Penny Armitage: "I'm the 85th baby born in Marathon"

Narrative 1 of the Marathon Maternity Oral History Project

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In 2008, we interviewed women about their experiences of childbirth and maternity care in Marathon, a rural community in northwestern Ontario. This narrative is one of a series of stories that resulted from the Marathon Maternity Oral History Project. All of the narratives in this series were edited from the interview transcripts, then reviewed and approved for publication by the women involved. We invite readers to see the accompanying research paper for more on the Marathon Maternity Oral History Project.¹

'm Penny Armitage, 60 years old. I'm the 85th baby born in Marathon. Yes, and my girlfriend was the 100th and there's 2 months between us. Oh yes, there was 50 or 60 started kindergarten the year I started, something like that. When we got to grade 9, there were three grade 9s, 30 in each class. So there was a lot of us around. Everyone had baby carriages. I think only 1 or 2 doctors.

My father came here for the construction and then just stayed on when the mill started producing. The war had just finished so the people were looking for work. The soldiers were coming back, you know. Any of the ones that were farmers or had moved where there was something going on pertaining to the war, and it was finished, they were looking for work, so of course, "This new mill's starting up in Marathon? I'll go, I'll help build it." You're here for a year or something building it, "Okay, you're hired. You can stay on as one of our employees," and that's just how it worked.

These guys would work 8 hours at the mill and then go home and have supper. Then they'd be at the sites, building different projects. The curling club; you know where that is? Beside that used to be an arena, then you have your rec hall downtown, we had a swimming pool, all built by volunteer labour. When we were growing up, we had all the sports amenities. You know, we could skate all winter, play hockey, all this kind of stuff. And it cost us nothing. It was owned by the mill, so you had everything available to you. I can't remember when we first had a mayor. I was in high school, so maybe 1960. We had maybe 2000 to 2500 people here. When I was a little kid, we played on the street; that was our playground. Half a dozen cars might go by, four of them went by twice. There was just no traffic, so we had the run of the town. It went from there. The booms didn't start until the mines in the early '80s. Miners go where the work is, where the mines are. When one mine closes, they move where there's another mine. So-and-so moved here, phoned their brother, and their

brother moved here with his family. The father and mother moved here as well.

We were isolated ... really isolated

When I was younger, you couldn't get out of Marathon. Between White River and Schreiber, that road was not connected until the '60s. We had a train twice a day. When we went on a holiday, our car was put on a flatbed and we got the train to Schreiber. Then it was taken off the flat bed and we could continue driving out west to my relatives. We were isolated, and I mean really isolated at that time. When the nurses came here and worked, they got isolation pay because you couldn't get out of the town! You had to have everything here. It's always been a small community, it's always been closeknit. One year, I had the keys to 7 different houses over Christmas holidays. I could have partied every night of the week and not in the same house twice. Because people go away, "Here's the keys, Penny. Can you keep an eye on the house?" First thing in the morning, up the street, cross, back down: everyone's house is fine, back into my place, hang up the keys!

When I first started work, I had been a registered nursing assistant, then a crossing guard. I worked at a convenience store and was manager until they closed it. Since then I've been a homemaker. Oh, gee. I went away in '67 and came back here in '68. So I was 20. If I remember correctly from when I worked, all children were on Carnation formula, because that could be brought in by train. At the old hospital, we sometimes, the nurses, delivered; sometimes the doctors didn't make it there in time. We thought nothing of it.

Now, when I first came we were not doing surgeries in the hospital. In '70/'71, whenever it was that they moved into this hospital, they started up with surgeries again. They did gallbladders, hysterectomies, vasectomies, C-sections, tonsillectomies, just about any type of surgeries. Everything was here. You had your

surgeons here, you had your operating room, you had your anesthesia. They didn't think anything of it. That lasted for a few years and then the last surgeon went to Thunder Bay because they wouldn't get him new equipment. This is late '70s and they're still using equipment that they had left over from the '50s and '60s. You can't do that. But they just didn't have the money at that point.

Years ago, the doctor was right there at your beck and call and it killed them. It had to. You only had 1 or 2 doctors. Every time you turned around they were at the hospital and the clinic all day. I don't think people realized that the doctors are human and they've got to have some rest somewhere. They can't be robots, they can't be in clinic all day, see outpatients 'til midnight, and then still come in at 2 AM and deliver. Come on. Can you do it? Then why do you expect Dr so-and-so to do it?

I worked about 6 years or something. I quit work before I had kids. Oh, that was funny! I was working that day and every time I turned around, somebody was ringing a buzzer and they were going to be sick to their stomach. So I'd go in. "What's wrong?"

"I'm going to be sick."

I threw the basin at them, took off out of the room, and hollered at one of the nurses, "In there! I can't do it!"

So I get home, my husband says, "How was work?

"Oh my God, every time I turned around, I was going to be sick."

"Maybe you're pregnant?"

The next morning, on the way to work, I brought a specimen in and checked and it was positive. I phoned the doctor's office and made an appointment for after I got off shift. The doctor says, "What can I do for you?"

"I think I'm pregnant."

"Well, what makes you think you're pregnant?"

"Oh, for God's sake. I missed my period, I've got the tender breasts, and you know, all this stuff."

"Okay, so what are we gonna do?"

I said, "Well, you know, I gotta work day shift next week and I'm just so nauseated." So he gave me something, I can't remember the name of it, but you took it at night and then you weren't sick during the day, so I took that for a week. I was finished my day shifts and put in my resignation.

Everything here that you needed

When I was having mine, you just needed the basics. We did have a midwife at that time and then she retired, but you didn't really need-you needed your doctors there, yes. You wanted your doctor and you wanted your own doctor. The nurses were fantastic at that time. They were right there holding your hand. Sometimes your husband was in the labour room with you, so you had that support there. As far as I was concerned, you didn't need anything else. If you got into problems and they did a C-section the surgeon was there within minutes and he could put you under and do it. So you had everything here that you needed.

The pregnancy went along fine. Just before I was due, didn't I start hemorrhaging! I was placenta previa. I end up coming in here and they couldn't decide if they were going to do a C-section or what they were going to do at that point, so I was in here for a couple of days. The bleeding settled down of course, because I was on bed rest. This was 1975. They were doing the C-sections here, so they didn't have to ship them out. They had said to me, "We're going to put you under and you may wake up with a sore stomach, or you may wake up with an IV and we're going to induce you."

With my medical history, they pretty much knew I wasn't going to be able to deliver naturally. When I was 10, I was on a teeter-totter. The kid got off the other end; I came down flat on my behind. The next morning I was



The Marathon Arena

paralyzed; my right hand, left leg, bladder, and bowels. So I was in the old hospital for about 6 weeks 'til things started to come back. My hand was only a couple of days; my leg took a bit more to get the movement back in it. Concussion of the spinal cord. As it compresses, it affects opposite sides of your limbs and internal organs so I had my right hand, left leg, bladder, and bowels. Since then, of course, I've had repercussions from it; I catheterize myself all the time now, my bowels are a bit lazy, but you know, I look after that, and my left leg is not as strong and not as long; this hip and everything on that side is lower because of that accident. They knew right from the beginning they were going to do a C-section, but they weren't telling me that. I woke up with the sore stomach. I was in for a week after my daughter; I needed blood transfusions. Then I went home and that was it.

I was very proud to have my own child here because I was born here. When I was in the hospital, there were 2 or 3 other women who were also born here and had just had their children as well, so you knew everybody anyway. Looking back, I was proud to have my child here.

Elana was born in '75; Adrian I had in '79. My blood pressure was going up, so they put me in for a couple of days. The doctor informed me that I was going to have to find some place to have my child because the surgeon—I'm not saying he wasn't good, but the joke was that by the time he finished the C-section, the baby would be able to walk—they didn't want him to do any more than he had to. At first I was quite upset. They wanted me to go to Thunder Bay and I was adamant that I was not going to Thunder Bay to have my child. I didn't know anyone up there. There was really no family, so I wouldn't have had any of that support.

So, I got a hold of my friend who was raised here with me and is a doctor and was practising in Wawa. I asked about having a C-section up there. She said that she would let the surgeon open her up. Well, that's all the recommendation I needed. So my husband and I packed up the car with my daughter and a little crib and off to Wawa we went. My husband, a pipefitter down at the mill, he just informed them, "My wife's having her baby and we've gotta go to Wawa. Give me my 2 weeks' holidays." Away we went.

They moved me into the hospital; my husband and daughter moved into the house with [my friend]. They did the C-section. With my blood pressure having gone up and everything, they wanted to get him out as soon as they could. He was the talk of the hospital, because he was born C-section. "Look at him! Perfectly formed." They let me out of the hospital 3 days later. So I had him up there, and everything went fine. That's why he wasn't born in Marathon.

Everything is so accessible now that you lose different things. You see it in industries and everything. You

have someone in your x-ray department who looked at the x-rays. Where now the doctors from anywhere can just click, "I want to see so-and-so's x-rays." Pfft! Here they are! When you're going to see a specialist in Thunder Bay or somewhere, you're not carrying your x-rays with you under your arm like we used to. As things open up, as things become more available, you seem to lose things.

So much red tape and politics

I remember there being a time when nobody was having babies here. I believe that was probably when they were getting ready to turn it into a chronic [care hospital]. Even when I was working; they were cutting back on the beds because they weren't being used. They were closing down our maternity department. I mean, we only had 3 beds in our maternity department, but they were closing that down. They took out 2 of the maternity beds because our birth rate had gone down. With the number of deliveries we have, statistically, the government will probably say, "You don't need it." When I was working and when both my children were born, Marathon was the hub of the north; we did everything here. A number of years ago when we were still doing surgeries, we were also servicing Mobert, Heron Bay, White River, Coldwell, Manitouwadge, all the surrounding district, so you're looking at 10000 people. But you couldn't get that through their heads. "Oh, you only have 2000 people, you don't need 25 beds." All of a sudden, we became a band-aid hospital-stick a band-aid on them, ship them out; stick a cast on, ship them out.

I don't think not having your child here is going to stunt the growth of a community. I don't think people are not gonna have kids because you can't have them here. For people to feel that they belong here throughout everything, for their children to be born here as well and be part of the community, means more to them, I think. "Oh, I had to go to Thunder Bay and have my baby." It's not the same, you don't have your friends there to come in and visit you, you don't have your parents, you don't have that kind of support.

Now, this is the government for you, "Oh, we think that Marathon should be the centre of the north, you know, maybe we should have surgeries there and stuff." Excuse me? We had that! You took it away! It doesn't look good. And now you want to give it back to us? If we had C-sections, that would sure save a lot of women going out of town to have their babies. I suppose it's the government and it's just politics, but it peeves me off that we had it, they took it away, gave us this fantastic new extension on our hospital that does buggerall, made it into chronic, and now they want to give it back to us. Why didn't they have that foresight in the first place to keep it? You just don't know which way to turn. There's just so much red tape and politics, I don't

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know if it's not worth the fight to try and get it back, or whether the government can't see that far ahead to realize that it would be advantageous to us to have this. We're not the only community on the north shore.

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Competing interests

None declared

Reference

1. Orkin A, Newbery S. The Marathon Maternity Oral History Project. Exploring rural birthing through narrative methods. Can Fam Physician 2014;60:58-64. Available from: www.cfp.ca/content/60/1/58.full.

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