PRENATAL KNOWLEDGE XCHANGE

For Equity in Birthing Experiences and Outcomes

Executive Summary

Thunder Bay, April 2018

A project funded by Women's Xchange and carried out as a collaboration between Lakehead University and Thunder Bay District Health Unit with assistance of the Sioux Lookout Meno Ya Win Health Centre.

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Thunder Bay District Health Unit

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Please see the summary video: https://youtu.be/WT9_qqTEAFM

This report was prepared by Dr. Helle Møller, Dr. Manal Alzghoul, Dr. Pam Wakewich, and Dr. Pauline Sameshima

Background:

Across Canada, Indigenous women (1,2,3,4,5), immigrant and refugee women, (1,2,6,7,8,9,10) women who are younger, have less formal schooling, and women who live at or below the low-income cut-off, report poorer maternity experiences compared to other women (1,3,7), are more likely to report not having enough maternity related information (1,3,4,7) and, except for younger women, are less likely to access prenatal care and education (1,3,4,5,6,7,8,9).

Prenatal education programs aim to provide pregnant women and their supports with the information and skills they need to improve pregnancy and birth outcomes and prepare for early parenting (1). Yet, only 1 in 3 women in Canada, 1 in 4 in Ontario, and 1 in 5, or fewer, in Northwestern Ontario access prenatal programs (1).

Research Questions:

1. What preconception and pre-natal knowledge and information about pregnancy and birthing facilitate a positive pregnancy and birthing experience?
2. How do women prefer to learn about/obtain information about preconception and prenatal health, pregnancy, and birthing?
3. What facilitates or hinders women's access to the knowledge/information about pre-conception and prenatal health, pregnancy, and birthing they feel they need?
4. How do women who have participated in prenatal programs evaluate their pregnancy and birthing experience and outcome?
5. How do women who have not participated in prenatal programs evaluate their pregnancy and birthing experience and outcome?

The project was carried out as a collaboration between Lakehead University and Thunder Bay District Health Unit with the support of the Sioux Lookout Meno Ya Win Health Centre. The Lakehead Research Team consisted of: Dr. Helle Møller, Department of Health Sciences; Dr. Manal Alzhgoul, Department of Nursing; Dr. Pamela Wakewich, Departments of Sociology and Women's Studies; Dr. Pauline Sameshima, Department of Graduate Studies and Research in Education; Graduate students: Nancy Gupta, Department of Health Sciences; and Barbara Benwell and Mehdia Hassan, Social Justice Studies Graduate Program. Thunder Bay District Health Unit participating staff included: Miranda Stilta, Maggie Pudden, and Kristin Colosimo. At the Sioux Lookout Meno Ya Win Health Centre we were assisted by: Dr. Megan Bollinger, Renee Southwind, Andrew Ross, Laurence Hay, and Matthew Bradley. Special thanks to RN Sherry Pelletier, Beendigen; MPH Mackenzie Churchill; and Drs. Kristin Burnett, Department of Indigenous Learning, and Martha Dowsley, Department of Anthropology and Department of Geography, both Lakehead University.

Project Goal: To understand Northwestern Ontario Women's Prenatal Education Challenges, Experiences and Preferences

To better understand Northwestern Ontario women's prenatal education, challenges, experiences and preferences we conducted in-depth interviews with women who had given birth in the past two years. Forty women (18 Indigenous, 9 Immigrant and Refugee, and 13 Euro-Canadian) from Thunder Bay, Kenora, Sioux Lookout and surrounding areas participated. Participants were interviewed at locations of their preference and interviews were, with the women's permission, audio recorded. All audio-recordings were transcribed and sent back to participants for validation. Validated transcripts were analysed with NVIVO qualitative software to identity key themes and issues.

Findings:

1. Mothers viewed more prenatal knowledge and education as positive and empowering, but it was not easily available or accessible to all women

All participating women thought that having knowledge about pregnancy, birthing, and post-partum care was important. Having more knowledge was viewed as empowering, making women feel more in control of their pregnancy and birthing experience. Moreover, many mothers thought that in addition to co-ed prenatal education some sessions targeted specifically for dads and others specifically for moms would be beneficial; some mothers attended the prenatal sessions primarily for their partners to receive information.

However, prenatal knowledge and education were not available or easily accessible for many of the women who participated. Single mothers, younger and older mothers, and mothers living in difficult social circumstances expressed concerns about "not fitting in" or feeling stigmatized, which prevented them from accessing prenatal education programs, if they were available.

"Birthing classes – I didn't take any of those, because I was a single mom, and I was a teenager, and I felt there was nothing that pertained to me, and I felt really uncomfortable not having a partner."(I3IN)

For other mothers, the timing of available classes (late second or third trimester of pregnancy for some) meant they had to access needed information in other ways, with many mothers seeking information online, from books and from friends and family.

"Well, it [prenatal class] was offered . . . right towards the end of my pregnancy, I think it was in September? And I had my baby in November. So it was kind of towards the end, where there was a lot of information that would've been helpful in the beginning [of my pregnancy]." (I15EC)

"The next time I get pregnant . . . I would like my doctor or nurse to tell me all of the kind of programs that they have to offer . . . no one offered me anything like that." (I17IN)
"It's so hard to get to my appointments even. To think about coming for prenatal classes – I always had to find rides." (I26IN)

Several immigrant and refugee mothers said that they had not been informed about prenatal education programs by their primary care providers. For others, lack of programs available in their mother tongue limited participation.

For many Indigenous mothers, barriers to prenatal education and information included limited information about prenatal education options, a lack of programs available in rural/remote communities, and challenges with transportation and child care supports when trying to access prenatal education in larger centres at a distance from their home community.

"She didn't know from neither the Multicultural [Centre] or the hospital care provider about these sessions. So if they could, if they could let them know about these sessions [that] would be very helpful for them." (I40IR through translator)

2. Midwifery supported pregnancies and births contributes to mothers feeling well informed and cared for

Women who had midwifery supported births generally reported more satisfaction with the availability and comprehensiveness of the prenatal information they received. What mothers especially liked about midwifery care, were earlier contact between midwives and their clients, more frequent visits and longer time spent at each visit. The continuity of care and easy access to the midwives for questions and concerns through the pre-, peri-, and post-natal periods were also very appreciated particularly with many mothers who experienced challenges with breastfeeding and adjustment to early parenting.

3. Mothers want more information on pain management options, pregnancy and birthing complications, breastfeeding, and family adjustments/parenting

A significant proportion (76%) of Euro-Canadian mothers did access prenatal education for at least one of their pregnancies for some or all available classes and most benefited from the experience. About a third of Indigenous and a third of immigrant/refugee mothers also attended. However, mothers who participated in prenatal education identified significant gaps in information covered and some found information from different sources inconsistent. More information on pain management options during labour and delivery, pregnancy and birthing complications, recovery from caesarian sections, supports for breastfeeding, and preparation for family adjustments to early parenting are desired. In addition, some Indigenous mothers wanted more information about Indigenous traditional cultural practices in relation to pregnancy and birth.

"Learning more about the actual birthing, what to expect, what I needed to do after baby was born [would have been beneficial]. Even just – I guess just preparing for the birth . . . Information maybe about the pain, like what to expect . . . and that you bleed after – I tore. I had a third-degree tear with my first . . . And then having her lay under the light with the mask – that was traumatizing to a new mom and not like – they explained it to me at the time, but I would've maybe liked to have known about that beforehand that it would've been a possibility." (I1IN)

4. Mothers identified a strong need for more mental health information, supports and resources during pregnancy and postpartum, as well as strategies to manage existing conditions such as anxiety and depression.

Importantly, more than half of participating mothers identified a strong need for more information about mental health supports and resources. More information is desired on pregnancy and post-partum conditions, as well as the management of existing conditions such as depression and anxiety through the pre-, peri- and post-natal phases.

"I had postpartum depression and anxiety, and I'm still struggling with anxiety. . . . I don't think it was really discussed—what it would look like, how to spot it. Never mind the baby blues—which someone should've said, like, almost all women have it [laughs] and here is what it looks like . . . and what could help you get through it. . . . I think it also would have been helpful for someone to talk to me about, 'this is when baby blues turns into postpartum depression and these are some of the signs you need to look for. I was really angry and I've never been angry before and I had no idea that that was typical. So, you know, I was kind of floundering for months thinking 'what's going on with me?'" (I15EC)

"I would . . . [have] loved to learn about post-partum depression. . . . I was starting to realize that . . . I have no energy, I have no patience, I can't sleep at night. . . . I was unhappy and I felt like I wasn't really connecting with my son. . . . I always felt like a bad mom. I always felt guilty. . . . I finally went in to see my doctor. . . . She said – you've been struggling with postpartum depression for almost two years . . . She put me on medication and I'm going to see a counselor soon and I've been feeling a lot better." (I17IN)

Conclusion:

The desire for prenatal education and programming was strong among the three groups of women. For mothers to be able to optimize prenatal education and access, they needed resources and supports. It was suggested that targeted sessions to identify individual women's concerns, needs, and challenges, be held early in pregnancy. Additionally, increasing the focus on mental health resources and supports through the pre-, peri-, and post-natal periods, increasing prenatal education time in medical visits, and beginning prenatal education sessions at an earlier phase of pregnancy, would optimise the experience for many women.

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For more information or questions about the project or findings please contact:

Dr. Helle Møller,
Department of Health Sciences, Lakehead University,
955 Oliver Rd. Thunder Bay, ON, Canada, P7B 5E1
Telephone: (+1) (807) 343-8965
Email hmoeller@lakeheadu.ca