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Reflection and Literature Review on Loving Choices Pregnancy Center Internship

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Abstract

This honors thesis involves a personal reflection and literature review of a nurse internship at Loving Choices Pregnancy Center in Fayetteville, AR. The purpose of this internship was to provide a learning experience in women's and obstetrical health. Responsibilities included completing community resource projects and assisting staff and nurses in the Care Center and Pregnancy Clinic. To satisfy honors requirements, five learning objectives were created during the internship. These objectives were all met and reflected upon in the first part of this thesis. The second portion of this thesis involves a literature review of the socioeconomic and health-related risks of adolescent pregnancy and a summarization of interventions performed at Loving Choices to mitigate those risks. This internship proved to be a positive learning experience that will impact future career goals.

Honors Internship Thesis: Loving Choices Pregnancy Center

Loving Choices is a pro-life, nonprofit clinic that provides a number of free services to women in need, including pregnancy tests, ultrasounds, STD/STI testing, options counseling (including adoption planning), abortion reversal pills, and post-abortion counseling/support. Loving Choices also has a Care Center, which provides many great services to pregnant women and families up through the time their child is one year of age. The Care Center program offers mentorship and pregnancy/parenting classes that earns participants "Mommy Bucks," which they can use to buy clothes, toys, diapers, car seats, cribs, etc. This is a great resource to the community, and I was fortunate to see this organization help many women and families through difficult situations.

I chose this organization for my internship for numerous reasons. I aspire to be a Certified Nurse Midwife and am particularly passionate about working with underserved ethnic minorities, including refugees and immigrants. Eventually, I plan to move overseas to participate in church-planting and medical missions work with a focus on women's and children's health. This internship would allow me the opportunity to not only gain experience with maternal and newborn health, but also to interact with some of the most under-resourced individuals within the maternal population in our community. Many of the clients at Loving Choices are in crises and have experienced trauma and hardships. I wanted to learn to be familiar and comfortable with stepping into these situations with empathy, therapeutic communication, and practical knowledge/expertise. I knew gaining these skills and experiences would be of great value when working among refugees in the future. Lastly, I chose this organization because I believe wholeheartedly in what they do and stand for. I am a Christian and believe that unborn babies have the right to life. This organization, which is against abortion, is strongly committed to support women no matter what they choose regarding their pregnancy, past or future. They simply want to love and support women through very difficult decisions, giving them all their options when they feel they have none. As a nurse, I will be

caring for people of all cultural, religious, and political backgrounds while maintaining my own convictions and values. To watch experienced people counsel someone lovingly and non-judgmentally through a situation that pushes against their own values in a way that preserves dignity, respect, and moral obligations of both parties may be one of the greatest things I'll learn from this internship.

Reflection

First Objective

I had many expectations and hopes going into the internship. The following paragraphs will detail my experiences related to five learning objectives I hoped to meet during my time with Loving Choices. My first objective was to grow in therapeutic communication with clients experiencing hardships, trauma, etc. As mentioned above, many of the women who come into a free pregnancy center could be facing situations such as sexual abuse, miscarrying, or having an STI. These situations can become even more complex when you add in financial, housing, and familial burdens. I knew I would have a lot of exposure to clients in tough situations through this internship and hoped that I would be able to make a difference.

Going into the internship, I wanted to learn to understand, empathize with, and therapeutically respond to patients in these difficult circumstances. I spent the first half of my summer (before the internship), in Jordan and Germany working among refugees and doing all the things I mentioned above. During that time out of the country, however, Loving Choices in Fayetteville changed site directors, so the original plan and expectations of the internship got lost in the transition. When I arrived, my role as an intern was different than expected. I knew beforehand that I would be helping with projects and office tasks as part of my internship, but I did not know the extent of it. From a miscommunication on my part, I wrongly assumed that I would be trained like volunteers were. Loving Choices trains volunteers to facilitate things, such as pregnancy tests or STI education, while being there as emotional, spiritual, and decision-making support for clients. However, it was unreasonable for me to be trained in this area, as

there were already trained and committed volunteers filling up all the appointment slots. This made it challenging to meet this objective.

The new site director, who was also my supervisor, and I got very close during the internship. I communicated my desire to be involved with clients and learn how to respond to people in distressing circumstances, and she worked hard to find those opportunities for me. She took me with her to a trauma training class where I learned about the physical and psychological effects trauma has on somebody. This class helped me understand the reasons why people, such as someone in an abusive relationship, make decisions that do not make sense to others, such as staying with the abuser. My supervisor and the other staff also involved me in coordinating client cases. As expected for a free clinic, many of the cases were complex and involved circumstances such as homelessness, education (teen pregnancies), trafficking, etc. I helped with the case management side, such as helping find transportation for young clients to make appointments or researching resources for someone who cannot afford an apartment but needs out of an unhealthy living situation. While I was not actually communicating with clients in doing this, I was able to empathize with people and hurt for the situations that these women and families were in. The exposure to these circumstances, as well as watching how the staff responded and coordinated care, helped me become more comfortable and familiar with uncomfortable and avoided topics. Pondering these difficult situations will help me better understand and empathize with future patients.

Since my supervisor knew I wanted to be with clients, she allowed me to spend some of my time sitting in on appointments with volunteers. I worked hard on all my projects and was able to free up some space to do this. All of the volunteers that I worked alongside were retired, in a different stage of life, and had simply experienced more life and had more wisdom than me. Some of the volunteers even used to be nurses. Unexpectedly, I learned so much from simply watching them. While I was disappointed that I was not able to actually facilitate appointments, getting to watch the various volunteers therapeutically communicate with clients was a blessing

in disguise. I began to notice differences in how the various volunteers communicated with clients, and I took notes. For example, one of the volunteers used a lot of nonverbal methods of communication. She leaned forward when women began discussing difficult topics, nodding and using facial expressions to empathize with whatever the clients were saying, whether it be something to celebrate or grieve. She mirrored clients' feelings and cultivated a warmth and gentleness that I have tried to incorporate into my interactions with people. Another volunteer had a very different personality. While still kind and respectful, she was more straightforward with clients. She did not respond as noticeably with her facial expressions and body language. She remained poised and professional and did not shy away from asking difficult questions or giving her opinion when she felt it necessary. At first, I did not prefer this approach, as I thought it was too forward. My sometimes-passive personality was uncomfortable with this near the beginning. However, I began to notice how the clients responded to her directness. Her candor opened up the door for many difficult conversations that were much needed for the clients. It was refreshing for people, and they felt comfortable talking with her.

Being a bystander in watching both of these women interact with clients allowed me to reflect on how I would respond in situations. When I sat in on appointments, I would think through how I would naturally want to respond to what the clients were saying, and I would compare that to how the volunteers were responding. I learned quite a bit from doing this. In watching the more direct volunteer, I discovered how I naturally like to shy away from bringing up difficult topics for fear of offending people. However, her directness opened the door to conversations that really needed to be had, no matter how uncomfortable at first. I have been able to push past the uncomfortable in my own interactions with people and been able to discuss deeper topics. In our Therapeutic Communication course, we talked about reflective listening and acting like a mirror for patients so that they could better make sense of and process through complex thoughts and emotions. While having that knowledge helps in theory, it is different when witnessing someone actually do it. While she probably did not even have a name for what

she was doing, I learned a lot about reflective listening from the warm, gentle volunteer. I will use these concepts of reflective listening, directness, and the many other things I observed from these women for the rest of my life, whether working in a hospital as an RN, being a midwife, working with refugees overseas, or even in personal relationships. It was also good for me to see how two volunteers with very different personalities were able to both support and encourage women in their own ways. Clients responded well to both of them, and that helped me realize that therapeutic communication is not a science. It is unique to every situation and something that grows with time and practice. The best thing I can do is care.

Second Objective

To further support my long-term professional goals, my second objective for this internship was to gain experience interacting with and caring for clients from various cultural, ethnic, and religious backgrounds. Loving Choices has diverse client demographics. Forty-two percent of their clients belong to ethnic/cultural minority groups, approximately one-third of those minorities being Hispanic, one-third African American, and the last third from other ethnic descents. I interacted with these clients quite frequently, though not as much as I would have hoped due to the reasons above. Still, I observed many cultural differences among our clients. For example, the teenage African American and Hispanic clients generally seemed more excited about their pregnancies than the Caucasian teen clients. The Hispanic clients involved family more in decision-making, and abortion was hardly ever considered among this ethnicity. We had clients of Asian, Arab, African, and Indian descent as well. I know these interactions and observations will support my ability to deliver culturally competent care in future practice.

Third Objective

Perhaps my greatest contribution to the organization pertained to my third objective, which was to become more acquainted with community resources for those in need. Due to my desire to work with underserved ethnic minority groups, this objective is directly relevant to my long-term goals. As a nurse, I am committed to care for my patients holistically, managing their

interdisciplinary care and connecting them with any resources that pertain to their health and well-being. Underserved ethnic minorities, such as refugees, face many obstacles in their health beyond the average American. These obstacles could include housing, language, safety in living situations, a lack of education, and insufficient nutrient intake. It is important for me to be knowledgeable about available resources in the community to help clients overcome these obstacles.

I was unsure how I would meet this objective before the internship, but I knew that many of Loving Choices' clients faced several of the obstacles listed above, and that Loving Choices worked to connect them with appropriate resources. Fortunately, two of the projects my new supervisor had prepared for me involved compiling community resources in an organized manner to have readily available for clients when needs arose. I spent much of my internship time working on these projects. I organized the resources into the following categories: counseling/mental health, healthcare, insurance, housing and transportation, basic needs (food, clothes, etc.), childcare, employment and education, and scholarships. Within each of these categories, I researched community resources by using the internet, making phone calls, and networking to gather information on local services relevant to our clients' needs that are available for them to use. I listed information on how to contact and obtain those services and printed copies based on category. Then, when a client needed a particular resource, such as housing, I could find the folder and give them a copy of the local housing resources. I also compiled a 35-page booklet as a campus resource guide for pregnant and parenting students at the University of Arkansas. Loving Choices handed these booklets, which contained all of the information above individualized to this population, out to students at a campus event.

I learned a great deal from these projects. Not only did I learn how to locate resources, but I also became acquainted with the types of resources available, especially in Northwest Arkansas. One thing that shocked me, however, was the disorganization and difficulty in finding said resources. While I am sure targeted advertisement of resources exists in the community

(like flyers and word of mouth), the internet was not a very helpful tool for many of the much-needed services. Information was often scarce or not even present. If someone were to require assistance, some of the services would be nearly impossible for them to find on their own. Fortunately, I discovered an organization called HARK that is trying to take care of this problem. They are a non-profit organization that exists in order to connect/refer clients to relevant resources, as they have extensive knowledge about what is available in the community. I wish more organizations like this existed across the nation.

Fourth Objective

My fourth objective was to grow in knowledge and application of parenting, maternal health, and newborn health concepts. Reaching this objective was more difficult than I expected. As mentioned above, I spent much of my time working on projects, and therefore did not spend as much time in the clinic or Care Center as I originally thought. Further, I had not taken my maternal-newborn and women's health class yet, so I did not have a foundation of classroom knowledge to apply to my experience. Much of what I learned was new to me, though now, after obstetric class and clinicals, it seems simple. Still, this experience provided me a chance to become more familiar with maternal health.

Compared to my clinical, which involved only labor, delivery and postpartum, we would follow clients—if they chose to participate in the Care Center—from the positive pregnancy test through the time their child was one year of age. From this, I got to see aspects of pregnancy that I did not see in clinical, especially concerning early stages of pregnancy. I also discovered how factors such as poverty or a lack of social support impacted pregnancy. I learned about signs and symptoms of pregnancy, including tender breasts, frequent urination, mood changes, and nausea. I often calculated estimated due dates for the clients and guided them on how to use our self-administered pregnancy tests. I attended many ultrasounds which helped me become familiar with locating the baby and finding the heartbeat in various stages of development. I sat in on STD/STI education and learned the process of reading test results. During free time, I

would ask the nurse questions or read the pamphlets that were in the client rooms. Unfortunately, I was never able to sit in on the pregnancy/parenting classes, but I still was able to participate in the conversations mothers had with staff while I was organizing the Care Center. While not as extensive as I would have liked it to be, I still learned quite a bit from this experience that I know will help me when I become a nurse midwife.

Fifth Objective

My final objective was simply to be of great use to the organization. I am passionate about the work that Loving Choices does and wanted to make a positive impact while I was there. Although this was intended to be a learning experience for me, it was also an opportunity for me to volunteer my time and efforts to an organization that I care about. I believe that I was able to achieve this objective. As already mentioned above, I worked on projects to help clients get connected with community resources. That was a huge help for the organization, as it was time-consuming and much needed. Clients are still benefitting from this work today. I had various other responsibilities as well. I helped with office tasks, such as making positive pregnancy packets, printing ultrasound documentation, and running copies. This was a new experience for me, and I am actually grateful to finally have learned how to use a corporate printer. I also spent some time in the Care Center, where I sorted through donations, bundled diapers, and organized the store and class materials. Loving Choices' had a policy that required a second person to be in the room during ultrasounds, so I happily did that to allow the staff to continue with their work. I greeted clients and did my best to make them feel loved and welcome. I am so thankful for this experience and am glad that I could make a difference.

Literature Review

One thing I noticed during my time at Loving Choices was the frequency of adolescent pregnancies. These clients often had many complex issues that negatively impacted their pregnancy and psychosocial wellbeing. Here in the United States, teen pregnancy continues to

be an epidemic, though we are seeing declining rates (Center for Disease Control and Prevention [CDC], 2019). Pregnant teenagers are considered a vulnerable population group due to the various issues they face, including high risks of pregnancy complications, dropping out of school, living in poverty, and experiencing violence (Stanhope & Lancaster, 2017). At Loving Choices, one quarter of our clients were between the ages of 15-19, and we even had clients as young as 12. We offered many individualized interventions to support these clients, giving them the opportunity to thrive. For my literature review, I will explore the numerous social, economic, and health-related risks of teen pregnancy and parenting, as well as interventions we provided at Loving Choices to help mitigate those risks to improve the quality of life and future prospects for mothers, babies, and families.

Social Risks

Adolescents can be known for their temperaments, rebellious streaks, and poor judgement. Erik Erikson, in his theory of psychosocial development, says that adolescents are in a stage known as identity versus role confusion. In this stage, teens are trying to answer the question: “Who am I?”. Crocetti (2017) published a work building upon this theory, proposing a cyclical, three-factor identity model that involves commitment, in-depth exploration, and reconsideration of commitment. She argued that teens enter adolescence with some idea of interpersonal identity, then they evaluate and question these preliminary commitments that were based on childhood (Crocetti, 2017). Not only does this exploration stage put teens at a higher risk of unintended pregnancy, but pregnancy can also disrupt this normal process of discovering identity and the teen’s relationships with others. In a literature review of psychopathological risk factors of teen pregnancy, Gossens et al. describes what is known as “dual development crisis” (2015, p. 502). This crisis, which occurs most often in teens with socioeconomic inadequacies, involves the conflicting roles of being a teenager and a parent that can have negative consequences on the mother and baby. Normal adolescent development milestones involve gaining independence. However, teen pregnancy often forces the mother to

be dependent on her partner and/or parents (Murray et al., 2019), and that social support is crucial for the teen mother and her child to thrive in spite of the developmental disruption.

Pregnant and parenting adolescents often experience relationship complications among peers. Stigmatization of unplanned adolescent pregnancies can significantly impact the mother's social support and own attitude about her pregnancy. Though having small sample sizes, two different qualitative studies published in 2019 confirmed that the stigmatization of early pregnancy significantly reduced relational support from peers, and sometimes even families for teenage mothers (Ellis-Sloan & Tamplin, 2019; Moseson et al., 2019). They acknowledged that various factors, such as dealing with the needs of a newborn and the physical and emotional tole of pregnancy, labor, and post-partum, led most mothers, no matter the age, to feel "isolated, alone and depleted rather than nurtured and supported" (Ellis-Sloan & Tamplin, 2019, p. 208). If adult mothers in stable financial and relational situations often still feel this way, then a teenager, who is trying to balance all of the issues mentioned above on top of factors uniquely related to teens, would definitely feel this during pregnancy. Pregnant and parenting teens are also at an increased risk of dropping out of school, which significantly reduces peer interactions (CDC, 2019).

As expected, evidence shows that the support of parents and partners also improves pregnancy outcomes for teen mothers and children. However, teen mothers are more at risk of having strained relationships with parents and partners. Children of parents who are neglectful, followed by children of parents who are very strict, are at an increased risk of becoming pregnant at a young age (Stanhope & Lancaster, 2018). Pregnancy is also more likely to occur in adolescents raised in households involving a single parent, a low socioeconomic status, and/or a dysfunctional family (Stanhope & Lancaster, 2018; Gossens et al., 2015). Thus, family relationships that were complicated before pregnancy become even more complicated afterwards, making the initial risk factor for teen pregnancy a risk factor for poor outcomes for the pregnancy. The lack of social support can cause identity diffusion, poor self-esteem,

inadequate knowledge about child development, and poor coping abilities for the mother, which, in parenting, can lead to limited emotional availability for the infant, wrong responses to child behavior (such as yelling and threatening), and even child abuse (Gossens et al., 2015, p. 501-502). Children who experience this phenomenon from their teenage mothers are more likely to have behavioral and relational disorders, poor school achievement, and developmental delays (Gossens et al., 2015). Further, just the stress of an unplanned pregnancy puts strain on parental and partner relationships, as this crisis significantly affects all involved. On the other hand, support from the adolescent mother's partner and mother helps to buffer the negative perception of pregnancy, improve the perceived quality of life, and limit depressive symptoms (Pires et al., 2014), which in turn allows for better parenting of the child.

Social issues put pregnant/parenting teenagers at an increased risk of developing mental health issues as well. Evidence shows that pregnant teens who lack social support are at an increased risk for high levels of stress and anxiety, which can negatively impact the pregnancy and future relationship between the mother and baby (Gossens, Kadji, & Delvenne, 2015, p. 501). Likewise, a literature review showed that 50% of teen mothers, compared to 20-28% of adult mothers, experience depressive symptoms within 3 months of delivery (Gossens et al., 2015, p. 500). It is important, however, to acknowledge that these numbers are influenced by socioeconomic factors. Age, socioeconomic status, and school attendance were common factors found to contribute "to the onset and evolution of depressive symptoms" (Gossens et al., 2015, p. 500). Gossens et al.'s literature review also summarized that depressive symptoms in teen mothers were linked with stress and poor confidence in parenting skills, and that teen mothers with supportive partners and an established social network experienced fewer depressive symptoms and more self-confidence (2015). Various studies have shown that having strong peer, partner, and maternal parent support helps pregnant teens have a more positive mindset (Ellis-Sloan, 2019; Pires et al., 2014). In another study, adolescents who had a more positive attitude about their pregnancy showed fewer depressive symptoms, and even had less

depression into adulthood when compared to women who had their first births as adults (Whitworth, 2017).

At Loving Choices, we created an environment in which our teenage clients felt safe to vocalize complex feelings. As expected upon a positive pregnancy test, fear and uncertainty were commonly described emotions, mixed with excitement about the pregnancy and guilt for not wanting the pregnancy at the same time. The staff validated feelings, allowing clients, along with their families and partners, if present, to feel what they wanted to feel without fear of shame or judgement. In doing this, we opened up a safe environment for them to talk. Then, we provided evidenced-based pregnancy counseling that included assessing their support system, providing information on adoption, childrearing, and abortion, and identifying any immediate concerns the client, partner, or family might have, all of which are recommended by current research (Stanhope & Lancaster, 2018). We scheduled a second appointment, in which a free ultrasound was included, to further discuss the above topics (the initial positive test could be shocking, limiting the amount of information absorbed). We involved partners as much as possible in the process (given it is not an abusive situation), and even had a male staff member who mentored them on supporting the mother and being a dad (if they chose to parent). The Care Center provides supportive mentorship and classes that help to boost the clients confidence in their parenting abilities. If the teen chose to participate in the Care Center, we encouraged the partner to join, allowing them to learn alongside the mother so that they are better prepared and on the same page as the client. We did everything we could to encourage them both to maintain or establish a support system and helped them find resources on top of our own mentorship program. Some of the resources I included in my projects for the mother were Compassion House NWA, which is specifically for teen mothers, and Havenwood, both of which provide safe housing and support for pregnant women. I was able to find other related resources such as counseling and transportation services. We encouraged teen mothers to stay in school and did what we could to support them and their families in the process. Teenagers are highly social

creatures and rely on influences from peers. Another way that Loving Choices tries to help teenagers thrive, in spite of the societal stigma of adolescent pregnancy, is to schedule teen mothers' Care Center appointments at the same time (given the client's consent). This allows mothers to see that they are not alone and bond over their circumstances.

Social risks of teen pregnancy are complex and can have negative consequences for the mother and the baby. Teen mothers are more at risk of experiencing strained relationships between peers, partners, and parents. A lack of social support can cause mothers to experience mental health issues, a lack of confidence, and isolation. This can affect the baby in ways such as behavioral disorders, developmental delays, and poor mother-child relationships (Gossens et al., 2015). A positive social support, however, is associated with a more positive attitude about the pregnancy, less mental health issues, greater self-confidence, and greater bonding between mother and baby. The pregnant teen's partner and mother are the main sources of social support seen (Gossens et al., 2015). Loving Choices does everything they can to help young parents feel supported and minimize related risks of adolescent pregnancy.

Economic Risks

The economic burden that teen pregnancy has on young parents, families, and the country is multi-layered. Nationally, the average teen pregnancy through the first year of infancy costs the U.S. $16,000 in medical and economic support (National Conference of State Legislatures [NCSL], 2018). As seen with social risks, the causal economic risks for the occurrence of teen pregnancy become further consequences of the teen pregnancy itself, adding to the multigenerational cycle of poverty and early childbearing. A recent study found there was an associated risk of pregnancy in adolescents who had multiple experiences of poverty and instability within their families (Smith et al., 2018). Likewise, evidence has demonstrated many times that teen pregnancy leads to lower income for families and a higher risk of poverty and high school dropout for mothers (Gorry, 2019; CDC, 2019). Children born to teen parents are more likely to enter welfare, become incarcerated, have worse academic performance, drop out

of high school, have health problems, and become teen parents themselves (CDC, 2019; NCSL, 2018). These kids are also twice as likely to repeat a grade (NCSL, 2018).

Education and work opportunities are some of the greatest economic issues that teen mothers face. Not only do these limited opportunities put the mother and families at risk for poverty, low socioeconomic status and school attendance are also linked to depressive symptoms in teen mothers (Gossens et al., 2015). Only about half of teen mothers will obtain a high school diploma by the age of 22, compared to 90% of women who do not give birth during high school (CDC, 2019). Less than 2% of women who have a baby before the age 18 will finish college by age 30 (NCSL, 2018). Issues such as finding affordable childcare and lack of familial support could inhibit teens from finishing school. Evidence suggests , however, that adolescent mothers should be encouraged to stay in school until delivery, and return to school as soon as possible after delivery, as this improves job and financial outlook and reduces the possibility of a closely spaced second birth (Stanhope & Lancaster, 2018). Reduced education limits career opportunities for mothers and families, and the availability to work is restricted due to the heavy responsibilities of raising a child. Teen pregnancies also add the financial burden of obstetric appointments, maternal clothes, etc., and are at a higher risk of costly medical complications. If the teen decides to parent, the financial burden of a child is tremendous. Teenagers are also less mature and have more difficulty in making wise financial decisions and finding adequate resources for assistance.

Loving Choices helps to reduce these risks and improve the circumstances of teen pregnancies. They are conveniently located next to Fayetteville High School and work well with school schedules to support clients' education. They encourage clients to stay in school and work with families to come up with a feasible plan. Every service that Loving Choices provides is free of charge, and they work hard to find the resources clients need to succeed. The resource projects that I completed helps clients find assistance with things such as affordable childcare, safe housing, food and financial services, scholarships, transportation, counseling services, etc.

Further, Loving Choices helps clients sign up for Medicaid or insurance plans and other resources like WIC. When mothers earn “Mommy Bucks” in the Care Center, they are able to buy diapers, clothes, bibs, and even things such as cribs. This helps ease some of the financial burdens of pregnancy. Loving Choices allows pregnant adolescents the best opportunity to have a positive pregnancy in spite of economic risks.

Health-related Risks

The health-related risks of teen pregnancy are multifaceted. Due to fear of judgement from peers, parents, or others, teen mothers often are secretive about their pregnancy, which leads to delays in the request and receival of prenatal care and other needed support (Moseson et al., 2019). Due to various factors such as poverty, sporadic or delayed prenatal care, a lack of compliance to prenatal care, or poor nutrition and self-care, teen mothers are at an increased risk of having pregnancy complications (Stanhope & Lancaster, 2018). Many of the risks mentioned in previous sections, such as increased stress from lack of social support or being financially unstable (and thus cannot afford healthy foods), can also have harmful consequences for the mother and baby. Pregnant teens have higher incidences of anemia, infections, pregnancy-induced hypertension, depression, and perineal lacerations (Murray et al., 2019; Jeha et al., 2015). Evidence also shows that there could be an association between adolescent mothers and preeclampsia, eclampsia, emergency cesarean delivery, and postpartum febrile morbidity (Jeha et al., 2015). There is overwhelming evidence revealing that newborns of teen mothers are more likely to be premature or have a low birth weight (Murray et al., 2019; Stanhope & Lancaster, 2018; Jeha et al., 2015). Other newborn risks include lower Apgar scores at birth, higher rates of neonatal deaths, and developing autism (Murray et al., 2019; Stanhope & Lancaster, 2018; Jeha et al., 2015). Many of these are modifiable risk factors, and can be mitigated with proper prenatal care compliance, including self-care and nutrition (Stanhope & Lancaster, 2018).

Pregnant teen mothers are also at a higher risk of abusing substances and being victims of violence. Violence may be due to the vulnerability of the age of teens (Stanhope & Lancaster, 2018). It can lead to poor prenatal care compliance, substance abuse, stress, and poor birth outcomes (Stanhope & Lancaster, 2018). A systematic review and meta-analysis in 2016 found that there is an association between intimate partner violence and preterm labor and low birthweight for neonates (Hill et al.). They believe stress may be the cause of the poor birth outcomes, as it can cause the release of vasoconstrictors and immune dysfunction (Hill et al., 2016). Substance abuse is also an issue associated with teen pregnancies that can have harmful effects on the mother and baby. Not only are teens who use drugs and alcohol more likely to become pregnant, these substances are also commonly abused during pregnancy (Stanhope & Lancaster, 2018; Salas-Wright et al., 2015). A study in 2015 found that younger pregnant teens are more likely to abuse substances than older pregnant teens, that substance use drops as the teen progresses in trimester, and that parental involvement and successful school engagement limited the likelihood of its use (Salas-Wright et al.).

Pregnant adolescent mothers have a 23% chance of having a second baby during adolescence (Murray et al., 2019). This is the only ethical issue that I ran into while participating in my internship. Since Loving Choices is a Christian non-profit and have many donors that disagree, they are advised not to talk of contraceptives. Their prevention education usually is limited to only abstinence. While abstinence is the best way to prevent pregnancies and STIs, and is the preferred method of birth control, it is not the only option and not rational in many situations. This is an ethical dilemma for many involved with Loving Choices, as they believe in abstinence before marriage and thus do not want to give education contrary to that. However, while it is often mentioned, information involving contraceptives that could prevent STIs, pregnancies, and other complications is being withheld. I am grateful to have been able to resolve this ethical dilemma in my own practice, knowing that it is my duty to give my clients all information pertaining to health individualized to *their* values, not mine.

Aside from that, Loving Choices works hard to significantly reduce health-related complications associated with teen pregnancy. Since Loving Choices offers free, confidential services, and is located conveniently next to Fayetteville High School, adolescents feel more comfortable getting a pregnancy test done at Loving Choices, rather than involving parents early and going to another clinic. This allows for earlier identification and education for pregnancies. Loving Choices then encourages teens to establish support and tell their parents. Loving Choices refers all pregnant clients to prenatal care and gives a pregnancy packet that includes information such as local prenatal providers, nutrition, expectations, and pregnancy options. If teens participate in the Care Center, Mommy Bucks are earned for things such as keeping a nutrition log or going to prenatal appointments. Further, mentorship and pregnancy classes are given, which includes education on nutrition, self-care, abstaining from substances, etc. The staff are keenly aware of violence and substance abuse signs and have intervened many times for teens, finding them appropriate resources to get them out of unhealthy situations. All of these interventions limit health-related complication risks and allow teens to have healthy pregnancies.

Conclusion

My internship at Loving Choices was a great experience for me. I met all of my objectives and learned more than expected in many ways. I was able to grow in therapeutic communication, interact with diverse clients, become acquainted with community resources, grow in maternal health and parenting knowledge, and be a vital resource for the organization. One of the greatest of my contributions to the organization pertained to my research and organization of community resources to connect clients with appropriate assistance. This will improve pregnancy outcomes by allowing mothers to obtain adequate resources to improve holistic health for themselves and their babies. This could include receiving adequate nutrition, counseling services, housing, substance abuse programs, etc. In my literature review, we saw that all of these factors play into the overall health of pregnancies, especially among vulnerable

adolescents. Other contributions to the organization included office tasks, preparing pregnancy test and ultrasound documents, assisting with ultrasounds, and assisting in the Care Center.

This experience will greatly impact my future. I plan to become a certified nurse midwife and am grateful for the hands-on pregnancy and parenting experience. This internship helped to confirm my desire to pursue a career in women's health and gave me valuable insight concerning women's health among underprivileged individuals in particular. Due to the nature of a free clinic, Loving Choices saw many of the most vulnerable of pregnant women. I witnessed how the consequences of issues such as poverty, age, family dysfunction, a lack of education, substance abuse, and being an abuse victim affected pregnancy. As a midwife, I want to help reduce disparities in obstetric and women's health, and now am more knowledgeable and empathetic of these complex situations. For example, I became more understanding of why a mother who was abused by her partner might not want to leave, or how it is difficult for a pregnant teen to stay in school. I was able to assess the needs with clients receiving prenatal care, for instance, and help remove obstacles. In the future, I will be able to better recognize needs of clients and connect them with appropriate services. I will be able to also identify risks in pregnant adolescents and help mitigate those risks by providing support, connecting them with financial resources, providing comprehensive prenatal care, etc. I will be able to better advocate for the needs of vulnerable groups, specifically pregnant adolescents, because of my evidenced-based understanding of those needs and how they impact health and society. I can also advocate and participate in the prevention of teen pregnancy in my future practice. I know this experience will have many positive impacts on my future career.

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