about it.”

Another woman spoke of her misunderstandings around labour and birth, despite taking prenatal classes. She said, “When I went [to the hospital], when they told me I was 8 centimetres dilated I was surprised, because I was thinking ‘Wasn’t it supposed to go downward?’ It goes up to 1 centimetre [then you push], that’s what I thought at first.”

Preparing for Labour, Birth and Baby

The young women expressed different levels of personal preparation for their birthing experience. A few reported feeling prepared and confident but most reported that they did not feel prepared. For example, one recalled, “*I wasn’t ready yet. I didn’t want to have my baby early and I did.*” Although another had taken prenatal classes and read extensively in preparation for labour, she shared how, given her age at the time, she was both ready and not ready for labour. To quote:

Like, I thought I was as prepared as I could be as a 15 year old. If I would do it now it would be a lot different. But all of my energy went towards this baby that I was having. I would get by buying baby clothes and things like that. I was not thinking too far ahead. I bought one box of diapers which was nothing – it went fast. And I would know what I was getting myself into [now].

A common theme was that the women prepared for labour and birth, and the arrival of their baby, mostly through purchasing the necessary clothes and accessories. For example, one said, “*I didn’t really prepare myself. Just getting ready, buying baby clothes and stuff. Making sure my baby had everything. That’s pretty much all I did. As long as I had stuff for him that’s how I knew I was ready.*” Another woman echoed this but wished she had accessed more community services that would have better supported and prepared her for labour, birth and motherhood. She stated, “*I bought baby clothes. I went shopping. I wish I came [to this support program] when I was pregnant but I didn’t even know where it was.*”

One of the women told how she was given the information on how to develop a birth plan but felt that having the necessary clothes was more important at the time.

[I] was told about a birth plan but didn't do one. But I didn't set it up and then everything just came. Two days before I went into labour, I thought I was going in labour but I wasn't. Plus, we didn't really have any baby clothes so the next day we went shopping and shopping for baby clothes.

In addition to having baby clothes on hand, one of the mothers re-told how she had her own personal necessities prepared for labour. In her words, “*I got all my stuff ready that I needed when I go to labour and stuff. My clothes, well, they provide shampoo, conditioner. I brought my own toothbrush, slippers, nightgown and all that.*”

Another common way that many of the young mothers prepared themselves for labour and birth was through exercise, primarily walking. One stated, “*When I was pregnant, I walked around crazy, like all the time. It was mostly getting exercise and all that [to prepare], so I was really active.*” Several noted that they believed being active would lead to an easier labour and delivery. One stated; “*I walked everywhere. Like I'd go on walks for 5 or 6 hours because I heard it would make things easier.*” Another noted, “*When I was pregnant, they would tell me that you wouldn't get into false labour if you walk a lot, so I was walking everywhere.*” Finally, another recalled;

I walked around a lot. I heard from a lot of people that walking would take the pain away from the contractions but no, that didn't work at all. I did that. I just talked to other moms. Like I tried to see how the labour is going to be. And they said that the labour wasn't as bad as the contractions and stuff. I was trying to get ready for that.

Unpreparedness left one young mother fearful, “*When I started getting contractions, I didn't know what they were and I was getting scared. I was thinking, what's happening? I went to the hospital and they said I was in labour.*” She suggested that having someone around who knew what she was going through would have comforted her in that early stage of labour. She stated, “*I think it would have made it easier if someone was around that knew how it felt and who would have told me. Because when I was going into labour, I felt like I had to go to the washroom really bad.*”

Feelings of Fear Related to Birthing

Apart from fear generated by a lack of preparedness, mothers reported feeling fearful during the pre and post-natal periods for a number of other reasons. During the pre-natal phase, fear was related to the unknown or that something would go wrong with the birth. One stated, *“I’m scared it’s [birth] not going to work out.”*. While another relayed; *“I don’t know, people say you could die from having a baby. Something could be wrong with your baby or something.”* Fears around the unexpected were also expressed; *“I was scared because I didn’t know what to expect.”*

One mother became more fearful and confused about labour in her third trimester. She said,

I used to think about [labour] but I was too scared. I was really scared thinking about it. Really scared. Some people would say that it’s really painful and others would say that it’s hard at first but when you see the baby it’s all easy and stuff. I didn’t know who to believe and so I was kind of confused about it.

The women shared what they had heard about the different hospitals which left them concerned about where they should deliver. One said, *“Before I gave birth, people were telling me not to go to that [hospital]. [They said] that the nurses were really mean. That they won’t listen to what you want and they would do what they want to do.”* In the case of another woman, she feared that her experience would be bad because of the hospital setting and staff. She said, *“I was scared of [hospital] because of what everyone told me about it.”*

Importantly, more than one of the women mentioned a fear of judgment being passed on them due to their age. Two participants shared the following dialogue in the focus group, *“I heard [that in that hospital] too, they judge you if you are a teen mom because they’re a Catholic hospital or something.”* Her fellow classmate responded, *“Apparently, they are very rude to you if you are a teenager having a baby.”*

In the case of another woman, she not only feared being judged as a teen mother, but also that something terrible would happen to her baby. She stated, *“I don’t know, what people think about you having a baby or if there was something wrong with your baby or something.”*

There were also fears related to the actual birthing process. These ranged from random feelings of nervousness and fear of giving birth, to being overwhelmed with fear of having to have a caesarean section, or that they or the baby would be harmed during the birth. The following quotes illustrate some of the stories that were shared.

I don't know I was nervous and kind of scared. I was like 'Oh my god I'm going to be pushing out a baby.' I don't know I thought I was going to have her C-section. I don't know it was kind of scary for me. I knew that I'd be scared and that I would be pushing the baby. It was scary for me and I was nervous.

I don't know. It felt like, it was just a scary feeling, like the baby would just drop out.

I wasn't prepared for the C-section. I was really scared. I had to cry because I was really scared. I didn't expect the C-section. I thought I'd have my baby natural, but I had my baby a month early than when I should have him, so that scared me.

I was freaking out. 'Why is my baby not crying?' I asked my mom and she looked scared too. I was really scared because I see that my mom is scared then I get scared.

I knew that I'd be scared and that I would be pushing the baby. It was scary for me and I was nervous. It was scary that I will be pushing my baby and when that happens.

Motherhood was another point of anxiety for some of the young women. One was afraid of what motherhood might be like and was fearful about going home with her baby. No knowing how to take care of their babies was another element of fear expressed by some of the women. In one case, a young mother said, *“It was kind of scary because this was my first child; like I didn’t know what to do.”* Another was fearful that she would not be a good provider, *“[I was] emotional because I was really young. I didn’t know what I was going through and didn’t think about getting pregnant at first. When I became pregnant, I was really scared thinking about how I am going to provide stuff for the baby.”*

While another echoed anxiety around motherhood, she also importantly trusted in her body [to do what it was made to do]. To quote, *“When I first got pregnant, I got scared about being a mother. I didn’t even think about labour at all. After I watched videos, I was kind of scared but then, like I knew I could do it because every girl’s body is made to do it, so I know I can do it.”*

For the few women who spoke of their involvement with Child and Family Services (CFS), they felt a genuine fear of not having the opportunity to mother their babies. One woman stated, *“When I was pregnant, I had this feeling that someone [was] going to take my baby.”* By ‘someone’, she was referring to her CFS worker.

Not every woman expressed fear around labour and birth. For example, one woman felt confident about labour with her second baby. She also had a different experience with the hospital staff for her second delivery. She explained, *“I really knew what was going to happen so I didn’t need anyone to explain it to me. The doctors were actually a bit nicer the second time because I told them that this is my second child. So they said, ‘Oh, so you kind of know what you are doing now, right?’ And I said ‘Yeah.’*

Ultimately the fear women had throughout their pregnancies and births disappeared shortly after delivery. One woman remembered the joy she had when she saw her baby, *“I don’t know. It felt like...it was just a scary feeling when I started pushing. I don’t know how many times I pushed, I think 3 times. I was excited to have the baby. On Sunday at 9 o’clock, I had the baby.”* Another woman, *“Once you hold your baby, you forget everything. It doesn’t really matter.”*

Labour Support

Every one of the women who participated in the study had one form of support or another. In the majority of cases, they spoke of their mothers being with them throughout labour. One said, for example, “*All I really needed was my mom.*” In addition to their mothers, they mentioned boyfriends and other family members, primarily female, being present to support them. Clearly, as the quotes below demonstrate, they were comforted by the presence of a trusted person/people during labour and delivery.

When I was sitting there and I was using the ball, my mom was massaging my back, like helping me and my boyfriend was holding my hand while I was having contractions. It really helped.

As long as I had my mom, that’s all the support [I needed]. She had three [kids] and she raised them on her own. As long as I had her there, then I was alright.

The head [was] right there. You could see it. And all I was saying was ‘Help me, hold my hand.’

When I started pushing, my mom and my granny, then my sister showed up and helped me as well. They were in the part of the room where they can see the baby’s head so I kept on pushing.

My older sister and my mom [were there]. My boyfriend would come by and give me cheese and yogurt or something. They were sneaking food because I wasn’t supposed to eat. I was sneaking little bites. I wasn’t supposed to drink anything but I was so thirsty, my lips were starting to crack. My mom just

gave me a big bottle of water. I just drank it all and I wasn't supposed to do that.

It wasn't even that hard going in labour. My grandma was teaching me how to breathe in labour and stuff. I was doing slow breaths and all that. It was easy. I could control my contractions.

Having someone hold their hand, be an advocate, rub their back or to laugh with were reported as being helpful and positive during labour for many of the women. Labour support also contributed to the celebratory arrival of the babies. One woman said that her boyfriend, his mother and her mother provided labour support. After the baby was born, “*then my whole family showed up, everybody showed up!*” Another woman spoke of the emotional meeting between the generations, “*My mom came after and she went to go see my baby. My mom started crying, so I started crying.*”

When this support was absent, the experience was described as less positive. In only a few cases, did women speak of unreliable labour support. For one, the coming and going of her three support people without rhyme or reason made her anxious during labour. She said it would have been a better labour with dependable support, “*Because I felt alone for a good portion of it. Because they just kept coming and going, coming and going. Like I was just kind of worried I guess, like, ‘Where are you going? Are you coming back?’ And I didn't want to do it alone.*”

Boyfriends

It became clear through the stories that young women's lives are complex and their partners were not always involved in the pregnancy, birth and raising of children. While many of the women reported that a boyfriend was present and involved during their labour and delivery, the following narratives provide some insight into the complexities of these relationships.

I wanted the baby's daddy to be there because he wanted to be there but he was up North. Plus, me and him weren't even together, that's why.

Pretty much, some girls do need help in going into labour. They need a lot of support. It's hard enough with the fact that you don't have your baby's daddy there too. Then again, girls are better off without them. We are strong women and all that stuff, we carry the baby for 9 months.

That's pretty much how [my boyfriend] was acting, like he was 16 again, acting like a little boy. I told him to man up and then I told him to just beat it and leave me and let me be and all that stuff and he did.

My boyfriend didn't come because he got mad over some stupid reason. He thought that my ex-boyfriend was going to come down to the hospital with me. I don't know what he was thinking but I got mad. Yeah, so he didn't come because he was mad for some reason.

I don't know. At that age if you're with somebody at that age, they are either way older than you and they are manipulating you, because that is what happened to me. My boyfriend at the time was 8 years older than me and he tried to be involved but he wasn't really involved because he thought I was naïve or something. I don't know what happened with that. I think it is up to the moms at that age because fathers who are with them at that age they are not ready to be fathers. They are either a) super older than the girls and they are not really looking to become a father. They are going to play it out or act it out. Or they are really young and they just don't know how to be a father.

Often young women are the caretakers and nurturers in their relationships and they worry about their partners, even during their birthing experience.

My boyfriend wanted to go home [during my labour] because he was sore. He would go to the doctor and ask for some Tylenol. He was saying, 'I don't want to take it. What if they say that this is Tylenol but it's for you?'

[My boyfriend] was freaking out and when we went to the hospital he started crying. I was telling him that everything's going to be okay. I would have contractions every time I got up it hurt. I went to the washroom and told [my boyfriend] that I'm going to throw up. I was freaking out and was getting really mad. He was making me feel bad, 'You know you make me feel like shit right now. You get to lay there and I have to stand up.' There was only one bed in the room at the hospital, so I had to squeeze him beside me and that was really crappy. Then I was telling him that he has to move because I have to breastfeed. I tell him that I want the baby to sleep beside me and he just grunts. He was really complaining and I told him, 'Holy smokes, you didn't have to go through labour.'

Boyfriends also experienced fear in being present at the birth of their child. The following example echoes fears discussed in the narratives of the young moms. To quote, “*He [boyfriend] was watching the baby's heart rate because it goes down when I have a contraction. He started crying because I was in pain and he thought something was going to be wrong.*”

Labour

As part of breaking the ice with the focus group participants, we asked them to state one positive and one negative thing about their labour experience. For many, the most positive aspect was the outcome – seeing or holding their baby for the first time and knowing their newborn was healthy and safe. Some also spoke about how a fast labour was a positive part of their experience. On the negative side, they spoke about how drugs, such as the epidural, were pushed on them or that the epidural didn't work properly. One woman noted how the inability to have a natural birth was negative for her. Pain, long labour and complications were also highlighted as negatives.

As seen in a previous section, while the women did take steps to prepare themselves for labour and birth, each of their experiences was unique. One thought that labour and birth would be easy and that she could do it alone, “*I really thought that I could do it without the help of anybody. Honestly, I thought it was going to be like a musical and everything was going to be all happy and everything. But it hurt a lot.*” Another noted, “*I pretty much had it easier than other people did, it seemed like that too.*”

Labour was an intense, emotional, and painful time for the women. They expressed shock, fear and confusion with the onset of labour. One woman, for example said, “*I barely knew what was happening. I was just in shock that I went into labour.*”

Labour was also both unpredictable and surprising. They spoke of being in stores, at home or sleeping in bed when their labour began. For some, they went into labour weeks prior to the due date and for others, several weeks late. The following are their stories of going into labour.

We were shopping that night when I went into labour. I think it happened when I was at the store like, while I was going to get milk and all that. That’s how I think it got started. Then after that, we went home and I needed the washroom, I felt I really had to take a big poo but nothing came out. I told my grandma about it and she told me to call the hospital and ask them these questions. And so I did. I called them and they asked me if my water broke and I told them ‘no’. Then they asked if there is any blood coming and I was like ‘no’. And they told me to come in when any of those happened. But then it came an hour after. My water didn’t even break until they had to break it for me. We sat around the hospital for like an hour. Then my contractions went to every two minutes. My cousins and my grandma said that I’m going to have a baby soon and I was so surprised and I wasn’t ready really about going into labour. I thought it would be like 1 or 2 centimeters. I was late, so they rushed me in.

I was lying on my bed and I felt really hard pains in my back and I told my mom. I was leaning over because I couldn’t stand up straight. My mom was like ‘What we should do?’ ‘Should I go to the doctor?’ and I said ‘Sure.’ So we went in and when we got in, I was 3 centimeters dilated. They took me to high risk because I was low in blood.

I was just lying there and I was having contractions. I was at home at first, I was sitting there and I kept on texting my friend every time I had a contraction. They were a few minutes apart. I had a doctor’s appointment

the next day. I told them that I didn't feel the baby moving. I guess every time I had a contraction, his heartbeat would go down. They put me into labour and delivery right away. They had me on that big machine to check the baby's heart, every time I had a contraction, the heartbeat would go down and they all got scared. They thought that if I was to push him out, I would lose him. They put me in that room right away and I was walking around and having contractions and that hurt. They then put that needle on my back. Most of my body went into numbness.

I was reading this book about pain and how excruciating it's going to be, like on your back and it would feel like cramps. Once I got that, I was like, I know I was ready [to go to hospital].

I went into labour at 3 a.m. I was sleeping and I woke up with a really bad pain in my stomach and I thought I was constipated. I went to the washroom and nothing was coming, so I went back and then went back to the washroom again when another contraction came and then nothing came. I went back to bed, all of a sudden I woke up and I woke my boyfriend up and told him that I think we should go to the hospital and that I'm going into labour. He didn't believe me, so I sat there for an hour having contractions and they were coming closer and closer. Well, he's a guy, I don't think he will know what it feels like to have a baby. Then I called my cousin and I told her that I was having pain. She said that 'I think you might be going into labour' and that she'll come and get me. So, I got ready and we went.

I got induced. They induced me and told me to go home and then come back in 6 hours. So I went home and 6 hours came and I called a cab and I had no contractions yet, but I had to go back. So on my way back, I had my first contraction in the cab near the hospital.

It was at home and I was using the bathroom and then, I was on the toilet and I saw something, like plop out and I was like 'Oh my gosh grandma what is this?' and she said 'I think that's your mucus plug' and I went 'What!?' and she said 'Yep it's time to go to the hospital.'

I was in labour for a whole weekend, but I didn't realize it. I was getting cramps and my back hurt. I didn't know I was in labour until Sunday, that's when I started getting contractions, I was in pain. I was waking up my boyfriend. I was having really bad pain. I didn't know they were contractions. All of a sudden I called my mom and she said that I might be in labour and she told me to pack my bag. Before that, I was going to the bathroom, then going to sleep and then my mom told me that my water had broken. It got worse. It got really bad by 9 in the morning.

Labour Pain, Comfort Measures and Pain Relief

Comfort and distraction measures during labour included taking showers, walking, listening to music and watching television. They also used breathing techniques to help them with their labour pain.

I think it was less difficult. It wasn't even that hard going in labour. My grandma was teaching me how to breathe in labour and stuff. I was doing slow breaths and all that. It was easy. I can control my contractions.

I sat on that ball and tried not to fall. I asked to walk but they wouldn't let me.

I just walked around for a bit. When I went in, I was 6 centimeters, oh no, 5, and they said that I was going to have to walk to get a couple of centimeters more. So I walked around the hospital for a while. Then it started to get

really bad, so they told me to lie down. It felt like I needed to move to make them go away like I didn't want to lay still. That's how it was really.

Well, I lied on the bed. I went for a shower for a bit. Let the water run through my stomach and that helped a lot. Most of the time, I just lied there and tried not to think about it.

I was walking around the hospital and I had my mom to help me. That's it I guess. Someone rubbing me, rubbing my hand and my back. Yeah, that helped.

My mom was making me laugh too, but I was getting mad at her.

Many of the young mothers aspired to and had a natural birth. Others reported using medication or an epidural to assist them during labour and birthing. A few of the women underwent a C-section delivery. Many of them talked about how the pain of labour was either less or more than they expected.

I thought it was going to be like hard. It was hard but not as hard as I thought it would be. It was emotional when I had him. I didn't mind it. When I had my baby I cried.

All I know that it was hard....the pain and the labour. Labour is excruciating pain that you can't explain. And people are always saying that it's not going to be like that, but then I told them that they were wrong. I knew what I was going through when I was in labour.

It wasn't as painful as I thought it was going to be. I thought it was going to be really painful but it wasn't that bad. And it wasn't as long as people said it was going to be. I was only in labour for 6 hours. I had a pretty easy labour.

It did hurt, but not as much as I thought it was supposed to.

Like through actual labour, it wasn't harder or easier. I just figured it was going to be hard.

I knew to lie on my side and put pillows between my legs, I read that in a book. I did that. I didn't take any medications or epidurals. I really didn't even listen to music because it was just too painful.

My labour was actually awesome.

A bunch of people were telling me that it will hurt...they warned me about that. I wasn't screaming my head off. I was crying a little bit and freaking out.

The contractions, they were bad. I knew what was going to happen when I got pregnant anyway, so I was ready for it. The first [birth], I was crying and screaming. The second [birth], I was just breathing and it went really fast. I was only in labour for 3 hours.

A number of the women recalled how they requested or used pain killers, such as epidurals, laughing gas, Morphine, Demerol or Fentanyl to assist them during labour and delivery. They reported asking for drugs as they were simply exhausted and needed to sleep, or that the pain was too overwhelming. One stated, “*I was in a lot of pain and I needed it. I was going to have it natural, but I changed my mind. It stopped everything. I got a little bit of sleep.*” Another woman expressed how difficult it was for her to wait for the epidural:

The pain would come and go and when it's gone, it was like everything was normal, like I wouldn't be mad, I would be talkative. But you can feel it coming. I used to just yell at the doctors and everything. I would scream at the doctors. I kept telling them that I need epidural and it took two hours finally to get the epidural. They kept coming in and out. One doctor made it seem like it was nothing. I started talking to her and I started screaming, then she started yelling at me saying, 'Why are you screaming, it doesn't hurt?' I started screaming at her some more, 'Did you even have a baby? You don't know what I'm going through if you don't think it hurts!'

Other women recalled how it was too late to have medications, particularly the epidural, administered, because their labour was too far advanced. According to one young mother, “*I wish I had medication but I was too late. It was too late for me to have anything.*” Another remembered,

When I went in, I was 7 centimeters dilated. I asked for the epidural right away and they said no. They said they can only do it up to 5 or 6 centimeters and I was already 7 centimeters so they said I was too late. They said if I wanted a mask, they said I can take that. I tried to take that but I couldn't breathe in it.

Similar to this previous mother's story, other women related how they did not take well to the medications that they were offered. Some said they felt dizzy, nauseous, couldn't breathe properly or were more uncomfortable as a result of the drugs. Three women even commented that the pain did not decrease but increased as a result of the drugs.

[It was] not the laughing gas. It was something that they added in the IV. I just fell asleep for an hour. [It] just lowers the contractions. But after an hour, I woke up and I just knew I was having my contractions and all that. I

just felt like I needed to puke but I didn't. They had that bandage thingy and it just felt tight.

They gave me Fentanyl or Demerol. I can't remember which one it was back then, it was like two years ago. They said that it would take away the pain but it didn't really do anything. It just made me feel really dizzy. I felt the pain even more. When the pain comes, that's the only thing I would focus on....just the pain and nothing else. I really didn't like it. I kind of regret taking that Fentanyl and stuff.

When they were cutting me, I felt it. So they gave me more epidural but it's not going to do anything. The first time I went in, they were trying to give me an epidural. I went in for my C-section...I had to get it because they said I wasn't able to push.

A couple other women, while emotionally relieved with the completion of labour and the arrival of their babies, expressed that the physical pain did not go away immediately.

Once I saw my baby, I started crying. Then after [the C-section], when I was in the recovery room and when I was waiting for my feet to move, I was moving them around a little at that time. After I started moving, I was given these little white sock things to keep away the blood clots. I was sitting and they took the catheter out and I started walking and it really hurt. Like someone was pulling out your bladder and your guts and all that. It hurt.

I was freaking out at first because my baby wasn't crying. I guess he was okay but everybody looked worried and all freaking out about my baby but it was me that was really in danger and I thought it was my baby. When I got out of bed, I saw a bunch of blood and it took a bunch of nurses to hold me down because I was trying to get off because my baby wasn't crying. I was

freaking out, why is my baby not crying. I asked my mom and she looked scared too. I was really scared because I see that my mom is scared then I get scared. Because I was hemorrhaging. I had blood clots and I can hear it hitting the floor. I was almost fainting. I remember when I heard that, my face just got really pale. They knocked me out pretty much [after the birth]. They gave me this laughing gas and gave me a needle. I was out of it and I don't remember. They did an ultrasound on me after my baby was born. I didn't really ask much questions. I was just happy to have my baby. I didn't realize until a couple of days later that something was wrong with me. That something actually went wrong cause my mom was explaining to me afterwards like that I was hemorrhaging. I didn't realize, I thought it was normal because it was my first baby and everything. I lost a lot of blood. I was really pale. When I got better and got home, I got an infection down there so I got really sick again. So, for the first couple of weeks, it was really rough.

A significant number of the women told how they did not want any medications during labour. Despite this, many recalled how hospital staff urged them to take one form of pain killer or another. For those who felt pressured into taking pain killers, they remembered this as a negative part of their labour experience.

The nurses tried to force laughing gas on me and then I told them I didn't want it because I felt like I couldn't breathe when it was on my face and they kept trying to push it on my face and I kept like pushing it away. Like I heard that the medication makes the labour last longer. And it makes it harder.

The one negative thing was the doctor pushing me to get an epidural. She kept saying, 'You should get one, you won't feel it while you're asleep.' I went to sleep and when I woke up, I was crying. And they told me to push and that was unexpected.

I was getting mad because they were telling me to breathe but I couldn't breathe. Well, I could but I couldn't calm myself down. I told them when I

first got there that I want to go through natural birth and they kept trying to shove that gas on my face. It made me nauseous.

The nurses think they know everything. I didn't want an epidural but they kept on saying that I have to get one because if I don't, I didn't know what she was saying. I wasn't really paying attention. I was getting mad. I told her I don't want one. She says, 'The doctor says you have to get one or something will happen.' I didn't know what she said. All I know is she said something will happen. She asked me why I didn't want the epidural. I told her that I don't want the feeling of not being able to move. She says I can move and said that I had to get an epidural. I asked her if I can get something else instead of that because I don't want it.

I had a plan and wanted natural birth and they were trying to shove gas on my face, literally shoving it on my face and I kept pushing it away. My mom finally said that she doesn't want to take it and then they finally stopped. I was screaming in pain but still I didn't want any drugs.

There were various reasons why the women did not want to have medications administered during their labour. For some, they wanted to experience a natural birth, "*I didn't want any of that gas. I wanted a natural birth, so that's what I had.*" Others had been told of the potential health risks of drugs to the baby and/or the mother. This fear made the choice to use drugs a difficult one. One woman said, "*I was too scared to get an epidural anyway. I just didn't want one.*" In the end, she needed painkillers but this decision was weighed against her fears of what these would do to her and her baby.

I didn't want any drugs or nothing. But I just needed that one to put me to sleep because I was exhausted. I didn't sleep that whole day so I was just straight exhausted. They had to give me that so I had my sleep and that's it. I didn't want no drugs or nothing. I was told that if you get an epidural, it can cause brain damage to the baby. I was hearing rumours and all that stuff. And I heard that it could put you paralyzed too because you get it on your back.

A few women prepared birth plans. Of those, two specified that they did not want pain killers during labour. For one, this was a conscious decision because, in her words, “*I didn’t want nothing while I was having my baby. I didn’t want my baby to have any drugs on his system. That was in my birth plan.*” She went on to state,

I’m glad I didn’t take [drugs] actually. I was in labour for a while and finally I was just fed up with it and asked them to give me an epidural. But luckily, thank god for this, I was already 10 centimeters dilated. I didn’t want drugs. They checked and they told me that I had to push. I was really relieved to have my baby. I was happy that I was 10 centimeters because I really didn’t want the epidural.

However in the case of another woman, she said that her birth plan was not respected:

Well they didn’t respect it in the sense that they tried to give me the drug and I was like so scared because I felt like I couldn’t breathe when that thing was on my face. And they just kept pushing it and pushing it and I was kind of fighting I guess and my boyfriend and the time didn’t really respect anything that I’d written down.

Hospital Experience

The women either gave birth at St. Boniface Hospital or the Women’s Hospital in Winnipeg. A few of the women toured their hospital prior to labour and delivery. Of those, one stated, “*My doctor who helped me through my pregnancy, took me on a tour of the hospital and she showed me which rooms I might be in and stuff. I wanted to be in the second floor so I can have my own room not the third floor because it was just a tiny room.*”

Some said that the maternity ward looked “welcoming”, that they were “welcomed well” and that it was “very friendly.” One woman, “*thought [the maternity ward] was really nice. They made it look really homey and stuff.*”

Divergent opinions emerged when the women talked about the room/s they were given during labour, delivery and in the days following the birth of their babies. It became clear that when given their own private room and amenities, the women were more pleased with their overall hospital experience.

My experience at [the hospital] was good because I stayed in the same room where I gave birth to the baby for two days. It wasn't a shared room, it was a private room. I automatically got a private room. It was really good because it was so big. There were two of those chairs that turned into a bed. There was a TV. There were lots of closet spaces. There was lots of space there. Your own phone and windows...it was really awesome. I'm glad I had the same room that I had my babies. I didn't want to be transferring.

I liked [my room]. I had my own room. And I had a TV, a bed, a phone. It was a really nice room. There was a bathroom, a shower. Like, I had the whole room to myself and didn't have to share with anybody.

Well for me, I was happy because they put me in my own room. They gave me my own room and I had my own bathroom and my own shower, just everything in my own room. So I had privacy.

When rooms were shared or semi-private, the women expressed the need to make the rooms bigger and more private.

The rooms after you have the baby...they have like a small room with a curtain in the middle of it. You don't really have room in there. I think I would change that. I would make them into single rooms. They're way too small split in two.

Shared rooms in the hospital are so small. They barely have any room. There's just a bed and that little curtain and maybe you can fit that little chair thing that reclines.

Interestingly, some of the women expressed that they didn't want to leave the hospital. For one woman, the hospital offered a safe reprieve to her own home. She said, "*I felt safe. It felt*

safer than going home and all that. I just felt really safe in the hospital.” Another woman, who had little outside support as a new mother, echoed a similar feeling of security by remaining in the hospital.

I was sort of scared because I didn't want to leave and be at home just because I was wanting to breast feed but my milk couldn't come in until like five hours after my son was born. They were teaching me how to breast feed with formula and my milk. It went quite horrible at first. My son lost a lot of weight right away so I got really scared and he wouldn't take the bottle. So it was really terrifying.

Other mothers were intent on going home with their babies. According to one, “I was pretty happy to get out of the hospital. It was kind of depressing there.” Another said “I just wasn't comfortable there because it's not my home.” Similarly, one of the women said, “I really wanted to leave right away because I really wanted to be at home. It just feels so comfortable. I feel better watching my baby there.”

Hospital Staff

The women had a considerable amount to say about the nurses and doctors who made up their maternal health team. None of the women had a midwife prenatally or during labour and birth. When asked about what they thought about the hospital staff, the women expressed a range of opinions, from friendly and supportive, to disrespectful and incomprehensible. The following section will look at the diversity of experiences of the young mothers with the hospital staff during labour and birth.

The young women were critical of the care of they received while in labour and birth. They acknowledged that they did have some doctors and nurses who were “friendly”, however, many more expressed that they could have received better care. Given the time they spent in the hospital, they were exposed to different nurses and doctors. This meant that many of the women were able to share both positive and negative aspects to the different people they came across. One woman best sums this up in her statement; “*My last nurse was really nice. My mom hugged her. I wish that all the nurses were like her.*”

On the positive side, some of the women talked about how the nurses really helped them through their contractions and labour. For example, compared to her doctor, one woman

stated, *“The nurses were a bit nicer. The nurses actually just sat there with me throughout my contractions and just told me to breathe, tried to talk to me and stuff to get my mind off them.”*

Other women were calmed by their ability to ask questions about what was happening to their bodies during labour. One recalled, *“When I asked [the nurses] a question if it was supposed to be hurting so much like that, they said ‘Yeah. Labour is supposed to be for you to open up for the baby.’ So it felt alright.”* Another was comforted knowing that she could ask questions as her labour progressed, *“I wanted to know what they were doing. I already know they have to measure me and all that, they have to keep on doing that. They told me about the IV and everything.”*

One mother felt that despite the many nurses coming and going, there was one with whom she bonded and relied upon during her labour. In fact, as her quote indicates, having one nurse whom she could trust eased her labour.

Only the one lady, I felt like I could trust. The other ones, well, I don’t really trust people, so, the other ones, they didn’t say much to me. They would just come in and do stuff. They really didn’t talk much to me. The one staff, she talked to me. When I was in labour, she helped me a lot. She sat there. Cause like other people were telling me to breathe and I really couldn’t do it. But she sat there right beside me and talked very calmly and would rub my hair and stuff and told me to breathe. And it was easy. I was able to like breathe. And then the other nurses would yell at me to breathe and I would say “I can’t”. She was helping me lots. That was nice.

Similarly, another young mother expressed that having one consistent and reliable support person is comforting and reassuring to a labouring woman. Indeed, as her story shows, labour support is an important influence on whether a woman will have a positive or negative experience with labour and delivery.

I was very lucky because the lady who was taking care of me I guess, the worker there, she was actually an Aboriginal lady herself and she had seven kids at home and she just finished her school and stuff and she was telling me all about it. She had just got on her shift and her shift was nine hours long. She was actually the one who stayed with me throughout the whole time. Yeah

[it made labour easier] definitely, because she knew what I was going through. She was so helpful. Just being there, being there with me. She gave me little tips of what I could do. She told me, 'If you feel like you need to go for a walk, go for a walk.' and she'd follow me obviously, then she told me I could go and have a shower if I wanted to, so I'd go have a shower. I just kept myself busy through that nine hours. She put a TV in my room and I just tried to relax I guess as much as I could. Yeah it helped to know that she was a mom and that she'd given birth to seven kids and she didn't have any medication herself. There was another lady who came in and she monitored me and she was the lady who pushing all that gas on me. And the doctor was telling her to put the gas on me and I kept pushing it away and she was telling them not to because I didn't want to. And my boyfriend he was trying to push the gas on me too and I didn't really like it. I don't even know her name that is the sad thing. But she helped me so much and she doesn't even know it. I'd say I was very lucky. I was very lucky I guess because of who cared for me. So that woman she cared for me through the whole time, it was the same person, somebody I could talk to, somebody who was really interested in my life. My family was there on and off but her support was really good for that time I think.

Continuity of medical care was also important to some of the women. One related how she had the same doctor throughout her prenatal care and for labour and birth. She was then able to build a more trusting relationship with her healthcare provider. To quote:

Yes, she was the same doctor [pre-natal and for birth]. She was actually the doctor who [delivered] me so I guess she took me as a special patient and I felt that way. She really took good care of me throughout my pregnancy. And she knew my mom quite well too. She gave birth to me and my sister and helped my mom through her pregnancy.

The women remembered those nurses who were kind to them, who advocated on their behalf and who showed genuine interest in them. For one woman, the simple act of having a nurse say good-bye before the end of her shift and introduce her to the next staff members was meaningful.

There was this one nurse, she was really nice. She would come up to me and introduce me to the next nurse for the night shift. Then she would tell me

when she would come back again. She was telling me, 'I would come here first before I do anything.' She was really nice. I liked her.

Others noted how much they appreciated when nurses would help them in labour. One said “I told them I needed something to drink because my mouth was really dry. And I needed that ball and she went looking for one and she came I used it and I told her thank you.” Two other mothers explained how, although they expressed rude behavior towards the nurses during labour, they did appreciate their help overall and let them know this.

I was kind of being mean to them but I was in labour. After I had my baby, I said sorry. But they should know how to deal with that stuff anyway. I was having a contraction and they were telling me to breathe and I was swearing at them. 'I can't breathe!' 'Leave me alone.' 'Beat it!' -kind of thing.

When I was in labour, I wasn't swearing at them but I was asking for jello because I was hungry. I was just really testy with them. After that, I said, 'Thanks for helping me out.' I apologized and she said that it's okay. She understood.

Similarly, they also took note when their nurses helped them after their babies were born, “Yeah, they were nice. Whenever I needed a bottle for the baby, they would give me one or a breast pump. Try to help me in a real good way.”

Despite the positive stories, many more women talked about how their experiences in labour and birth could have been better facilitated by kinder, consistent and more patient-centered staff.

Several women talked about having a doctor at the time of their delivery who was different from the doctor they had during their pregnancy for their prenatal care. While this seemed okay to a few, others were not happy with this sudden change in health care providers. The women expressed particular discomfort when a female doctor was replaced by a male doctor during delivery. One of them said, “I had two different doctors. It felt okay as long as it was a woman. I don't like men. As long as I got a female doctor then I felt alright. When I went

in for my first [baby], there was a male nurse, it felt kind of weird. I don't like other guys checking me down there. It doesn't feel right."

Another expressed that at the birth, "it was actually a male doctor and I don't even know who he is. I felt very awkward with that." When asked if the awkwardness was based on not knowing the doctor or because he was a man, she answered, "Well kind of both because I'd never even seen him before. And then he just came in and well, obviously, how it works is that they have to check to see how far along you are and it was just very awkward for me."

Incredibly, one woman shared how there was a change in doctors while she was on the operating table post C-section. This maddened and confused her.

In the middle of my C-section, they did a shift change. I met my doctor then he started the surgery. And then the guy, he was the one who cut my stomach and took the baby out. And then he just handed the baby to the nurses and then he said, 'Okay, [name] my shift is done.' I asked him if he's leaving and he said 'Yes.' He introduced me to the other doctor and said that he will stitch me back up. How the hell does he know what went on. My mom started yelling at him and he just said that this shift is over and he left.

Significantly, the women shared common stories of not knowing who was delivering their babies, since it was not their regular prenatal doctor. Therefore, there was no previous relationship with the incoming doctor, or as the following cases show, the doctors didn't attempt to create a bond with the labouring woman. The women expressed how they did not know the names of the doctors who delivered their babies, and at times, did not even know what they looked like. Here are some of their accounts from birth.

I don't even remember what my doctor looked like.

I didn't notice the doctor come in. I just noticed when I looked down there was a guy there and then when I looked back, he just handed my baby to a nurse and just left. I don't know his name. I honestly don't even remember if it was a girl or a guy because he had a mask on. He just came and left.

I only saw the doctor when I was pushing my baby out.

I wasn't introduced to my doctor. He introduced himself, sat down between my legs, pulled my baby out and he was gone.

The doctor didn't even talk to me after. It would have been nice if he said, 'Good job.'

Some older guy came in, he didn't even introduce himself. He just took my baby and checked if she was breathing and whatever, then he left. He didn't even introduce himself.

One woman was even unsure of her doctor's abilities post-delivery. She said that although her doctor was present throughout the labour, more were needed after the birth due to medical complications. She said, "*My doctor had to stay a little bit longer because I was hemorrhaging. More doctors came in because my doctor didn't know what she was doing.*"

More young mothers than not expressed how they felt unsupported by the hospital staff during labour and birth. They perceived that the nurses and doctors who attended them were primarily uncaring, unfriendly, disrespectful and at times, rude.

I think I was treated fairly but I also think that I wasn't treated as good as I should have been treated. I thought the doctors could have treated me better than how they did. To them, it seemed like it was nothing, they were just walking around and talking. It made me mad how it seemed like they didn't care.

The doctors didn't really seem like they cared or anything. One doctor did, because when I just kept on screaming, she finally said; 'I don't like seeing you like this.' She then gave me the epidural and that's when she really got it. Before that she kept leaving the room and then she'd come back and then she didn't even have it. So then I was thinking, 'Why do you tell me you are doing something if you weren't going to do it?'

That one doctor was being really rude. The one giving me the epidural, she was telling me that I don't have to scream because it doesn't really hurt.

But there was a really rude doctor there, some guy doctor, when I started pushing, he came running in from out of nowhere and started holding my leg and kept on telling me to push. All of a sudden I started screaming a little because it hurt. And he said, 'Through your bum, not your mouth. No noises through your mouth.' He was yelling at me and I was thinking, 'Oh yeah, you're a guy, how would you know how this feels.' That kind of got me mad.

Maybe if they talk you through the contractions, instead of sitting there, just talking to each other. There were two [staff] in my room, talking, they were just talking nonstop. They were both girls. Every time I would go through a contraction, they would just write down numbers and stuff. They wouldn't even say anything to me. When they leave the room, they'd say 'Kay we'll be right back' and they'd leave for like 20 minutes and then they'd come back.

There was one nurse, when I was going through labour, I guess I was screaming. She started yelling at me and stuff. I just kept screaming.

One woman noted that because of the constant turnover and rotation of staff, she was unable to bond with any of them. As a result, her mother ended up becoming her voice to the staff throughout her labour. She said, *“They were just different all the time. I would just ask for water and my mom would tell them. My mom would usually help me.”*

Faced with what they perceived as rudeness towards them, some of the women spoke of not being able to trust their health care providers. To quote one young mother, *“The really rude ones, I wouldn’t trust at all.”* She went on to state when treated well, trust could be established, *“The really nice ones were talking to me, talking to me through my contractions, telling me to breathe and stuff. I would be able to trust some of them. It all depends on how they were.”*

In their own analysis, some of the young women believed that they were not treated well because of their age and Aboriginal ancestry. In the following quote, one of the mothers stated that she noticed better care and kindness provided by Aboriginal nurses.

Like me, I’m half. You can’t tell because I look like my dad. My mom is Aboriginal and my dad’s not. I think that’s why I was treated nice. I really think so because my sisters, they have different dads, and their dads are Aboriginal so they’re full. And they’re always treated bad. It depends on who you get but you don’t see a lot of Aboriginal nurses working. Once in a while you will; they are actually the nicer once, always. They’re always nice.

Another woman described how she just wanted to go home because of how she was treated in the hospital, *“[The nurse] had like a bad attitude. She just seemed stuck up. She just seemed like she was better. I just felt like she was being racist. I just didn’t like it and I wanted to go home.”*

While some of the young mothers did not feel ageism at play, others shared how they felt the staff looked upon them differently because they were teenagers. To quote, *“I think they were like really judging because of my age because you are 16 and pregnant.”* One also shared her perception of how one nurse never came back to help her after finding out her age. In her words, *“There was one nurse who said, ‘Oh you’re 16.’ I told her I was 17. She looked and she just left. She didn’t come back. She didn’t check the monitors. She didn’t check me. She didn’t offer me anything. I never saw that nurse again.”*

Likewise, another young woman noted that she felt “a bit” of ageism. She also commented, “I just felt like they were mad because of how they were acting. They were grumpy and everything. I just wanted to get out of there. I just wanted to leave the hospital right away.”

Another participant spoke about her own internalized stigma on being a young mom in the hospital,

I felt like I was the only one there because I saw families, like wives and husbands and other children there and I don't know I kind of felt ashamed because of it. Because I was the only one I saw that was my age there. I was feeling bad about that. It was probably just more of my own guilt. I don't really remember too much.

The women also remembered how the nurses seemed like “know-it-alls” and this was reflected in how they treated them with their babies. Whether related to age or inexperience, or both, the women were critical of being thought of differently in regards to their mothering abilities.

The only nurses that I didn't like were the ones who think they know everything. Even if they have kids and this is what they do with their kids but you should be able to do what you want with your kids. That's your kid and that's your bond. That's what I think. There was this one lady that treated me bad because I was underage. I'm pretty sure because she was trying to tell me what to do all the time. Like she would go, 'Oh, you can't hold your baby like that...you can't do this, you gotta do this...' I was kind of explaining to her that I know how to hold the baby. She said to me at one point, 'You can't know, you're still young you haven't held a baby' or like she was saying 'You haven't dealt with babies before' and I was like 'You don't even know me, yeah I have, all my brothers have had kids.'

Another young mother said “They think they know everything. They think they know what you're feeling.”

On a different level, the women were critical when the nurses did not know enough or share enough information with them. To quote, “*Some of the nurses you can tell that they have no kids because they don't know what to do. They think they know everything with what to do*”

but they don't even know. They should make sure that they have nurses that have gone through labour so they'd know what we feel." Or as another noted, it is unfair that the young mothers should have the same knowledge as the nurses, *"I hate it when they expect you to know what they know because they had all this schooling. We didn't go to school to be a nurse and we're underage so how are we supposed to know this stuff."*

In a similar vein, while one woman recalled that, *"They weren't really explaining a lot to me"* another critically reflected, *"I hate it when they tell you to do things but they don't explain why. They say it's really important for you to do this, but why is it important?"* Or as another woman expressed, sometimes different nurses give different information and this creates confusion for a new mother. To quote, *"I hate it when one nurse told me one thing and then this one nurse told me not to [do that]. What am I supposed to do? The nurses told me different things."*

Some of the other women expressed how they did not know what was happening to them throughout their labour and felt that they could not ask the medical staff questions. One woman explained,

I knew they were checking the baby's heartbeat and they'd come in to check how dilated I was. They took blood from me and like I wasn't sure why they did that. I guess they tried to explain as best they could but I was also really young so I didn't really know too much.

While there were women who were confident in their ability to mother their newborn, others were less. As the following case shows, one of the women would have appreciated more help from the nurses with her baby.

I was scared at first when I had my baby. But no one really helped me, they just stood there. They just didn't help me really. I was just really scared because I didn't know how to wash the baby. They should watch the baby overnight, if you're sick, they should be there to help you.

Other women commented on how slow the nurses were to respond to their calls for help with their babies.

The nurses were nice and everything but when I needed something or if I have a question or something and I would press the button, she didn't even come for about an hour or two hours. She would just poke in and say, 'I'll be right there.' But they didn't show up for another hour or two. I didn't really like it in there because of how they were. They were nice and everything but they were slow. And I really didn't like it either because one of the nurses seemed like she racist because she wasn't even gentle, she was being rough and she only started becoming nice because it was coming to the end of her shift.

As noted in earlier sections of this report, the hospital staff rotated between shifts which created a break in the continuity of care, leaving some of the women feeling rushed and unable to bond with staff. One stated, “*People are just inconsiderate I guess. They try to rush things.*” Another said, “*I hate it when they just think about themselves and they just want their shifts to be over.*”

Another related how looking back on her labour, she was confused by the comings and goings of staff and how as a young mother, it was hard to ask them what was happening to her. She said,

Back then it was hard for me to be comfortable around people and like at first I obviously didn't really know what to say but there were also other nurses coming in. It was just really flustering to think about it. It was confusing, really confusing. They didn't really say much. They just came in the room and did their thing and then they left.

In retrospect, her labour would have been eased, “If I knew what they were doing ahead of time before I was in that situation. It probably would have helped.”

Finally, the young mothers took issue with their inability to communicate with all of the nurses, in large part due to language barriers. They expressed that this barrier resulted in confusion and frustration between them and their health care provider and their fear that they were missing out on important information for themselves and their babies.

I don't like it when nurses barely speak English.

Or if you are trying to ask a question and it might be important and they don't understand what you are saying. It's very frustrating.

There's this one nurse who couldn't understand what I'm saying and kept on saying "What?" She thought I was being rude. She got mad and just walked out.

I couldn't understand her and I said, "What?" I was trying to understand her but it was so hard. I didn't even know what she said. I didn't know if what she said is important or not. It probably had something to do with my baby but I couldn't understand her. I don't know if she was telling me to do something.

There was a nurse there and I really couldn't understand what she said and she talked really fast. I called her but she kept on walking out. I was sitting there by myself, everybody left me, my boyfriend wasn't back in and she just turned the lights off and my baby's sleeping oh I'm depressed.

Bonding with Baby

Overall, the young women demonstrated a strong emotional connection with their babies. This bonding began during the pre-natal phase of their pregnancy. Many of the mothers expressed their love for their babies and that their lives had improved as a result of becoming mothers. One of them aptly stated, *"When I had him, it made me cry. Once I had him, it made my life more better than before."* Another said, *"When they showed him to me, all bundled up, I was crying, bawling. It made me cry and I was crying all weird."*

Several of the women described how they grew up in troubled homes and were involved with gangs and violence before becoming pregnant. As a result of their pregnancies, many dropped out of high school. Yet the arrival of their babies and motherhood changed their

lives in a positive way. All of them for example were completing their high school credits and some spoke of pursuing post-secondary studies.

My baby barely knows his dad. He knows me, of course. He knows the family I have around. That's what pretty much makes my baby feel strong and feel loved. I just want his dad there. For me, when I was a baby, I barely had my mom much there. That's how I ended up in the wrong path, heading towards drugs and dropping out of school and everything like that, ditching school, yelling back at family, threatening them and everything. I used to hang out with a bunch of gangs before. I'm amazed that I dropped all that. I didn't need nothing like that no more. After I had my son I didn't want to be on the wrong path. I didn't want to drink or anything, didn't want to smoke or do drugs, didn't fight. I didn't want to argue. I dropped the fighting. I wanted to start fresh and do that for my son, someone who looks up to me. I don't want him to go down the path I did. I want to treat him better and with more respect. I could show him more, how to treat women with more respect than how his dad treated me.

And my mom has an open file with CFS because I was taken away because she used to have a drinking problem. She hasn't had a drink since before I got pregnant. I think my baby changed both our lives around. Everything is better now. I haven't took off anywhere. Even before I got pregnant, I was home for a year and didn't take off. Before I had my baby, I was like in and out of jail all the time, doing drugs and everything. When I got pregnant, I got locked up after I got pregnant, not because of anything I did but because I got warrants. So I turned myself in because that's when I decided 'I'm going to change my life around.' So I turned myself in. I went only for a couple of months. When I got out, I stayed out of trouble. I stayed out of trouble ever since. It's been a long time now and I finally finished my probation. But they are putting me on probation for something I did way before. I love being a mom. I can't really imagine myself being anything else.

In fact, one of the young mothers expressed her dislike of seeing her friends not treat their babies with the same love and respect that she did with hers. To quote:

A couple of friends had babies. They did get me mad. The fact that they would take their babies out pretty much right after they were born, I got pissed off about that especially in this weather. Stay home for a month. I did and it's not that hard. You can drop all your friends. You can look after son, you can do that, it's not hard. You pretty much have a son that'll look up to you and say 'Mom, I see better in you. I want you to do better. I want to see your accomplishments and everything.' And that is what pretty much my son will say to me.

Their bonding continued as their babies got older. One described how both her and her son experience separation anxiety, "I know to this day, my baby is 15 months old and I still don't like leaving him. Whenever I leave, he cries for me. He would cry and go like this 'Mommy, Mommy!' It makes me want to cry every time I leave in the morning."

Without a doubt, the young mothers who participated in this study were committed and nurturing mothers. When this observation was vocalized by the researcher to one of the young mothers, she said "Teenage girls usually are." She gave the following analysis of teen motherhood,

Well it depends [if] they have support like this, programs like this to go to, good parents, good foster homes, whatever they're in. Some girls, if they were raised badly maybe they're going to raise their kids badly or sometimes it is the other way around, like if they were raised badly, they will raise their kids good...I guess it just depends on their lifestyle and how they see it.

Cultural Teachings

Very few of the women indicated that cultural teachings were a part of their labour and birth experiences. Only one out of all of the women accessed cultural practices, such as sweet grass ceremonies, in a prenatal class. For her "*It was good. I really needed that.*" Of those who want to make connections to their Indigenous traditions and language, it is for their babies.

I wanted to learn my language too when I was pregnant but I didn't know where to. So I try to speak it to my baby, so me and him could talk. That's what I pretty much wanted I to do, learn my language and everything. But

there was never somewhere. I can never find it. I tried asking my social worker or my school worker if there were any courses but I couldn't find any. My baby already knows he's Native and everything and he's doing good. I can't wait until he learns his Native roots. I think I have [a Native name] but I don't know it. My mom forgot it. I had it when I was younger but I don't remember what I was called. I just want to get my baby's name. I really like this culture a lot. I don't want it to die in the future.

Community Resources, Services and Programs

At the end of the focus group and interviews, the women were asked to reflect upon what services and programs best met their needs in labour and birth. As explained in the participant profiles, all of the women were enrolled in one of two community-based programs designed to support teen mothers to graduate from high school. These programs were invaluable for them. Not only did they provide a friendly, peer-to-peer support network, they were also getting credits towards their secondary diplomas while learning life skills and receiving childcare subsidies or having access to on-site childcare. One of the women expressed the following about this type of teen mom program:

It helps me because it motivates me to do stuff. I go to school every day and it motivates me that I will get my credits. I want to go to university, so it's helping me to do that. When I had my baby, it felt like my life is over and I can't go to school. This program helps because it helps with child care, it helps pay for child care, it helps with diapers and milk.

While I was pregnant, I was actually [in this high school program] but then I dropped out of school. And here, I guess I saw that you could have your baby and bring your baby to school but then I dropped out of school and then I went back to school when my son was about 4 or 5 months and that program, it was a teenage parent's program and they were really, really nice. They taught me a lot. There were specific parenting classes. Every day you had to be there and they brought in social workers. They brought people in to talk to you about what you could do with your child. They taught us how to play with our children. Because of that school I completed two parenting courses and I was in that school until my son was two. With the community they gave me a

Family First Worker and she was with me again until my son was two years old.

Another commented on the honest and respectful bond that is forged between and amongst the other young moms in one of the programs offered to help them complete high school.

This school is better than other schools because I get distracted at other schools, that's why. Too much drama. Too many girls talking about you, too much guys there. That's why I got shy around them. But here, I can just come out. I came out here pure clean with everyone. I told them what I don't like about them, I told them what I like about them.

Not every young mom-to-be or those parenting has knowledge or access to the community services and programs available to them. When there are programs and services for this demographic, they may not be in each neighbourhood. So it made sense when one woman stated,

I pretty much wished there were more resources and stuff. I wanted to learn more about babies. I wanted to hear from others and stuff but we couldn't find any. There were only a couple in the neighborhood we live in. We didn't want to travel to the other side of the city or go to North End or West End or South End.

One of the women also put forth a suggestion that for those young mothers involved with CFS received targeted pre-natal programming through them. In this regard, preparing them for birth is more significant than following them and monitoring their behaviours as teen mothers. Of significance to her, was the opportunity for experiential learning as a pregnant teen.

I was so young, I had to be involved [with CFS]. They don't have a specific program that I know of for young mothers. They should have had a program with the young mothers telling them what to expect and now thinking about that touring thing [maternity ward] I think that probably would have been a good idea. Also to meet other young moms so they don't feel alone. Yeah, just getting the mothers ready, telling them how it's going to be. One of the fun things that I had was at the Convention Centre, it was just a bunch of mothers

of all ages and I went there and signed up for it and we had to dress baby dolls up and things to win prizes but even practicing like that sort of hit me into reality when I was younger and I thought of this little baby doll as my baby. And it was like “how will I do this?” and it was so tiny.

Section 3

Key Messages

The findings of this report indicate that Aboriginal teen moms in Winnipeg are having both positive and negative birthing experiences in hospital settings. Many of them are prepared for birthing but many are lacking the information needed to prepare themselves for an informed and positive experience. Even those who are prepared are often having negative experiences related to age and racial discrimination or a lack of respect for personal autonomy in the birthing process.

The following is a summary of key messages that capture the women's expression of personal labour and birthing experiences.

Sources of birthing information

Young Aboriginal women access information about labour and birth from a variety of sources including the internet, television, books, family and friends, community service organizations and public health services.

Personal readiness for birthing

A few of the young mothers expressed that they felt prepared for labour and birth, had taken a tour of the maternity ward and had developed birth plans. Others felt confident until they actually were in the birthing process and then found themselves unprepared. Many more spoke of not being ready for the onset of labour and birth.

Feelings of fear related to birthing

Fear related to labour and birth was based on not knowing what to expect or a lack of and/or incorrect information regarding delivery. Others feared the birthing process itself and harm to the baby or themselves. Some women were fearful of having to have a caesarean section. There was anxiety connected to becoming a mother and a provider. There were also structural issues at play related to child protection services and the fear of their babies being apprehended alongside negative stigma around being a teenaged mother.

Birthing experience

Aboriginal teen moms' birthing experiences are perceived as both positive and negative. Painful labour, birthing complications and lack of control over their own birthing experience contributed to negative birthing experiences. Positive factors included seeing their baby for the first time, a short and less painful labour, and family support.

Relationship with healthcare providers

While there were some positive experiences with some nurses and doctors, overall health professionals are not connecting effectively with young moms during labour and delivery. Interactions between health professionals and the mothers could be improved. Young Aboriginal mothers expressed feeling judged because of their age and experience racism and discrimination in hospital settings.

Provision of health information

Discussions with the young mothers point to the need for more sharing of health information by health professionals during labour and birth. Several young women perceived doctors as detached from personal engagement with them and were confused and frustrated by conflicting information they received from nurses.

Positive emotional bonding with their babies

Participants have strong emotional connections with their babies which began during the prenatal period. During labour and delivery, the women strived to do what they thought best for their baby. Many of the women voiced how their babies have had a positive effect on their lives.

Recommendations from Young Aboriginal Mothers

Because of their own experiences, with pregnancy, labour, birth and hospital staff, and because learning may happen best peer-to-peer, the young mothers also offered up advice to young mothers-to-be. Here is what they said:

Become acquainted with the maternity ward:

- Well if somebody had told me about how [the hospital] would be, like visiting the maternity ward, that probably would have helped because I didn't know where I was

going, I didn't know what to do when I got there and I didn't know how it was going to be like.

Talk to other young moms to know that you are not alone:

- To know that other young moms have gone through [labour and birth] too.

Write a birth plan:

- I'd tell her that [labour and birth] is going to be scary. She has to know what she wants when she gets there. She needs to have it written down.

Make use of the maternal health professionals:

- Have someone to talk to you about [labour, birth and parenting]. The nurse would come over when I don't have school and she would talk to me for at least 3 hours. She would show me how to take care of the baby.

Know that the hospital staff is there to help you and your baby:

- They're nice and they treat [you] with respect too. You have to tell them what you want and they can get it for you. Like if you need pads, they will give it to you, or if you need those stretchy underwear things, they'll give it to you. If you need a new gown, they'll give it to you. If you need a new mat, they'll give it to you. If you need rags to wipe the baby's bum, they'll give that to you too. They'll provide you with diapers, they provide you with baby clothes, they provide you with hats, they provide you with wipes too. They provide you with a lot of stuff.

Young women need support and compassion during labour:

- First of all, they have to ask how we're feeling. How the contractions are going and everything. Second of all, maybe like help them and all that stuff. If they are in labour, you should help them out, if they need to go to the washroom, you should

help them out. I almost fell in the toilet when I was in labour. Pretty much, some girls do need help in going into labour. They need a lot of support.

Conclusion

The goal of this project was to explore the important cultural, structural and social factors related to labour and delivery provision to young Aboriginal mothers. It also aimed to contribute new knowledge on the labour and birth experiences of young Aboriginal mothers.

The findings point to both positive and negative birthing experiences of young Aboriginal mothers. Many of them are prepared for birthing but many are lacking the information needed to prepare themselves for an informed and positive experience. Even those who are prepared are often having negative experiences related to age and racial discrimination or a lack of respect for personal autonomy in the birthing process.

However, as noted, there were limitations to this small sample size, which only reflects one segment of this population group. The young women in this study were all linked to at least one health or social service in their urban community of Winnipeg as part of their pre-natal and birthing experience. There are other groups of young women who we have not heard from and it would be expected that their stories would be very different. Who is supporting them if they are no longer connected to their families? How are they achieving healthy pre-natal care if they are fearful of their child being apprehended by authorities and therefore are avoiding 'the system'; or don't have the means to travel across town to access age – specific services? What are the stories of young mothers who are accessing midwifery care? What about the young women are disconnected from any support program?

Aboriginal teen moms aspire to prepare for birthing in a way that protects the well-being of their babies. It is evident that they have great potential to provide strong, nurturing and effective parenting to their children. However, they also have unique needs that are not all being met by those within both the healthcare and social service sectors.

It is hoped that health decision makers and program planners not only seek to further understand the birthing needs of young Aboriginal women but that they strive to meet them in a culturally safe way. Hopefully this approach will not only affect improved birthing outcomes for both teen moms and their babies but will also assist them in fulfilling the strong mothering potential that they aspire to.

APPENDIX A

Young And Aboriginal: Labour And Birth Experiences Of Teen Mothers In Winnipeg

Interview Guide

Demographic information:

1. How old are you?
2. What is your Aboriginal identity?
3. What is the highest grade you completed in school?
4. Are you currently working in a paid job? Doing what? Is that full- or part-time employment?
5. How much is your approximate monthly income?
6. Where does your monthly income come from?
7. How old were you when you became pregnant?
8. How old were you when you gave birth?
9. How many pregnancies/children have you had?

Labour:

1. What were some of the steps you took to prepare for labour and birth? (prompt: For example, did you discuss with anyone or decide to make any lifestyle changes? Did you take prenatal classes and/or receive pre-natal care?)
2. Where did you get your information on labour and birth? (e.g. family, friends, prenatal classes, internet, books etc.)
3. Do you believe you were adequately prepared for labour and birth? If so, what or who best prepared you for labour and birth (friends, family, healthcare provider, videos, internet etc.) Who or what was most helpful for you?

4. In the months leading up to labour, can you remember what you thought it would be like?
5. Was labour more difficult or less difficult than what you had imagined? How so?
6. Where did your labour start?
7. How did you know you were in labour?
8. Before going to the hospital, where did you labour?
9. How long did your labour last?
10. What kinds of things did you do to deal with your labour pain? (prompt: did you do anything to distract yourself during labour – walking, playing games, watching television, talking on the phone?)
11. Did you feel you needed pain medication during labour?
12. What pain medication did you use?
13. Who was with you throughout labour?
14. Did you feel supported during your labour? Did you feel that you were not alone during your labour?
15. Were there ways that you would have felt more supported?
16. Had you received any traditional teachings on labour and birth? (prompt: for example, did you talk to an Elder, your aunties, grandmothers, mother about cultural/traditional beliefs and practices around pregnancy, labour and birth?)

Experience with hospital labour and delivery:

1. At what point did you decide to go to the hospital? What were your reasons for choosing to go to the hospital when you did? (prompt: pain, fear, wanting to be near doctors etc.)
2. Had you visited the maternity ward during your pregnancy?
3. What did you think about the maternity ward? How would you describe it? Was it a friendly, welcoming place?
4. Did you have a relationship with a doctor/midwife/nurse during your pregnancy?
5. How would you describe this relationship?
6. Was that person/s present during your labour and delivery? Did you feel you could trust that person/s?
7. How were you greeted when you got to the hospital?
8. How did you feel about being at the hospital?
9. How would you describe the care you received from the hospital staff (doctors/nurses/midwife) treat you during your labour?
10. Did you know what was happening during your labour?
11. Did hospital staff explain what they were doing to you, and why, during your labour?
12. Were you given different choices for pain relief?
13. Did you feel that you could express your needs to hospital staff or the people who were taking care of you?

14. Do you believe hospital staff allowed you talk about what you needed to do for yourself during your labour? For example taking a shower/bath, use of non-use of medications, walking, being vocal, having family or friends with you etc.?
15. Do you have any thoughts on how your labour could have been a more positive experience for you? What about for other young Aboriginal women?
16. Did you incorporate any cultural practices or activities into your labour? If so, what do you think the hospital staff thought about this?

Birth Experiences:

1. What were your expectations of birth?
2. Did you have a birth plan?
3. Was your birth plan respected by those who were helping you? If so, how? If not, why?
4. Did your birth go as planned?
5. Did you have a vaginal delivery or were there interventions, such as a caesarian or forceps?
6. If there were interventions, were you prepared for these?
7. Were interventions adequately explained to you?
8. Who was with you when you gave birth? Was that person/s welcomed in the room by the staff?
9. Were you given your baby right away when he/she was born?

10. Overall can you tell me what you thought about how you were treated by hospital staff, what were the things that you liked and disliked about the staff?
11. How long did you stay in the hospital after you gave birth? What was that experience like?

Supports:

1. Did you know where you could go to get help while you were pregnant or in labour? What are they? Did you use them? Did you find them helpful?
2. What do you think we need to help young women in labour and birth?
3. How can hospitals help make labour and birth better for young women?

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Name: _____

Mailing Address: _____

Young And Aboriginal: Labour And Birth Experiences Of Teen Mothers In Winnipeg

Focus Group Guide

1. Can you tell me about how you prepared yourself for labour and birth? (prompt: For example, did you discuss with anyone or decide to make any lifestyle changes? Did you take prenatal classes and/or receive pre-natal care?)
2. Where did you get your information on labour and birth? (e.g. family, friends, prenatal classes, internet, books etc.)
3. Do you believe you were adequately prepared for labour and birth? If so, what or who best prepared you for labour and birth (friends, family, healthcare provider, videos, internet etc.) Who or what was most helpful for you?
4. What kinds of things did you do to deal with your labour pain? (prompt: did you do anything to distract yourself during labour – walking, playing games, watching television, talking on the phone?)
5. Who was with you to support you during your labour and birth? (prompt: family, friends, doula) Did these supports help you?
6. How would you describe the care you received from the hospital staff (doctors/nurses/midwife) treat you during your labour?
7. Do you believe hospital staff allowed you talk about what you needed to do for yourself during your labour? For example taking a shower/bath, use of non-use of medications, walking, being vocal, having family or friends with you etc.?
8. Do you have any thoughts on how your labour could have been a more positive experience for you? What about for other young Aboriginal women?
9. Did you know where you could go to get help while you were pregnant or in labour? What are they? Did you use them? Did you find them helpful?

10. What do you think we need to help young women in labour and birth?

11. How can hospitals help make labour and birth better for young women?

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