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More than just a child – Solo mothers' maternity care experiences

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Introduction

Unlike Sweden and Denmark, Norwegian law does not approve assisted fertilization of single women, thus the procedure is offered solely to heterosexual and lesbian married or cohabiting couples [1]. Consequently, single Norwegian women who wish to become pregnant travel abroad for assisted fertilization. There are no official registers of these women (henceforth referred to as solo mothers/single mothers by choice), but according to The Danish Fertility Company, assisted fertilization of single Norwegian women in Denmark is increasing [2].

Although single women have no legal right to assisted fertilization, they are entitled to full medical care and treatment during pregnancy, birth and the post-natal period from the Norwegian healthcare system. In order to assess the women's chances of getting pregnant, fertility clinics abroad often recommend a gynaecologic health check-up prior to starting the fertility treatment. In Norway, all women need a referral from their general practitioner (GP) to make an appointment with a gynaecologist without having to pay for the consultation themselves. When pregnant, they are a part of the Norwegian Health care system, and further check-ups are cost-free. It is common for pregnant women to have eight consultations during their pregnancy, and they can choose to consult a GP, a midwife, or both.

Solo mothers' experiences have been widely discussed in the Norwegian media, but research on the subject is non-existent. However, international studies describe their decision process [3] and struggle for legitimacy [4] as well as the relationship between mother and child, the psychological development of the children and the well-being of the women [5,6]. Studies also demonstrate that these women are well prepared before motherhood, with a solid financial situation, a good education and a strong social network [4,7–9]. Ben-Ari and Weinberg-Kurnik [10] studied the experiences of adoptive single mothers and found that according to social norms, single women should not become mothers, which leads to the risk of feeling stigmatised and having to defend their choice. A Swedish research paper [11] argues that solo mothers, depending on their inner representations of attachment, can be vulnerable to social resistance. The author noted that more knowledge about the vulnerabilities and strengths of this group is required, arguing that the lack of research may contribute to concealing the needs of the women and their children.

Taking into account the legal status of solo mothers in Norway, recent media discussions concerning their struggle for legitimacy and previous research highlighting challenges related to social norms, we decided to use Honneth' s theory of recognition [12] as a lens to understand the encounter between solo mothers and healthcare providers. Honneth describes three levels of recognition; love (care), respect (rights) and solidarity (performance). The first includes all forms of intersubjective relationship anchored in proximity, intimacy and confidence that results in the development of self-confidence when a basic level of trust has been established. Legal recognition is when a person is recognized for her/his ability to decide on and carry out autonomous moral and legal actions, resulting in self-respect. Finally, self-esteem is developed when a person is recognized for her/his individual qualities and ability to contribute to society as a result of these qualities.

As previous research demonstrates, there is a lack of knowledge on solo mothers' experiences with healthcare professionals. Thus, we conducted a study to explore solo mothers' experiences in the maternity care context, as increased knowledge is essential to provide individualized care. In order to elucidate the women's experiences related to the process of conceiving as well as their pregnancy, labour and postpartum experiences, we asked the women to describe both pre- and post-conception experiences.

Methods

Qualitative methods are a set of research strategies for describing and analysing the characteristics of a studied phenomenon

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[13]. Qualitative research aims to increase understanding of the informants' reality, based on how they themselves understand their circumstances, thus qualitative methods and an approach inspired by phenomenology seemed appropriate for the study [14].

Participants

Participants were recruited through social media. The administrator of a closed Facebook group for solo mothers was contacted and asked to publish information about the study. The Facebook group functions a means of communication and provides information about issues related to solo mothers' situation. The inclusion criteria were that the women should: (1) have conceived through assisted fertilization and use of donor sperm in fertility clinics approved by the authorities, (2) be of fertile age when conceiving (3) given birth at term and (4) speak Norwegian fluently and be familiar with Norwegian culture and the healthcare system. To allow time to reflect upon their experiences, the birth should have taken place at least six months prior to the interview.

Twelve women who wished to participate contacted the first author via email or phone to receive further information about the study. Two women were pregnant and therefore excluded. One woman never reported back after receiving further information. The nine study participants lived in five different counties, including large and small cities and villages. They were aged 28–40 years when becoming first-time mothers (mean 36 years) and together they had twelve children, born between 2004 and 2015. Nine children were born at university hospitals, one in a county hospital and two in local hospitals. Four women had attempted insemination before becoming pregnant through in vitro fertilization treatment (IVF) and a total of seven children were conceived through this method. Some women conceived at their first attempt, while others needed several (up to eleven) attempts.

Data collection and analysis

The interviews were conducted during May and June 2015, with one interview in February 2016. They lasted from 35 to 67 min (mean 49 min). Five interviews took place in the informants' homes, two in suitable offices, while two women wished to be interviewed via e-mail correspondence. The interviews started with the question "What has your experience with maternity care professionals been like?", thus encouraging free association and descriptions of solo mothers' experiences.

Systematic text condensation, a strategy for thematic cross case analysis, was used to analyse the data. The method is inspired by Giorgi's phenomenological analysis and modified by Malterud [14]. The analysis was performed by both authors and followed four steps. (1) Gaining an overview by reading the total data material with an open mind, identifying the following preliminary themes: positive and negative encounters, the need to choose midwives and doctors carefully, being prepared to defend one's decision to conceive and various issues related to motherhood and family. (2) Coding the data. The transcripts were read line-by-line to identify meaning units, i.e., parts of the text that contain information relevant to the research question. The meaning units were sorted, classified and labelled, and related meaning units were connected in code groups. (3) Summarizing and condensing the content of each code group, sorting the meaning units in each group into subgroups. We dealt with one subgroup at a time and reduced the meaning units into condensates. During this process, we identified quotations to illustrate the subgroups. (4) Synthesizing the contents of the condensates within each code group, developing an analytical text.

Table 1
Overview of the themes.

Overview of the themes
1. *Being open about the decision to conceive is essential, but requires being upfront and selecting healthcare professionals carefully*
Being open about the decision to conceive
Choosing healthcare professionals based on level of support
Being upfront and prepared to defend one's choice
2. *Coming into existence in maternity care depends upon healthcare professionals' personal opinions*
Being seen and made visible
Being overlooked and ignored
Being exposed to healthcare professionals' personal opinions
3. *The decision to be a solo mother challenges the societal idea of motherhood and family constellations*
Being an ordinary and a different mother
Creating a different and an ordinary family

Ethics

The study was conducted in accordance with the Declaration of Helsinki [15]. The women were provided with written information and asked to sign a declaration of consent before participating in the study. They were advised that participation was voluntary and that they could withdraw from the study at any time without giving reasons. Approval for the study was granted by the Norwegian Social Science Data Service (NSD; 42901) and assessed by the Regional Committee for Medical Research Ethics (REC; 2015/399).

Results and discussion

Three main themes were identified during the analysis process (see Table 1). Firstly, the women found that being open about their decision to conceive was essential, but required being upfront and selecting healthcare professionals carefully. Secondly, the women's experiences of being seen or overlooked depended upon healthcare professionals' personal opinions about their situation. Finally, the women experienced that their decision to be a solo mother challenged the societal idea of motherhood and family constellations.

Being open about the decision to conceive is essential, but requires being upfront and selecting healthcare professionals carefully

Being open about the decision to conceive

All women were open about being solo mothers in the encounter with physicians and midwives, and it was important for them that their decision was acknowledged at the initial meeting. Different reasons for being open were identified, such as the possibility for staff to aid and facilitate their wishes related to conceiving, to provide medical security and to facilitate maternity care. They believed that being open about their situation made it easier for staff to identify individual needs in order to provide support and recognition. According to one solo mother:

> The main reason for being open was that if I was going to receive best possible care, I had to be upfront; they had to know, in order to make the right diagnosis. I wanted to be open that this was an IVF-pregnancy and when I was open about that I was also open about being alone [...] Being open meant that physicians and midwives gave advice that was relevant to my situation (Informant I).

Being open allowed solo mothers an opportunity to ask questions and was a means of avoiding misunderstanding, but it made them vulnerable to healthcare professionals' reactions. One