Impact of Community on the Mental Health of Birthing Parents in Canada

By

Geraldine Franquet
BCYC, University of Victoria, 2019

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

MASTER OF ARTS

In the School of Child and Youth Care

University of Victoria

I acknowledge and respect the lək̓ʷəŋən peoples on whose traditional territory the university stands and the Songhees, Esquimalt and W̱SÁNEĆ peoples whose historical relationships with the land continue to this day.

Impact of Community on the Mental Health of Birthing Parents in Canada

By

Geraldine Franquet
BCYC, University of Victoria, 2019

Supervisory Committee
Dr. Jessica Ball, Supervisor
School of Child and Youth Care

Dr. Christine Ou, Departmental Member
School of Nursing

Abstract

Background: The growing rate of postpartum depression in Canada, and the serious implications of this mood disorder, calls for a closer examination of perinatal mental health. To date, most studies have been conducted from a medical perspective and have focused on the management of perinatal mood disorders. Yet there has been little in the way of mental health promotion during the postpartum period, a time when many parents struggle with distressing feelings. Community engagement has been linked to mental health promotion. **Research Aim**: Identify the facets of community engagement that birthing parents find to be supportive of their mental health postpartum through qualitative interviews. **Methods**: Data were collected through semi-structured interviews on Zoom. Ten birthing parents residing in Canada described their engagement with community with regards to physical spaces, events, and interactions during the postpartum period, and their impacts on mental health. The Networked Model of Ecological Systems Theory was utilized to map out relationships between birthing parents and their communities. Themes were derived through Reflexive Thematic Analysis using Dedoose software. **Findings**: Birthing parents favored spaces, events, and interactions that were accessible (i.e., physically accessible, affordable, flexible, and safe). They regarded these spaces, events, and interactions as opportunities to "get out" (i.e., leave one's place of residence with their infants) and to access psychological, emotional, and informative support from peers (i.e., other birthing parents) in the community. Birthing parents also described individualized and responsive community services that they found supportive of their mental health postpartum. **Conclusion:** Findings from this sample suggest that engagement with community, particularly outdoors and in settings with flexible accessibility, is related to positive mental health during the postpartum period. Further studies pertaining to this topic are recommended. Social and urban planners, government, and practitioners are encouraged to consider policies and initiatives that bring community engagement more clearly into focus in efforts to promote the postpartum mental health of local birthing parents and their families.

Keywords: *Postpartum, Mental Health, Social Support, Community Belonging, Birthing Parents*

Table of Contents

List of Figures

List of Tables

Acknowledgement

I would like to acknowledge my little one, Logan. The struggles I experienced as a new parent inspired me to conduct this research and to advocate for conditions that support perinatal mental health. The love and admiration I have for this little human also fueled me to keep going. I would also like to acknowledge my partner Jeff who supported me throughout this process, and to Helene who sat with me and encouraged me to complete my research proposal during my own struggle with postpartum depression and anxiety. I would like to thank Jessica Ball and Christine Ou. The knowledge they shared with me, and their ongoing feedback and support were invaluable. I am forever grateful.

Chapter 1: Introduction

1.1 Study Context

Perinatal mental health is a subject that has been increasingly examined over the years. Approximately 1 in 5 mothers have been found to experience postpartum depressive symptoms (Gavin et al., 2005; Gheorghe et al., 2021; Liu et al., 2022), which has been associated with a decrease in interest and joy, as well as decreased levels of energy and concentration, decreased self-worth, and thoughts of suicide. These symptoms have been found to persist past the first year when left untreated (Letourneau et al., 2012; Putnick et al., 2020) with deleterious effects on family functioning. Depressive symptoms have also been linked to disturbances in mother-child interactions, including misinterpretation of infant signals, unresponsiveness, and lack of bonding, which can lead to impaired cognitive, social-emotional development and decreased health amongst children (Adina et al., 2022; Goodman, 2019). Mothers who do not meet the criteria for a diagnosis have also been found to experience emotional distress in response to the burdens of postpartum life, such as fear, shame, anger, and isolation (Emmanuel & St John, 2010; Law et al., 2021; Lobel & M. Ibrahim, 2018; Ou et al., 2022), and have a right to care and support (United Nations, 1948).

It is clear that the mental health of birthing parents can be compromised during the postpartum period, which makes sense. The transition to parenthood has been characterized by sleep deprivation, changes in family dynamics, and increased stress, which can be quite challenging (Benzies et al., 2021). Mental health promotion could aid in the prevention of

postpartum distress and mood disorders. Yet, it has been given little consideration. Varin et al. (2020) sought to fill this gap and found that “self-rated mental health, life satisfaction, and sense of community belonging were significantly related with each other” (p. 766). Although studies, such as this one, have alluded to the influence of community belonging on the mental health of birthing parents, particularly mothers (Benzies et al., 2021; Dennis et al., 2017; Gheorghe et al., 2021; Varin et al., 2020), the relationship between how community belonging affects mental health requires clarity.

1.2 Purpose of this study

Community, defined as a group of people who live in a delineated area as well as “the feeling of sharing things and belonging to a group in the place where you live” (Oxford Learner's dictionary, 2022), has the potential to be a malleable and ongoing source of support for birthing parents in Canada. By elucidating lived postpartum experiences, this qualitative study identified the facets of community engagement that birthing parents (i.e., parents who gave birth and were caring for their infants) found supportive of their mental health postpartum. Findings provide direction for future research pertaining to this topic and can be used to inform decisions about the allocation of community resources in favor of local birthing parents and their infants.

1.3 Research Questions

The study sought to answer questions about three aspects of community-parent interactions.

Community spaces. (a) Which communal spaces are birthing parents choosing to spend time in by themselves and with their infant (0-2 years old), and why? (b) What impact do these spaces have on the mental health of birthing parents? (c) What barriers have birthing parents encountered in accessing preferred communal spaces?

Community events. (a) Which communal events are birthing parents choosing to attend by themselves or with their infants (0-2 years old), and why? (b) What impact do these events have on the mental health of birthing parents? (c) What barriers have birthing parents encountered in accessing preferred communal events?

Community interactions. (a) Who are birthing parents choosing to interact with in the community during the postpartum period? (b) What impact do these interactions have on the mental health of birthing parents? (c) What barriers have birthing parents encountered in interacting with others in the community?

1.4 Positionality

I approached this topic as a White, cisgender, queer woman, an immigrant, and a settler on the unceded traditional territories of the Kwikwetlem, Musqueam, Squamish, Stó:lō and Tsleil-Waututh First Nations. I also approached this topic as a mother who recently experienced postpartum anxiety and depression. I experienced a sense of disconnection from my home country and family when I transitioned to parenthood, a sense of disconnection that was further exacerbated by the COVID-19 pandemic. I felt incredibly isolated and lonely. I longed to feel connected to the community in which I lived and cared for my baby, for spaces that felt safe and welcoming. Although my own experiences may have provided me with valuable insight

and enabled me to empathize with the experiences of other birthing parents, I also recognize the limitations of my position. I am conscious of the privileges I have been accorded because of my Whiteness, and my identity as a cisgender mother. I have also had access to perinatal resources that coincide with my worldview. It is with this in mind that I reflected on my social location throughout this study, as well as the way it may have influenced my understanding of others' experiences with community and postpartum mental health.

Prior to the study, I connected with a counselor to address my own mental health concerns and the factors that influenced them. I mapped out my relationship with the community in which I lived, and reflected on the way it impacted my postpartum experience with mental health. By bringing awareness to my own personal experiences, I was able to separate them more effectively, and my corresponding feelings, from those of others in the study. I listened to the interview recordings several times to ensure that the transcripts were accurate and to become better acquainted with the accounts of research participants, before moving forward with the data analysis process.

1.5 Chapter Summary

Perinatal mental health has been increasingly examined over the years, with particular attention to the symptomology and treatment of perinatal mood disorders (Gavin et al., 2005; Gheorghe et al., 2021; Liu et al., 2022). Those who do not meet the criteria for a diagnosis can also experience significant distress (Emmanuel & St John., 2010; Law et al., 2021; Lobel & Ibrahim., 2018; Ou et al., 2020). Mental health promotion could aid in the prevention of postpartum distress and mood disorders. By elucidating lived experiences, this study sought to

identify the facets of community engagement that birthing parents found supportive of their mental health postpartum.

Chapter 2: Literature review

A review of literature pertaining to postpartum mental health and community engagement was conducted.

2.1 Postpartum Mental Health

2.1.1 Risk Factors

According to recent studies, the transition to parenthood, for mothers in particular, is often quite challenging. Not only has it been associated with significant changes in family dynamics, sleep deprivation, and stress (Benzies et al., 2021), but additional factors have also been identified that can increase the risk of postpartum depression. Decreased or lack of community connection and low social support (i.e., emotional, informational, and practical support from friends and family) have been associated with postpartum depression amongst mothers in Canada (Dennis et al., 2017).

Certain socio-demographic factors have been associated with lower levels of support, namely lower income, ethnic minority status, and history of depression (Hetherington et al., 2018). Leason, (2021), who examined the postpartum experiences of Indigenous women in Canada, noted that they are more likely to experience postpartum depression compared to non-Indigenous women, according to the 2009 Public Health Agency of Canada's Canadian Maternity Experiences Survey. She links this disparity to “socioeconomic inequities, structural and systemic barriers, and immediate and ongoing impacts of colonialism” (p. 226). Findings also show that approximately half of the Indigenous population in Canada resides in urban areas, away from their communities and family, which was associated with feelings of isolation

emotional distress (Leason, 2021). According to Ross (2005), Gay and Lesbian parents are also less likely to receive social support than their heterosexual counterparts as a result of homophobia and heterosexism.

Dol et al. (2021) examined the trajectory of social support and mental health during the postpartum period. They found that mothers tend to receive more support early in the postpartum period, and that mental health concerns increase as levels of support decrease over time. Therefore, the authors concluded that mothers with older infants are more likely to experience postpartum depression.

Cultural and societal expectations around motherhood and mental health have also been found to impact levels of support (Baiden & Evans, 2021; Johnson et al., 2020). Narratives such as that mothers are expected to be the primary caregivers of their infants and that the transition to motherhood is expected to be a joyful occasion are still pervasive in Western society (Baiden & Evans, 2021). Johnson et al. (2020) examined literature pertaining to the lived experiences of women diagnosed with postpartum depression. They found that mothers commonly disclosed a sense of loss regarding "identity, expectations and idealization of motherhood" (Johnson et al., 2020, p. 586), which resulted in perceived judgement from others and negative self-perceptions. Furthermore, the silencing of negative motherhood experiences within Canadian society has been found to increase stress, promote the stigmatization of postpartum mood disorders, and deter mothers from seeking the support they need (Baiden & Evans, 2021; Johnson et al., 2020). For example, Black African newcomer mothers in particular, were found to "present themselves as strong women and conceal emotional distress to others" (Baiden & Evans, 2021, p. 206), and to abide by these expectations.

The rate of postpartum depression in Canada increased during the COVID-19 pandemic (Cameron et al., 2020), this increase was likely strongly related to social distancing policies. This is not surprising since lack of social support and isolation, a secondary effect of social distancing policies (Rice & Williams, 2021), have consistently been identified as risk factors for postpartum depression (Benzies et al., 2021; Dennis et al., 2017; Gheorghe et al., 2021; Hetherington et al., 2020; Rice & Williams, 2021).

While there are many concurrent factors at play, including socio-demographic factors (Dennis et al., 2017; Hetherington et al., 2018; Leason, 2021), cultural and societal expectations (Baiden & Evans, 2021; Johnson et al., 2020), and environmental issues such as the recent COVID-19 pandemic (Cameron et al., 2020; Rice & Williams, 2021), the existing literature clearly shows that lack of social support and community connection are associated with mental health concerns during the postpartum period (Benzies et al., 2021; Dennis et al., 2017; Gheorghe et al., 2021; Hetherington et al., 2020; Rice & Williams, 2021),.

2.1.2 Canadian Perinatal Services

Existing Canadian perinatal services were discussed in the literature pertaining to postpartum mental health, highlighting their limitations and strengths. The latter are identified below.

2.1.2.1 Limitations of Canadian Perinatal Services

Regarding limitations, D'Amour et al. (2003) noted that hospital stays, following birth, have been gradually reduced in length, with many mothers returning home in less than 48 hours after the birth. Postpartum hospital care has gradually been replaced with community

follow-ups. However, these services have been associated with limitations in terms of accessibility, appropriateness, and continuity of care.

Addressing accessibility and continuity of care, D'amour et al. (2003) found that more than half of 1158 mothers interviewed in Quebec did not receive an in-person visit. Very few mothers (9.2%) received phone calls and only 18.3% were visited within the recommended time frame. Delays in care are particularly concerning because the most common complications experienced by mothers and newborns, in relation to breastfeeding, weight gain, jaundice and dehydration, tend to arise about 3 days after birth. Complications such as low infant weight and delayed breastfeeding have been linked with postpartum depressive symptoms (Shen et al., 2022; Yaksi & Save, 2021). In terms of appropriateness, D'Amour et al (2003) found that many services were either duplicated or not delivered by the right providers. Clearly the integration of perinatal services was poorly implemented in this case.

Although parenting education has been associated with improved health, Benzies et al. (2021) found that prenatal programming, which tends to focus solely on the birth experience, has been leaving women feeling unprepared for life with an infant. Formal social support, which can take the form of education and mentorship, has been found to mitigate postpartum depression as well. However, it is not readily available to all, but rather is often oriented only towards vulnerable populations (Benzies et al., 2021).

In addition to the inadequacy and unavailability of services, mothers have also been hesitant to seek formal support due to fear of stigma related to cultural and generational values (Johnson et al., 2020). Mothers feared that disclosing their mental health concerns would lead to negative consequences, such as negative assessment of their capacity to parent and having

their children taken away from them (Law et al., 2021). Baiden and Evans (2021) found that in addition to the stigma surrounding mental illness, Black African Newcomer mothers did not access postpartum mental health services due to lack of information and affordability. They were also reluctant to access postpartum mental health care after having experienced discrimination in the Canadian healthcare system. According to Ross (2005), Gay and Lesbian parents also face discrimination from mental health professionals and medical personnel on a regular basis which can result in significant distress.

2.1.2.2 Strengths of Canadian perinatal Services

Despite these limitations, a few Canadian perinatal programs were found to have a positive impact on birthing parents, including the Healthy & Home program (Olson et al., 2019), the Welcome to Parenthood program (Benzies et al., 2021), and the Inuulitsivik midwifery service and education program (Wagner et al., 2007).

Olson et al. (2019) evaluated The Healthy & Home program in Saskatchewan, which serves to provide timely community follow up care to new birthing parents, following hospital discharge. In addition to providing physical care for mothers and infants, as well as breastfeeding support, the program also provides mental health support. Most participants agreed that their questions and concerns were addressed, and that they received an adequate number of visits from nurses who were supportive of their feeding plans. Participants also agreed that by the end of the program, they felt comfortable in their abilities to care for their infants (Olson et al., 2019). Olson et al. (2019) concluded that the program was up to date on the latest best practices, and adequately addressed the various facets of postpartum and newborn care, including the physical and mental health of mothers.

Benzies et al. (2021) conducted an evaluation of the Welcome to Parenthood program in Alberta. The purpose of the program is to promote mental health amongst first time mothers during their transition into parenthood, and concurrently, improve infant development. The program provides parenting education and connects mothers to volunteer mentors in the community. As an incentive to participate, mothers receive a baby kit, comprised of clothes, equipment, and a bassinet box, which they assemble during a workshop. Benzies et al. (2021) found that mothers' depressive symptoms decreased significantly during their participation in the program. Mothers who experienced adversity in their own childhood saw the biggest improvements in mental health. These findings have been attributed to the increasing evidence that social support is strongly associated with improved mental health (Benzies et al., 2021).

Wagner et al. (2007) evaluated the Inuulitsivik midwifery service and education program in the Inuit villages of Nunavik. Although the program focuses on the birthing process itself, rather than postpartum support, it promotes care that is community based and culturally appropriate, an approach that has been shown to have a long-term positive impact on birthing parents as well as the communities in which they live. Birth in the community promotes cultural revival, capacity and pride, as well as supportive family and community relationships. As Wagner et al. (2007) explain, “health [in Inuit culture] is regarded as more than the absence of disease, and includes health of the individual’s physical, mental, emotional, and spiritual aspects, in addition to health in the family and the community as a whole” (p. 387). The authors concluded that midwives play an integral role in promoting the health of Indigenous birthing parents, their families, and their communities, during the perinatal period and beyond (Wagner et al. 2007).

Notably, these three programs have been found to meet the mental health needs of birthing parents, through integrated postpartum care, which includes direct mental health support (Olson et al., 2019), social support (Benzies et al., 2021) and community involvement (Wagner et al., 2007), highlighting the importance of these factors.

2.1.3 Protective factors for Postpartum Mental Health

In addition to appropriate, accessible, and continuous professional support, other protective factors have also been identified. For instance, individual strengths, resilience (Baiden & Evans, 2021; Leason, 2021) and increased self-efficacy (i.e., sense of confidence in performing parenting tasks) (Dol et al., 2021) have been associated with improved mental health. The importance of social support (perceived support from family, friends, and significant others) has also been consistently noted (Dennis et al., 2017; Dol et al., 2021; Hetherington et al., 2020; Johnson et al., 2020; Rice & Williams, 2021; Stewart et al., 2015; Varin et al., 2020). According to Hetherington et al. (2018), this can take the form of social interactions (discussing concerns, sharing advice, and having fun together) and hands-on support with practical needs. For newcomer mothers in particular, who have been separated from their families and spouses, connecting with a female support system has been found to be beneficial (Kassam, 2019).

Community belonging has also been found to reduce the risk of mental health concerns amongst mothers who give birth in Canada (Gheorge et al., 2020; Wagner et al., 2007) and newcomer mothers (Dennis et al., 2017). Inuit mothers in Nunavik who gave birth in their community with the support of a local midwifery program were found to be more connected to their community, have more postpartum support, and to fare better than those who were

evacuated to distant hospitals (Wagner et al., 2007). Dennis et al. (2017) found that for newcomer mothers in particular community belonging was associated with a reduction in depressive symptoms. Although the significance of community belonging may differ across individuals, they suggest that “a greater sense of cohesion and access to various forms of support, including material, informational, as well as emotional support, may buffer one against the psychological effects of adverse life events, and promote resilience and overall wellbeing” (p. 419). Varin et al. (2020) confirmed that community belonging, life satisfaction, and mental health promotion are indeed connected. Although studies such as these have alluded to the influence of community belonging on the mental health of birthing parents, particularly mothers (Benzies et al., 2021; Dennis et al., 2017; Gheorghe et al., 2021; Varin et al., 2020), the relationship between the two requires clarification.

2.3 Community

2.2.1 Significance of Community

What is the significance of community? The Oxford dictionary defines community as a group of people who live in a delineated area as well as “the feeling of sharing things and belonging to a group in the place where you live” (Oxford Learner's dictionary, 2022). However, in social sciences there is debate about community as a concept (Burton et al., 2011; Jewkes & Murcott, 1996; MacQueen et al., 2001). Burton et al. (2011), who associated community with place, contended that people and places are very much intertwined. However, they found that there has been a significant amount of debate about the way place affects health, and the way it should be measured. MacQueen et al. (2001) found a common definition of community, “as a

group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings" (p. 1936). However, the way community was experienced by different participants in their study varied considerably. In addition, community has been associated with tangible boundaries such as borders, ethnicity, and language. However, it has also been associated with symbolic forms of boundaries, "existing in the minds of the beholder" (Jewkes & Murcott, 1996, p. 557).

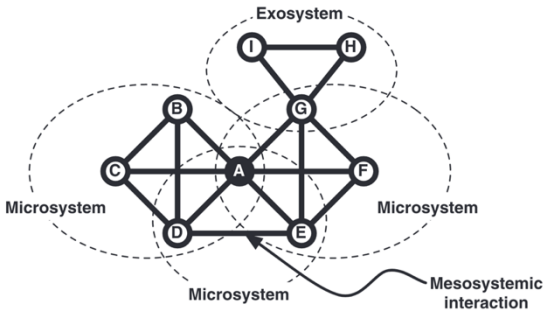
Despite these discrepancies, the concept of community has been consistently associated with shared spaces, events, and social interactions (Burton et al., 2011; Jewkes & Murcott, 1996; MacQueen et al., 2001). It is this definition that informed this study.

2.2.2 Networked Model of Ecological Systems Theory

According to The Networked Model of Ecological Systems Theory (EST), conceptualized by Neal and Neal (2013), "[A] setting is a set of people engaged in social interaction, which necessarily occurs in, and is likely affected by the features of, a place" (p. 727). As illustrated in Figure 2, this theory imagines a network of systems that directly and indirectly influence one another (Neal & Neal, 2013). It is this theory that was used to make sense of the way birthing parents engaged and were influenced by their community, in particular the spaces, events, and interactions within it.

Figure 1

Networked Model of Ecological Systems (Neal & Neal, 2013, p. 728)



As illustrated in Figure 1, the focal individual (A) is influenced by their engagements with Microsystems, Mesosystems and Exosystems. A Microsystem is a setting (i.e., space, event and/or social interaction) that includes the focal individual (i.e., the birthing parent). A Mesosystem is an interaction between settings that include the focal individual, and an Exosystem is a setting that does not include but does impact the focal individual indirectly (Neal & Neal, 2103). “The macrosystem and chronosystem [not depicted here] are not built from settings, but rather refer to forces that shape the patterns of social interactions that define settings” (Neal & Neal, 2013, p. 729), such as social, political, and cultural systems that can impact the composition of social networks. For instance, a birthing mother may attend a music class (event) at the local recreation centre (space) where they interact with staff and other parents (social interactions). This microsystem, in which the birthing parent is directly involved, is made possible by a political system that values and funds family programming in the community (macrosystem). Coincidentally, the birthing parent may interact with the same individuals in other spaces within the community as well (mesosystem). By mapping out these relationships, the way birthing parents engage and are influenced by their community becomes apparent. Patterns and discrepancies that occur amongst the experiences of birthing parents in the study can also be elucidated this way.

2.4 Chapter Summary

The transition to parenthood, for mothers in particular, can be challenging (Benzies et al., 2021). Decreased or lack of community connection and low social support (i.e., emotional, informational, and practical support from friends and family) can further exacerbate mental health concerns during this time (Dennis et al., 2017). Perinatal services, which are community based and rely on existing social supports in the lives of parents, have been found to promote postpartum mental health (Benzies et al., 2021; Olson et al., 2019; Wagner et al., 2007). So has community engagement (Varin et al., 2020). By adopting an ecological perspective, as depicted by Neal & Neal (2013), the role that community spaces, events, and interactions play in promoting postpartum mental health amongst birthing parents in Canada can be clarified.

Chapter Three: Research Method and Implementation

3.1 Participant Recruitment

3.1.1 Eligibility Criteria

Existing research has focused primarily on cisgender mothers. This study included "birthing parents," a gender inclusive term that refers to people who have given birth and are caring for their infant(s), including cis, trans, and non-binary parents (Rioux et al., 2021). Inclusion initially extended to primiparous and multiparous birthing parents who lived and were caring for their 0–2-year-old infant(s) in British Columbia, Canada. When recruitment became challenging, inclusion was expanded to include birthing parents residing across Canada.

Birthing parents who resided in institutions (i.e., detention centers, inpatient care facilities) and were limited in their capacity to care for their infant(s) and freely engage with their community were excluded from the study.

3.1.2 Participant Recruitment Process

Research was undertaken during the COVID-19 pandemic, which dictated restrictions on in-person engagement to recruit and interview participants. Therefore, birthing parents were recruited via snowball sampling on social media, a virtual method that gained traction during the COVID-19 pandemic (Leighton et al., 2021). Recruitment posters were shared on Facebook and Instagram via accounts that were created for this purpose. Individuals were able to share these posts on their own social media profiles and share them with other social media users as well. Parents were able to express their interest in participating in the study via the email

address provided on the recruitment poster. A letter of information for implied consent was sent to birthing parents who expressed interest in participating. If they agreed to participate, a time was arranged to meet for an interview.

3.2 Data Collection

A pilot test of the interview protocol was conducted with two birthing parents once approval from the UVic Human Research Ethics Board (HREB) was obtained. The purpose of this pilot test was to practice, modify, and refine the interview questions and process so that it elicited answers pertinent to the research question, and to ensure it was a comfortable experience for research participants. Once the process was satisfactory, data collection commenced.

Data were collected through qualitative interviews, which were conducted, recorded, and transcribed via the video platform Zoom. Participants were advised that information was being gathered for this research through an online program located in the U.S. or a program that could be accessed from the US (Zoom Video Communications, Inc.). As such, there was a possibility that information could be accessed without their knowledge or consent by the US government in compliance with the US Freedom Act. They were also advised that confidentiality would be maintained unless they or someone they know posed a risk to them or others. Prior to the interviews, the participants were given the option to turn their cameras off. They were also given the option to answer questions verbally or by typing in the chat.

The term “community” was used in the interviews to inquire about the immediate environment in which they cared for their infant(s) outside of their personal place of residence,

including physical spaces (e.g., library, coffee shop, park, recreation center), in-person events (e.g., classes, programs, community events), and personal interactions (e.g., program staff, other program participants, friends, family members). Since accessibility to out-of-home spaces, events, and interactions can vary, community limits were left to the discretion of participants.

Throughout the interview, participants were asked to rate their mental health on a scale from one to five (poor, fair, good, very good, excellent) and were asked to elaborate on the aspects of the spaces, events and interactions within their communities that had an impact on their mental health.

Each interview was automatically transcribed through the Zoom application as it was being recorded. The Zoom transcripts were cross-checked by the investigator to ensure accuracy. Each transcript was then copied and pasted onto a word document and saved on a secure folder. The folder was saved on a USB key which was secured in a lock box in the residence of the investigator. The folder was also backed up on the UVIC Data storage portal. The data will be stored until the thesis has been completed and disseminated.

3.3 Data Analysis

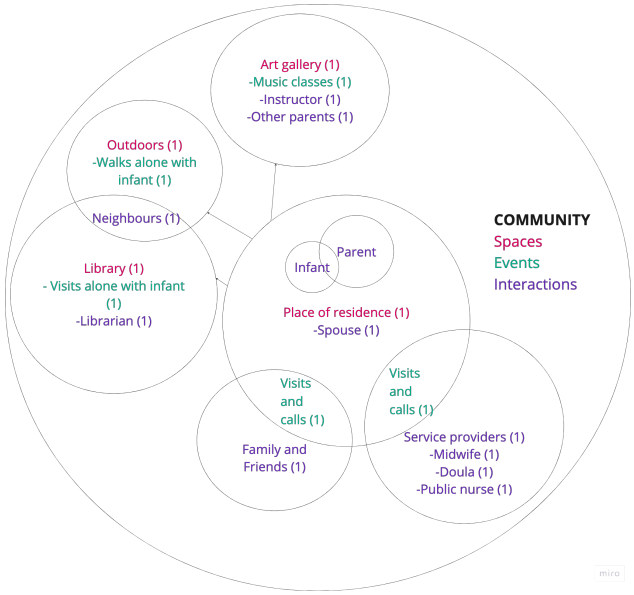
3.3.1 Networked Model of Ecological Systems Theory

Data analysis in this study used the Networked Model of Ecological Systems Theory (EST), described previously, to conceptualize the way that birthing parents engaged with and were influenced by different aspects of community (Neal & Neal, 2013). I first drew the map by hand, slowly adding microsystems (i.e., spaces, events, and interactions) that birthing parents

described in their interviews. The map was then recreated on Miro, a visual collaboration platform, on which different components were moved to better depict the mesosystems (i.e., connections between microsystems). By mapping out these connections, the relationship between birthing parents and their communities became more apparent. I then revisited the interviews and tabulated the number of parents who commented on each component, before adding the resulting numbers to the map.

Figure 2

Example of Ecological map depicting community engagement



This example is based on my personal engagement with community during the postpartum period. I was predominantly stationed within my place of residence with my spouse, where I recovered and cared for my infant. The three of us were visited by service providers, friends, and family. We also interacted with the latter outside of our home and reached out to them via phone calls. Over time, my infant and I slowly ventured into the community. Sometimes my spouse joined us. We frequently went for walks around the neighbourhood and visited the library where we encountered the librarian. We encountered

our neighbours in both the outdoors and the library as they also frequented these spaces. My infant and I also took part in a music class at the art gallery where we interacted with the instructor and other parents.

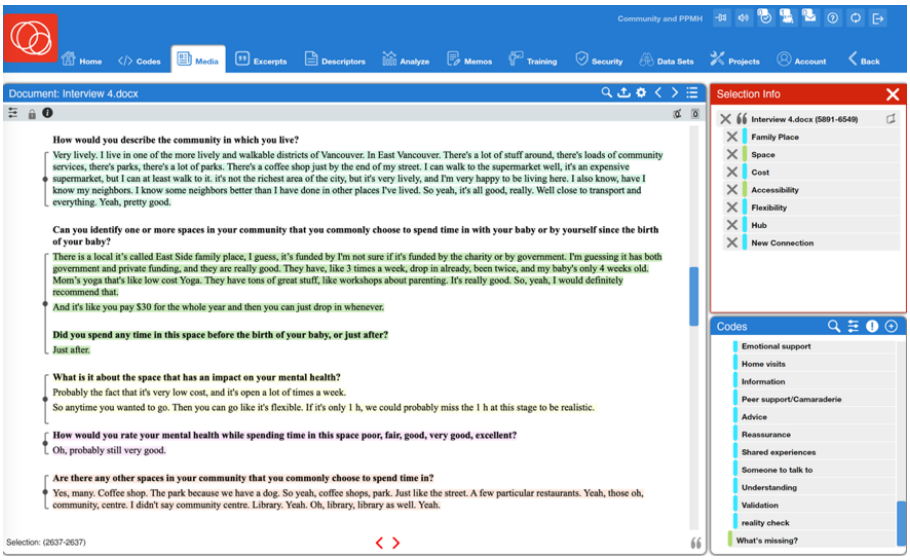
3.3.2 Reflexive Thematic Analysis

Reflexive Thematic Analysis, as conceptualized by Braun & Clarke (2014, 2019) and Clarke & Braun (2017, 2018), was then used to analyze the transcribed data. Reflexive TA is typically used to represent the experiences and perspectives of research participants (Clarke & Braun, 2018) and has been described as a flexible process through which to generate meaning (Clarke & Braun, 2017). The purpose of this method is not to identify codes and themes within the data, but to create them through active engagement with the data and research question. Therefore, "researcher subjectivity [is viewed] as a resource (rather than a problem to be managed)" (Clarke & Braun, 2018, p. 107). The Reflexive TA process, which Braun et al. (n.d.) have outlined on their website, includes six phases: (1) familiarising oneself with the data; (2) coding; (3) generating tentative themes; (4) developing and reviewing themes; (5) refining defining and naming themes; and (6) writing up (Braun et al., n.d.). Initially, I familiarised myself with the data. After each interview, I listened to the recording again, to ensure that the transcripts accurately conveyed what the participants had said. Once all the interviews were completed, I read through the transcripts again. The transcripts of the interviews were then uploaded into Dedoose, a virtual qualitative analysis tool that allows users to highlight excerpts, to identify codes and themes, and organize/retrieve data as needed. I began to highlight excerpts within the transcripts and apply initial codes pertaining to my research questions.

Through careful examination of the data sets, I noticed patterns and collated the codes. I then read through the transcripts again to see if the collated codes remained representative of the experiences participants shared.

Figure 3

Example of initial coding in Dedoose



I then began to generate tentative themes by examining the broader patterns of meaning amongst the codes. These were: (1) a need to "get out" into the community; (2) changes in connections/engagement with community (related to changes in identity); (3) the value of peer support and camaraderie; (4) the accessibility, flexibility and safety of community spaces, events, and interactions. I was able to export three of my coded documents and share them with my supervisor who examined them and gave me feedback on my tentative themes. Following is a synopsis of supervisory feedback I received.

> *1. Yes – need to 'get out' came across strongly in these three. Just walking with the baby (without added social support) was very important – and highlighted value of parks, trails, safe sidewalks, scenery, fresh air, nature.*

2. Changes in connections especially with friends (girlfriends) – yes – but I did not read anything that specifically seemed to speak to 'identity'. Are you over-laying your own idea about identity ("now that I am a mother")?

3. Value of peer support – I suggest elaborating on what IS the value….from participants' reports (e.g., checking in, reality check, advice, help, what else did they say is the value?)

4. Accessibility yes. From what I can see, flexibility (hours, numbers of families allowed) and safety are PART of accessibility – if a program or place is not flexible and safe it is not accessible, right? So I would not make this three separate themes but one theme Accessibility and then define it. (J. Ball, personal communication, July 18, 2023)

With supervisory feedback in mind, I read through the entire data sets again and re-examined my code application.

Figure 4

Example of a code application chart in Dedoose

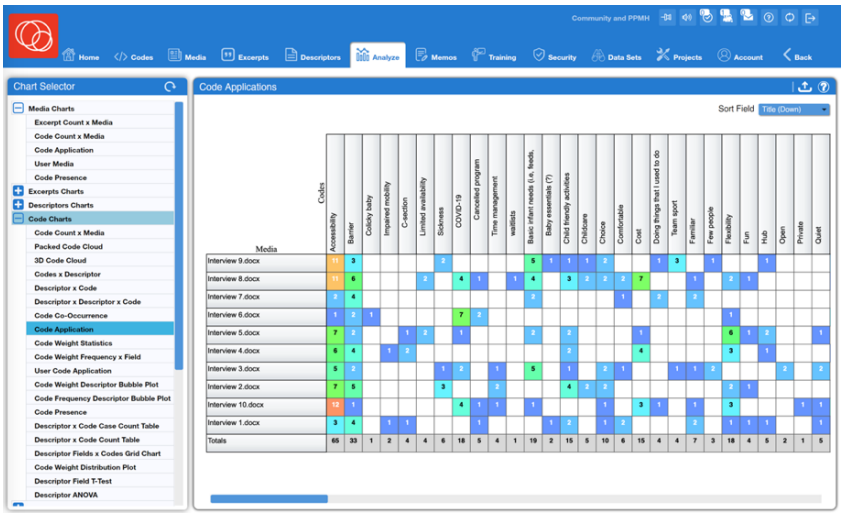


Figure 4 illustrates the prevalence of the parent "Accessibility" code along with the prevalence of pertinent sub-codes. Codes pertaining to (1) accessibility; (2) getting out; and (3) peer support remained prevalent. Codes pertaining to community services also stood out. I then

compiled the codes and excerpts associated with each initial theme into a table and further examined the patterns of meaning.

Table 1
Example of theme development

Theme	Codes	Excerpts
Accessibility	Proximity/Walkable	"There's no external barriers like I can walk everywhere in this town"
	Safety to be “as you are”	"I can remember sitting in the corner, one day looking at books, and I just started crying cause I was just done, cause he was like he wasn't even doing anything. I was just done, and the one librarian that I kind of have, like a good vibe with. She just like came over and just sat with me. And like. Didn't say anything for the longest time. And then she was just like it's tough, and I was like, it is!"
	Barrier, social anxiety, weather, limited mobility due to c-section	“I struggle with social anxiety so, that can be a barrier for me to just leaving the house.[...] the 5 feet of snow outside is a little bit of a barrier right now. [...]I had a C section too, so getting up the stairs to leave the house was very difficult. Not my idea of a good time.
	Proximity/Short drive. Lots of options. Access all year round.	"Also just like the accessibility of a ton of parks, is so in playgrounds are so great as well. I thankfully live in like such a great area, where there's endless amounts of parks. If you drive within like a few minutes to even like half an hour, There's, you know, so many different parks and places to play for kids that it's just such a great option to be able to like take your kid outside and let them run around, not with my 5 month old, but you know, just to get out in nature and like just basically like, go for a hike or for a walk, or something like that, and it's just so nice to be able to you know, live where we do and have access all year round to be able to do that."
	Safety to "be as you are":	Well, it was just I think it was just like a big space of just like openness, with no, with just trying to word it properly. Just like no expectations like you could just

	come as you were, and just be accepted where you're at whether you're having a bad day or a good day, or you know you're having a child like a child struggling with tantrums, or you know, problems with potty training, like you could just come and it was a safe space.
Safety from COVID-19	"I think the concern was him catching Covid because he doesn't have vaccinations, and things like that or very many vaccinations. So yeah, I think being in an open area outside, as we know, is probably better and avoiding, like large crowds of people"
Familiarity, proximity	"it was within our small community so it's like we kind of knew some of the people, anyways. And then it is like more neighbors and things like that. But yeah, that that was about it. It's so close. It's very convenient. Yeah, convenient. Yeah. It worked with nap time, so"
Barrier, timing of events, infant care needs	"We haven't really attended any [programs] cause like we were thinking about like going to like story time and stuff like that. But I just haven't been able to cause timing-wise"
Proximity, lots of options	"Yeah, I think a lot of them were just convenient. Yeah, convenient. They're walkable like, if I need to get home quickly, then I could. It wouldn't be like too long. About 10-15 min, or anything. Some of them have playgrounds, so some of them had kids there as well, which was nice. So then I guess there's just that background noise of other children, and then at least the baby can observe if he's awake. Which was nice. Yeah, I just wanted to make sure things were convenient in that sense. So I could always, you know, treck back home quickly if I needed to. Yeah. So like 10 min that way, or 15 min that way. And I'm like, Okay, which one do I go to today?"

By examining the way they showed up in each data set, I was able to determine the scope of each theme and decide on descriptions for each of them. I then wrote up my analysis

of the data, weaving in excerpts from each interview. Finally, I examined my analysis alongside existing literature pertaining to each theme.

3.4 Reflexivity as Rigour

It is my own difficult transition to parenthood, as previously described, that inspired me to conduct this research in the first place. It inspired me to diverge from the dominant medical perception of perinatal mood disorders, and focus on ways to promote mental health through community engagement. It would, therefore, be irresponsible to overlook my subjectivity within the context of this study. As Clarke & Braun (2018) "researcher subjectivity [is viewed] as a resource (rather than a problem to be managed)" (p. 107).

In their examination of Reflexive Thematic Analysis, Campbell et al. (2021) describe reflexivity as "a[n ongoing] process of self-examination revealing ourselves as individuals and researchers while understanding how our personal biases may influence the research process. […] It situate[s] the researcher within the analytic process" (p. 2016). There is no doubt that my lived experiences inspired me to elucidate the lived experiences of other birthing parents in Canada, which is why I chose to conduct interviews. My experience also informed the interview questions and protocol that I devised. However, I demonstrated rigor by seeking feedback from my supervisor and committee member, I obtained approval from the UVic Human Research Ethics Board (HREB), and I tested out the questions and protocol with two parents before proceeding with data collection.

There is no doubt that my lived experiences influenced the data analysis process as well. My story predisposed me to look for clues about certain topics, particularly around the spaces,

events, and interactions that I was inquiring about. I demonstrated rigor throughout the data analysis process by cross checking the transcripts for accuracy, rereading them, coding them, developing tentative themes, seeking feedback from my supervisor, and adjusting my themes accordingly. I must admit that the final themes surprised me, as they diverged from the research questions I had initially posed. I had sought to identify the spaces, events and interactions that birthing parents found supportive of their mental health postpartum, and discovered, in addition, the various facets that birthing parents associated with those microsystems (Neal & Neal, 2013).

3.5 Chapter Summary

For the purpose of this study, primiparous and multiparous birthing parents who lived and were caring for their 0–2-year-old infant(s) in Canada were recruited via snowball sampling on social media. Data was collected through qualitative interviews, which were conducted, recorded, and transcribed via the video platform Zoom, before being uploaded in Dedoose, a virtual qualitative analysis tool. The Networked Model of Ecological Systems Theory (EST) was used to conceptualize the way that birthing parents engaged with and were influenced by different aspects of community (Neal & Neal, 2013). Reflexive Thematic Analysis, as conceptualized by Braun & Clarke (2014, 2019) and Clarke & Braun (2017, 2018), was then used to analyze the transcribed data. Themes were identified and reflected upon alongside relevant literature. Reflexivity was practiced throughout the study to ensure the validity of findings.

Chapter Four: Results

4.1 Demographics

As shown in Table 2, A total of ten birthing parents participated in the study. They all lived in Canada at the time of the study. Nine participants resided in various parts of British Columbia, including rural and urban settings, and one resided in an urban setting in Alberta. They all gave birth and were caring for their infants at the time of the study. All the participants identified a partner at the time of the interview. Six participants were primiparous and four were multiparous. Seven participants reported feeling isolated following the birth of their infants. Eight of the participants declared a decline in their mental health following the birth of their infants. Two of those eight indicated that their mental health improved significantly over time.

Table 2
Participant Characteristics (N = 10)

Place of Residence	n	%
British Columbia	9	90%
Alberta	1	10%
Partnered	10	100%
Primiparous	6	60%
Multiparous	4	40%
Age of children (including siblings)		
unknown	1	10%
<6 months	4	40%
6-12 months	2	20%
12-18 months	1	10%
18-24 months	4	40%
>24 months	3	30%
Self-reported isolation	7	70%
Self-reported symptoms**		
Depression	3	30%
Anxiety	7	70%

Psychosis	1	10%
Baby blues	1	10%
Crying	3	30%
Low mood	1	10%
Stress	2	20%
Overwhelm/Overstimulation	2	20%
Self-reported mental health treatment**		
Hospitalization	1	10%
Psychiatry (medication)	1	10%
Therapy (counsellor or psychologist)	3	30%
Substance abuse support group	1	10%
Average self-rated mental health		
Before birth	3.35/5 (good-very good)	
After birth	2.4/5 (fair-good)	

**Participants were able to report more than one symptom or treatment

Participants were asked to share any personal factors they perceived as influential to their mental health (Table 3). Three participants reported their personalities as a factor. The participant who identified as productive, active, and busy prior to the birth of their child, reported that her personality was detrimental to her mental health. Those who identified as confident and “not easily stressed,” on the other hand, found their personality to be supportive of their mental health. Three participants identified being “older” as a factor that influenced their mental health. Being older was associated with difficulties managing the physical demands of newborn care (i.e., sleep deprivation), as well as knowledge and experience which was perceived as helpful. Knowledge and experience were also identified as a factor by a couple of parents with work experience in relevant fields (i.e., public nurse, child and youth care), as well as multiparous parents who had been through the postpartum period before. Although knowledge and experience from previous children was found to be helpful, multiparous parents also reported feelings of overwhelm, which primiparous parents did not. Although every participant reported a spouse at the time of the study, whether the spouse was present and

supportive was associated with participant perceptions of their mental health. Having an existing support system in place was also identified as a factor. For example, a participant who did not have a peer support system in place reported feeling isolated, and experienced a significant decline in their mental health following the birth of their baby. Difficult pregnancy, sudden work interruption, low socioeconomic status, small living space, history of mental illness, health concerns (including concerns pertaining to COVID-19), and negative experiences with the healthcare system were all identified as detrimental to participants' mental health postpartum. One participant identified their walkable community as supportive to their mental health.

Table 3

Self-reported factors that influenced the mental health of birthing parents

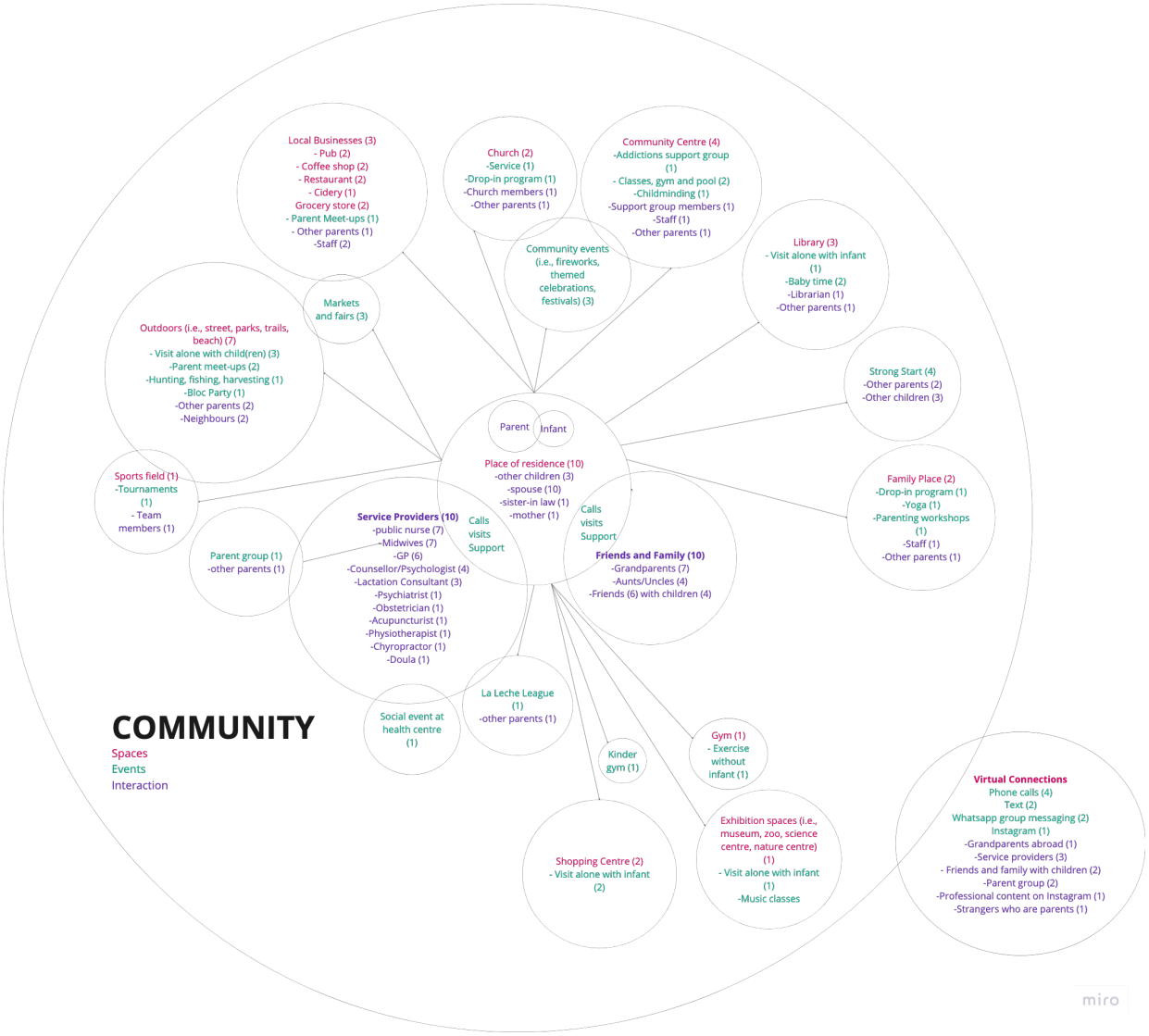
Factor**	n	%
Older (>30)	3	30%
Knowledge and experience	4	40%
Difficult pregnancy	1	10%
Multiparous	2	20%
Sleep deprivation	2	20%
Personal health concerns	2	20%
Negative experience with healthcare system	1	10%
COVID19	1	10%
Isolation	2	20%
Existing peer support network	1	10%
Presence and support of spouse	3	30%
Socioeconomic status	2	20%
Walkable community	1	10%
Work interruption	1	10%
Small living space	1	10%
History of mental illness	2	20%
Personality	3	30%

**Participants were able to report more than one factor

4.2 Community Engagement

Figure 5

Ecological map depicting community engagement by birthing parents



As depicted in Figure 5, all the birthing parents were initially stationed within their places of residence, where they recovered and cared for their infants postpartum. There, they were visited and received varying degrees of support from their spouses, friends, and family, in the form of food delivery, practical support, and check-ins. They also received varying degrees of support from service providers, the most notable being from midwives and public nurses.

Through their service providers, one parent was connected to a parent group and another parent attended a social event at their health centre.

Birthing parents slowly ventured out into the community the limitations of which determined by how far they could or were willing to walk and/or drive. Spending time outdoors was the most frequent location into the community birthing parents ventured, followed by the community centre, StrongStart, and the library. Churches, family places, shopping centres, and various family-friendly businesses, were also identified by some parents as favourable spaces to visit with their infants. Visits to exhibition spaces (i.e., museum, science centre, zoo), gyms, and sports tournaments were less common.

Birthing parents visited these spaces in company with their infants without their partners. They also participated in a variety of events hosted within those spaces, such as drop-in programs, themed community events (i.e., festivals, fireworks, celebrations), markets and fairs, children's classes, and support groups. Two parents commented on events that they attended without their infants. One of them participated in team sports tournaments. The other planned to use exercise facilities at the community centre, which was made possible by on-site childminding services.

The most notable interactions that occurred within those microsystems took place with peers (i.e., other birthing parents). Some birthing parents also commented on the interactions they had with nearby friends, family members, welcoming and supportive staff, neighbours, support group members, church members, and sports team members.

In addition to in-person interactions, birthing parents also used technology, mainly phone calls, texts, and WhatsApp, to reach out, maintain connections, and plan excursions with

others in their physical community. Phone calls also enabled parents to interact with individuals beyond the margins of their physical environment, such as family members residing overseas. They also made phone calls to service providers. Instagram was mentioned by one parent, who emphasized the benefits of pertinent professional content and being able to connect and relate to strangers with infants on the app.

Most birthing parents commented on the microsystems (i.e., spaces, events, and interactions) they engaged in as well as mesosystems (i.e., interactions between settings that include the focal individual). One parent, however, alluded to larger forces at play (macrosystems), stating that the lack of support they received from their family is the result of Canadian culture. They also attributed common postpartum difficulties to societal neglect.

4.3 Themes

Four themes were found to describe the aspects of community that birthing parents found supportive of their mental health postpartum: (1) Accessibility of spaces, events, and interactions (i.e., microsystems); (2) Getting out, particularly into the outdoors; (3) The intrinsic value of peer support; and (4) Individualized and responsive community services. “Accessibility of spaces, events and interactions” addresses the qualities of community spaces, events and interactions that facilitated community engagement for parents, as well as the barriers that they encountered. “Getting out, particularly into the outdoors” addresses the urge to leave one’s place of residence with the baby, and the therapeutic nature of outdoor spaces. “The unique perks of peer support” addresses the distinctive psychological, emotional, and informative support received from other birthing parents, and the role that community plays in

promoting these connections. Finally, “Individualized and responsive community services” addresses the types of services that birthing parents found supportive of their recovery during the postpartum period.

4.3.1 Accessibility of Spaces, Events, and Interactions

The accessibility of spaces, events, and interactions (i.e., microsystems) was a major determining factor in how birthing parents engaged with their community. While some parents were able and willing to drive short distances, most parents ventured out as far as they could or were willing to walk. Proximity was particularly valued by those who experienced reduced mobility because of c-section births. One parent, who had a c-section, explained that they visited the community centre and the library specifically because they were within walking distance. “*I can't walk far, and I can't drive. So yeah, that's a big one. Actually, that's probably the main one. There's 2 community centers with library like in walking distance. So it's great*”. Remaining close to home was also important for those who preferred to care for their infants at home. One parent in particular, stopped visiting a Family Place program after a couple of months because it was “*too far for the timing cause I was very particular about her nap, so, being in at home*.” Another parent regularly visited parks within a ten to fifteen minute radius of their home, explaining that “*I just wanted to make sure things were convenient in that sense. So I could always, you know, trek back home quickly if I needed to. Yeah. So like 10 min that way, or 15 min that way. And I'm like, Okay, which one do I go to today?*” Walkable communities were also appreciated by a couple of parents who explained that they could easily

care for their infant, access necessary goods and services, and remain connected with their community. One parent explained that:

> *the community is so small like I live right in town […] and like you can just literally walk to the grocery store, the post office like if I want to go to the La Leche breastfeeding group support group. I can go there to the that La Leche group. Everything's like 2 min away. So even though I'm breastfeeding, I can still go out for dinner. I can still go to the pub. I can still play baseball. It's across the road. Everything's close by. So like, yeah. So I guess that way is like that. That in itself has been like since we're in a tiny little community. Everything's here. What we need right in this place.*

The other parent directly associated their walkable community to their mental health, explaining that:

> *I do think like living in the neighborhood, which is so walkable and so lively has been a really good thing for my mental health. So that's probably like what's had the most positive impact, because otherwise, I imagine, what if I live somewhere away, not close to all these places, and I couldn't drive, and I couldn't walk far, and my partners gone back to work very quickly. It would have been tough.*

Birthing parents also favoured spaces and events with little to no cost attached, such as the outdoors, the library, the community centre, church, and family places. While two parents self-identified as low income to begin with, one parent disclosed that being on maternity leave took a toll on their finances. When asked why they chose to visit certain spaces, one parent stated, " *No cost in terms of the community center and the library.*" Another parent who visited the library on a weekly basis also commented on the fact that "*it's free. So bonus, you know,*

mat leave doesn't pay right." While describing their attendance at a local Family Place, another parent explained that to attend all the events they host, "*you pay $30 for the whole year and then you can just drop in whenever.*" They directly associated their mental health with "*the fact that it's very low cost, and it's open a lot of times a week.*" Some parents also visited shopping centres such as Malls and IKEA. When asked what it is about these spaces that had an impact on their mental health, one parent explained:

> *Nice to do something and not be able to like worry that I have to pay for entrance. I have to pay for that. So it's just a space to be in, and you're not expected to buy anything. Just wander around, look at things, […] there's always something exciting to see, because something's in there all the time. Oh, my goodness, it's really not that great, but I love it.*

Flexibility was another quality that birthing parents appreciated. Infant care was repeatedly described as unpredictable, which is why flexible timing made it easier for parents to visit certain spaces and partake in events. For instance, many parents spent time in the outdoors, "rain or shine," because it is accessible all day and all year round. One parent explained that the local Family place, which hosts a variety of programs and classes is also flexible in terms of timing, claiming that they could "*just drop in whenever […] anytime you wanted to go.*" They emphasized that they would have missed programming if the timing had been more stringent. Another parent valued the flexibility of parent-initiated meetups in their community, explaining that "*everybody's on different schedules and have different naps and all that kind of stuff. So they just kind of throw it out. And if you can go great, if you can't, like it's okay. It's very chill.*" This flexibility was made possible thanks to virtual communication. Birthing parents also commented on flexibility in terms of organizations being accommodating. One

parent appreciated the flexibility they were accorded to just be in a space for an undetermined amount of time:

> *After the session was done with the librarian, then we just all got to sat there for as long as we kind of wanted. So I was so grateful that they let us just sit there for an hour, and just chat and let the kids like interact. That was my favorite part of it.*

Another parent commented on the close-knit relationships within their community and how accommodating business owners were, stating that "i*f I show up and wait in line I usually get in like they shuffle me in because they know I have a little babe at home like, yeah, so that's really nice.*"

Safety was another important factor that birthing parents associated with favoured spaces, events, and interactions (i.e., microsystems). While most birthing parents preferred to feed their infants at home, one parent found a space outside of their place of residence in which they felt safe nursing their infant. They described the nursing room at the mall as comfortable and dark, claiming that it "saved" them because they "*felt like [They] had a safe place there.*" Safety was also associated with acceptance to be as you are "*whether you're having a bad day or a good day, or you know you're having a child like a child struggling with tantrums, or you know, problems with potty training, like you could just come and it was a safe space"*. In terms of the outdoors, one parent associated limited car traffic with safety. Another parent felt safe visiting parks in the community, claiming that she doesn't "*feel unsafe here, being a woman*". The outdoors was also found to be a safe space for those who had concerns around the transmission of illnesses. One parent admitted that they favoured the outdoors because their child became ill every time they participated in an indoor preschool program,

which inevitably led to all of them being ill. Another parent, with concerns around COVID-19, preferred the outdoors because "*being in an open area outside, as we know, is probably better and avoiding, like large crowds of people.*" One parent also found safety in limiting the interactions they had during the COVID-19 pandemic, by keeping their social circle small, at least in the beginning.

Birthing parents encountered several barriers in their efforts to engage with community, including distance and timing of events. Physical accessibility was also identified as a barrier, particularly for those trying to venture out with multiple children. A couple of birthing parents identified social anxiety, exacerbated by postpartum experiences (i.e., crying baby, decrease in self-confidence) as a barrier to interacting with others in the community. Some birthing parents commented on the limited availability of events for children under 5 years of age. One parent in particular noted the limited capacity of existing programs, an issue that was further exacerbated by the COVID-19 pandemic. The lack of flexibility in having to "fight for a spot" and register ahead of time was associated with increased stress. While some spaces and events had reduced capacity as a precautionary measure during the COVID-19 pandemic, many events were cancelled altogether. Concerns around catching COVID-19 and other illnesses also deterred some parents from visiting certain spaces, such as crowded indoor spaces. Infant care was also identified as a barrier. Most parents preferred to be home for feeds and naps, leading some of them to feel trapped inside their places of residence. One parent shared that they would not have enjoyed feeding their infant in a space outside of their place of residence. Only one parent commented on the availability of infant care amenities in community spaces. Most of the nursing rooms they found were located in bathrooms, which was associated with

negative nursing experiences. They also commented on the limited availability of change tables. Despite these barriers, birthing parents found ways to engage with their communities in ways that worked for them.

4.3.2 Getting Out, Particularly into the Outdoors

All the birthing parents expressed the need to leave their place of residence with their infants. Some parents felt trapped as a result of reduced mobility or illness. One parent in particular explained that if children were "*remotely sick at all, you are essentially told to keep your kid home.*" Others felt trapped as a result of infant care needs, which were described as unpredictable and monotonous. As one parent explained "*you never know when they're going to be hungry. You never know when they're going to be sleeping. So. I think that's just some of the barriers. Being able to go out and do things is, I can't plan for when I will be able to go.*" Another parent chose to hold their infant while they napped because they slept longer this way. This led them to feel trapped in their room. Being trapped at home was associated with boredom and isolation, and had a negative impact on mental health.

Spaces, events, and interactions (i.e., microsystems) in the community provided parents with a reason to get out, a destination. As one parent explained, "*any little activity where we're able to get out of the house and do something is so beneficial. Yeah, so yeah, just getting out of the house is such a big thing. And yeah, like, I said, seeing other moms and being able to talk to other moms face to face is a big thing as well*". One parent identified the local mall as a place that they often ventured out to with their baby, as there was always something to see and no expectation to pay for anything. Another parent explained that being surrounded by people,

even if no interaction occurred, was enough to ward off the sense of isolation they experienced. Visiting spaces and attending events was also important to a parent who wanted to maintain connections with community members at their church, their friends and family. It provided them with a sense of normalcy. Parent initiated meetups, such as regular walks outside or weekly visits to a local cidery, provided parents with a sense of routine and gave them something to look forward to. Plans such as these also served as encouragement for them to get out. As one parent exclaimed "*We would go, cause we're like, well, we scheduled it. Let's go.*"

Many parents highlighted the value of outdoor spaces. Parents favoured the outdoors because it was accessible, particularly "*in those first couple of early weeks when it's really difficult and you're just figuring it out and you're tired and all those kinds of things*". Parents could start by sitting in a nearby park or go for a short walk around their house. Multiparous parents appreciated parks in which their older children could play while they cared for their infants. Many parents would go out "rain or shine." However, a couple of parents preferred sunny weather and directly associated the sun and longer days with improved mental health. Daily ventures into the outdoors also provided parents with a sense of predictability and control as they were able to choose whether to sit or walk, how far they wanted to go, and what they wanted to see. Fresh air and nature were, in themselves, described as having therapeutic qualities for their infants and for themselves. One parent claimed that getting outside was the only way that their colicky infant would settle. It also had a positive impact on their mental health. "*I just like made it a promise to myself that every day I would just get outside and get some fresh air for both of our benefits*." Another parent explained that

"*[s]ometimes the fresh air, the scenery, just like the peacefulness, I guess it helps you reset your mind, or like, try to figure things out because you, tend to meditate in a sense, while you just walk.*" They chose to go on walks when they were "*not in the best mindset, [and] always felt good after a walk.*"

4.3.3 The Intrinsic Value of Peer Support

Most birthing parents commented on the value of peer support in their community. Some parents entered the postpartum period with a peer support system in place, in the form of friends and family members with young children. Others indicated that they were the first of their friends to have children. Some simply did not have friends and family with children the same age. One parent indicated that their siblings had children, as did lots of their friends, claiming that it "*set [them] up well just knowing that there's lots of people that [they] can text or call"*. Whereas another parent explained that, initially, they *"didn't have a lot of people to go to, or people that could relate to [them] yet*." Those with no peer support system in place reported feeling isolated. They made it a priority to connect with other parents in the community. A few parents explained that they attended early years programs, such as StrongStart, Family Place, and library programming, to connect with other parents rather than for the infant activities. Some were connected to other birthing parents via organized groups, such as La Leche League. One parent was included in a group organized by their midwife practice, which they found helpful particularly because they could not venture far initially. They remained connected with these parents via WhatsApp and met up with some of them in person when they were able. Several parents commented on the fact that organized groups, within

their communities, were cancelled during the COVID-19 pandemic, and that they were unable to attend and benefit from these groups. One parent, who was affected by these cancellations, connected with neighbours who also had infants, and participated in flexible parent-initiated events in their community.

Birthing parents reported a variety of benefits pertaining to peer support, namely shared experiences, advice and problem solving, emotional and psychological support. One parent, who experienced a traumatic birth, sought others who had similar experiences, claiming that simply talking through the experience with them was helpful. Shared experiences pertaining to the postpartum period, or "being in the thick of it" together as one parent described it, alleviated the loneliness that some of them experienced. One parent, who did not have peer support with their first infant due to COVID-19 restrictions, claimed that they felt more connected this time around. They attributed this change to an improvement in their mental health. "i*t just is nice because you feel like you're it's not just you that's going through, you know, some of the more challenging things about having a new baby.*" One parent explained that they tended to overthink things. When sharing experiences, they felt validated and reassured that there was nothing wrong with their child, and that they were not doing anything wrong. Seeing other parents with their children also served as a reality check for a parent who explained that it helped them "*see the bigger picture*" and "*look forward and enjoy the process*" instead of "*dwelling on the past*" or "*getting wrapped up in like what could happen*." Simply knowing that there is someone to reach out to was described as helpful. Although most parents identified peers support as supportive of their mental health, one parent identified some limitations such as: sometimes parents are too open about their

experiences, which can be uncomfortable, and although "*we're all complaining about the same thing. We're all struggling, and we all are openly talking about it. But like nothing in like society is like changing.*"

4.3.4 Individualized and Responsive Community Services

Although every parent commented on the interactions they had with service providers in their communities, the quality of perceived support varied considerably. While one participant described the care they received from their medical doctor as "amazing," others simply alluded to seeing or planning to see a doctor. Some parents described the support they received from service providers as negligible. One parent in particular, reported increased stress and anxiety as a result of dismissive care providers, explaining that their physical recovery was overlooked.

Those who did feel supported, on the other hand, described care that was individualized and responsive. Many parents fondly described the care and support they received from midwives. As one parent explained:

> *I think just like what has been so great […] has just been the care from the midwives that are coming to us, and checking in and they know what kind of questions to ask and how like things are going and I know that they will be coming so I can ask my questions and I think that's been good for my mental health is just knowing there's that greater team around me that's like a professional team as well.*

In addition to the home visits and the ability to reach out and ask questions "*at any time*," one parent also appreciated the baby group that their midwife clinic organized. They were

connected to other parents, and were able to access peer support through this group past 6 weeks postpartum when midwife care typically ends. The interactions parents had with public health nurses were also described favourably. One parent was pleasantly surprised by the number of times the public health nurse checked in. Another parent who experienced postpartum psychosis commented on the individualized and responsive care they received from a nurse in their rural community, saying that

> *she actually came every day and brought me a coffee. She's really sweet, and she does like home visits and stuff to check up on [my baby], and she was like if you need more, just let me know, and she would come by, and it was pretty awesome.*

Lactation consultants were also perceived as supportive by those who required assistance with breastfeeding. One parent experienced anxiety around breastfeeding and reported feeling really supported by a lactation consultant, who reassured them that they were "*doing the right thing and doing a good job*." This had a positive impact on their mental health. Mental health services were also accessed by parents who recognized that they needed extra support. One parent, who experienced postpartum depression and psychosis received ongoing care from a psychiatrist and was able to access free counselling services in their community. Another parent explained that they were "*in therapy now to help with some like anxiety and some depression. And some like controlling issues. And so definitely like, you know, reaching out for help is what I needed just to help me kind of ground myself, and get some protective factors in, and some resources that will help me with this*."

In addition to formal perinatal service providers, one parent also identified a notable interaction they had with their local librarian. During a visit to the library with their infant, this

parent sat in a corner, crying. The librarian "*just like came over and just sat with me. And like. Didn't say anything for the longest time. And then she was just like "it's tough", and I was like, "it is!" So, that was awesome.*" Another parent commented on the childminding services at the local community centre, and how they would be utilizing this service to exercise. They were grateful for this service which they associated with physical and mental health promotion.

4.4 Chapter Summary

I identified four themes regarding the qualities of community engagement that birthing parents found supportive of their mental health postpartum: (1) accessibility of spaces, events, and interactions; (2) getting out, particularly into the outdoors; (3) The intrinsic value of peer support; and (4) individualized and responsive community services. The accessibility of spaces, events, and interactions (i.e., microsystems) was a major determining factor in how birthing parents engaged with their community. Proximity, affordability, flexibility, and safety are qualities that parents favoured. Most parents felt trapped within their places of residence and wanted to "get out." Spaces, events, and interactions provided them with destinations. Not only did regular ventures into the outdoors provide parents with a sense of predictability and control, but sunshine, fresh air, and nature in and of itself was described as therapeutic. Birthing parents also commented on the value of peer support in their community. Parents who did not have existing peer support systems in place connected with peers through different means, including early years programs, organized groups, and parent-initiated meetups. Parents benefitted from the emotional, psychological, and informative support they received

from other parents. Individualized and responsive community services were also found to promote mental health amongst birthing parents.

Chapter Five: Discussion and Recommendations

The purpose of the current study was to identify the spaces, events, and interactions (i.e., microsystems) within Canadian communities that birthing parents attribute as having a positive impact on their mental health. Birthing parents identified a variety of favourable spaces, namely the outdoors, community centres, and libraries. Events, such as drop-in programs and parent-initiated meetups, were also described favourably, as were interactions with peers (i.e., other parents), family members, friends, and certain service providers. Four themes were identified regarding the qualities of community engagement that birthing parents found supportive of their mental health postpartum: (1) accessibility of spaces, events, and interactions; (2) getting out, particularly into the outdoors; (3) The intrinsic value of peer support; and (4) individualized and responsive community services.

The accessibility of spaces, events and interactions was a major determining factor in how birthing parents engaged with their community. Proximity, affordability, flexibility, and safety were qualities of spaces, events, and interactions that birthing parents were drawn to. A recent study found a connection between community walkability and decreased isolation amongst depressed adults, and highlighted the importance of providing spaces in which adults can interact with others (Domènech-Abella et al., 2020). However, this is the first known study that has examined the accessibility of community spaces, events, and interactions in relation to postpartum experiences. According to this sample of birthing parents, the accessibility of spaces, events and interactions is significantly related to positive mental health. Participants predominantly discussed their immediate engagement with spaces, events, and interactions. To effectively advocate for conditions that support perinatal mental health, more attention should

be given to the external forces (i.e., macrosystems) that are responsible for the planning and implementation of these microsystems. The relationship between the degree of accessibility and community engagement amongst birthing parents in Canada also warrants further research.

Birthing parents also expressed the need to get out (i.e., leave their place of residence with their infant). They reported feeling trapped as a result of limited mobility, illness, and infant care needs. According to Jones et al., (2014), for some postpartum women "isolation [can occur] as a consequence of being unable to actively engage with the outside world in their efforts to meet the perceived demands of the baby" (p. 494). Getting out, particularly into the outdoors, was associated with improved mental health by the sample of birthing parents in this study. Sunshine, fresh air and nature in and of itself was reported to have therapeutic properties. Although the outdoors has long been associated with improved health and wellbeing amongst the general population (Callaghan et al., 2021; Pearson & Craig, 2014; Twohig-Bennett & Jones, 2018), only a few studies have examined its impact on postpartum mental health. Spending time in the outdoors was recently identified as a coping strategy by pregnant and postpartum women in the United States during the COVID-19 pandemic (Anderson et al., 2022; Farewell et al., 2020). Exposure to the outdoors has also recently been associated with the prevention and reduction of postpartum depressive symptoms (Anderson et al., 2022; Sun et al., 2023). Sun et al. (2023) found that "[t]ree coverage [in particular] showed stronger protective associations with postpartum depression among different types of green space (i.e., low-lying vegetation and grass)" (p. 2). As a result, the creation and restoration of accessible natural spaces has been recommended (Sun et al.2023; Twohig-

Bennett & Jones, 2018), as have intervention strategies that utilize natural spaces (Hatfield et al., 2022; South et al., 2021). A program called Nurtured in Nature, which encourages postpartum women to venture into the outdoors with the help of a personal coach and text reminders (South et al., 2021, p.822), was found to be effective in increasing the amount of time postpartum women spent in nature. However, according to South et al. (2021), further testing is needed to determine the impact of this program on the prevention and reduction of postpartum depression. While these studies have focused on the mitigation of mood disorders, this sample of birthing parents clearly highlighted the relationship between the outdoors and the promotion of postpartum mental health. However, it should be noted that most participants in this study were residing in British Columbia, where high value is typically placed on engagement with nature and simply spending time out of doors. Further research is warranted to examine the appeal and impact of outdoor spaces for birthing parents in other parts of Canada. To inform urban planners and government officials, more attention should also be given to the specific facets of outdoor spaces that meet the needs (in part) of birthing parents in Canada.

Peer support was also reported to have a strong positive impact on the mental health of birthing parents in this study. According to McLeish et al. (2023), mothers may be reluctant to disclose their mental health concerns to their existing social networks, or practitioners, for fear of being judged, and may view peer support as an adequate alternative. While some parents in this study entered the postpartum period with a peer support system in place, in the form of friends and family members with young children, others did not. Those who did not have an existing peer support system in place reported feeling isolated at the onset of their parenting

journey. According to Jones et al. (2014) postpartum women need a safe space in which to connect with peers, be themselves, and talk openly. There is strong evidence that it reduces shame and increases self-compassion amongst mothers, by normalizing their experiences, and enabling them to revise their personal stories (McLeish et al., 2023). Sharing experiences via peer support has been found to dampen the unrealistic idealisation of motherhood (Jones et al., 2014) and the negative impact it can have on mothers' self-perceptions (Baiden & Evans, 2021; Johnson et al., 2020). Birthing parents in this study described a sense of safety to "be as you are" amongst peers and to be able to share the difficulties of being a parent. As one parent explained, talking with peers helped them realize that they "*were not doing anything wrong.*" It is a form of support that is unique to peer support, particularly from parents who are experiencing similar difficulties (Jones et al., 2014).

Although several birthing parents in this study reported that organized groups and programs were cancelled during the COVID-19 pandemic, most of them were able to connect with peers (i.e., other parents) via different spaces and events in their community. One parent was connected to a baby group through their midwife practice, whereas others met parents through drop-in programs at the library, church and/or StrongStart. One parent who did not have access to organized programs, such as these, initiated their own parent group with neighbours who also had young children. As Jones and al. (2014) suggest, "[w]omen search[…] for their feelings and experiences to be validated by peers. They [seek] recognition and confirmation from others, that their experiences were real, understandable, and transient" (p. 495).

Peer support has also been found to be an effective way to alleviate depressive symptoms (Hetherington et al., 2018; Jones et al., 2014; Law et al., 2021; Rice et al., 2022). While incorporating peer support into intervention strategies has been recommended (Hetherington et al., 2018; Jones et al., 2014; Law et al., 2021; Rice & Williams, 2021; Stewart, 2008), it is important to consider the advantages and disadvantages of different peer support formats. For instance, some parents may appreciate the accessibility and anonymity that is associated with one-on-one phone support. However, relationships are less likely to be formed through this format. Phone support is therefore less likely to have an impact one's sense of isolation (McLeish et al., 2023). Stronger relationships are more likely to be formed through in person one-on-one peer support, at the expense of anonymity and accessibility (McLeish et al., 2023). Group peer support offers more opportunities for reciprocity, sharing of experiences and strategies, as well as friendships. However, it may not be a good fit for those who experience social anxiety in group settings (McLeish et al., 2023). In-person peer support, whether it is a one-on-one or group format, also provides parents with a reason to leave the house (McLeish et al., 2023), a facet of community engagement that parents in this study valued. While most participants in this study identified peer support as supportive of their mental health, one participant noticed that, although birthing parents discuss common and ongoing struggles, "*nothing in society is changing.*" Her comment highlights the discrepancy between immediate perinatal experiences (i.e., microsystems) and the forces at large that influence them (i.e., macrosystems). Does peer support provide a sense of solidarity within a society that is unsupportive of parental postpartum needs? Further elucidating the role of peer support within broader ecological systems is warranted.

Regarding service providers, some parents in this study described the care they received as negligible. One parent in particular, reported that their concerns about their physical recovery were dismissed and experienced increased stress and anxiety as a result. As Basile-Ibrahim et al., (2024) explain “postpartum mental health outcomes are directly related to the role and behaviors of perinatal health care providers and staff” (p. 17) Folks who are marginalized (i.e., gay and lesbian parents, women of color, women with a lower socioeconomic status) are more likely to receive care that is disrespectful and discriminatory, increasing the risk of mental health concerns (Attanasio & Kozhimannil, 2017; Basile-Ibrahim et al., 2024; Ross, 2005). They are also less likely to pursue engagement with care providers during the postpartum period following discrimination (Basile-Ibrahim et al.,2024). In order to encourage parents to seek the support they need during the postpartum period, Attanasio & Kozhimannil (2017) recommend that service providers adopt a patient-centred approach. This recommendation coincides with reports from participants in this study, who felt supported by care that was individualized and responsive, particularly from midwives and public nurses. Birthing parents spoke favourably about the regular home visits and the ability to call and ask questions at any time. Personal touches, such as bringing coffees, or casual interactions in the community reflected well on these practitioners. One parent, in the current study highlighted the value of being supported by a team. As Basile-Ibrahim et al. (2024) explained “Having a supportive maternity care team and birth companion (such as a doula) [has been] associated with more positive mental health outcomes” (, p. 17). Another parent in this current study expressed gratitude for the baby group that their midwife team organized, as it connected them to a peer support system. Connecting mothers to peer mentors is an important

component of the Welcome to Parenthood program, which was found to be effective in promoting mental health amongst first time mothers (Benzies et al., 2021). Care that is community based and culturally appropriate has also been shown to have a long-term positive impact on birthing parents as well as the communities in which they live (Wagner et al., 2007).

Avenues for future research about community engagement and postpartum mental health include:

- The relationship between the degree of accessibility and community engagement amongst birthing parents in Canada.
- To effectively advocate for conditions that support perinatal mental health, more attention should also be given to the external forces (macrosystems) that are responsible for the planning and implementation of spaces, events, and interactions (microsystems) that birthing parents engage with.
- The appeal and impact of outdoor spaces on the mental health of birthing parents across Canada.
- To inform urban planners and government officials, more attention should also be given to the specific facets of outdoor spaces that meet the needs (in part) of birthing parents in Canada.
- Does peer support provide a sense of solidarity within a society that is unsupportive of parental postpartum needs?
- Further elucidating the role of postpartum peer support within broader ecological systems is warranted.

In addition, as two birthing parents in the current study alluded to their partners' postpartum mental health concerns, it would be valuable to explore the postpartum experiences of the *partners* of birthing parents. A recent study has brought to light the importance of social support in the lives of primary caregiving fathers (Gill et al., 2021). This topic is beyond the scope of this study. However, future research about the impact of community on the mental health of non-birthing parents would deepen and broaden our understanding of lived experiences of the transition to parenthood.

5.1 Policy Implications

While it would be premature to advocate strongly for practice or policy changes based on a limited study of only ten postpartum parents, there are practices that may be reinforced by the accounts of participants in the current study and considerations that are suggested by the evidence at hand. The following are recommendations for promoting postpartum mental health: (1) provide spaces, events and interactions that are accessible to birthing parents in the community, (2) devise opportunities for birthing parents to get out of their home and access outdoor spaces, (3) orchestrate opportunities for birthing parents to meet and interact with peers (i.e., other birthing parents) in the community, (4) ensure that birthing parents have access to perinatal care that is responsive and individualized within the community in which they live.

5.1.1 Provide spaces, events and interactions that are accessible to birthing parents in the community

Domènech-Abella et al. (2020) recently highlighted the connection between community walkability and decreased isolation amongst depressed adults, as well as the importance of providing spaces in which adults can interact with others. Birthing parents in the current study also associated community walkability with improved mental health. Some cities across Canada have devised plans to develop communities that are child, youth, and family friendly. For instance, in their Child Friendly Edmonton Working Plan, the City of Edmonton (2019) promotes spaces that are accessible to children and their caregivers throughout the year. The plan also recommends inclusive activities and spaces that are affordable. The vision is to create communities in which children, youth and families feel safe, have opportunities to build relationships, and feel a sense of belonging. Seeking input from children is recommended in the plan to ensure that their needs and interests are met. Yet, there is no visible input from parents, including pregnant and postpartum parents. While accessibility of spaces, events and interactions was valued by birthing parents in the current study, attributes that birthing parents associate with accessibility likely differ to some extent from those prioritized by children and other stakeholders in the community (e.g., nursing rooms that are separate from washrooms, affordable drop-in programs for birthing parents and their infants, staff who are supportive of postpartum experiences). Given the impacts of postpartum mental health on the wellbeing of birthing parents and their children, plans aimed at promoting child and family friendly communities should consider the input of birthing parents as well.

5.1.2 Devise opportunities for birthing parents to get out of their home and access outdoor spaces

The outdoors has long been associated with improved health and wellbeing amongst the general population (Callaghan et al., 2021; Pearson & Craig, 2014; Twohig-Bennett & Jones, 2018). The outdoors has more recently been linked to the prevention and reduction of postpartum depressive symptoms (Anderson et al., 2022; Sun et al., 2023). Birthing parents in the current study appreciated the accessibility of outdoor spaces. Getting outdoors is free of cost, available year-round, and provides parents with a sense of predictability and control over their movements and what they want to see. Fresh air and nature in and of themselves were described as having salutary qualities for birthing parents and their infants.

In their Guidelines for High Density Housing for Families and Children, the City of Vancouver (2022) promotes the inclusion of outdoor spaces, highlighting the importance of safe and durable play areas for preschool children, school age children, and teens. Although the guidelines only discuss parents and caregivers with regard to child supervision, the guidelines do highlight the importance of outdoor spaces which provide exposure to sunlight. Birthing parents in the current study identified exposure to sunlight as a contributor to improved mental health. The Vancouver guidelines also highlight the importance of pedestrian routes that are safe for women and children and accessible with strollers, which ensures that outdoor spaces are indeed accessible to birthing parents and their infants. The City of Toronto (2020) also identifies play areas and accessible walkways, and additionally promotes the inclusion of “Whimsical elements,” such as imaginative and playful building designs and public art, which can be enjoyed year-round. As birthing parents reported in the current study, they often chose their outdoor destinations based on what they wanted to see. Notwithstanding, these urban design guidelines focus predominantly on children. Given the impacts of

postpartum mental health on the wellbeing of parents and their children, attention should also be given to the specific facets of outdoor spaces that meet the assessed needs (in part) of birthing parents. Needs of birthing parents are likely to vary across Canada, and should therefore be assessed by community or region.

5.1.3 Orchestrate opportunities for birthing parents to meet and interact with peers (i.e., other birthing parents) in the community.

Postpartum peer support has been found to be effective in helping to alleviate depressive symptoms (Hetherington et al., 2018; Jones et al., 2014; Law et al., 2021; Rice et al., 2022). Incorporating peer support into prevention and intervention strategies has been recommended (Hetherington et al., 2018; Jones et al., 2014; Law et al., 2021; Rice & Williams, 2021; Stewart, 2008). Organizations such as the Pacific Post Partum Support Society (serving BC residents) and Postpartum Support International (serving residents across Canada) have embraced the intrinsic value of peer support by offering organized peer support via text, phone, and group sessions. Interestingly, birthing parents in the current study predominantly sought peer support through engagement with community spaces and events rather than through agencies targeting birthing parents. For instance, they reported attending library programmes and StrongStart, not for the infant activities, but for the opportunity to connect with other parents who are also "in the thick of it." One parent appreciated the time they were given after the library program to connect with others, suggesting that it might be difficult to do so during the scheduled programming. StrongStart, on the other hand, is a free drop-in program for children ages 0-5 whose main purpose is to prepare children for kindergarten by supporting their physical, social, emotional, and cognitive development (Government of British

Columbia, 2024). The program is not intentionally designed to promote social connections amongst parents. Given the intrinsic value of peer support, programs such as these could be intentionally designed to incorporate space and time for birthing parents to connect. Alternatively, if parents are not attending these programs for the activities, community programs could be designed specifically to foster peer support and social connections. Birthing parents in this study have demonstrated that they are willing and capable of maintaining their peer support networks through WhatsApp communication and parent-initiated excursions once they have had the opportunity to establish those connections.

5.1.4 Ensure that birthing parents have access to perinatal care that is responsive and individualized within the community in which they live.

As Basile-Ibrahim et al., (2024) explain "postpartum mental health outcomes are directly related to the role and behaviors of perinatal health care providers and staff" (p. 17). A clear implication of the current study is to convey to practitioners: YOU are important to the mental health of birthing parents! Table 4 summarizes participants' accounts of what practitioners did that supported their mental health.

Table 4

Things practitioners do that promote the mental health of birthing parents

- You answer questions in a timely manner.
- You validate and acknowledge the experiences and strengths of clients.
- You offer care that reflects the needs of individual clients (e.g., flexible number of visits, home visits, phone calls, specialised care).
- You engage with clients in the community.
- You bring them coffees!

- You meet clients where they are, physically and emotionally.
- You work collaboratively with other service providers (your clients feel supported by a team).
- You promote community care by offering opportunities to connect socially with others (i.e., organized groups, time and space to interact with others beyond planned programming).

Findings from the current study reinforce recommendations of the Public Health Agency of Canada, which recognizes that the postpartum period can be challenging for birthing parents and their families. The Maternity Guidelines recommend postpartum care that is family centred, culturally competent, dignified, and respectful. The needs, wishes and informed choices of birthing parents and their families should inform the care and treatment that is provided in order to promote rest and recovery following birth, and the mental health of birthing parents and their partners (Public Health Agency of Canada, 2024). While most birthing parents in the current study were satisfied with the postpartum care they received, one parent felt mistreated by their care providers which resulted in a significant decline in their mental health. That parent described care that was dismissive, disrespectful, and disjointed. Services should be evaluated to ensure that they reflect evidence-based recommendations and are in the best interest of birthing parents and their mental health.

5.2 Limitations of the Study

This study had several limitations. First, the sample was limited in terms of size (10 participants) and representation. All but one participant resided in British Columbia. It is safe to assume that their experiences are not representative of the experiences of birthing parents in

other parts of Canada. Second, the study predominantly examined the microsystems (i.e., spaces events and social interactions) that birthing parents engaged in, as well as mesosystems (i.e., interactions between settings that include the focal individual). Larger forces, such as social, political, and cultural systems that have an impact on the composition of these more proximal systems were not given as much attention (Neal & Neal, 2103). Third, the choice of research procedures was constrained due to the pandemic and other considerations such as research costs, transportation, and respect for participants' time and responsibilities. Data collection using Zoom for a one-time engagement with participants meant that there was no opportunity to go into detail regarding participants' experiences or to engage in respondent validation of constructed themes.

5.3 Chapter Summary

Although perinatal mental health has been thoroughly examined over the years, there is a paucity of literature with regards to factors that promote increased support during pregnancy and the postpartum period (Hetherington et al., 2020). This study has demonstrated that certain aspects of community can serve to promote mental health amongst birthing parents in Canada: (1) the accessibility of spaces, events, and interactions; (2) getting out, particularly into the outdoors; (3) the intrinsic value of peer support; and (4) individualized and responsive community services. Findings from this study provides some direction for future research on this topic, and for actions that social and urban planners, government, and service providers can consider in order to bring community engagement more clearly into focus in efforts to promote the postpartum mental health of local birthing parents and their families.

References

Adina, J., Morawska, A., Mitchell, A. E., & McBryde, M. (2022). Effect of parenting interventions on perinatal depression and implications for infant developmental outcomes: A systematic review and meta-analysis. *Clinical Child and Family Psychology Review, 25*(2), 316–338. https://doi.org/10.1007/s10567-021-00371-3

Anderson, M. R., Salisbury, A. L., Uebelacker, L. A., Abrantes, A. M., & Battle, C. L. (2022). Stress, coping and silver linings: How depressed perinatal women experienced the COVID-19 pandemic. *Journal of Affective Disorders, 298*, 329–336. https://doi.org/10.1016/j.jad.2021.10.116

Attanasio, L., & Kozhimannil, K. B. (2017). Health care engagement and follow-up after perceived discrimination in maternity care. *Medical Care*, *55*(9), 830–833. https://doi.org/10.1097/MLR.0000000000000773

Baiden, D., & Evans, M. (2021). Black African newcomer women's perception of postpartum mental health services in Canada*. Canadian Journal of Nursing Research, 53*(3), 202–210. https://doi.org/10.1177/0844562120934273

Basile-Ibrahim, B., Combellick, J., Mead, T. L., Sorensen, A., Batten, J., & Schafer, R. (2024). The social context of pregnancy, respectful maternity care, biomarkers of weathering, and postpartum mental health inequities: A scoping review. *International Journal of Environmental Research and Public Health*, *21*(4), 1-26. https://doi.org/10.3390/ijerph21040480

Benzies, K. M., Gasperowicz, M., Afzal, A., & Loewen, M. (2021). Welcome to Parenthood is associated with reduction of postnatal depressive symptoms during the transition from

pregnancy to 6 months postpartum in a community sample: A longitudinal evaluation. *Archives of Women's Mental Health, 24*(3), 493–501. https://doi.org/10.1007/s00737-020-01083-3

Braun, V., & Clarke, V. (2014). What can "thematic analysis" offer health and wellbeing researchers? *International Journal of Qualitative Studies on Health and Well-Being, 9*(1), 1748-2631. https://doi.org/10.3402/qhw.v9.26152

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health, 11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Braun, V., Clarke, V., Hayfield, N., & Terry, G. (n.d.). *Doing reflexive TA*. University of Auckland. https://www.thematicanalysis.net/doing-reflexive-ta/

Burton, L. M., Matthews, S. A., Leung, M., Kemp, S. P., & Takeuchi, D. T. (Eds.). (2011). *Communities, Neighborhoods, and Health*. Springer New York. https://doi.org/10.1007/978-1-4419-7482-2

Callaghan, A., McCombe, G., Harrold, A., McMeel, C., Mills, G., Moore-Cherry, N., & Cullen, W. (2021). The impact of green spaces on mental health in urban settings: A scoping review. *Journal of Mental Health, 30*(2), 179–193. https://doi.org/10.1080/09638237.2020.1755027

Cameron, E. E., Joyce, K. M., Delaquis, C. P., Reynolds, K., Protudjer, J. L. P., & Roos, L. E. (2020). Maternal psychological distress & mental health service use during the COVID-19 pandemic. *Journal of Affective Disorders, 276*, 765–774. https://doi.org/10.1016/j.jad.2020.07.081

Campbell, K., Orr, E., Durepos, P., Nguyen, L., Li, L., Whitmore, C., Gehrke, P., Graham, L., & Jack, S. (2021). Reflexive thematic analysis for applied qualitative health research. *The Qualitative Report, 26*(6), 2011-2028. https://doi.org/10.46743/2160-3715/2021.5010

City of Edmonton (2019). *Child friendly Edmonton working plan*. Retrieved October 4, 2024 from: https://www.edmonton.ca/sites/default/files/public-files/documents/PDF/cfe-working-plan.pdf

City of Toronto. (2020). Planning for children in new vertical communities. *Urban Design Guidelines.* Retrieved October 4, 2024 from https://www.toronto.ca/legdocs/mmis/2020/ph/bgrd/backgroundfile-148362.pdf

City of Vancouver (2022). High-density housing for families with children. Guidelines. *Land Use and Development Policies and Guidelines.* Retrieved October 4, 2024 from: https://guidelines.vancouver.ca/guidelines-high-density-housing-for-families-with-children.pdf

Clarke, V., & Braun, V. (2017). Thematic analysis. *The Journal of Positive Psychology, 12*(3), 297–298. https://doi.org/10.1080/17439760.2016.1262613

Clarke, V., & Braun, V. (2018). Using thematic analysis in counselling and psychotherapy research: A critical reflection. *Counselling and Psychotherapy Research, 18*(2), 107–110. https://doi.org/10.1002/capr.12165

D'Amour, D., Goulet, L., Labadie, J.-F., Map, L. B. R., & Pineault, R. (2003). Accessibility, continuity and appropriateness: Key elements in assessing integration of perinatal services. *Health and Social Care in the Community*, 11(5), 397-404. https://doi.org/10.1046/j.1365-2524.2003.00442.x

Dennis, C.-L., Merry, L., & Gagnon, A. J. (2017). Postpartum depression risk factors among recent refugee, asylum-seeking, non-refugee immigrant, and Canadian-born women: Results from a prospective cohort study. *Social Psychiatry and Psychiatric Epidemiology, 52*(4), 411–422. https://doi.org/10.1007/s00127-017-1353-5

Dol, J., Richardson, B., Grant, A., Aston, M., McMillan, D., Tomblin Murphy, G., & Campbell-Yeo, M. (2021). Influence of parity and infant age on maternal self-efficacy, social support, postpartum anxiety, and postpartum depression in the first six months in the Maritime Provinces, Canada. *Birth, 48*(3), 438–447. https://doi.org/10.1111/birt.12553

Domènech-Abella, J., Mundó, J., Leonardi, M., Chatterji, S., Tobiasz-Adamczyk, B., Koskinen, S., Ayuso-Mateos, J. L., Haro, J. M., & Olaya, B. (2020). Loneliness and depression among older European adults: The role of perceived neighborhood built environment. *Health & Place, 62*, 1-8. https://doi.org/10.1016/j.healthplace.2019.102280

Emmanuel, E., & St John, W. (2010). Maternal distress: A concept analysis. *Journal of Advanced Nursing, 66*(9), 2104–2115. https://doi.org/10.1111/j.1365-2648.2010.05371.x

Farewell, C. V., Jewell, J., Walls, J., & Leiferman, J. A. (2020). A mixed-methods pilot study of perinatal risk and resilience during COVID-19. *Journal of Primary Care & Community Health, 11*, 1-8. https://doi.org/10.1177/2150132720944074

Gavin, N. I., Gaynes, B. N., Lohr, K. N., Meltzer-Brody, S., Gartlehner, G., & Swinson, T. (2005). Perinatal depression: A systematic review of prevalence and incidence. *Obstetrics & Gynecology, 106*(5, Part 1), 1071–1083. https://doi.org/10.1097/01.AOG.0000183597.31630.db

Gheorghe, M., Varin, M., Wong, S. L., Baker, M., Grywacheski, V., & Orpana, H. (2021). Symptoms of postpartum anxiety and depression among women in Canada: Findings from a national cross-sectional survey. *Canadian Journal of Public Health, 112*(2), 244–252. https://doi.org/10.17269/s41997-020-00420-4

Gill, P., Scacco, S., De Haan, S., Gent, A., Chapin, L., Ganci, M., & Morda, R. (2021). Getting into the "dad zone": How do primary caregiving fathers of young children experience social support? *Journal of Child and Family Studies, 30*(4), 1028–1042. https://doi.org/10.1007/s10826-021-01919-1

Goodman, J. H. (2019). Perinatal depression and infant mental health. *Archives of Psychiatric Nursing, 33*(3), 217–224. https://doi.org/10.1016/j.apnu.2019.01.010

Government of British Columbia (2024, August 13). *StrongStartBC*. https://www2.gov.bc.ca/gov/content/education-training/early-learning/support/programs/strongstart-bc

Hatfield, G., Lesser, I., & Nienhuis, C. (2022). Utility of an outdoor group exercise program for improving postpartum mental health. *The Health & Fitness Journal of Canada*, *15*(1), 18-30. https://doi.org/10.14288/HFJC.V15I1.807

Hetherington, E., McDonald, S., Williamson, T., Patten, S. B., & Tough, S. C. (2018). Social support and maternal mental health at 4 months and 1 year postpartum: Analysis from the All Our Families cohort. *Journal of Epidemiology and Community Health, 72*(10), 933–939. https://doi.org/10.1136/jech-2017-210274

Hetherington, E., McDonald, S., Williamson, T., & Tough, S. (2020). Trajectories of social support in pregnancy and early postpartum: Findings from the All Our Families cohort. *Social*

Psychiatry and Psychiatric Epidemiology, 55(2), 259–267. https://doi.org/10.1007/s00127-019-01740-8

Jewkes, R., & Murcott, A. (1996). Meanings of community. *Social Science & Medicine, 43*(4), 555–563. https://doi.org/10.1016/0277-9536(95)00439-4

Johnson, S., Adam, S., & McIntosh, M. (2020). The lived experience of postpartum depression: A review of the literature. *Issues in Mental Health Nursing, 41*(7), 584–591. https://doi.org/10.1080/01612840.2019.1688437

Jones, C. C. G., Jomeen, J., & Hayter, M. (2014). The impact of peer support in the context of perinatal mental illness: A meta-ethnography. *Midwifery, 30*(5), 491–498. https://doi.org/10.1016/j.midw.2013.08.003

Kassam, S. (2019). Understanding experiences of social support as coping resources among immigrant and refugee women with postpartum depression: An integrative literature review. *Issues in Mental Health Nursing, 40*(12), 999–1011. https://doi.org/10.1080/01612840.2019.1585493

Law, S., Ormel, I., Babinski, S., Plett, D., Dionne, E., Schwartz, H., & Rozmovits, L. (2021). Dread and solace: Talking about perinatal mental health. *International Journal of Mental Health Nursing, 30*(S1), 1376–1385. https://doi.org/10.1111/inm.12884

Leason, J. (2021). Indigenous women's stress and postpartum depression: Discussions from the Canadian maternity experiences survey and Indigenous maternity narratives. *International Journal of Indigenous Health, 16*(2), 225-243. https://doi.org/10.32799/ijih.v16i2.33180

Leighton, K., Kardong-Edgren, S., Schneidereith, T., & Foisy-Doll, C. (2021). Using social media and snowball sampling as an alternative recruitment strategy for research. *Clinical Simulation in Nursing, 55*, 37–42. https://doi.org/10.1016/j.ecns.2021.03.006

Letourneau, N. L., Dennis, C., Benzies, K., Duffett-Leger, L., Stewart, M., Tryphonopoulos, P. D., Este, D., & Watson, W. (2012). Postpartum depression is a family affair: Addressing the impact on mothers, fathers, and children. *Issues in Mental Health Nursing*, *33*(7), 445-457. https://doi.org/10.3109/01612840.2012.673054

Liu, X., Wang, S., & Wang, G. (2022). Prevalence and risk factors of postpartum depression in women: A systematic review and meta-analysis. *Journal of Clinical Nursing, 31*(19–20), 2665–2677. https://doi.org/10.1111/jocn.16121

Lobel, M., & M. Ibrahim, S. (2018). Emotions and mental health during pregnancy and postpartum. *Women's Reproductive Health, 5*(1), 13–19. https://doi.org/10.1080/23293691.2018.1429378

MacQueen, K. M., McLellan, E., Metzger, D. S., Kegeles, S., Strauss, R. P., Scotti, R., Blanchard, L., & Trotter, R. T. (2001). What is community? An evidence-based definition for participatory public health. *American Journal of Public Health, 91*(12), 1929–1943. https://doi.org/10.2105/AJPH.91.12.1926

McLeish, J., Ayers, S., & McCourt, C. (2023). Community-based perinatal mental health peer support: A realist review. *BMC Pregnancy and Childbirth*, *23*(570), 1-12. https://doi.org/10.1186/s12884-023-05843-8

Neal, J. W., & Neal, Z. P. (2013). Nested or networked? Future directions for Ecological Systems Theory. *Social Development, 22*(4), 722–737. https://doi.org/10.1111/sode.12018

Olson, T., Bowen, A., Smith-Fehr, J., & Ghosh, S. (2019). Going home with baby: Innovative and comprehensive support for new mothers. *Primary Health Care Research & Development, 20*, e18. https://doi.org/10.1017/S1463423618000932

Ou, C. H. K., Hall, W. A., Rodney, P., & Stremler, R. (2022). Seeing red: A grounded theory study of women's anger after childbirth. *Qualitative Health Research, 32*(12), 1780–1794. https://doi.org/10.1177/10497323221120173

Oxford Learner's Dictionary. (n.d.). Community. In *Oxfordlearnersdictionaries.com*. Retrieved August 6, 2024, from: https://www.oxfordlearnersdictionaries.com/us/definition/english/community?q=community

Pearson, D. G., & Craig, T. (2014). The great outdoors? Exploring the mental health benefits of natural environments. *Frontiers in Psychology, 5,* 1178. https://doi.org/10.3389/fpsyg.2014.01178

Public Health Agency of Canada (2024). Postpartum care. In *Family-centred maternity and newborn care: National guidelines***.** Retrieved October 4, 2024 from https://www.canada.ca/en/public-health/services/maternity-newborn-care-guidelines.html

Putnick, D. L., Sundaram, R., Bell, E. M., Ghassabian, A., Goldstein, R. B., Robinson, S. L., Vafai, Y., Gilman, S. E., & Yeung, E. (2020). Trajectories of maternal postpartum depressive symptoms. *Pediatrics, 146*(5), e20200857. https://doi.org/10.1542/peds.2020-0857

Rice, C., Ingram, E., & O'Mahen, H. (2022). A qualitative study of the impact of peer support on women's mental health treatment experiences during the perinatal period. *BMC Pregnancy and Childbirth, 22*(689), 1-11. https://doi.org/10.1186/s12884-022-04959-7

Rice, K., & Williams, S. (2021). Women's postpartum experiences in Canada during the COVID-19 pandemic: A qualitative study. *CMAJ Open, 9*(2), E556–E562. https://doi.org/10.9778/cmajo.20210008

Rioux, C., Weedon, S., London-Nadeau, K., Paré, A., Juster, R. P., Roos, L. E., Freeman, M., & Tomfohr-Madsen, L. (2021). Gender-inclusive writing for epidemiological research on pregnancy. *Journal of Epidemiology & Community Health, 76.* 823-827. https://doi.org/10.31235/osf.io/csnqw

Ross, L. E. (2005). Perinatal mental health in lesbian mothers: A review of potential risk and protective factors. *Women & Health, 41*(3), 113–128. https://doi.org/10.1300/J013v41n03_07

Shen, X., Lin, S., Li, H., Amaerjiang, N., Shu, W., Li, M., Xiao, H., Segura-Pérez, S., Pérez-Escamilla, R., Fan, X., Hu, Y. (2022). Timing of breastfeeding initiation mediates the association between delivery mode, source of breastfeeding education, and postpartum depression symptoms. *Nutrients, 14*(2959), 1-14. https://doi.org/10.3390/ nu14142959

South, E. C., Lee, K., Oyekanmi, K., Buckler, D. G., Tiako, M. J. N., Martin, T., Kornfield, S. L., & Srinivas, S. (2021). Nurtured in nature: A pilot randomized controlled trial to increase time in greenspace among urban-dwelling postpartum women. *Journal of Urban Health, 98*(6), 822–831. https://doi.org/10.1007/s11524-021-00544-z

Stewart, D. E. (2008). Postpartum depression symptoms in newcomers. *The Canadian Journal of Psychiatry, 53*(2), 121-124. https://doi.org/10.1177/070674370805300208

Stewart, M., Dennis, C. L., Kariwo, M., Kushner, K. E., Letourneau, N., Makumbe, K., Makwarimba, E., & Shizha, E. (2015). Challenges faced by refugee new parents from Africa in Canada. *Journal of Immigrant Minority Health, 17*, 1146-1156. https://doi.org/10.1007/s10903-014-0062-3

Sun, Y., Molitor, J., Benmarhnia, T., Avila, C., Chiu, V., Slezak, J., Sacks, D. A., Chen, J.-C., Getahun, D., & Wu, J. (2023). Association between urban green space and postpartum depression, and the role of physical activity: A retrospective cohort study in Southern California. *The Lancet Regional Health – Americas, 21*(100462), 1-12. https://doi.org/10.1016/j.lana.2023.100462

Twohig-Bennett, C., & Jones, A. (2018). The health benefits of the great outdoors: A systematic review and meta-analysis of greenspace exposure and health outcomes. *Environmental Research, 166*, 628–637. https://doi.org/10.1016/j.envres.2018.06.030

United Nations. (1948). *Universal Declaration of Human Rights*. https://www.un.org/en/about-us/universal-declaration-of-human-rights

Varin, M., Palladino, E., Orpana, H. M., Wong, S. L., Gheorghe, M., Lary, T., & Baker, M. M. (2020). Prevalence of positive mental health and associated factors among postpartum women in Canada: Findings from a national cross-sectional survey. *Maternal and Child Health Journal, 24*(6), 759–767. https://doi.org/10.1007/s10995-020-02920-8

Wagner, V. V., Epoo, B., Nastapoka, J., & Harney, E. (2007). Reclaiming birth, health, and community: Midwifery in the Inuit villages of Nunavik, Canada. *Journal of Midwifery & Women's Health, 52*(4), 384-391. https://doi.org/10.1016/j.jmwh.2007.03.025

Yaksi, N., & Save, D. (2021). How do social and spousal support influence postpartum depression? *Marmara Medical Journal*, *34*(3), 327-334. https://doi.org/10.5472/marumj.1012403

Appendix A: Recruitment Poster

University of Victoria

School of Child and Youth Care

Volunteers needed for a

study on community and postpartum mental health

Purpose of study

The purpose of this study it to identify the physical spaces, events and interactions within Canadian communities that promote postpartum mental health, and barriers that need to be addressed.

Eligibility Criteria

- You have given birth and are caring for your infant (including cis, trans and non-binary parents)
- Your infant is 0-2 years old
- You reside in Canada
- You are not currently residing in an institution (e.g. detention centre, inpatient facility)

Time commitment

Interviews will take up to 1 hour

Location

Interviews will be conducted and recorded online through the video platform Zoom

FOR MORE INFORMATION

Contact Geraldine Franquet at **geraldine.franquet.uvic@gmail.com**

This study is being conducted under the supervision of Jessica Ball. You may contact her at **jball@uvic.ca**

Appendix B: Recruitment Script

Dear [Name of applicant]

My name is Geraldine Franquet, and I am a graduate student in the School of Child and Youth Care at the University of Victoria. I am conducting a research study examining how community, particularly the physical spaces, events, and social interactions within it, impact the mental health of birthing parents in Canada. This study aims to contribute new knowledge and perspectives to existing research about postpartum mental health, to provide direction for future research, and to inform decisions about the allocation of community resources in favor of birthing parents, like yourself. This study is currently recruiting participants who are:

- birthing parents (including cis, trans, and non-binary parents)
- primary caregivers of their infants (0-2years old)
- residing in Canada
- not residing in an institution (i.e., detention centre, inpatient care facility)

You have expressed an interest in participating in this study. Participation is voluntary. If you agree, you are invited to take part in an interview through the online video platform Zoom. The Interview is anticipated to take no more than one hour. It will be recorded and transcribed. Your identity as a participant will remain confidential. Although excerpts from the interview will be quoted in my thesis, your name and identifiable information will be omitted. The recorded and transcribed interview will be erased following the completion of the study. However, please be advised that Zoom is an online program located in the U.S. and/or a program that can be accessed from the US. As such, there is a possibility that information about you may be accessed without your knowledge or consent by the US government in compliance with the US Freedom Act.
Let me know if you have any questions. If you agree to participate, please respond to this email so that we can arrange a time for the interview: Geraldine.franquet.uvic@gmail.com
This study is being conducted under the supervision of Jessica Ball. You may contact my supervisor at jball@uvic.ca

Thank you,

Geraldine Franquet (she/her)
Master student
School of Child and Youth Care
University of Victoria

We acknowledge and respect the lək̓ʷəŋən peoples on whose traditional territory the university stands and the Songhees, Esquimalt and W̱SÁNEĆ peoples whose historical relationships with the land continue to this day

Appendix C: Letter of Information for Implied Consent

Impact of Community on Mental Health of Birthing Parents in Canada

You are invited to participate in a study entitled *Impact of Community on Mental Health of Birthing Parents in Canada* that is being conducted by Geraldine Franquet. Geraldine Franquet is a graduate student in the School of Child and Youth Care at the University of Victoria, and you may contact her if you have further questions by email: geraldine.franquet.uvic@gmail.com.

As a graduate student, I am required to conduct research as part of the requirements for a degree in Child and Youth Care. It is being conducted under the supervision of Jessica Ball. You may contact my supervisor at jball@uvic.ca.

Purpose and Objectives

The purpose of this research project is to identify the physical spaces, events, and social interactions within Canadian communities that foster positive mental health amongst birthing parents like yourself, as well as barriers that should be addressed.

Importance of this Research

Research of this type is important because existing perinatal services are not always appropriate or enough to promote postpartum mental health amongst birthing parents. By identifying the physical spaces, events and interactions within communities that are beneficial, more attention and resources may be directed towards them, and barriers that are identified can be addressed.

Participants Selection

You are being asked to participate in this study because you are a birthing parent. This includes anyone who has given birth and is caring for an infant (I.e., cis, trans and non-binary parents). Your infant is 0-2years of age. You are not residing in an institution (i.e., detention centre, inpatient care facility). You reside in Canada, and you are able and willing to share your postpartum experiences with physical spaces, events, and interactions in your community.

What is involved

If you consent to voluntarily participate in this research, your participation will include an interview through the video platform Zoom.
Please be advised that information about you that is gathered for this research study uses an online program located in the U.S. or a program that can be accessed from the US (Zoom Video Communications, Inc.). As such, there is a possibility that information

about you may be accessed without your knowledge or consent by the US government in compliance with the US Freedom Act.

Risks

There are some potential risks to you by participating in this research. Snowball sampling on social media will be used to recruit participants. Therefore, it is possible that participants may be identified or referred by someone outside of the research team. The transition to parenthood can be difficult and recounting lived experiences could lead to emotional distress. To prevent or to deal with these risks the following steps will be taken: a) existing support persons in your life will be identified so that they can provide emotional support should distress occur; b) the interview will be interrupted, and you will be given the option to extract yourself from the study; c) referrals to appropriate mental health services may be provided (I.e., The Pacific Postpartum Support Society); d) if you or someone in your life poses a risk to yourself or others, confidentiality will be broken and emergency services will be contacted.

Benefits

The potential benefits of your participation in this research include findings that will provide perspectives around community belonging and postpartum mental health that are currently missing and/or limited in existing research. This includes a) personal accounts of postpartum experiences in Canadian communities; b) accounts from birthing parents in Canada who do not identify as mothers; c) a focus on the promotion of postpartum mental health, rather than the mitigation and treatment of mental illness. Findings will provide direction for future research pertaining to this topic. Findings about the impact of physical spaces, events and interactions will also serve to inform decisions about the allocation of community resources in favor of birthing parents like yourself.

Voluntary Participation

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will be used only if you give permission.

Confidentiality

Your confidentiality and the confidentiality of the data will be protected by limiting access to the recording of your interview with Geraldine Franquet and her supervisor, Jessica Ball. Excerpts from your interview may be quoted in the thesis. However, your name and any identifiable markers will be excluded. Confidentiality will only be broken if you or someone in your life poses a risk to you or others and emergency services need to be contacted.

Dissemination of Results

It is anticipated that the results of this study will be shared with others as a thesis.

Disposal of Data
Electronic data (recordings and transcriptions of interviews) will be erased following the completion of the thesis.

Contacts

Individuals that may be contacted regarding this study include

Geraldine Franquet: geraldine.franquet.uvic@gmail.com

Jessica Ball: jball@uvic.ca

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

By participating in this interview, **YOUR FREE AND INFORMED CONSENT IS IMPLIED** and indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Please retain a copy of this letter for your reference.

Appendix D: Interview Questions

Thank you for participating in this study. Before we begin the interview, I am just going to give you a brief breakdown of what to expect. For the purpose of this study, I will be asking questions about the physical spaces, events and interactions in your community that have had a positive impact on your mental health since the birth of your child.

Spaces might include outdoor spaces, such as parks and trails, or indoor spaces such as the library, coffee shops, malls.

Events might include public events, classes, workshops.

And interactions might include interactions between yourself and staff members, other parents, neighbors, relatives, friends and so on.

The interview will be recorded. The video will be deleted, but a transcript of your answers will be saved for analysis. You can choose whether you want to have your video on or off during the interview, and you can answer the questions verbally or through the chat box. If you are experiencing any discomfort during the interview, let me know. Please note that you can withdraw from this study at any point.

Do you have any questions?

If you're ready, I will begin the recording.

Socio-demographic

I am going to begin by asking you a few questions about your personal circumstances.

Which Province do you live in?

How many children do you have? How old are they?

Did you feel isolated following the birth of your most recently born child?

How much support have you received from friends and family following the birth of your most recently born child?

How much support have you received from service providers following the birth of your most recently born child?

Are there any other personal factors that you believe have had a significant impact on your experience? (For instance, your age, your gender, where you were born, your health, your marital status etc.).

How would you rate your mental health before the birth of your most recent born child? Poor, fair, good, very good, excellent?

How would you rate your mental health since the birth of your most recently born child?: Poor, fair, good, very good or excellent?

Community and mental health

Now I am going to ask you questions about your community.

How would you describe the community in which you live?

Spaces

Can you identify one or more spaces in your community, outside of your place of residence, that you commonly chose to spend time in following the birth of your most recent born child (e.g., library, coffee shop, park, recreation center)?

For each space mentioned above:

Did you spend time in this space prior to the birth of your child or only after?

Why did you choose to spend time in this space?

What is it about this space that had an impact on your mental health?

How would you rate your mental health while spending time in this space: poor, fair, good, very good or excellent?

What barriers, if any, did you encounter in accessing different spaces in your community? (physical barriers, cost, waitlists etc.)

Events

Did you attend any events in your community following the birth of your most recent born child (e.g., classes, programs, community events, meetups)? Which events in your community did you attend following the birth of your child)?

For each event mentioned above:

Did you attend this event or events like it prior to the birth of your child or only after?

Why did you choose to attend this event?

What is it about this event that had an impact on your mental health?

How would you rate your mental health during and following the event: poor, fair, good, very good or excellent?

What barriers, if any, did you encounter in accessing events in your community?

Interactions

Who did you frequently interact with following the birth of your child (e.g., program staff, other program participants, friends, family members)?

For each person mentioned above:

Is this a person you interacted with prior to the birth of your child or only after?

Why did you choose to interact with this person?

How would you rate your mental health while interacting with this person: poor, fair, good, very good or excellent?

What is it about interactions with this person that had an impact on your mental health?

What barriers, if any, did you encounter in interacting with others in your community?

Conclusion

Is there something that involved engagement with your community that you found really supportive of your mental health, following the birth of your most recent born child, that we have not yet discussed?

Are there any other aspects of your community that had a significant impact on your mental health following the birth of your most recently born child?

This is the end of the interview. Thank you so much for your time.

Appendix E: HREB Certificate of Approval

University of Victoria

Office of Research Services | Human Research Ethics Board
Michael Williams Building Rm B202 PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada
T 250-472-4545 | F 250-721-8960 | uvic.ca/research | ethics@uvic.ca

Certificate of Approval

PRINCIPAL INVESTIGATOR:	**Jessica Ball** (Supervisor)	**ETHICS PROTOCOL NUMBER** Expedited review - delegated	**22-0559**
PRINCIPAL APPLICANT:	**Geraldine Franquet** **Master's student**	ORIGINAL APPROVAL DATE:	17-Nov-2022
UVIC DEPARTMENT:	**Child and Youth Care CHIL**	APPROVED ON:	17-Nov-2022
		APPROVAL EXPIRY DATE:	16-Nov-2023

PROJECT TITLE: **Impact of community on the mental health of birthing parents in Canada**

RESEARCH TEAM MEMBERS: **None**

DECLARED PROJECT FUNDING: **None**

DOCUMENTS INCLUDED IN THIS APPROVAL:
tcps2_core_certificate.pdf - 01-Sep-2022
Request to withdraw.pdf - 12-Sep-2022
Recruitment Poster.pdf - 16-Nov-2022
Recruitment Script.pdf - 16-Nov-2022
Interview Questions.pdf - 16-Nov-2022
Letter of Information for Implied Consent.pdf - 16-Nov-2022

Conditions of approval

This Certificate of Approval is valid for the above term provided there is no change in the protocol.

Amendments
To make changes to the approved research procedure in your study, please submit "Amendments" or "Annual renewal with amendments" form. You must receive research ethics approval before proceeding with your amended protocol.

Renewals
Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.

Project Closures
When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.

Certification

This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria's policies for research involving human participants.

Dr. Sandra Gibbons
Chair, Human Research Ethics Board

Dr. Matthew Murphy
Vice-chair, Human Research Ethics Board

Certificate Issued On: 17-Nov-2022

11.00 in