

Tracy Michano-Stewart: "A lifestyle type of thing"

Narrative 8 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 north-western 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

I'm Tracy Michano-Stewart. I'm 37 and I live in Thunder Bay right now. I'm originally from Pic River. I was born actually in Marathon hospital. I don't know if it means anything, you know. Just born and bred here. We're all Northern Ontario born and bred I guess. Didn't really think too much about being born here, not 'til now that I'm talking about it with you.

I'm a medical student in my fourth year and will be graduating in the spring. I have my RN certification, so I'm still a nurse. I ran the Heron Bay Health Centre for 10 years prior to medical school. Then I heard about the school, applied, got an interview, and then went to see what would happen. Got accepted and then let my family make the decision as to whether we were going or not. My husband used to work in the mill. If he wasn't willing to quit his job and come with me and the kids weren't willing to move, then I wouldn't have gone back to school. We made the decision together to move to Thunder Bay. We decided to go, and here I am.

Familiarity may be a positive

I questioned wanting to bring my kids up in a bigger centre. It's not like a big Toronto city—it's a small city or a large town, however you want to look at it—but there's different values, different ethics. I had family here [Marathon], friends here, with small-town values, small-town ethics, small-town comfort. People really communicate.

I plan on being a family physician. Maybe I'll come back to Marathon. It'll be Thunder Bay or some other Northern Ontario town in or around Marathon, that's always a possibility. Coming back here, I know a lot of people and I'm related to a lot of people. I guess at some point you either get over it, or if people are okay to see you then they're okay to see you. Like I saw someone in emerg who I grew up with, had an ankle injury. I know my approach with them because I knew them really well. I don't know if that adds or takes away from the interaction. You've already got some rapport built up even if it's not a clinical setting, there's

a backdrop of something else there. That familiarity may be a positive.

Whether or not I plan on keeping obstetrics as part of my practice, I haven't really decided yet. Nothing has happened that would make me go either way. I'm assuming that if I wanted to work in a rural setting—like if I wanted to come back to Marathon—it would be a big plus to have that skill. In terms of prenatal care and stuff like that, it's going to be a big part of my practice. I enjoy it. I have limited experience—maybe 8 or 9 deliveries in Sioux Lookout, a couple here. I have not seen any acute complications or a delivery that could completely turn me off from it. I still might have those experiences.

I have one friend who is planning family medicine, she thought maybe she'd do obstetrics on top of that, but it came down to a lifestyle type of thing. She says, "I don't want to be on call at all hours or 24/7." So I know for that one person, it's the lifestyle that's putting her off of adding obstetrics to her family medicine practice.

I think delivery is a lot of responsibility for a doc: you're responsible for the mom; you're responsible for the babe. If you're in Thunder Bay you just have to wheel them up to the operating room or whatever. In a rural setting you don't have that backup. It's going to be a 3-hour drive or a wait for air ambulance to get here. There's the time and the geography and deciding who's going to need to go now or can we do this here? I don't know what their protocols are for any of that stuff, what's involved in making decisions.

Your comfort zone

I attended a couple deliveries here and I wasn't really freaked out about it. In the moment I'm just concentrating on what's going on. Some of the students I've gone to school with would think along the same lines as me; others would think you're a crazy nut. There's no anesthesia, no C-section. Why would you deliver somewhere and take that risk? Even if your pregnancy is normal, things can happen. The ones that are gone aren't comfortable with delivering here; is there a difference in

explanations, a difference in docs, a difference in past experiences? I'm not sure. I've not come into any situation yet where it's kind of been forced on me because something's happened. I know they've had troubles in the past with a few deliveries. It will eventually happen, and probably more than once. You would think back on what you're doing. Are we doing the right thing? Do we have the right safety guidelines? Protocols in place? Is this something that we should do in Marathon? Do we have the skills within our group to be able to handle it the way it should be handled? In terms of personal reflection, I don't know. I guess people go through guilt and all those different things if you're the one involved in it. I think that's all based on personal experience as well and what they bring to the table.

Yes, I've had all 3 of my kids in Marathon. We went from no kids to 3 kids, so big life changes with each child. More complicated, more time, more effort, less time for you and that sort of thing. Childbirth itself, I loved being pregnant, I loved giving birth. You know, lots of women say I'll never do it again, worst life experience, cursing and swearing. But I didn't have any troubles at all.

First pregnancy the year after I got married. I was 25, I think. I didn't really think ahead of time, "Do I deliver here? Do I have to deliver in Thunder Bay?" Delivering in Thunder Bay is a big pain in the butt, you know, work-wise, family-wise, finances-wise. I had a family member go up to Thunder Bay because she was having trouble. She had to stay 2 months in Thunder Bay out of her home community. It cost them financially because she was off work; they pretty much had to rent an apartment for the month or two; Dad still having to be at home and at work, and not up there, which is where he probably wanted to be. In my job as Health Director at the health clinic, lots of women from Pic River, lots of pregnancies going out, having to stay for 2 weeks, fighting with Non-Insured [the Federal Non-Insured Health Benefits Program for First Nations and Inuit] who does the benefits for, you know, compassionate coverage for support for their family to be around them. I think those are the big things. You're out of your support network, right? It adds to a stressful time.

For me, I didn't have to experience it myself. After I had my first prenatal exam and visit, we talked about it.



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The mill in Marathon

I had pretty much planned to deliver in Marathon. I had no qualms about doing that, no reservations. I was comfortable maybe with the explanations from the docs, but I don't know if I can explain it. My experience is that the nurses are supportive, the docs supportive, getting people through stuff when they're having a difficult time. I studied breathing, I prepared myself for it independently as well. I don't think it takes a certain person; it's all individual experience, individual pregnancy, individual labour and delivery. There's so many different variables making up the experience: what doc is on, what nurses are on, what time of day, what other things are going on in the hospital, what other patients need attention at that time. It all impacts the experience you're going to have. Definitely I've seen deliveries here where people are having a hard time getting through it. The support is there; I've seen it. If you need it, it's there.

I'm usually a pretty calm person; I don't get too excited about stuff. With my pregnancy, I thought everything was going to be fine. I didn't even want to go in for my monthly prenatal. "I'll come in if something's bugging me." I just had confidence in the docs that if something went wrong then we would go where we need to go, like if we needed to go to Thunder Bay or elsewhere. They knew me and knew I was a nurse, too, so their approach is different when they know you have background in it and you seem comfortable or don't need help or don't want help. I think if you have a relationship with them, you're just more comfortable, they know a little bit about you. If they're your family doc, they know a lot more about you or followed you through the course of the pregnancy. I just wouldn't have wanted to go leave the region in order to have kids and spend weeks in confinement in Thunder Bay living in a hotel or renting an apartment or whatever. You're not in your comfort zone, your own environment, you know?

A million people in the room

My pregnancies were all healthy; there were no problems. It would have been different if there was a concern with the baby or problems with the delivery, then, yeah, I understand I would have to go elsewhere. There's a lot of things about deliveries in Marathon. Like I know in Thunder Bay at labour and delivery, you're limited in the hours of visitation, you're limited in the amount of people you can have with you. Maybe it's not that way, maybe it's misinterpreted or whatever, but from what I can understand, it's pretty restrictive. In my deliveries in Marathon I could have whoever and however many people I wanted in the room with me. I had my parents in there, my kids, my brother, my cousins. I'm a First Nations person; for everyone that has extended family and from experience, if anyone's sick there's a million people in the room. Or if someone's dying there's a million people in the room. If they're in Marathon, it's

just a ride from Pic Mobert or Pic River and you can be at the hospital. With pregnancy, the maternal support with sisters, moms, grandma. So definitely doing that in Marathon makes them able to be there, whereas if it's in Thunder Bay or wherever they need to go it isn't possible. I liked having it the way I wanted it to be; there seemed to be more flexibility in that type of thing.

The first one's Chase. He's 11 now. I was getting Braxton-Hicks regularly from 6 months on. I went in for my 8-month check and I was 2 centimetres dilated already—was still working that Wednesday, had a meeting Thursday, went into hospital on the Friday, and pretty much delivered within maybe 6 hours. Uncomplicated pregnancy, pretty much uncomplicated delivery. Labour wasn't very long, no complications. They tell you about when you're going to deliver in Marathon, "There's no anesthesia, no epidural, no C-section, no this, no that."

I remember the nurse coming in, and I was tired from the contractions. I just wanted to rest a bit and I asked for something for pain. I just wanted to rest, the pain wasn't all that intolerable. I remember her saying, "Oh no, you can't have anything." Then she checked with the doctor, so I ended up with one small dose. It was just my husband in at the time; I remember the nurse telling him to help me breathe. I told her, "No, I want him to be quiet." It was throwing my concentration off. "I need to do this by myself." I told him to be quiet. I don't want him breathing in my ear, he's disturbing me. I closed my eyes, I didn't want disturbances, and I concentrated on what I was doing. Delivery went fine. The doc was supportive. Went home the next day. Thirty-seven weeks, no complications. Seven pounds 9 ounces, and fine.

Skye's the second. Again, didn't go into hospital until the contractions were regular, water broke at home, pushed not very long, no complications, and then she was born. Again, it was the quiet atmosphere: leave me, close my eyes to concentrate. No pain medication, no anything that time because I knew what to expect. If it's my body, and I'm doing it, I'm going to do it well. Even if I'm delivering a baby I'm going to do it well. I remember my doctor asking me afterwards, "Who teaches prenatal classes in Heron Bay?"


I go, "Nobody."

"Well, you should." I remember him commenting on that.

At that time, my husband was in there, my mother was in there, my son was in there, my cousin was there too. My dad wouldn't come in because he didn't want to see me in pain. My 2-year-old son was on the side of the stretcher. He was happy, he was excited and just kept saying, "Baby's on the bed! Baby's on the bed!" and ran outside into the lobby to tell his grandpa that the baby had come. I find it funny that people wouldn't want to include their children in the birth of the next sibling. They want to keep their children away from it. For

me, why not include them in that? I thought it would be amazing for them to be a part of it and remember it, or if they're too young, you can tell them, "You were there, this is what you said ..." I think it's important.

The last one was 2003. Chase was 6, Skye was 4, so they were both there. Again, it was uncomplicated pregnancy. Labour and delivery went fine, walked around the hospital breathing through my contractions. My daughter was cute: she was walking around behind me with her hands on her back, going "Hoo hoo hoo hoo," my 4-year-old daughter, so that was really cute. She just started doing it, it was funnier than heck. She was helping me breathe through my contractions walking up and down the hall. I was breathing through my contractions all night, and then felt the head go down and I needed to push. So [the doctor] came in and I think I pushed twice and the baby was born. My brother and my son

cut the cord. They were kind of freaked out a little bit when I was in pain, just a little scared. And then everything was happy. It was pretty amazing, the miracle side of it all, I don't know if I have anything deep to say about it. Things were good. 

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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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