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Department of
General Practice



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Listening to young mothers from out-of-home care



Louise Manning, a medical student in the Department of General Practice interviewed four young mothers in 2016 to find out how young people leaving out-of-home care (OOHC) looked after their health. Her key questions were:

- what was health care like in OOHC before becoming pregnant for the first time?;
- what was it like for young mothers from OOHC to use health services while they were pregnant?;
- what were young parents experiences of giving birth?;

- how do young parents use health care after having children, both for themselves and their babies?

Each mother Louise interviewed had spent time in care in her younger years, and each had first become pregnant when they were a teenager in OOHC. They spoke to Louise of the experiences of other young people they knew who shared this past, as well as their own experiences.

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Health care in OOHC

Young mothers explained that many teenagers in OOHC had gaps in their knowledge about everyday ways to look after health, as well as problems accessing care from general practitioners (GPs) or dentists.

“...most of the time if you have got health issues you’ve got to deal with it yourself”

*(Caitlin *)*

Not having a medicare card or health care card, not being provided with transport to reach health services and having no money to pay for doctor’s bills or medicines were some of the practical problems that young women faced. Of further difficulty to the young women was the lack of help received from OOHC staff to go to the doctor, or a sense that staff felt uncomfortable talking about health issues. They also found OOHC staff acted slowly in getting official permission for them to receive health care.

While living in OOHC teenagers missed out on education about sexual health and healthy relationships. They may not have learned positive health habits around dental or physical hygiene, and not grown up with the norm of going to a trusted family GP when they were sick. The young mothers in this study realised as they grew older that their health needs had been neglected in the past. One did not discover until adulthood for example that she needed glasses to correct her vision. Another needed dental care as an

adult which cost thousands of dollars due to poor dental hygiene and lack of dental care in her childhood.

“I would take drugs and drink more alcohol. I would get over it eventually...you could just mask any pain with your drugs and alcohol...”

(Ashlee)*

Living with the hurt of trauma in their early lives and being in OOHC could leave children and young people exposed to the health risks associated with using alcohol, drugs or other substances. Becoming dependent on drugs or alcohol could hamper young people's efforts to seek or accept health care.

“You have to learn to trust someone or to open up...I need to experience the trust before I can talk...”

(Caitlin)*

Experiencing trauma or neglect in childhood could also leave young people in OOHC not knowing who to trust, including whether to trust doctors or other health care providers. As a result, they might avoid going to the doctor, or find it hard to speak about things that might be affecting their health.

“There was not one real doctor who knew all my issues...not enough about me to figure out exactly what was going on”

(Caitlin)*

Moving around OOHC placements and seeing different health care professionals during different placements left some young parents with gaps in knowledge about their own health history and their family history. Child protection records they were given after leaving care sometimes had important health provider information deleted. Not having a complete medical history makes it hard for doctors to give the best possible care.

In contrast, one mother had a positive experience after being linked with a GP through a young people's mental health service. She had been able to form a trusting relationship with that GP over several years and as a result she received preventive health checks, health care reminders and coordinated care for her multiple health issues, including during her pregnancy.

Health care during pregnancy

“Falling pregnant at 14, it was horrible. I wouldn't change it for the world now, but it's not what I wanted....”

(Tayah)*

Becoming pregnant for the first time can quickly bring young people into contact with adult health services on a more regular basis for antenatal care. However the circumstances of becoming pregnant as a teen can be overwhelming. In this study, the mothers spoke of unplanned pregnancies due to widespread ignorance among young women in OOHC about their own fertility and the effective use of contraception or family planning. Finding out they were pregnant could feel scary and confusing for young women. It could raise fears about going to hospital and bring on mixed feelings. While they had not planned to have a baby and may have had regrets about the situation, they still wanted to continue with the pregnancy. Dealing with these issues could result in young parents delaying going to a doctor or hospital for early antenatal care.

“I ended up homeless...I just had to organise everything again; ultrasounds I had to organise again in different places and then I wasn't getting any help...”

(Tayah)*

At a time when regular antenatal health care is important, pregnancy sometimes led to OOHC placement changes which affected health care use because young women needed to find new health services.

“...I wouldn't be talked to in that way...if a respected person was there”

(Jayde)*

The mothers in the study explained how young people from OOHC crave having an adult to support them through pregnancy and childbirth. There were three different reasons for this. Firstly they explained that health care staff who found out about someone having been involved in the child protection system could sometimes be judgemental or demeaning. When this happened, it made young mothers want to flee. They were sometimes left feeling that they were not getting the same quality of care they saw being provided to other women around them.

“They don't explain these things to you...you're coming from a situation where unfortunately you have no parental support....most (other) people can turn to their parents...their mothers...”

(Caitlin)*

Secondly, the craving for support related to feeling especially alone if child protection or OOHC agency staff were uncomfortable, unwilling or unavailable to help them to understand and deal with the multiple complex health issues that can arise including morning sickness, pre-eclampsia, depression, anaemia, gestational diabetes, prematurity or induced birth. The young mothers argued that many young people from OOHC lack the skills to question professionals. Obstetricians were seen as being very clinical and focussed on steps of care, often not taking the time to listen or explain. Young mothers generally praised midwives, especially those working in young mother's clinics in hospitals, for their ability to be accepting, to really talk and to listen and explain things without being judgmental. However they reported that when individual health providers treated young people who had been in OOHC harshly or when young people felt confused or overwhelmed, they could be left with no one to turn to.

Giving birth

“There needs to be like a big mum and big dad in the hospital for these young mums as it's such a life changing experience...standing next to you so you don't get so slammed.”

(Jayde)*

Tension around whose needs had priority; mother or baby was the third reason why young mothers craved adult support. They described situations where people they knew or they themselves had been pressured to consider abortion against their wishes; where assumptions had been made that a baby would be put up for adoption at birth without consultation with the mother; where young women were told during pregnancy or after birth that they were emotionally damaged or incapable of ever being a good parent and would be permanently prevented from having custody of their child; or where they had been forcibly detained in hospital or placed in a mother/baby unit under threat of having their baby taken away if they did not comply. The effects of this tension on young mothers could be both physical and emotional.

While accepting that young mothers coming from OOHC positively benefit from being taught parenting skills and from specialised antenatal and postnatal support programs, these young women described the feeling of having 'no voice' when caught up in a whirlwind of protective actions for the newborn baby, court hearings, discussions of risk management, custody or permanency planning while as mothers they are physically recovering in the days after giving birth. The mothers in this study argued strongly for a substitute "mum or dad" to stand beside them and other young women from OOHC to advocate on their behalf.

Health care as a parent

"I don't really go to doctors. The only reason I will go is for the kids...if our children need doctors or there's something wrong or not right we are there 100%...it's just a mother's instinct..."

(Jayde)*

Young women who had ever lived in OOHC reported having higher expectations for their children's health care than for their own. In the face of insufficient money, they justified prioritising doctor visits or medicines for their child over themselves.

"Medication wise it is the money... it might be five days before pay day...I need this script but I have ... only got enough money for bread and milk...then I will wait until payday which means then normally I am kind of worse before I start taking it which means it takes longer to get better..."

(Ashlee)*

This study has been approved by the University of Melbourne Human Research Ethics Committee

HREC Ethics ID: 1545649 (2016) and HREC Ethics ID: 1648049 (2016-2017)

*For privacy we have not used real names

What does this study teach us about making health care better?

Louise asked the mothers in this study about what changes could be made to improve health care for teens who were coming from OOHC. Their ideas included doctors or other health workers visiting those in OOHC to provide health education, having a GP on-call to do home visits in OOHC and making sure young pregnant women are linked in to young mothers' antenatal programs.

"We are so lost and lonely that we just want to belong. We haven't belonged absolutely anywhere. Just wanting to belong and being a target for a program for young mums is absolutely so special and it will mean so much to them..."

(Jayde)*

Louise came to understand from this study that mothers who have ever lived in OOHC may have extra needs in any pregnancy, not just the first one. She realised that some of the important challenges in practising medicine include: taking time to listen; not taking trust for granted; being flexible in how care is provided; explaining health issues clearly; assuming that young people from OOHC may not have money to pay for specialist or other health care or medicines; being respectful; and building an ongoing doctor-patient relationship.

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Listening to more young parents in 2017



In 2017 Lauren Rogers who is also a medical student will be talking with more young parents who have ever lived in OOHC. If you are aged between 18 and 26 years, have ever been pregnant or become a parent and would like to share your ideas about health care needs or experiences then we invite you to contact Lauren.

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This study is part of ongoing research about health care systems and how they work for children and young people living in OOHC. If you would like to know more about this research, contact Dr Susan Webster, Honorary Research Fellow, Department of General Practice.

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