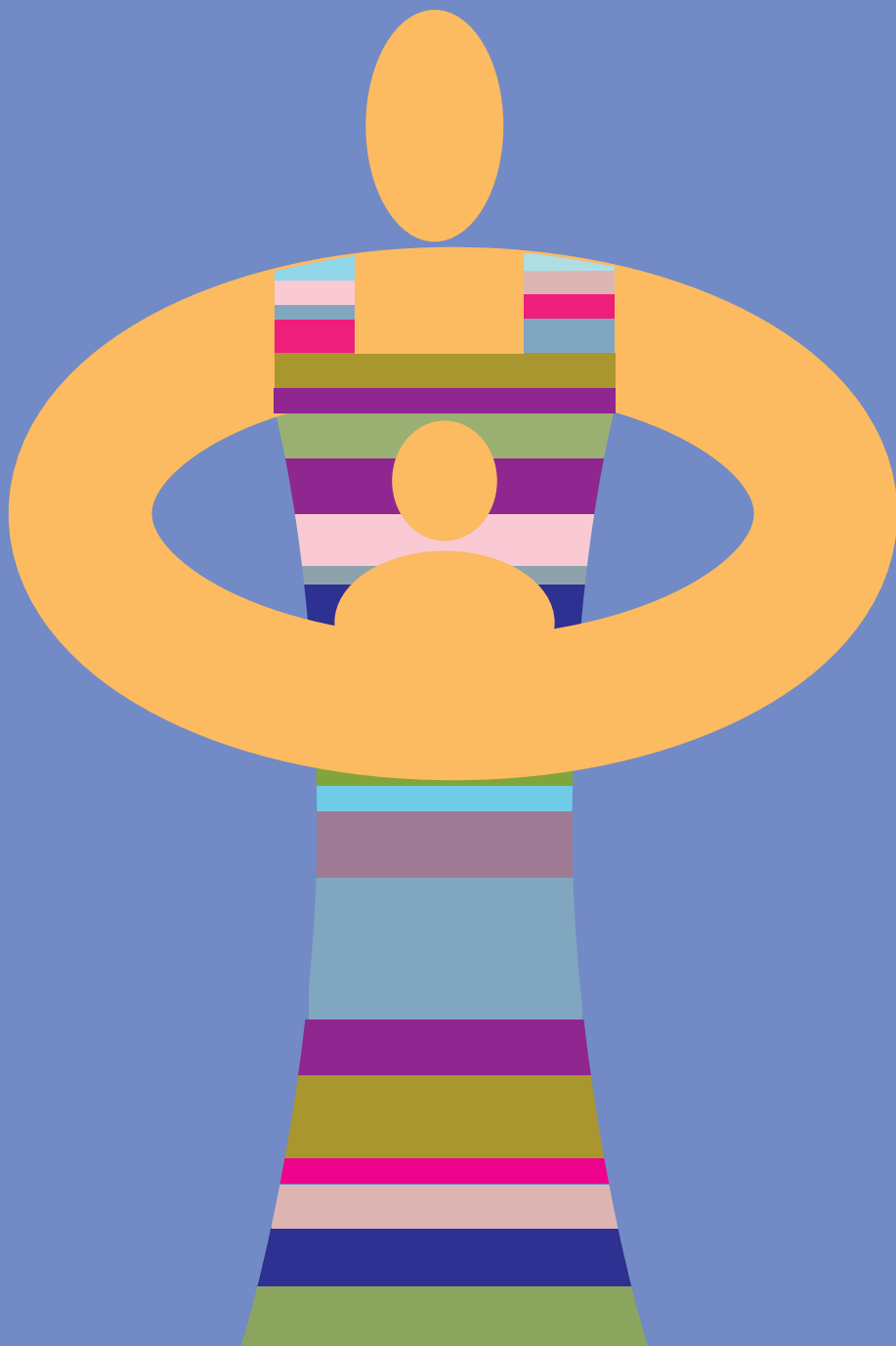




Public Health
Agency of Canada

Agence de la santé
publique du Canada

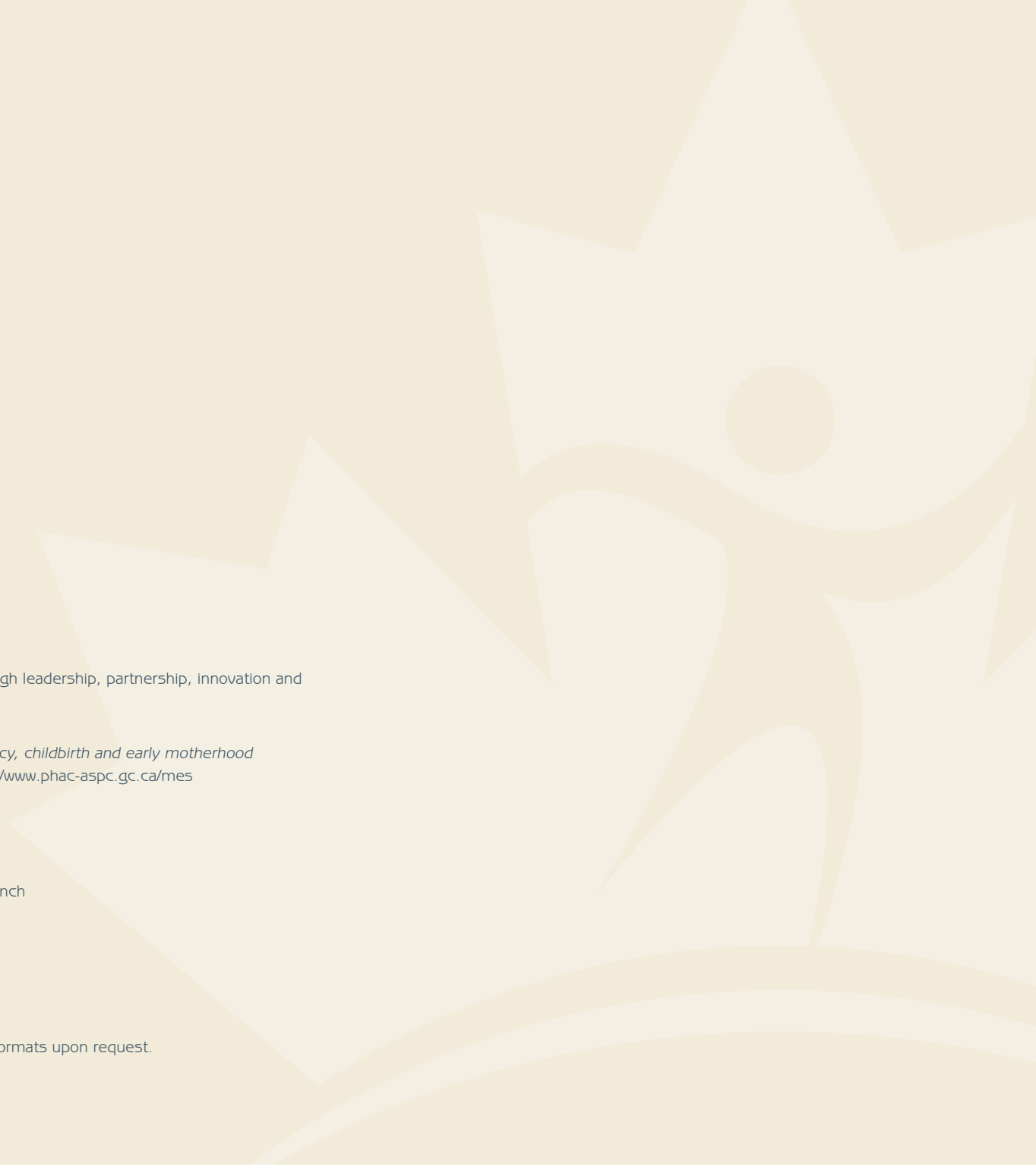


Mothers' Voices

What women say
about pregnancy,
childbirth and
early motherhood

Canada



A large, stylized, light-colored graphic of a human figure with arms raised, set against a background of abstract, overlapping shapes in shades of yellow and white. The figure is composed of simple, rounded lines, giving it a sense of movement and vitality.

To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health.

— *Public Health Agency of Canada*

Mothers' Voices . . . What women say about pregnancy, childbirth and early motherhood is available on Internet at the following address: <http://www.phac-aspc.gc.ca/mes>

To obtain additional copies, please contact:

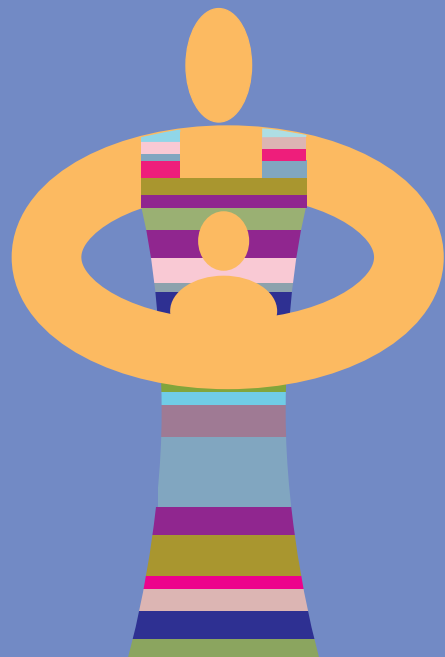
Maternal and Infant Health Section
Health Surveillance and Epidemiology Division
Centre for Health Promotion
Health Promotion and Chronic Disease Prevention Branch
200 Eglantine Driveway, Tunney's Pasture
Jeanne Mance Building, 10th Floor, A.L. 1910D
Ottawa, Ontario K1A 0K9
Tel.: (613) 941-2395
Fax: (613) 941-9927
E-mail: mes@phac-aspc.gc.ca

This publication can be made available in alternative formats upon request.

© Her Majesty the Queen in Right of Canada, 2009

Cat.: HP5-74/3-2009E-PDF

ISBN: 978-1-100-11861-1



Mothers' Voices

What women say
about pregnancy,
childbirth and
early motherhood

About the Maternity Experiences Survey

Mothers' Voices is based on the results of a large Canadian survey, the Maternity Experiences Survey, conducted in 2006 and 2007 to learn about the experiences of Canadian women with pregnancy, labour and birth, and the early months of motherhood. The survey was designed and overseen by the Maternity Experiences Study Group of the Canadian Perinatal Surveillance System, Public Health Agency of Canada. Interviews with mothers were conducted by Statistics Canada on behalf of the Public Health Agency of Canada. All but a few interviews were conducted by telephone; the rest were face-to-face interviews.

The survey included over 6,000 women aged 15 years and over who had given birth five to fourteen months before they were interviewed. Women from all provinces and territories participated. However, the survey did not include First Nations women living on reserve, women whose baby was stillborn, had died following birth or was not living with them, women who gave birth to more than one baby (twins, for example), and women living in institutions (such as prisons or psychiatric hospitals).

For more information on the Maternity Experiences Survey, visit www.publichealth.gc.ca/mes.



A word from **Canada's Chief Public Health Officer**

I am pleased to introduce *Mothers' Voices . . . What women say about pregnancy, childbirth and early motherhood*. In 2006 and 2007, over 6,000 women from across Canada took part in the Public Health Agency of Canada's Maternity Experiences Survey. Thanks to their contribution, for the first time in Canada we now have national information about maternity experiences, as reported by women themselves. This information will help health care providers, public health officials, policy makers, and women and their families work towards improved maternity health services and better maternal and infant health in Canada.

I want to personally thank the women who, during such a busy period in their lives, took the time to share their experiences.

Dr. David Butler-Jones
Chief Public Health Officer
Public Health Agency of Canada




About this Booklet

We have written *Mothers' Voices* for women themselves, to present a few highlights from the Maternity Experiences Survey results, along with some of the latest research and recommendations.

Not intended to cover all aspects of pregnancy, labour and birth, this booklet shines the spotlight on some important topics. The voices you will “hear” are those of women—younger and older; living in cities, towns and remote communities; with or without partners—all of whom have experienced pregnancy, labour and birth, and at least a few months of motherhood. We expect that many readers will recognize themselves here.

How will this booklet make a difference to you?

We encourage you to read about other women’s maternity experiences and relate them to your own. What you read here may help you to feel better informed to discuss your choices with your health care providers. A healthy pregnancy, childbirth and baby depend on many, many factors, not all of them under your control. But, by knowing more about what women experience and knowing the latest research and recommendations in key areas, you will be better prepared to plan your approach to pregnancy, labour and birth, and some important postpartum practices.

	WHAT'S INSIDE	
	About Pregnancy	2
	Labour and Birth	6
	After the Baby is Born	10
	Some Things to Think About	14
	For More Information	16



About Pregnancy

Happy to be pregnant!

Almost all (93%) of the women who took part in our survey say they were “very happy” (81%) or “somewhat happy” (12%) to learn they were pregnant. Half of women say the timing of their pregnancy was just right, and only a handful say they would have preferred not to have become pregnant.

Prenatal care

A prenatal health care provider can assess the risks that a woman and her baby face, treat conditions (such as diabetes or HIV), and provide education on self-care. Prenatal care is best started in the first three months of pregnancy, with regular visits until the baby is born.

Did you know?

Most women (95%) start prenatal care in the first three months of pregnancy. Women aged 15 to 19 years, women who have less than high school education, and women who live in lower income households are less likely to have prenatal care in the first few months of their pregnancy.

The two most common reasons for women not starting care as early as they want are: a doctor or health care provider is not available to them or their health care provider will not start care earlier.

Smoking, alcohol and drug use

The health risks of exposure to tobacco smoke, mother's drinking and use of street drugs on a developing baby are well known. In spite of this, some women continue to use these substances during pregnancy. For example:

- 11% of women say they smoked during pregnancy, and 23% say they lived with a smoker while pregnant.
- Almost two thirds of women drank alcohol before pregnancy, while 11% say they drank during pregnancy.
- Only 1% of women say they used street drugs while pregnant.

Experts recommend that pregnant women do not smoke or expose themselves to second-hand smoke, and that they do not drink alcohol or use street drugs.

Great news about quitting smoking!

Women who stop smoking before or during pregnancy reduce the risk of their baby growing too slowly before birth.

What mothers say

Most women in Canada receive prenatal care from an obstetrician/gynaecologist (58%), or from a family doctor (34%). Another 6% are cared for by a midwife, and less than 1% receive care from a nurse or nurse practitioner.

Canadian women who are pregnant with their first baby are more likely than others to attend prenatal classes, but about one third of women having their first baby do not attend. Most women who take classes do so in hospitals, health clinics or community centres.

Stress and support

Stress during pregnancy can lead to a baby being born too early (a preterm baby) and to a baby's birth weight being lower than is healthy. For pregnant women, research shows that support from a partner or another person is linked to better outcomes for the developing baby—for example, it may help with the baby's prenatal growth.

What mothers say

More than half (57%) of women say that most days were either "somewhat stressful" or "very stressful" in the year before their baby was born. Most women (87%) say they had support from a partner, family or friends available to them all or most of the time throughout their pregnancy. Another 8% had support some of the time, and 5% of women had little or no support throughout pregnancy.

Spotlight on . . .

Two important areas where women can take action towards a healthy baby before and during their pregnancy are: taking a folic acid supplement and having a healthy weight. Read on for more information.



Why Folic Acid?

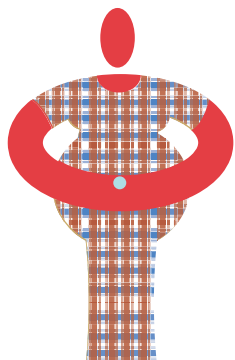
Folic acid is a vitamin supplement recommended for all women of childbearing age, whether planning a pregnancy or not. Together with a healthy diet, folic acid reduces the risk of certain birth defects in the baby, but only if it is taken before pregnancy and in the early weeks of pregnancy—when a woman may not even know she is pregnant. Folic acid is so important in preventing defects of the spine and brain in babies (neural tube defects) that in Canada it is now added to such foods as white flour, enriched pasta and enriched cornmeal.

Those who know about folic acid take it!

Women who know that taking folic acid before pregnancy can help prevent birth defects are more likely to take it before they become pregnant. Over two thirds (69%) of women who know about its importance before pregnancy say they took the supplement before they became pregnant. Among those who do not know of its importance, only 18% say they took folic acid before becoming pregnant.

Among women who know/don't know about the importance of taking folic acid before pregnancy . . .

69%



Many women who know about its importance take it before becoming pregnant

18%



Women who don't know about its importance are less likely to take it before becoming pregnant

What mothers say

Most women (78%) know that folic acid supplements taken before pregnancy can help prevent some birth defects. Younger women aged 15 to 19 years, women with less than high school education and women who live in lower income households are less likely to know about the benefits of folic acid.

Who should take folic acid?

All women who are in their childbearing years, whether or not they are planning a pregnancy, are recommended to take a daily multivitamin that contains 0.4 mg of folic acid.

Some women are at higher risk of having a baby with a neural tube defect (such as spina bifida)—including women who:

- have already had a pregnancy affected by a neural tube defect, or have close relatives who have a neural tube defect
- are taking some types of anti-epileptic drugs
- are obese or who have diabetes that is not well controlled

These women are advised to see their doctor before planning a pregnancy to determine the right dose of folic acid for them.

Women who become pregnant should talk to their prenatal care provider about a vitamin supplement to meet their needs during the pregnancy.



Weighing in—Before and During Pregnancy

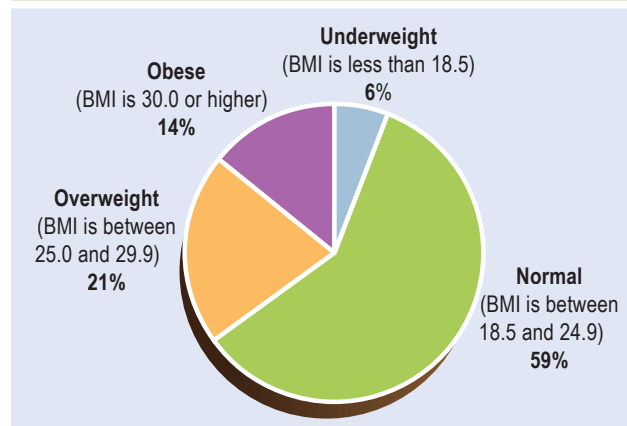
Body mass index (BMI) is a measurement used to help determine if your weight is in a healthy range. Almost 60% of the women in our survey had a healthy weight before their pregnancy, as measured by their BMI.

What about the rest? As the pie chart below shows, 21% were in the overweight category, 14% were considered to be obese and 6% were underweight.

Why weight matters

Going into pregnancy with a healthy weight—and keeping a healthy weight during pregnancy—can contribute to a healthy pregnancy and baby.

Percent of women in each BMI category before pregnancy



Ideal weight gain during pregnancy . . . for you!

Research shows that a woman's weight before pregnancy is the best guide to how much she should gain during pregnancy. For example, women with a higher BMI before pregnancy are advised to gain less weight than women with a lower BMI before pregnancy.

Calculate your BMI—before and after pregnancy

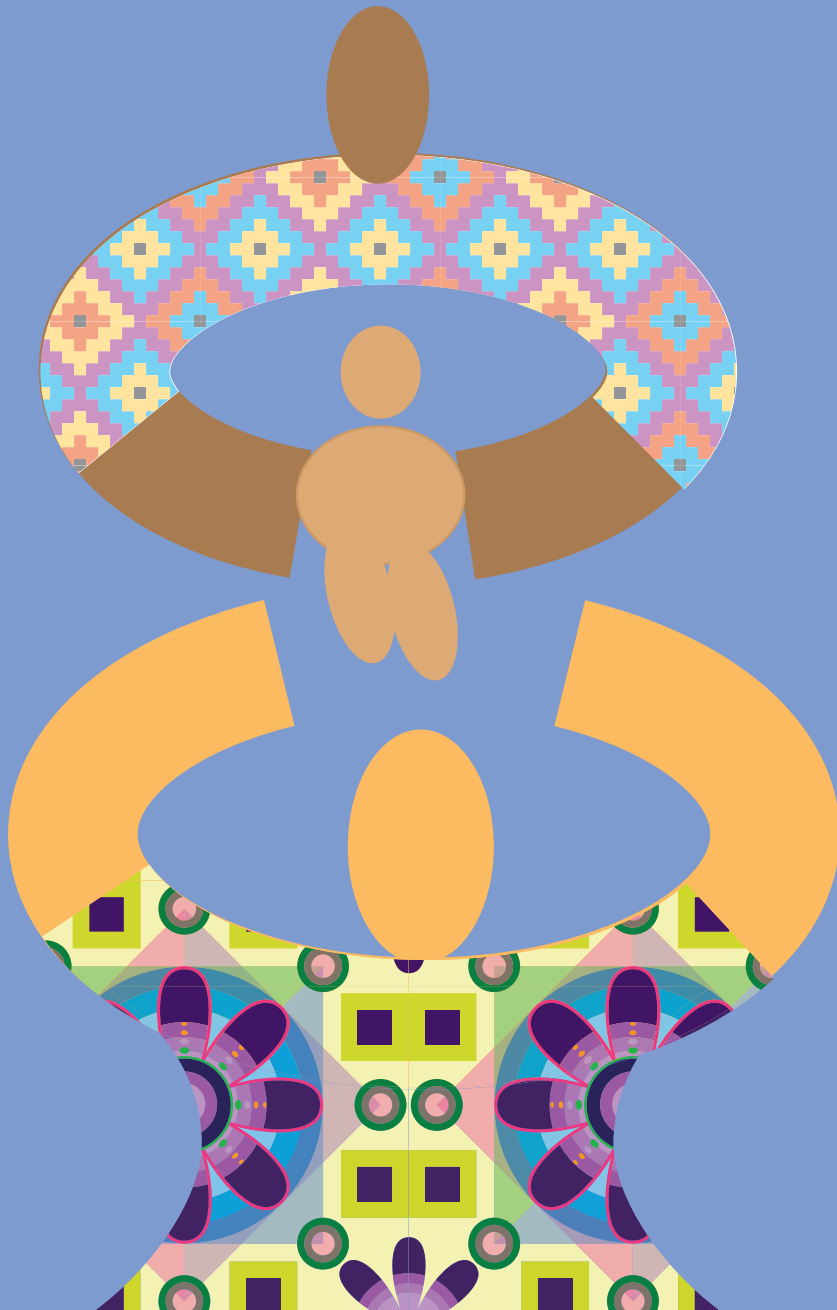
BMI is an index that can help you determine if you are at a healthy weight before or after your pregnancy. It should not be used during pregnancy. Check your BMI by going to www.healthcanada.gc.ca. In the "search" box, just type "BMI."

Women with a low BMI before pregnancy are more likely to have a baby born too early (a preterm baby). These babies may face a number of health problems. Women with a high BMI before pregnancy are more likely to have a baby that is larger at birth than is healthy. A high BMI before pregnancy can also increase a woman's chances of having a cesarean birth.

What mothers say

The average weight gain during pregnancy for the women in our survey was 15.7 kg (34.6 pounds). Those with a BMI in the underweight or normal range before their pregnancy gained more weight during their pregnancy than others, which is in line with recommendations for weight gain.

Labour and Birth



Almost all women in Canada give birth in a hospital or a clinic. Only 1% of those in our survey say they gave birth in a private home, and 1% in a birthing centre (outside of a hospital).

What mothers say

A great experience . . . for most women

Most women (80%) say they had a good experience with labour and birth—over half (54%) say their experience was “very positive” and 26% say it was “somewhat positive.” Research shows that a positive birth experience may help mothers adjust to being a parent, and may encourage them to look after their health following birth.

Far from home

Overall, one quarter of the women surveyed travelled outside their community to give birth. Two thirds of women in Nunavut and half of those in the Northwest Territories gave birth away from their home community. They were much more likely to travel over 100 km to give birth than were women in the rest of Canada.

Having the same health care provider during pregnancy and at the birth is important

Half of women say they had the same person provide health care during pregnancy, and during labour and birth. The majority of these women say that having the same provider is important. Almost half (42%) of the women who did not have such continuity in their care say it would have been important.

Most women (70%) say they had an obstetrician/gynaecologist as their main health care provider during labour and birth, while another 15% had a family doctor. Few say their main health care provider was a nurse or nurse practitioner (5%), or a midwife (4%).

What about support?

Research shows that continuous support throughout labour and birth—by a spouse, partner, friend or family member, or doula, for example—is important. Women who have such support are more likely to have a shorter labour and a vaginal birth. They are less likely to use pain medication or to be unhappy with their labour and birth experience.

Almost all the mothers we interviewed say their husband or partner was with them during labour and during birth. Women living in lower income households and younger women aged 15 to 19 years were less likely to have a husband or partner with them during labour and birth.

Did you know?

About three quarters of women are “very satisfied” with the respect shown to them by their health care providers, the concern shown for their privacy and dignity, and their personal involvement in decision making about care during pregnancy, labour and birth, and right after the birth.

Checking baby’s heart rate

Research shows that, in healthy pregnancies, checking the baby’s heart rate from time to time during labour with a hand-held monitor is better than continuous electronic monitoring. Continuous electronic monitoring of the baby’s heart rate has been related to increased use of interventions such as cesarean births and forceps or vacuum in vaginal births. Experts recommend that continuous electronic monitoring be reserved for higher risk labour or if there are concerns about the baby.

In our survey, almost all women (91%) say they had electronic monitoring of the baby’s heart rate during labour, with nearly two thirds (63%) saying monitoring was continuous.

Spotlight on . . .

A woman’s position for labour and birth can have a big impact on her experience. Women can discuss their preferences with their health care providers—in order to help make labour and birth shorter and less painful, and to avoid unnecessary medical interventions. Read on . . .



Best Positions for Labour and Childbirth

The position a woman is in during labour and childbirth can be a factor in how the labour and birth proceed. Women who give birth in an upright position (standing, crouching, propped up or sitting, for example), or lying on their side, may have some different—and better—experiences than those who give birth lying flat on their back.

Why does it matter?

Women who go through labour and birth in an upright position or lying on their side have been found to experience a number of benefits:

Shorter labour and fewer medical interventions . . .

Research shows that an upright or side-lying position can contribute to a shorter labour. Women may also avoid a number of medical interventions by using these positions. For example, they are less likely to have an episiotomy (surgical cut to enlarge the vaginal opening). In the past, episiotomies were believed to help with a vaginal birth, prevent tearing around the vagina and lessen trauma to the baby. However, there is no evidence that doing episiotomies routinely is beneficial.

Other practices during labour and birth: shaving and enemas

It used to be . . . Not many years ago, shaving a woman's pubic hair or the hair around her vagina and giving her an enema to help empty her bowels before giving birth was very common in Canada. Both were thought to help reduce the possibility of infection. However, there is no evidence of health benefits related to shaving or giving enemas. There is evidence that both can cause discomfort and embarrassment.

And now . . . Almost all hospitals have a policy not to do routine shaving or enemas. But, both shaving and enemas still sometimes occur. For example, 19% of women who went through labour say they were shaved in preparation for birth and 5% had an enema.

Less pain, more gain . . .

Pain management can be medication-free (such as sitting in a bathtub or taking a shower). It can also involve medication, such as an epidural.

If a woman has less pain in labour (as may be the case if she is not lying flat on her back), she is less likely to require medication-based forms of pain management, such as an epidural. Women who have an epidural are more likely to have a vaginal birth that involves the use of medical instruments, such as forceps or vacuum, and they are more likely to have a longer, more difficult labour.

What mothers say

Almost half of the women we interviewed (48%) say they gave birth lying flat on their back. Close to half gave birth in a propped up or sitting position (46%). Another 3% gave birth while lying on their side and 3% used other positions.

More than half (57%) of women say their legs were in stirrups when their baby was born.

Women who had gone through labour also told us about their experience with some interventions:

Pain management—Breathing exercises were the medication-free pain management technique that women used most often (74%). Epidural was the medication-based technique that women used

most often (57%). More than two thirds of women (69%) used a combination of medication-free and medication-based techniques to manage pain during labour and birth.

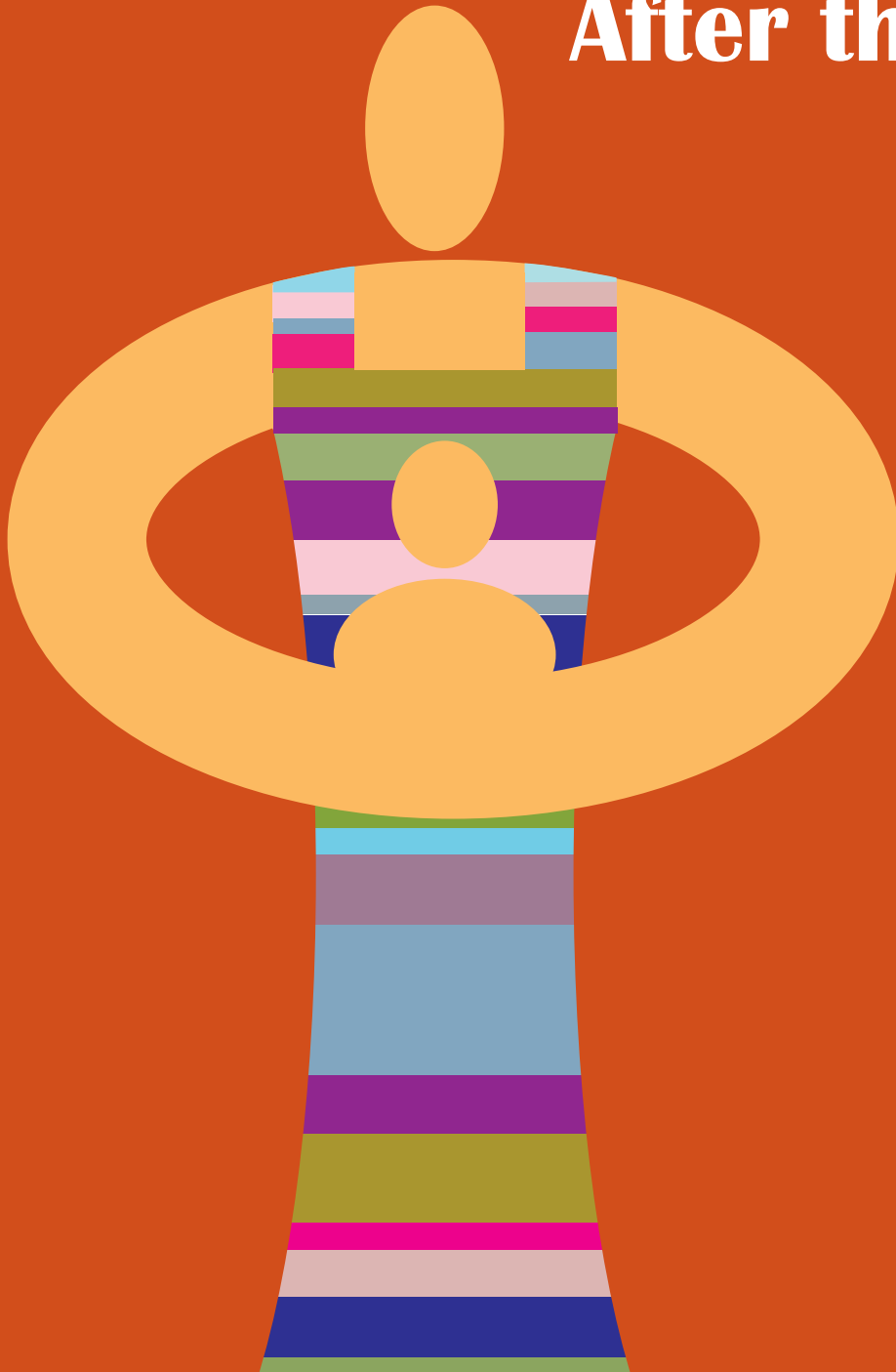
Episiotomy—21% of women say they had an episiotomy. Women giving birth for the first time were more likely to have had an episiotomy.

Satisfied with your pain management?

Women are generally happy with the pain management techniques they used during labour and birth:

- Epidurals were reported as “very helpful” by 81% of women who had an epidural.
- A bath or shower was reported as “very helpful” by 55% of women who used this medication-free technique.

After the Baby is Born



Here we take a closer look at some aspects of the health and well-being of mothers and babies right after the birth, as well as over the first few months of baby's life.

Skin-to-skin contact

Skin-to-skin contact between mother and baby from the moment of birth is recommended for a number of reasons. It contributes to better chances of success with breastfeeding and to the development of attachment between mother and baby, and may also reduce the baby's crying.

Most women in our survey (75%) say they held their baby either right after birth or within five minutes of birth. Fewer (31%) held their baby naked and next to their skin during the first contact.

Almost half (45%) say that their baby was in the same bed with them during most of the first hour after birth. Most women (65%) say their baby spent less than one hour out of their room during the first 24 hours after birth.

How much skin-to-skin contact?

Experts recommend that skin-to-skin contact between mother and baby begin right after birth—and continue for at least the first hour after birth and even longer.

Back to sleep for baby

It is well known that sleeping on the back is the safest position for a baby—it reduces the chances of a baby less than a year old dying of sudden infant death syndrome (SIDS). Three quarters (78%) of women we interviewed say they put their baby down to sleep on her/his back during the first four months after birth. Mothers aged 40 and older, those with a university education and first-time mothers were more likely to do this.

While most women (90%) say they had received enough information about SIDS, those who lived in lower income households were less likely to say they had enough information than women from higher income households.

Mothers' health in the early months

Almost half (43%) of women say they were having “a great deal of a problem” with at least one postpartum health issue during the first three months after birth. The most common problems reported were breast pain (16% of women), pain in the vaginal area or in the area of the cesarean incision (15%), and back pain (12%). By five to fourteen months after birth, most women (73%) say their health was “excellent” or “very good.”

Postpartum depression and support

About 8% of women showed signs of postpartum depression at the time of their interview. Younger women aged 15 to 19 years, those living in lower income households and those with less than a high school education were more likely to show these signs.

Research tells us that some of the main factors that can lead to postpartum depression are previous episodes of depression and having little support. Most women (84%) say they had support all or most of the time following the birth of their baby. Another 10% say they had support some of the time—and 6% of women say that they had support little or none of the time.

Spotlight on . . .

With support, almost all women can breastfeed. And breast is definitely best! Read on for more.



All About Breastfeeding

Breastfed is best!

For babies . . . It is well known in Canada and around the world that breast milk is the best food for babies. It helps with brain development and helps to protect infants from illness.

For mothers . . . Breastfeeding is good for mothers, too—among other benefits, it helps to reduce postpartum bleeding.

Did you know?

Young women (aged 15 to 19 years) are the least likely to be breastfeeding exclusively when their baby is six months old. Older women (aged 40 and over) are the most likely to do so.

How long to breastfeed?

Experts and organizations in Canada and around the world recommend that healthy full-term babies should be fed only breast milk for the first six months after birth. Adding any other liquids to the baby's diet will reduce the mother's milk supply.

Babies should be fed "on demand" instead of on a fixed schedule of feedings. Demand feeding is the best method to ensure successful breastfeeding.

Starting at six months of age, babies should be given additional foods that are rich in nutrients, especially iron, with breastfeeding continuing for up to two years or longer.

What about vitamin supplements?

In Canada, it is recommended that breastfed babies be given a daily vitamin D supplement of 400 IU until their diet provides a reliable source or until they reach one year of age.

What mothers say

During pregnancy—most women (90%) say they planned to breastfeed.

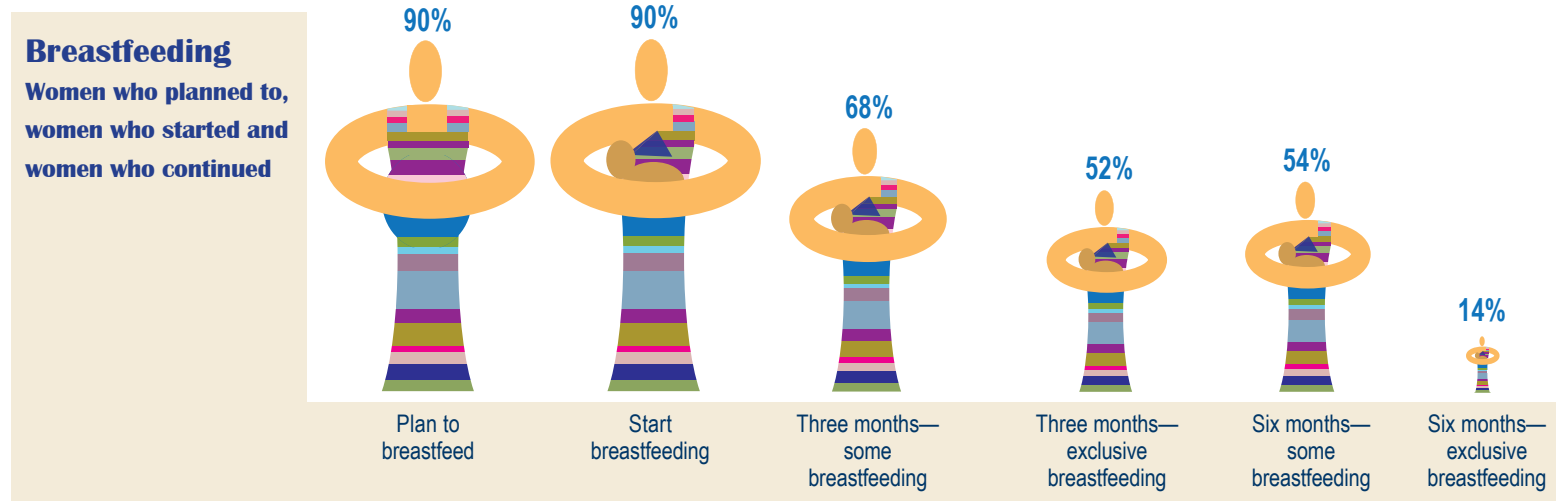
At birth—almost all mothers (90%) say they started breastfeeding. One half of breastfeeding mothers (50%) say they fed their baby when hungry (demand feeding), while the rest say they followed a fixed schedule or a mix of scheduled and demand feedings.

Within one or two weeks—one fifth of mothers (21%) say they introduced liquids other than breast milk within the first week after the birth. By two weeks, one quarter (25%) say they had added other liquids.

At three months—half of mothers (52%) were breastfeeding exclusively. About two thirds (68%) reported some breastfeeding at this point.

At six months—only 14% of mothers were breastfeeding exclusively. Just over half (54%) reported some breastfeeding.

About support—most women in our survey say they had enough information about breastfeeding before their baby was born (92%). They also say their health care providers offered to help them start breastfeeding (81%), and gave them information on community breastfeeding support resources (86%).



Some Things to Think About




The following is a summary of a few important topics presented throughout this booklet. These topics bring together what women told us and the most recent research, and show that what is best for mothers and babies is not necessarily always what is happening. Some of the questions we raise here are bigger than any one person can address. Our hope is that health care providers and policy makers will also consider and act on these issues.


Taking a folic acid supplement in the months before becoming pregnant and during the early weeks of pregnancy can help prevent neural tube defects in babies. Those women who know this before pregnancy are much more likely to take the supplement before becoming pregnant.

What can be done to inform all women in their childbearing years—even those not planning to become pregnant—about the importance of taking a folic acid supplement every day?

Going into pregnancy with a healthy weight (BMI between 18.5 and 24.9) is important to the health of baby and mother. Yet, many of the women in our survey did not have a healthy weight before their pregnancy. Do women know the importance of a healthy

weight? Do they know how to achieve and maintain a healthy weight? How can women be better supported to achieve and maintain a healthy weight before pregnancy and to gain a healthy amount of weight during pregnancy?

 **Going through labour and birth in an upright position or lying on the side may lead to shorter labour, less pain and fewer interventions. Of the women we surveyed, just under half gave birth in an upright position, with only a few using a side-lying position.** Do women know the benefits of an upright position for labour and birth? How can women be supported to fully explore the options for labour and birth position with their health care provider?

 **Breastfeeding is best for baby and mother. Breast milk is recommended around the world as the only food for baby for the first six months. Yet, most women stop breastfeeding much earlier.** Are women getting the support they need to breastfeed—from health care professionals and from family and friends? Why do so many women introduce other liquids (such as water and formula) within a week or two after birth—let alone the first six months? How can women be supported and encouraged to breastfeed so that their chances of success are increased?

M*ost women have a good experience with pregnancy, labour and birth, and the early months of motherhood. With more information about what's healthy and what choices they can make, women can take action—on their own and with their health care providers—to contribute to a healthy pregnancy and a healthy baby. By hearing what women say about their maternity experiences, health care providers, public health officials, policy makers and families can work toward the best possible outcomes for all mothers and babies in Canada.*



Looking for information or support before, during and after pregnancy?

Right across Canada there is a lot of free information and support for pregnant women and mothers with new babies. Look on your local government's website or in the blue pages of your phone directory, as well as at a hospital or health clinic in your area. Many communities have free support services for pregnant women and new mothers, such as local breastfeeding support groups, which offer information and assistance for breastfeeding mothers and their babies.

The Government of Canada's *Sensible Guide to a Healthy Pregnancy* contains information and advice on a number of topics for pregnant women and those planning to become pregnant.

Visit: www.healthy Canadians.ca/pregnancy

For more information, visit:

the Public Health Agency of Canada website (www.publichealth.gc.ca)

and the Health Canada website (www.hc-sc.gc.ca)