

## Sweep 1 – Topic Research Findings

# Pregnancy, Birth and Early Parenting

The Growing Up in Scotland study (GUS) is an important new longitudinal research project aimed at tracking the lives of a cohort of Scottish children from the early years, through childhood and beyond. Its principal aim is to provide information to support policy-making, but it is also intended to be a broader resource that can be drawn on by academics, voluntary sector organisations and other interested parties. Focusing initially on a cohort of 5,217 children aged 0-1 years old and a cohort of 2,859 children aged 2-3 years old, the first wave of fieldwork began in April 2005. This document is one of a series that summarise key findings from the first sweep of the survey.

### Methods

GUS is based on a cohort or longitudinal design involving the recruitment of a 'panel' of children (and their families) who will be revisited on a number of occasions over an extended period of time. Members of the panel were identified in the first instance from Child Benefit records. For the first year of the study, interviewers sought to contact the 'main carer' of the child named in the Child Benefit records. In virtually all cases (99%), this proved to be the child's natural mother. The interview covered a wide range of topics including pregnancy, birth and early parenting, formal and informal sources of support for parents, childcare, child health and development and parental health.

Parents' expectations and experiences of pregnancy, birth and the first few months of parenting form an important backdrop for understanding the context into which a child is born, including whether the pregnancy was planned and welcomed, and the extent to which parents felt supported by health and other services. It is also important for health planners and other policy makers to have good evidence of how the circumstances and experience of pregnancy, birth and early parenting vary across the population.

## Main Findings

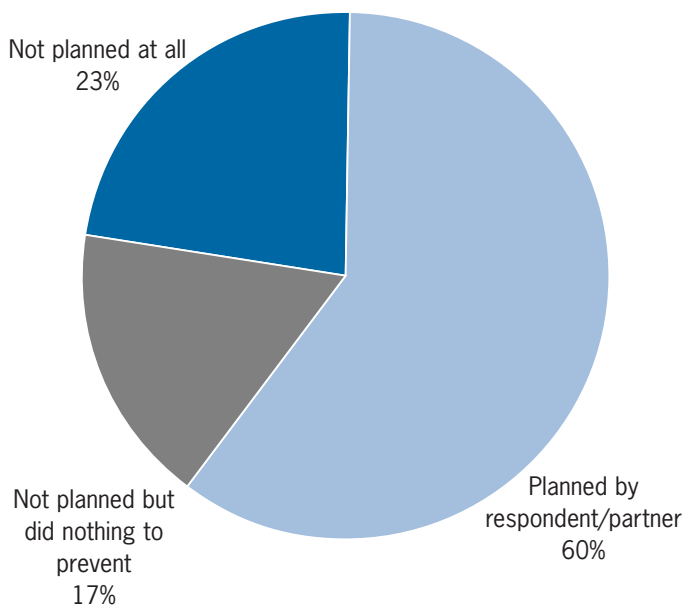
- Most pregnancies were actively planned by both parents. However, for a large minority, pregnancy was an unplanned, though largely welcome, event, and this was disproportionately so for young mothers aged under 20 and for low income parents.
- Overall, 36% of respondents had attended all or most of their antenatal classes, and a further 11% went to at least some of them. Mothers in the youngest age group (aged 20 or under) were the least likely to have attended any classes. The most common reason given by mothers for non-attendance was that they had attended for a previous pregnancy – but mothers aged under 20 were much more likely than other groups to say that they simply did not like classes/groups or that they did not know where classes were held.
- Around six out of ten mothers experienced a normal delivery, while around a quarter had a Caesarean section (12% before the labour began and 13% after). Older mothers were more likely than younger mothers to have had a caesarean section.

- Around two-thirds of mothers (63%) said that they had intended to breastfeed the sample child and 60% actually did so. Breastfeeding was much more common amongst older mothers, those in higher income households and those with higher educational levels.
- Problems with wind or colic and the baby's sleeping patterns were the difficulties most often experienced by parents in the first three months after the cohort child's birth. Managing the household and other domestic responsibilities were cited as the most common non-child-related problem at this time (reported by 43% of parents in the baby cohort and 38% in the toddler cohort).
- Not surprisingly, key child-related issues for the parent at the time of interview varied by cohort. In the baby cohort, teething and sleep patterns were the most frequently reported problems for parents whereas in the toddler cohort, the child's eating habits and managing the relationship between the child and his/her siblings were most problematic.

## Pregnancy

The majority of pregnancies (60%) were planned and of these the vast majority were planned jointly by both parents. Around one quarter (23%) of respondents said that their pregnancy was 'not planned at all' and 17% said that while it was not planned they 'didn't do anything to prevent it happening/didn't mind'. The data demonstrate how family planning behaviour is complex and nuanced and that pregnancies should not be seen as simply planned or unplanned.

**Figure 1 Whether pregnancy was planned**



Younger mothers (aged under 20 at the time of the child's birth) and lone parents were the most likely to indicate that the pregnancy had not been planned at all. Those in the highest income quartile were over twice as likely as those in the lowest income quartile to say that the pregnancy had been planned (78% compared with 35%).

## Antenatal classes

Overall, around a third (36%) of all mothers-to-be attended all or most of their antenatal classes, and a further 11% went to at least some. Whether or not the child was the mother's first born was a key consideration here – around six in ten first-time mothers attended most or all classes, compared with only 15% of those who already had children.

Around one third of mothers aged under 20 attended some antenatal classes compared with approximately three-quarters of those aged 30 to 39 and two-thirds of those aged over 40. Whilst the most common reason given for non-attendance was that they had already had a previous pregnancy and had attended classes at that time, mothers in the youngest age group were significantly more likely than mothers in the older age groups to cite reasons such as not liking classes or groups and not knowing where classes were run. For example, 34% of non-attending mothers aged 20 or under cited not liking classes/groups compared with just 6% of those aged 40 or over.

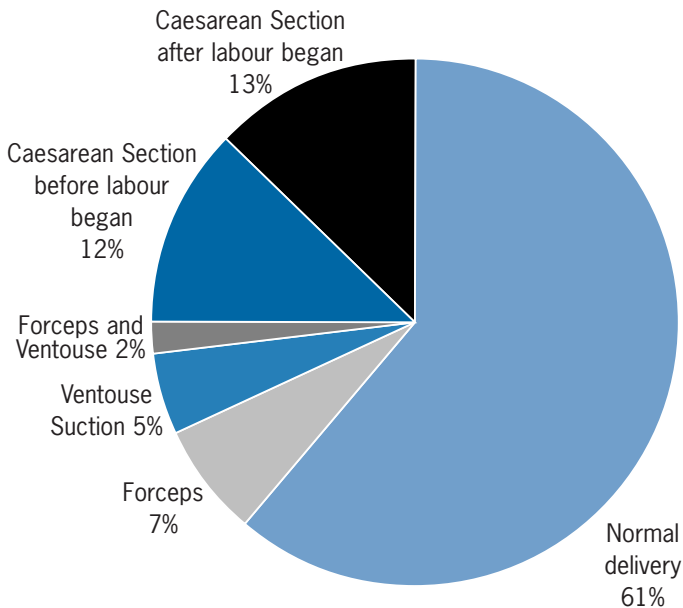
Women from non-white ethnic groups were less likely than women from white ethnic groups to have attended classes. In addition women with lower levels of educational attainment were less likely than those with higher qualifications to attend. For example, mothers with degrees were six times more likely than those with no qualifications to have attended classes.

Mothers who had attended antenatal classes were generally positive when asked how useful they had found them. Around a third said they had found the classes to be 'very useful' and a further half found the classes 'fairly useful'; just 2% said that they had found the classes 'not at all useful'.

## The birth

The chart below illustrates the types of delivery experienced by mothers in the study.

**Figure 2 Type of delivery**



Older mothers were more likely to have had a caesarean section than younger mothers. Around two fifths of mothers aged 40 or over had a caesarean section, compared with just 13% of those aged under 20. These rates appear to be primarily a medical rather than a social issue, insofar as the same patterns by age are largely reproduced *within* particular socio-demographic groupings. In other words, age remains a very powerful predictor of delivery type even if we control for income and social class.

## Breastfeeding

Overall, 63% of mothers said that they had planned to breastfeed their child but the figure was much lower among younger mothers and higher among older mothers. Higher intention rates were also reported by mothers from couple families, first-time mothers, those with a degree-level qualification, those in full-time employment, those from higher income households, more affluent areas and mothers from non-white ethnic groups.

Almost nine in ten mothers who indicated an intention to breastfeed actually did so (88% babies and toddlers). Older mothers were more likely to make this transition than younger mothers – three-quarters of mothers aged under 20 at the time of the child's birth who intended to breastfeed actually did so compared with 90% of mothers in their thirties.

Overall then, around 60% of children in both cohorts were ever actually breastfed, including colostrum in the first few days. The patterns relating to intention to breastfeed are

repeated in these data. For example, the proportion of children actually breastfed in the areas of lowest deprivation was almost twice as high as that in areas of highest deprivation (for the baby sample, 77% compared with 40%).

Patterns in duration of breastfeeding follow similar trends so that older mothers, those with a degree-education, those in couple families, those living in less deprived areas and those in higher income households were more likely to breastfeed for longer. For example, amongst those who did breastfeed, over half of mothers aged under 20 did not continue feeding beyond the first month and only 8% were still breastfeeding at six months. In comparison, one-third of mothers in their thirties (33%) were still breastfeeding at six months.

Three-quarters of all respondents, whether they breastfed or not, said that they had received help or advice about breastfeeding at the time of the child's birth. Midwives were by far the most common source of help or advice about breastfeeding: over 90% of mothers who received advice about breastfeeding did so from a midwife. Health visitors and other health professionals were also key sources of help or advice.

## Parenting in the first three months

Respondents were asked about a range of issues that they may have faced with their child in the first three months after the birth. The most common problem reported at this stage was wind or colic. Just under half of the babies' and 4 in 10 toddlers' parents indicated that this had been either 'a bit of a problem' or 'a big problem'. The child's sleeping pattern was the next most common issue. Other problems less commonly reported included managing the relationship between the child and his siblings, getting the child to feed, the child's teething and the child suffering from other health problems.

There were some interesting differences in the type of problems reported by parents of male and female children. In the baby cohort, the parents of male babies were more likely than parents of female babies to report problems with allergies or asthma and, within both cohorts, parents of males were significantly more likely to report the child's sleeping pattern as problematic.

In addition to problems related specifically to the child, respondents were asked about the extent to which other issues had been problematic for them in the three months following the sample child's birth. Across both cohorts, managing the house and other domestic responsibilities was the key issue parents reported as problematic (43% baby sample, 38% toddler sample).

## Parenting at the time of interview

Respondents were also asked about a range of issues (that reflected the age of the cohort children) in the three months immediately preceding the interview, at which point, children in baby cohort were aged around 10 months, and those in the toddler cohort around 34 months. Teething was the issue most commonly reported as problematic by parents of babies (53%) and the child's eating habits was the issue most problematic for parents of toddlers (35%). Problems with sleeping were less common at this point but still reported by 33% of babies' parents and 29% of toddlers' parents. Managing the relationship between the child and his siblings was a further problematic issue for parents of toddlers (33%). Overall, parents of male children continued to be more likely to report concerns about their child for example, in the baby cohort, particularly in relation to their sleep pattern and teething.

Managing the house and other domestic responsibilities again emerged as the key issue for parents in both samples (32% babies, 28% toddlers) in the period immediately preceding the interview, though the figures were lower than for the first three months. In contrast, being able to afford baby clothes and equipment was considered more problematic at this stage than it had been earlier: mentioned by 15% of baby parents in the first three months compared with almost 22% at the time of the interview.

## Conclusion

These data show that for most mothers, pregnancy, birth and the first few months of parenting are happy and healthy experiences. Nonetheless, there are significant variations in these experiences across the population and in relation to social divisions of income, age, partnership context and educational level. These social divisions put those babies born into less advantageous contexts at a relative disadvantage from birth.

Breastfeeding rates, in particular, were found to be highly socially patterned in the samples. Although the majority intended to breastfeed, actual breastfeeding was more common amongst older mothers, those in higher income households and those with higher educational levels. Early weaning was more common amongst lone parents and those in less affluent households or areas. Policy and practice challenges clearly remain in terms of promoting and supporting breastfeeding amongst the more deprived groups in Scotland.

If you have any queries about the GUS project, please contact:

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