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Elizabeth M. Aparicio
University of Maryland

Svetlana Shpiegel
Montclair State University, shpiegels@mail.montclair.edu

Claudette Grinnell-Davis
University of Toronto

Bryn King
University of Toronto

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"My body is strong and amazing": Embodied experiences of pregnancy and birth among young women in foster care

Elizabeth M. Aparicio[a,*], Svetlana Shpiegel[b], Claudette Grinnell-Davis[c], Bryn King[d]

[a] University of Maryland, College Park, School of Public Health, Department of Behavioral and Community Health, 2300 Valley Dr., Suite 1234, College Park, MD 20742, United States
[b] Montclair State University, College of Humanities and Social Sciences, Department of Social Work and Child Advocacy, 1 Normal Ave., Dickson Hall, Room 370, Montclair, NJ 07043, United States
[c] University of Oklahoma, Anne and Henry Zarrow School of Social Work, 4502 E. 41st St., #2H19, Tulsa, OK 74135, United States
[d] University of Toronto, Factor-Inwentash School of Social Work, 246 Bloor Street W, Toronto M5S 1V4, Ontario, Canada

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ABSTRACT

Foster youth become pregnant at 2–3 times the rate of the general U.S. adolescent population. Yet, there is a dearth of literature exploring experiences of pregnancy and birth among such young women. This phenomenological study included 18 in-depth interviews with six mothers aged 19–22 years in or transitioning from foster care. Interpretative Phenomenological Analysis, the specific phenomenological method used in this study, proceeded through six steps: 1. reading and re-reading; 2. initial noting; 3. developing emergent themes; 4. developing superordinate themes; 5. repeating steps 1–4 for each case; and 6. developing a set of final themes. This process yielded three themes characterizing how young women in foster care experience the phenomenon of pregnancy and birth: 1) Personal Pain, Personal Renewal; 2) Unplanned Pregnancies, Intentional Births; and 3) Powerful Bodies, Powerful Families. Findings extend the existing literature on adolescent pregnancy and childbirth, particularly among foster youth; related implications are discussed.

1. Introduction

A growing body of literature exists on sexual health, teenage pregnancy, and teenage parenting among youth in foster care. However, little literature exists on the experience of pregnancy and birth per se among young women in care. A focus on this particular stage is important given the impact of the perinatal period on both maternal and infant health. The aim of the current phenomenological study is to explore the experience and meaning of pregnancy and birth among young women in foster care. Prior to turning to the study, it is important to examine the existing literature on teenage pregnancy and the experience of motherhood among young women in foster care.

2. Background

2.1. Teenage pregnancy among foster youth

Despite a continued effort to reduce teenage pregnancy rates in the United States, serious disparities exist in subgroups of adolescents. American youth in foster care experience pregnancy at two to three times the rate of the general population in various regions of the U.S. (Dworsky & Courtney, 2010; King, Putnam-Hornstein, Cederbaum, & Needell, 2014; Shaw, Barth, Svoboda, & Shaikh, 2010). Approximately half of youth in foster care will become pregnant by age 19 (Dworsky & Courtney, 2010). According to analysis of data in the National Youth in Transition Database, 10% of female foster youth at age 17 report having experienced childbirth (Shpiegel & Cascardi, 2015).

High teen pregnancy rates among foster youth can be partially explained by child abuse and neglect. Children who are abused or neglected are twice as likely to give birth as a teen, even after controlling for demographic risks (Noll & Shenk, 2013). This increased risk can be understood through engagement in a myriad of mediating sexual risk behaviors, including early age of sexual initiation and increased number of sexual partners (Carpenter, Clyman, Davidson, & Steiner, 2001). Over four in 10 child welfare—involved youth are younger than 13 at their first experience of consensual sex (James, Montgomery, Leslie, & Zhang, 2009). Importantly, high rates of pregnancy intention are reported by foster youth: 22% of women who became pregnant by age 17 or 18 "definitely" or "probably" wanted to become pregnant (Dworsky & Courtney, 2010). Given the lack of comprehensive sexual

* Corresponding author.
E-mail address: aparicio@umd.edu (E.M. Aparicio).

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health education and sexual health services for youth in foster care, the impact of trauma on decision-making, and typical adolescent development, foster youth may not have all of the information and tools they need to develop well-informed pregnancy intentions. As such, the disparity in pregnancy rates between foster and general population youth appears to be driven by sexual and reproductive health sequelae associated with child maltreatment itself rather than foster care or other child welfare services involvement per se, which may actually reduce risk of pregnancy during the time youth and their families are receiving these services (Font, Cancian, & Berger, 2018).

Teenage pregnancy creates or exacerbates a host of risks for both parent (especially mother), such as lower likelihood of finishing high school and poor earnings as an adult (Hoffman, 2008), and child, such as low birthweight, infant death, behavior problems as children, and overrepresentation in the child welfare system (Chen et al., 2007). In one sample in Illinois, a state in the midwest United States, 39% of children of foster youth were investigated by child protective services and 11% had been placed in out of home care by the time they were five years old (Dworsky, 2015). These risks pose serious economic, societal, and personal costs. Yet, despite the risks, teen mothers in foster care express a much more nuanced experience of motherhood that identifies hope and opportunity alongside risks involved with early childbirth.

2.2. Experience of motherhood among teenage mothers in foster care

Although the literature is heavily dominated by discussions of risk of teenage pregnancy broadly and for child welfare-involved youth in particular, previous research on young mothers describes motherhood as both risk and opportunity. Teen mothers in foster care report finding purpose in motherhood, but that it simultaneously brings up unresolved memories of their own parent-child relationship (Pryce & Samuels, 2010). Similarly, in a U.K. study, mothers in foster care described the meaning of motherhood as growing up and being responsible and as both hardship and reward, expressing a desire to do things differently with their own children as had happened in their family (Rolfe, 2008). Fear of their own children entering foster care is a powerful motivator for parenting youth aging out of foster care (Schelbe & Geiger, 2017). Young mothers have shared numerous potential strategies for successful experiences of teenage motherhood. For example, Haight, Finet, Bamba, and Helton (2009) found a network of support to be critical to young mothers' success, including “othermothers” – women able to serve as mothering, supportive figures – for the teen herself. Indeed, material, social, and emotional supports appear to buffer challenges experienced by pregnant adolescents more generally (i.e., beyond foster care), who report that pregnancy marks a stark and significant transition into adulthood (Spear & Lock, 2003). Adolescents both in care (Barn & Mantovani, 2007) and in the general population (Spear & Lock) also describe the stabilizing influence of being pregnant and becoming a parent, which has resulted in shifting high-risk and/or self-destructive behavior.

2.3. Current study

Although the literature has reported on sexual risk factors and on experiences of motherhood, there is a dearth of studies focused specifically on pregnancy and birth itself among foster youth. Exploring mothers' lived experiences of pregnancy and birth is important to illuminating ways to support young mothers during the prenatal and postpartum periods, during which time they are at heightened risk of stress, depression, and anxiety (Clare & Yeh, 2012; Logsdon, Birkimer, Simpson, & Looney, 2005; Wisner et al., 2013), particularly considering that they are in foster care. To fill this gap in the literature, the current phenomenological study was guided by the following research question: How do teenage mothers in foster care experience pregnancy and birth?

3. Method

3.1. Sample

Six young women who were currently in or transitioning from foster care were recruited through a community-based agency in the mid-Atlantic region of the United States serving transitioning and former foster youth. Inclusion in the study required that the young women had given birth at least once while in foster care, had lived in foster care for at least six months following the birth, were aged between 18 and 25 years, and were within ten years of their child's birth while in foster care.

The women were aged 19–22 (M = 21) years, were between three and 18 years old (M = 10.6) at the point of their first foster care placement, and had experienced 2–17 foster care placements (M = 6.8) while in care. The majority of participants (5 of 6) were African American; one was Latina. All but one of the participants were homeless (but sheltered temporarily with friends or family) at the time of the study. Although specific types of child maltreatment experience were not explicitly elicited, based upon experiences shared with the interviewer, all participants had experienced multiple types of child maltreatment: all six were neglected, at least four were physically abused, at least two were sexually abused, and at least four were witness to intimate partner violence. Participants were between 14 and 17 (M = 15.5) years at first pregnancy and had 1–3 children at the time of the study. Half of participants had experienced an abortion and one participant had experienced a miscarriage. See Table 1 for detailed information about each participant.

3.2. Interpretative phenomenological analysis

This study employs Interpretative Phenomenological Analysis, underpinned by the theoretical framework of phenomenology and hermeneutics, a brief overview of which is presented below (Smith, Flowers, & Larkin, 2009). Phenomenology is the study of a particular phenomenon of interest (in this case, pregnancy and birth), and is subdivided into Heideggerian (interpretive/hermeneutic) and Husserlian phenomenology. Phenomenology is concerned not with objective measurement, but with participants' lived experience of the phenomenon under study. Lived experience is the way in which a person, herself, experiences the phenomenon. Knowing how pregnancy and birth are experienced not as objectively measured but in terms of lived experience lends a different, richer perspective.

Hermeneutics is the study of interpretation (see Smith et al., 2009). Hermeneutic studies value the interpretation of participants' words and worlds, and formally recognize the data collector and the data analyst as interpreters, as well. This double layer of interpretation is termed a double hermeneutic: the researcher is interpreting the original interpretation of the participant. When coupled with phenomenology, interpretive phenomenological studies are concerned with a particular person and/or group's interpretation of a particular phenomenon. In this case, the study is examining how “teenage mothers in foster care” (the particular group) experience “pregnancy and birth” (the particular phenomenon).

This study employs a particularly well-codified version of interpretive phenomenology called Interpretative Phenomenological Analysis (IPA). Smith et al. (2009) developed a general set of guidelines for conducting IPA, which proceeds through six major steps that are flexible in response to what is needed in any given study to fully explore participants' interpretation and experience of a particular phenomenon of interest. Further detail on traditions in phenomenology and how IPA is situated can be found in Smith and colleagues' text. The six analytic steps are described in detail below.

Table 1
Sample description.

Pseudonym	Age	Race	Age at First Pregnancy	Age at First Live Birth	Miscarriage or Abortion	Maltreatment Types	Age at Foster Care System Entry	Number of Placements	Types of Placement
Brittney	22	African-American	15	15	None	Physical Abuse, Neglect	3	7	Foster home, group home
Chloe	22	African-American	16	20	A (1) M (1)	Physical Abuse, Neglect, & IPV exposure	18	2	Foster home
Erica	19	African-American	17	17	None	Neglect & IPV exposure	8	6	Kinship care, foster home
Ja'nae	22	African-American	15	15	A (1)	Sexual Abuse, Neglect, & IPV exposure	15	3	Kinship care, foster home, group home
Melanie	21	Latina	16	19	A (2) M (1)	Physical Abuse & Neglect	12	17	Foster home, group home
Quintavia	20	African-American	13	14	None	Physical & Sexual Abuse, Neglect, IPV exposure	8	6	Kinship care, foster home, group home

3.3. Data collection and analysis

This study is part of a larger phenomenological study of the experience of motherhood among teen mothers in foster care, experiences of various formal systems, and experiences of child maltreatment prevention (Aparicio, Pecukonis, & O'Neale, 2015; Aparicio, 2017; Stephens & Aparicio, 2017; Aparicio, Gioia, & Pecukonis, 2018). Participants were recruited through a community-based partner agency serving transition-age current and former foster youth. Participants provided their written informed consent prior to participation and were provided a total of $150 in compensation (accounting for time spent at the interview, travel, and childcare costs). Each participant selected her own pseudonym to maintain protection of her identity; as such, the names reported in this article are fictitious. Data were collected by the first author in the community at a private location selected by the participant (e.g., their home, community partner office) over three individual interviews per participant spaced approximately one week apart. As such, a total of 18 in-depth interviews were conducted, lasting one to three hours each. The interviews extensively explored young women's experiences in their families and communities of origin, in foster care, of prior pregnancies, and of pregnancy outcomes (abortion, miscarriage, and birth), as well as young mothers' recommendations for improved services for youth in care. Examples of questions include, Please tell me a bit about your pregnancy. [Probes: How did you become pregnant? What were the reactions of people in your life when you became pregnant?]; Was this your first pregnancy? If not, please tell me a bit about your other pregnancies; What did it mean for you to be in foster care when you had a baby? Three interviews were required to build rapport and fully explore the complex life histories of the young women participants, including extensive trauma and its impact on their lives as young women and as mothers (see also Aparicio et al., 2015; Aparicio, 2017; Stephens & Aparicio, 2017; Aparicio et al., 2018). Data were then naturalistically transcribed (including all utterances, pauses, and participant-specific language without any editing) by trained transcriptionists and thoroughly checked for accuracy by both the transcriptionist and data analyst (who is the first author of this manuscript) prior to beginning data analysis. Data were analyzed using NVivo, where the research journal with both memos and reflexive journal entries were also stored. Research memos included detailed accounts of interviews conducted, observations during data collection, analytic steps, and analytic decisions made. Reflexive journal entries (completed each time a research memo was written) included the analysts' reflections on how her personal and professional experience was interacting with the study. As such, the research journal was a tool for both collection and processing of information pertinent to the analytic process. These entries were discussed with the research team, some of whom are co-authors of this manuscript, during peer debriefing and dissemination planning meetings.

Interpretative Phenomenological Analysis (IPA) was used to analyze the data, proceeding through six steps (Smith et al., 2009). First, taking the full set of three transcripts from one participant, the transcripts were read while listening to the audio to become immersed in that particular participant's case and story. Second, during initial noting, three types of notes were made: descriptive, linguistic, and conceptual. Descriptive notes are used to code any section of text wherein the participant describes experience or meaning of the phenomenon of interest (in this case, pregnancy and birth). Linguistic notes are used to note particular ways in which participants describe their experience of the phenomenon, attending to the words used and the meaning constructed and conveyed through language related to the phenomenon. Conceptual notes are essentially “notes to self” for the researcher about potential links across notes that may be useful in later stages of analysis. Third, these initial notes were organized into emergent themes. Fourth, emergent themes were organized into broader superordinate themes characterizing the participant's experience of pregnancy and birth. In the fifth step, this process was repeated for the remaining five

participants such that a structure for understanding each participant's experience of pregnancy and birth was developed. Finally, in the sixth step, these case-level data were compared to one another for patterns of convergence and divergence to form the final set of themes presented here.

3.4. Reflexive statement

In any research study regardless of methodology, considering the researchers' relationship to the study population and phenomenon of interest is important for transparency in the analytic process and to avoid undue bias. In interpretive phenomenology, the researchers actively consider, reflect upon, and purposefully employ their related professional and personal experiences, particularly prior to, during, and following analysis, as these experiences are considered as "always already" informing how they view the world and the study at hand. The four authors of this study are all female tenure track or tenured faculty at U.S. or Canadian universities with several decades of collective experience working with parenting foster youth and conducting research with this population. We are part of a national research group focused on uplifting the voices of youth in foster care to inform and test approaches that support their sexual health and well-being. We identify as white and Native American and have diverse sexual orientations. Some of us have direct exposure to trauma, including abuse and neglect. Some of us have given birth ourselves and all of us are mothers or "othermothers" to the children in our lives and communities. We maintain a strong commitment to serving as a conduit for community voice in research. Whereas one of us (the first author) was the primary data collector and analyst, we all contributed to the interpretation and contextualization of study findings through ongoing meetings and consultation.

3.5. Rigor

This study included a number of strategies to enhance rigor (Smith et al., 2009; Padgett, 2016). First, the study involved prolonged engagement with participants, allowing them time within and between interviews to fully reflect upon and explore experiences of pregnancy and birth. Data analysis was also prolonged, devoting one to two full weeks to analyzing each participant's experience. Second, although the first author was the primary data analyst, analysis included peer debriefing where authors discussed emerging themes and possible interpretations of findings. This helps to avoid a single interpreter determining findings in isolation and, perhaps, missing key information during any stage of analysis that could unduly bias study findings.

4. Results

Interpretative Phenomenological Analysis of the experience of pregnancy and birth among youth in and transitioning from foster care resulted in three main themes that represent facets of how they experience the phenomenon of "pregnancy and birth": 1) Personal Pain, Personal Renewal; 2) Unplanned Pregnancies, Intentional Births; 3) Powerful Bodies, Powerful Families.

4.1. Theme one: personal pain, personal renewal

Teenage pregnancy and birth were continually characterized as a dual experience involving both immense personal pain and personal renewal, including both absence and opportunity. It was not possible to experience just one of these during any of the pregnancies, some of which resulted in birth and some of which ended in miscarriage or abortion. The young women's meaning-making process was facilitated through personal reflection on their embodied experiences of pregnancy and birth. The young mothers directly noted how meaningful it was to be directly asked about their experiences of pregnancy and birth. As Brittney shared, "no one asks us about these things. I don't think they really want to know." The young mothers in this study experienced pregnancy as an event in their lives that both made them highly noticeable and under scrutiny, as well as effectively invisible as the focus shifted from the adolescents to their pregnancy per se and, later, to their infants once born if the pregnancy continued. This was a jarring experience for the young women, who were just 13 to 17 years old at the time of their first pregnancy, firmly within the transition from childhood to adolescence themselves.

Throughout the interviews, the young mothers described an intense felt absence of missing people in their lives and missing parts of their own childhoods and adolescence as coming into harsh focus in the light of a pregnancy. For some young mothers, this profound sense of absence was already present before becoming pregnant, whereas for others, the pregnancy itself lead to isolation and absence of people and experiences. For example, Chloe shared of her first pregnancy and abortion experience, which occurred before she was forced to leave her mother's home and subsequently entered foster care:

> I was in 11th grade and I got pregnant, and I think I was 16, I was 16 because I got the abortion a couple weeks before my junior prom. … My mom told me, basically, she knew I was pregnant but she wasn't going to say nothing until I said something…but [my mom finally said] "either you are going to get an abortion or you are going to keep the baby and you can no longer stay here." …
> I went to try, I went to try to get the abortion, but they said I was too far along so they gave me other places and said that I might have to go out of state because I was so far [along]. … At 16, I was working but I didn't think I could go to [my aunt for help]. I didn't think that there were other people to help me [if I continued the pregnancy] so we went and got it done. And I got put out two weeks later because we [my mom and I] had an argument and that all came up so that was it.
>
> Chloe.

Intergenerational patterns of early motherhood among maltreated young women are well-documented (Font et al., 2018). Participants shared stories of their mothers', aunts', cousins', and friends' pregnancies as adolescents, which informed the lens through which they reflected on and interpreted their own pregnancies as both personal pain and personal renewal. For example, Chloe spoke of this related to her mother sharing having considered an abortion before deciding to continue her pregnancy and giving birth to Chloe:

> [My mom] was talking about getting an abortion [when she was pregnant with me]. To think that I almost couldn't have been here and you know it's…things happen for a reason.
>
> Chloe.

This conversation was particularly meaningful for Chloe considering her mother essentially forced her hand to abort her first pregnancy and Chloe's decision to continue her second pregnancy, described further below.

In the end, as painful as pregnancy could be in terms of recalling missing pieces from their lives or leading to educational challenges, participants consistently spoke of a greater meaning behind becoming pregnant and giving birth. There was a sense of a larger plan, of a reason behind their experiences. Pregnancy and birth thus became a source of opportunity in a unique way. Quintavia explained of her children:

> They my biggest blessings. No types of regrets at all. And they the ones that keep me strong because if it weren't for them, I probably won't even be here. Like, people say that but I honestly mean it.
>
> Quintavia.

4.2. Theme two: unplanned pregnancies, intentional births

All of the pregnancies experienced by the young mothers in this study were unplanned, and most were recognized several months into the pregnancy. This meant that the adolescents were not receiving prenatal care and had limited time to decide whether or not to continue their pregnancies; making this decision, particularly under such circumstances, was described as intensely stressful. Especially at their first pregnancy, the women described being "shocked" and "in complete disbelief" that they were pregnant, having effectively tuned out the early symptoms of pregnancy in their bodies. Half of the young women in this study had experienced miscarriage and/or abortion before or after intentionally carrying a pregnancy to term.

The young mothers described a range of reactions by others to their unplanned pregnancies, all of which were inherently meaningful to them whether or not they were able to continue the pregnancy. The women, then young adolescents, felt harshly judged by those around them for becoming pregnant. Although there were some minimal celebrations and congratulatory words, the teens experienced little of the typical things that happen when women share news of their pregnancy with others. Many of the young women described never being thrown a baby shower. Few had help thinking through their plans for breastfeeding or bottle feeding while pregnant as young mothers' own caregivers seemed unsure of whether to offer support and, if they did, how much or what types of support to offer. Indeed, in the early days following birth, foster parents were described as either completely "taking over" or having the attitude of "you did this, now you have to take care of it." These challenging interactions extended to others in their families and communities, as well. For example, Erica described how her pregnancy further strained her already "rocky" relationship with her father, which was difficult to recover from after the baby was born:

> [My dad] wasn't…he wasn't approv[ing] of it - he didn't like the fact that I was pregnant young and stuff. So he was kind of being unsupportive and as soon as my son came he wanted to be supportive, and I still was holding a grudge cause he kept calling me every day and I was like, hold up, sorry, you was just not supportive and now you are supportive and pressing up on me, and I needed like some space.
>
> Erica.

The young women described their own reactions to learning of the pregnancy as "shock" and "surprise" as they were initially dismayed at this event that that would fundamentally shift the way they lived their lives. Brittney shared of her experience when she learned of her first pregnancy at 15:

> When I found out I was pregnant with her, I was kinda like upset because I was still in school. That's what kinda messed me up with school…I just stopped, honestly, I just stopped going to school.
>
> Brittney.

Brittney went on to struggle immensely in school, never completing high school or her GED program. She gave birth to three children over the next seven years. Brittney described each birth, each child, as "a blessing," despite the difficulties that came during and after. For Brittney, pregnancy was both meaningful and provided a new purpose to her life, yet completely disrupted her ability to complete high school and continue on to higher education, as had been her goal previously.

Upon finding themselves unexpectedly pregnant, the young women needed to make a decision regarding whether or not to continue the pregnancy and, if they chose to continue it, whether or not they would continue to parent their infant after birth. Adoption was universally rejected as an option, connected to a larger, intense fear of their children being "taken" by the child welfare system and given to an unknown caregiver. However, some young mothers (such as Brittney) elected to allow family members to care for their children after leaving foster care rather than have them on the streets.

All of the women in this study intentionally continued at least one pregnancy, which was especially meaningful as a choice given that half of the women had at least one prior miscarriage or abortion. Those pregnancies that were unplanned, but intentionally continued, were held almost sacred by the young women, whose decisions meant their lives would fundamentally change. The women gave different reasons for why these particular pregnancies were continued, including not believing in abortion (Quintavia, Erica, and Brittney), having already had an abortion and vowing never to abort a pregnancy again (Chloe), and wanting to have a baby at that time (Ja'nae and Melanie). Melanie further described her decision to continue the pregnancy as relative to being older than at her earlier pregnancies, and it seeming like "the right thing to do" at that point in her life:

> [My friends] couldn't believe it because I was…a party girl. And they were like, what? Like, you don't look like you want to be a mom. I was like, I don't want to be a mom. But the thing is, I got pregnant by him before and I got abortions by him because I wasn't ready. And I guess it made it easier for me to make a decision because I was 18 and, um, it wasn't as bad as being underage and pregnant, you know? …I thought I was "in love" with her father. … It felt like the right thing to do. I wanted to do the right thing.
>
> Melanie.

4.3. Theme three: powerful bodies, powerful families

The young women truly came into an embodied understanding of the power of their decisions, bodies, and families (both given and chosen) when they experienced pregnancy and gave birth. This was a time of immense pride in their physical and emotional strength that held particular meaning given how disempowered the women felt after being previously mistreated by their caregivers. Participants spoke of their pregnancies in a variety of ways; some described "all of them, easy" pregnancies whereas other women were "sick for months." While telling their birth stories, the young women became increasingly animated and expressed great passion about their experiences of becoming mothers. They truly understood, as Ja'nae shared, that their bodies were "strong and amazing" in this new role.

Each woman shared her own version of how she proved to be "strong and amazing." Erica shared how she wanted her baby to come "a little early" so kept walking up and down the stairs of her foster home in effort to speed things up and manage her contractions. However, when the time came for Erica's baby to came, she couldn't quite believe it. Erica reflected on this time with a warm, glowing smile:

> I kept walking up and down the steps, all 'round the house. 'Cause they told me like the more I walk - and it felt better, my contractions was, it ain't hurt as much as I was if I was sittin' in one place. So I was just walking around. How about when I get to the hospital I was four centimeters! … He [my baby] was ready. I said, "oh no, he not ready to come out yet." The doctor started laughing. I said, "he not ready to come out yet, my due date is not today." [laughing] He [the doctor] was like "he is ready today, he is ready. You are four centimeters, he has to come out." He wanted to come out.
>
> Erica.

Although each story was different and some involved complications, the outcome was the same: a newborn child and a proud, accomplished, and amazed mother who understood the power of body and her effect on the world in a whole new way. As Chloe described:

> When I was pregnant, my water broke and I didn't know. I was expecting to have this big gush and I didn't. … So I went to the doctor's, they said your water didn't break because…they said it was something else. So, we are riding to lunch, going to get a car seat. Had a doctor's appointment at 3 o'clock and my doctor was like, "you are in labor, you are in active labor." He was like Chloe, you

know, I mean Chloe, you cannot – because I had tested for group beta strep. So when you go into labor, active labor, you're supposed to get antibiotics right away and so I went so long without getting antibiotics the infection got into my womb. And he was like "Chloe, I know you want to have him natural, but"… I know I wanted to have more kids and you can't have really but too many C-sections. But there is so much new technology going around, it is possible. … So we went and had a C-section and they brought him up. He had this odor to him. And like the infection got to him, so he had to stay in the hospital, he had to stay in the NICU for ten days because of the antibiotics, but other than that he was fine. It was so surreal to me, like I couldn't believe it, I have my baby boy.

Chloe.

After giving birth, the young women spoke of realizing the greater impact of their decisions and re-committing themselves to crafting a safe and happy life for their children. Although still adolescents themselves, the young women's focus became their new family unit. In hindsight, the young women marveled at what they were able to do. Looking back on this early time of pregnancy and birth, Quintavia shared:

It was stressful, but I did it, and I give myself a round of applause… I'm just happy I know the stuff I know now, but it was difficult because I was only thirteen [while pregnant], fourteen [at my child's birth]. A little girl myself.

Quintavia.

All of the young women brought their babies home to a foster care placement, some in foster homes and others in group homes. This was another opportunity to make meaning of their experience, of what a "powerful family" they and their newborn could become within the larger context of their foster or group home. This arrangement was not their ideal choice, and the women spoke of feeling torn at times between wanting to make sure they had all of their child's physical needs met (which was generally guaranteed in a foster home) with the desire to create their own home. The young women did whatever they could to create a comfortable and personalized space to return to after birth while conceding that it never truly felt like home, especially due to all of the various institutional restrictions in place for health and liability reasons. For example, Quintavia described "getting in trouble all the time for sleeping with my baby." Quintavia felt stuck in terms of wanting to care for her newly born child in a particular way that was patently against the rules. As she shared, "In a group home, it feels like you're in jail or something with your child." The event of bringing baby home was experienced in counterpoint to the intense amazement of giving birth.

Yet, despite the limitations of making a home for themselves and their child in less than ideal circumstances, the young women in this study found a way to move forward. Their foster home and group home placements took on new meaning as a safe place for their powerful young families to develop and grow. Although there were difficult early days with their caregivers as the entire household figured out a new way to "be" with one another, the young mothers in this study described relationships with their own caregivers quite fondly. For example, Brittney shared of her foster parent at the time she gave birth: "she is [my] support, she's my backbone [laughter]. Basically, she the one that [kept] me up, [kept] me high, [kept] me and my hopes high, like, 'yeah…I can do this.'"

5. Discussion

Interpretative Phenomenological Analysis of the experience of pregnancy and birth among youth in and transitioning from foster care resulted in three main themes: 1) Personal Pain, Personal Renewal; 2) Unplanned Pregnancies, Intentional Births; and 3) Powerful Bodies, Powerful Families. These findings complement the existing literature in important ways and have implications for practice, policy, and research.

The young mothers in this study had multiple unintended pregnancies, some of which they intentionally continued in order to bring their pregnancies to term. An estimated 78% of pregnancies among foster youth are unintended (i.e., pregnancies that were not "probably" or "definitely" wanted) (Dworsky & Courtney, 2010), yet this study reveals important information on the experience of pregnancy continuation. Our findings suggest that foster youth are carefully considering their options when pregnant, which they appear to dichotomize as either giving birth and parenting the child or having an abortion. Formal adoption was not considered an option among this sample of young women, although they were willing to have "other-mothers" informally care for their children. These caregiving decisions make sense in the context of our "systems of care" that more often remove from their parents' care children of color than white children (Child Welfare Information Gateway, 2016). For example, African American children are removed and placed in foster care at twice their population rate (Gateway, 2016). Brubaker and Wright (2006) discuss the development of informal caregiving in the African-American community as a response to racism. Such networks of support may, in fact, be critical not only to working to keep children out of the foster care system but to young mothers' success, per Haight et al. (2009) study with parenting foster youth.

The process of preparing for birth as described by the mothers in this study had many facets, including making decisions, physically experiencing pregnancy and birth, and getting ready emotionally and physically. All of these were part of making a home – a meaningful experience in particular for foster youth who were disconnected from their own homes and communities of origin. One restriction on readying their home was the ability to prepare their physical living space. Helping parenting foster youth and former foster youth establish a home where basic needs are met and safety is established is important, particularly when the mother has a complex maternal maltreatment history: children are 300 times as likely to be multiply maltreated when their mothers have been multiply maltreated themselves (Bartlett, Kotake, Fauth, & Easterbrooks, 2017).

5.1. Strengths and limitations

This is the only known study focused on an in-depth, detailed exploration of the phenomenology of pregnancy and birth among young mothers in foster care. The study was conducted in an urban context in the mid-Atlantic region of the United States with majority African American mothers; youth with other racial and cultural backgrounds and in other areas of the nation and world may have markedly different experiences. As such, care should be taken when directly applying findings to other young mothers in foster care, and findings should be used as a starting point for further study on pregnancy and birth in this population. Despite these limitations, the current study provides a beginning view into the experience of pregnancy and birth itself for foster youth.

5.2. Implications

The current study has several direct practice, policy, and future research implications. In terms of direct practice, youth in foster care need specialized sexual health education that incorporates a trauma-informed lens and addresses issues of intentionality at various points, including pre-pregnancy and during pregnancy, thereby reducing unintended pregnancy and expanding an understanding of options once pregnant. Young women in foster care often experience rejection and abandonment due to histories of trauma and instability, thus, early parenthood may be perceived as an avenue for creating their own family (Chase, Maxwell, Knight, & Aggleton, 2006; Shpiegel & Cascardi, 2015). Comprehensive pregnancy prevention programs that address

prior experiences of maltreatment, as well as youths` perceptions about pregnancy, may be especially beneficial for this population. Moreover, foster parents, caseworkers and other supportive adults should be encouraged to engage young people in conversations about sexual relationships and pregnancy, beginning in early adolescence. Specialized trainings on this topic may be necessary, as research points to limited resources in this regard (Gotbaum, Sheppard, Woltman, & Hitt, 2005). Post-pregnancy discussions should carefully and sensitively include adoption as a possible option, with specific attention paid to how youth in care might feel about the prospect of adoption. Additionally, foster youth need opportunities to experience their bodies as "strong and amazing" before and outside of birth. Holistic youth development programs that include physical fitness, dance, yoga, or other embodied, strengthening components could be helpful in this regard and should be made available to youth in care. A final practice implication is the need to allow expectant parents the opportunity to prepare in every realm for their incoming infant, including a chance to receive supportive parenting coaching and to make decisions about their living space.

Policy implications that can be drawn from this study include the need to institute comprehensive sexual health services that encompasses the myriad needs of youth in foster care, including a sensitivity to trauma and addressing intentionality. Sexual health, mental health, and physical health needs should be conceptualized as the related areas that they are, particularly for this population. Importantly, options for engaging in youth development and prevention programs, as well as more supportive living arrangements for young parents in care may be to be considered and integrated. Rigorous evaluation of such integrated approaches that address the whole developing youth is indicated.

This phenomenological study has a number of future research implications. Large scale quantitative studies and mixed-method studies of pregnancy and birth are needed to consider broader questions of pregnancy and birth intentionality, antenatal service delivery, and birth outcomes. Holistic teen-tot health programs such as the Healthy Generations Program (Lewin, Mitchell, Beers, Schmitz, & Boudreaux, 2016) have demonstrated ability to improve health and social outcomes for both mother and child, and could be a promising approach to test with parenting foster and transition-aged youth.

5.3. Conclusion

Pregnancy and birth offer an opportunity for youth to experience themselves as "strong and amazing" in a truly embodied way. This study offers important extensions to the literature in understanding the sexual health needs of foster youth prior to and during pregnancy.

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Conflicts of interest

The authors have no conflicts of interest to report.

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