



# Relationships to Self, Baby, Others, and System: A Narrative Analysis of the Transition to Parenthood for Young Mothers in Foster Care

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Accepted: 18 April 2022 / Published online: 19 May 2022

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## Abstract

Research on young mothers in foster care focuses on the risks associated with pregnancy and parenting among these youth, with less attention paid to the contexts in which they parent. This narrative study examines how young mothers' identities, parenting experiences, and parenting decisions are developed in several relational contexts. The analysis explores how relationships to self, to baby, to families of origin and friends, to their baby's father, and to the child welfare system shape the transition to motherhood for young mothers in foster care in Illinois. Findings are the result of narrative analysis of data from a total of 40 in-depth interviews with 29 young mothers (N = 29 first interviews; N = 11 s interviews). Young mothers' interpersonal relationships and child welfare system involvement both support and constrain their thriving as new mothers. This study makes a significant contribution to the research on pregnant and parenting youth in foster care, with major implications for trauma-informed child welfare practice, identifying appropriate resources and services for these young parents and their children, supporting both parent-child relationships and co-parenting relationships, and for future directions of scholarship on this population.

**Keywords** Parenting youth in foster care · Young parents · Transition to parenthood · Relationships · Child welfare

Relationships are a key feature of the transition to parenthood (Cowan & Cowan, 1992; Erfina et al., 2019; Hans & Thullen, 2009). Young mothers develop in a relational context, including in relationship to self (Battle, 1995; Gregson, 2010), to their baby (Whitman et al., 2001), to their baby's father (Gee & Rhodes, 2003; Huang et al., 2014; Mallette et al., 2015), and to families of origin and other social supports (Voight et al., 1996). Pregnant and parenting mothers in foster care develop in relational context as well, but with a unique set of amplified needs and challenges related to markers of disadvantage that impact parenting, including educational attainment (Courtney et al., 2012) and employment (Dworsky & Gitlow, 2017), repeat pregnancies (Putnam-Hornstein & King, 2014), and high rates of substantiated child maltreatment reports (Dworsky, 2015). Although research on pregnant and parenting youth in foster care addresses multiple adverse outcomes that make parenting

more difficult, few studies address relationship to the child welfare system in shaping their early parenting experiences (Silver, 2015).

Bridging the literatures on pregnant and parenting youth in foster care and theories of maternal development, the purpose of this research was to explore how relational and systemic contexts influence the transition to parenthood for young mothers in foster care. As such, this study was guided by the following research questions:

1. How do parenting youth in foster care experience the transition to parenthood?
  - a. In particular, how do these young mothers describe their experiences of shifting identities during the transition to parenthood?
  - b. How do these young mothers experience the parent-child relationship during the transition to parenthood?
  - c. What are the other relational, material, temporal, and system-level support factors that young mothers identify as formative to their transition to parenthood?

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2. How do young mothers' experiences of child welfare system policies and practices shape their transitions to parenthood?
  - a. How do these young mothers make meaning of their experiences as parents in the child welfare system?

## Background

The current body of research on expectant and parenting youth in foster care illuminates the likelihood of pregnancy and birth among this population, parent and child outcomes, and their unique parenting experiences and needs. Pregnancy is more likely among young women in foster care and young women who have recently exited foster care than among non-child welfare involved peers (Dworsky & Courtney, 2010; King & Van Wert, 2017; Oshima et al., 2013; Putnam-Hornstein et al., 2016; Putnam-Hornstein & King, 2014). Pregnancy rates among young women in foster care are generally higher than birth rates, though most studies on the population focus on birth rates. The Midwest Evaluation of the Adult Functioning of Former Foster Youth (henceforth referred to as "The Midwest Study"), which was conducted in three Midwestern states, showed that young women in foster care were more than twice as likely than other youth to become pregnant during adolescence and emerging adulthood (Dworsky & Courtney, 2010). Specifically, Dworsky and Courtney (2010) compared pregnancy rates among their study participants to the sample captured in the nationally representative data set from The National Longitudinal Study of Adolescent to Adult Health (Add Health). Among females in The Midwest Study who were in an out-of-home placement at age 17, half became pregnant by age 19, compared to approximately 20% in the Add Health sample (Dworsky & Courtney, 2010). Similarly, Oshima et al. (2013) found that, among youth in foster care in Missouri, 55% of females had ever been pregnant while in care (Oshima et al., 2013).

Birth rates among pregnant youth in foster care differ slightly depending on the study. Generally, birth rates are lower among youth under age 19, with higher rates among youth ages 19–21. Further, although pregnancy rates are higher than birth rates, most pregnancies result in a live birth. In an analysis of the Illinois child welfare system data, tracking 4590 primarily female pregnant and parenting youth in foster care, Dworsky and DeCoursey found that 90 percent of pregnancies resulted in birth and nearly one-quarter of the sample had more than one child (Dworsky & DeCoursey, 2009). Several other studies link California birth and child welfare system data to measure birth rates among youth in foster care. Putnam-Hornstein and King

(2014) found that among young women who were involved in California's foster care system at age 17, 35.2% gave birth by age 21, the age at which young people age out of the child welfare system in California. For young women in the sample who gave birth before age 18, the rate of repeat adolescent pregnancy was 41% (Putnam-Hornstein & King, 2014). In a more recent study, King and Van Wert (2017) found that, in a sample of 30,339 young women in foster care in California, 18.3% gave birth for the first time before their 20th birthday. Putnam-Hornstein et al. (2016) extended the analysis to include youth through age 21. They found that for females in foster care at age 17, 19% had given birth before age 19 and 35% had given birth before age 21 (Putnam-Hornstein et al., 2016).

Demographic characteristics of youth who become parents while in foster care vary across race and ethnicity, pregnancy intention, placement type, and justice involvement. Pregnancy and birth rates are highest among Black, Latina, and Native youth in foster care (Combs et al., 2018; King & Van Wert, 2017; Shpiegel et al., 2017). In their review of the literature on pregnant and parenting youth in foster care, Svoboda et al. (2012) identified that lower educational attainment, discomfort with sexual health providers, mental health problems, and other developmental needs predicted unintended pregnancies among this population (Svoboda et al., 2012). Other predictors of pregnancy and childbirth among female youth in care include criminal legal system involvement and early sexual intercourse (Oshima et al., 2013).

Importantly, most research on parenting youth in foster care focuses on unwanted or unintended pregnancy, though few studies consider whether pregnancies were wanted or intended. Pregnancy intention among transition-aged (18–21) youth in foster care in the California Youth Transitions to Adulthood (CalYOUTH) study varied. Females were surveyed about whether they wanted to become pregnant for their most recent pregnancy. Among the sample, 33% answered "definitely no", 33% answered "neither wanted or didn't want", and 33% answered either "probably yes" or "definitely yes." (Courtney et al., 2016).

## Parent and Child Outcomes

Parenting youth in foster care and their children are likely to experience adverse outcomes beginning early on in parenting. Specifically, these youth face challenges regarding educational attainment, employment, financial stability, housing stability, repeat pregnancies, and child maltreatment outcomes (Combs et al., 2018; Dworsky & Gitlow, 2017; Dworsky & DeCoursey, 2009; Putnam-Hornstein et al., 2013). Dworsky and Gitlow (2017) interviewed 45 parents who had recently emancipated from foster care. They found that parents were often unemployed and had unstable

employment histories, which were amplified for Black participants and those with younger age at first birth. Further, Combs et al. (2018) found that young parents who had spent time in foster care experienced lower educational attainment, decreased likelihood of having a bank account, increased likelihood of homelessness, and, among the mothers, lower likelihood of employment.

Intergenerational maltreatment is a pervasive concern in the literature on parenting youth in foster care and their children. Putnam-Hornstein and her colleagues also found that a significant percentage of adolescent mothers in California, dating back to 1998, were found to have substantiated maltreatment histories (Putnam-Hornstein et al., 2013). In three interview studies with parenting youth in foster care, young parents feared child welfare involvement for their own children and expressed the importance of “doing better” with their children, therefore interrupting the cycle of maltreatment (Aparicio, 2017; Radey et al., 2016; Schelbe & Geiger, 2017). Still, children born to youth in foster care may be more likely to become child welfare involved than children born to adolescent parents who are not in foster care. Dworsky (2015) identified that, in Illinois, 39% of young parents in foster care were investigated by the Department of Children and Families (DCFS). Of the 39% who were investigated, 17% had a substantiated abuse or neglect report, and 11% of the children were placed in out of home care before age 5. Among those who were investigated, one third were investigated while their parents were in foster care. Placement instability, shorter time in care, and younger maternal age were all associated with two-generation child welfare involvement (Dworsky, 2015). Further, results from the CalYOUTH study showed that approximately 40% of the children who were not living with their mothers were living with foster parents or in an adoptive home (Courtney et al., 2016).

### Parenting Experiences and Needs

Despite multiple adverse outcomes that make parenting challenging for young parents in foster care, some qualitative research also addresses parents’ experiences and needs. Research on mother’s experiences is still predominantly aimed at understanding young women’s risk for pregnancy while in foster care. Scholars seek to understand why some young women desire pregnancy, finding that they imagine their baby filling an emotional void (Aparicio et al., 2015; Love et al., 2005). For some mothers, parenting has a redemptive quality—an opportunity to turn around undesirable behaviors they may have engaged in in the past (Aparicio, 2017; Pryce & Samuels, 2010). Pryce and Samuels (2010) found that maternal identities among youth in foster care can be shaped by their relationships with their own mothers and a desire to do better for their children.

Similarly, Aparicio (2017) found that young mothers in foster care sought to parent differently than they were parented and avoid child welfare involvement. In another study with young mothers in care, Stephens and Aparicio (2017) found that losing their parents as a result of being removed into foster care shaped their ideas about parenting their own children, particularly regarding avoiding that loss over two generations by having their own children removed.

Scholars also identify mothers’ beliefs and social supports as sources of developing resilience in qualitative work with young mothers in foster care. Haight et al.’s (2009) study of transition-aged African American mothers in foster care demonstrates that mothers align with the cultural value of motherhood and children as a blessing. Specifically, motherhood and relationships with children are viewed as a source of resilience. They also found, however, that mothers take an “oppositional gaze” against barriers to stability including financial issues, competing demands, stigma, and negativity from social workers. Social support, particularly “othermothers” or women in their lives who are mother figures played an important role in building resilience (Haight et al., 2009).

The research on needs primarily focuses on unplanned pregnancy prevention and parenting intervention. Specifically, youth experience a lack of consistent, accurate education on sexual and reproductive health and family planning (Chase et al., 2006; Dworsky, 2018; Winter et al., 2016). Further, many young mothers lack access to child development knowledge and utilize harsher parenting practices than older mothers (Whitman et al., 2001). A few studies consider parenting needs regarding financial stability, housing, child-care, employment, mental health, and social support (Narendorf et al., 2013; Radey et al., 2016; Schelbe & Geiger, 2017). Importantly, Schelbe and Geiger identified that young parent’s ability to focus on future planning is constrained by difficulty meeting daily basic needs in the domains of finances, housing, and employment. Aparicio (2017) identifies how some youth struggle with social isolation as parents and highly value social support.

### The Transition to Parenthood

The transition to parenthood has been described as a unique developmental shift characterized by identity transformation, establishing the parent–child relationship, and changing social relationships (Bailey, 1999; Goldstein et al., 1996; Mercer, 2004; Miller, 2007; Nelson, 2003; Priel & Besser, 2002; Rubin, 1967, 1984; Smith, 1999). For young mothers in particular, becoming a mother is also shaped by broader social forces including systemic racism (Bridges, 2011; Davis, 2019; Oparah & Bonaparte, 2015; Williams, 1991) and poverty (Geronimus & Korenman, 1993; Levine et al., 2007) which may amplify challenges during the transition

to parenthood. However, a mother's social relationships can be important protective factors for preventing adverse outcomes and increasing maternal efficacy among young mothers and their children (Apfel & Seitz, 1991; Cutrona, 1984; Cutrona, 1984; Edwards et al., 2012; Goldstein et al., 1996; Oberlander et al., 2007; Priel & Besser, 2002; Voight et al., 1996).

Research on the transition to motherhood for young mothers in foster care aligns with this broader theorizing, demonstrating the roles of identity development, the parent–child relationship, family of origin, the baby's father, and, to a lesser extent, with the child welfare system (Aparicio et al., 2015; Haight et al., 2009; Pryce & Samuels, 2010; Schelbe & Geiger, 2017; Silver, 2015). Positive parent–child relationships are key ingredients for healthy child development. Yet, many scholars and practitioners are concerned with young mothers' ability to form healthy parent–child relationships, particularly among those in the child welfare system. This concern is supported by the high percentage of young mothers in care who are reported to child protective services (Dworsky, 2015; Eastman & Putnam-Hornstein, 2019). Identity development is a central developmental task of adolescence, and research demonstrates that young mothers are more likely to be focused on themselves and their needs, which can result in less responsiveness to the needs of their children (Borkowski et al., 2007; Coley & Chase-Lansdale, 1998; Fulton et al., 1991; Noria et al., 2007; Tamis-Lemonda et al., 2002).

Despite the significant literature on adolescent mothers' parenting practices, few studies have focused on the role of the parent–child relationship in the parenting development of young mothers, and even fewer have focused on this among pregnant and parenting youth in care. Still, the existing research on pregnant and parenting youth in care implies the importance of the parent–child relationship for this population of young mothers (Aparicio, 2017; Aparicio et al., 2015; Love et al., 2005; Pryce & Samuels, 2010). Findings from these studies illustrate how young mothers in the child welfare system reflect on how child abuse and neglect histories and family-of-origin relationships shape how they imagine themselves as mothers (Aparicio, 2017; Pryce & Samuels, 2010) and how they think about the parent–child relationship (Aparicio et al., 2015). Some young women in foster care desire pregnancy as they imagine their baby filling an emotional void (Aparicio et al., 2015; Love et al., 2005). For some mothers, parenting has a redemptive quality—an opportunity to turn around undesirable behaviors they may have engaged in previously (Aparicio, 2017; Pryce & Samuels, 2010). In particular, three interview studies with parenting youth in foster care showed that young parents feared child welfare involvement for their own children and expressed the importance of “doing better” with their children, therefore interrupting the cycle of maltreatment (Aparicio, 2017; Radey et al., 2016; Schelbe & Geiger,

2017). Further, young mothers' beliefs about becoming a parent as a source of developing resilience. Haight et al.'s (2009) study of transition-aged African American mothers in foster care demonstrates that culturally motherhood and children are viewed as a blessing.

Fathers of children born to adolescent mothers have an important role to play in both the transition to motherhood for the young mothers and for their children's early developmental outcomes (Brown et al., 2012; Cutrona et al., 1998; Gee & Rhodes, 2003; Hans & Thullen, 2009; Kumar et al., 2018; Voight et al., 1996). The quality of the relationship between young mothers and their child's father predicts a mother's level of parenting stress during early parenting, as well as a mother's likelihood for developing postpartum depression (Brown et al., 2012). Further, whether or not these mothers and fathers are able to develop positive co-parenting relationships, regardless of romantic status, predicts whether fathers remain in consistent contact with their children (Gee & Rhodes, 2003; Hans & Thullen, 2009). For the children, father involvement supports positive behavioral and academic outcomes as children develop (Howard et al., 2006). Despite the important role of fathers in young mother's transitions to parenthood and in their children's development, the relationship between a young mother and her child's father is often strained by a lack of father involvement in the children's lives (Gee & Rhodes, 2003). Questions about father involvement in the lives of pregnant and parenting youth in foster care and their children have been largely unexplored by researchers.

In addition to the importance of social relationships, Silver (2015) found that young mother's relationship to the child welfare system influenced their parenting. In particular, Silver found that inconsistent child welfare system practices may constrain young mothers' ability to reach expected developmental outcomes while parenting (Silver, 2015).

Although multiple studies attend to aspects of individual maternal identity development, with a select few focusing on how young mothers in foster care relate to their own mothers as a part of their transition, there is far less attention paid to how other social relationships, including the parent–child relationship, relationship with the father of their baby, and relationships within the child welfare system influence the transitions to parenthood for young mothers in foster care. This study attempts to fill this gap by addressing the multiple relational contexts in which young mothers in foster care experience the transition to parenthood.

## Methods

The study draws from 40 narrative interviews (N = 29 first interviews; N = 11 s interviews) capturing the perspectives of 29 young mothers in foster care in Illinois. Narrative



methods span many disciplines in the field of qualitative social science inquiry (Creswell & Poth, 2017) and can include many different sources of data (Connelly & Clandinin, 1990). In the social sciences, collecting oral narrative on topics of personal experience is a frequently used form of narrative methods (Riessman, 2005). Although some disciplines approach narrative vis-à-vis complete life histories (Creswell & Poth, 2017), this study focuses on the transition to parenthood in the child welfare context as a specific developmental transition. Participants were asked to narrate their experiences of the transition to parenthood as a formative experience in their development, with particular regard for their meaning making of parenting identity, social support relationships, and material supports in the child welfare system context. As themes emerged from their interviews, they were also asked specifically about how their experiences in the child welfare system shaped their parenting.

### Study Contexts

This study was conducted in two contexts that have analytic implications: (1) the Illinois child welfare system context and (2) the broader pilot implementation study of home visiting services for pregnant and parenting youth in foster care in which this study was embedded.

#### Illinois Child Welfare System Context

There is not a federal standard for the care and services afforded to pregnant and parenting youth in foster care. As such, state and county child welfare systems throughout the United States address the needs of these young parents and their children differently. Given that this study brings the role of the child welfare system into the foreground of the analysis, there are two features of the Illinois child welfare system and the services provided to pregnant and parenting youth in foster care that illustrate how the mothers' transitions to parenthood can be understood. First, Illinois is one of 46 states in which youth can remain in foster care beyond age 18, allowing youth to remain in care through age 21 and to provide services to them until they exit state care (Child Welfare Information Gateway, 2017), which means that the Illinois Department of Children and Families likely provides services to a much greater number of pregnant and parenting youth in care than states in which youth are required to exit care at age 18. Second, the Hill vs. Erikson consent decree in Illinois guarantees pregnant and parenting youth in foster care in Illinois a minimum standard of services including an array of services and placements to meet their needs as parents and the needs of their children. As such, the Illinois child welfare system may provide more resources to young parents in foster care and their children than in other child welfare system contexts.

#### Home Visiting Pilot Implementation Study Context

The study was embedded in the larger Illinois Pregnant and Parenting Youth in Care Home Visiting (I-PPYC-HV) pilot implementation study (henceforth known as "the pilot study") study, which occurred with the support of the Illinois Home Visiting Task Force and was conducted by a research team at Chapin Hall at the University of Chicago. The research was approved by the institutional review boards of the University of Chicago and the Illinois Department of Children and Families. To understand how Healthy Families Illinois home visitors experienced delivering home visiting services to pregnant and parenting youth in care and how pregnant and parenting youth in care experience home visiting services, the pilot implementation study enrolled 43 pregnant or parenting mothers in care in home visiting services with 10 different Healthy Families service providers throughout Illinois. Enrollment occurred from November 2016 to December 2018. See Dworsky et al. (2021) for findings from this study, including the influence of home visiting services on mothers' parenting experiences. Participants in the home visiting study were referred by the Teen Parent Services Network (TPSN) to home visiting programs. For participants age 18 and older, home visitors completed a permission form with the youth authorizing the home visitor to share their data and contact information with Chapin Hall at the University of Chicago. For participants under age 18, the permission form was completed by the Guardian's Office at the Illinois Department of Children and Families. Participation in the in-depth interviews was voluntary. Written informed consent from participants over 18 or written assent for participants under 18 was obtained by the interviewer. The interview data used in this analysis was collected as a part of the parent interviews for the pilot study.

#### Participant Characteristics

Twenty-nine of the 43 parents who enrolled in home visiting services participated in the interviews. Eleven of the 29 completed a second follow-up interview. Therefore, a total of 40 in-depth parent interviews were conducted. Participants who were parenting at the time of their enrollment were eligible to be interviewed 3 months after they were enrolled; those who were enrolled prenatally were eligible to be interviewed 3 months after they gave birth. Eighteen pilot clients were only interviewed once. Reasons for non-participation varied: 10 could not be reached for a second interview, 6 were not eligible for a second interview because data collection ended less than 9 months after their first interview, and 2 were no longer engaged in home visiting services at the time of their first interview.

The participants were between 15 and 21 years old at the time of the first interview, with a mean age of 18. The

racial and ethnic makeup of the interview sample was 23 Black mothers, 3 Latinx mothers, and 3 white mothers. The racial distribution in the sample represents racial disproportionality in the population of pregnant and parenting youth in foster care in Illinois and in the child welfare system more broadly (Fluke et al., 2003; Harris & Courtney, 2003; Harris & Hackett, 2008; Miller et al., 2012). All mothers were enrolled in the study before their child's first birthday. Nineteen interview participants were pregnant at the time of enrollment, while ten enrolled while parenting a child under the age of 1 years old. Twenty-eight of the interview participants were first time mothers at the time of enrollment, while one mother was pregnant with her third child at the time of enrollment. By the end of the study, six participants had known repeat pregnancies, three of which resulted in a live birth, and five participants had their child removed from their care. Please refer to the demographic characteristic chart for each participant, found in Table 1. All participants were assigned pseudonyms. The participant's children

are referred to as "son", "daughter", or "baby" throughout the analysis. Other important people that the participants mention by name are referred to by their relationship to the participant (i.e., mother, case worker, friend).

### Interview Procedures

Participants were referred to the study by the Teen Parent Service Network (TPSN), which serves all pregnant and parenting youth in care in Illinois. The study team received the young parent's contact information from home visitors or TPSN staff. Typically, interviews took place in their homes or residential programs, but on two occasions the interview was conducted in a public location at the participant's request. The interviews were structured in two parts during a single session.

We discussed the participant's reflections on home visiting during the first half of the interview. Those questions are not part of the analysis presented in this paper. The

**Table 1** Participant characteristics

Pseudonym	Age	Number of interviews	Race/ethnicity	Number of children	Child removed	Placement at time of interview
Alexis	15	1	Black	1		Congregate Care Facility
Janae	15	1	Black	1		Congregate Care Facility
Aniyah	15	2	Black	1	Yes	Foster Home; Foster Home
Autumn	16	2	Black	1		Congregate Care Facility
Sierra	16	1	Black	1	Yes	Foster Home
Whitney	16	1	Black	1	Yes	Congregate Care Facility
Yessenia	17	1	Latinx	1	Yes	Transitional Living Program
Amber	17	1	White	1		Congregate Care Facility
Arianna	17	2	Black	1		Congregate Care Facility
Jameka	17	1	Black	1		Congregate Care Facility
Dominique	17	1	Black	1		On Run
London	18	1	Black	1		On Run
Nikki	19	2	Black	1		Youth in College; Transitional Living Program
Lupe	19	2	Latinx	1	Yes	Transitional Living Program
Claudine	19	2	Black	1		Unauthorized Placement
Trinity	19	1	Black	1		Transitional Living Program
Hope	19	1	Black	1		Foster Home
Daniela	19	1	Latinx	1		Residential Home
Lauren	19	1	Black	1		Foster Home
Amani	20	1	Black	3		Kinship Foster Home
Jordan	20	2	Black	1	Yes	Transitional Living Program
Simone	20	2	Black	2		Transitional Living Program; Independent Living Apartment
Janelle	20	2	White/Latinx	2		Independent Living Apartment; Own apartment (aged out)
Jenna	20	1	White	1		Independent Living Apartment
Chantal	20	1	Black	1		Independent Living Apartment
Summer	21	2	Black	1		Transitional Living Program
Vanessa	21	1	Black	1		Independent Living Apartment
Olympia	21	2	Black/White	2		Independent Living Apartment

second half of the session focused on the mother's experience of parenting and make up the data used in analysis of this study. All participants who completed a first interview were eligible to complete a second interview 9 months after their first interview.

Second interview sessions were also conducted in two parts during a single session. First, participants were asked follow-up questions about their experiences enrolled in home visiting services. Those questions are not part of this analysis. Second, participants were asked questions regarding changes in their parenting experiences since the first interview.

All interviews were audio recorded with the participant's consent and then transcribed by a transcription service. The transcripts included both sections of the interview. For this paper, only the section of the interview transcripts focused on the experience of parenting were analyzed.

### Section of the Interview Focused on Parenting

Narratives in both first and second interviews were collected via the timeline method (Adriansen, 2012), followed by a series of semi-structured questions. The purpose of the first interview was to lay the framework of their experiences up to that point in parenting. Participants, with my guidance, completed a "Transition to Parenthood Timeline" and narrated pivotal moments along the timeline in order to establish the arc of their narrative. Importantly, participants were invited to begin their Transition to Parenthood Timeline at a point in time when they determined their parenting experience to have begun. Most participants chose to begin with the moment that they found out that they were pregnant. However, other participants chose to begin in other places including narrating a prior pregnancy loss, the ultrasound appointment when they learned about the biological sex of their baby, when they shared that they were pregnant with the baby's father, and when their child was removed and placed into foster care. After completing the timeline, they were then asked a series of open-ended questions in the domains of parenthood, adulthood, and how they made meaning of how child welfare system involvement shaped their parenting experiences. The eleven participants who completed a second interview extended their "Transition to Parenthood Timeline" up to the time of the interview and answered open-ended questions in the domains of parenting, placement and housing stability, and child welfare system experiences. Despite fewer second interviews, those transcripts were included in the analysis as they offered depth and nuance to themes that were present in the first interviews and did not introduce new relational themes.

### Data Analysis

Narrative analysis on the 40 transcribed interviews was conducted. Using the transition to parenthood timelines as a starting place, transcribed narratives were reordered and details from participant's narratives were added to align with chronological time. Participants completed the timeline before answering interview questions and participants shared important details that provided context or additional information to their timelines.

After the reordering process, thematic analysis was conducted in three rounds. First, an initial round of inductive open coding was conducted to develop preliminary themes. Second, interview transcripts were coded deductively based on the topics covered in the interview questions using the following codes: Transition to Parenthood, Parent-Child Relationship, Transition to Adulthood, Transition Out of Child Welfare, Placement Instability, and Parenting Transition x Child Welfare. Third, transcripts were coded based on the completed code book which synthesized codes from the first and second rounds. The analysis produced three findings related to the mother's experiences of the transition to parenthood: (1) multiple relational contexts influencing the transition to parenthood, (2) punitive surveillance and threat of child removal as a common experience, (3) "placement matters", or the role of child welfare placement type and experiences in the transition to parenthood. This paper reports on the first set of these findings on the multiple relational contexts influencing the transition to parenthood among young mothers in foster care. Specifically, the analysis presented in this paper derives from 20 different themes that composed 4 code groups: "Transition to Parenthood", "Parenting Identity Development", "Parenting x Social Support", and "Child Welfare x Parenting Identity." Analytic memos on findings from each of the code groups were written after coding was completed. It was in writing the analytics memos that the relational framework for the findings was developed.

### Validity

Validity in qualitative research is central to assuring the rigor and quality of the research. Creswell and Miller (2000) outline several methods by which validity can be assessed. This study draws on two such methods: researcher reflexivity and member checking with key informants.

### Reflexivity

Researcher reflexivity involves an iterative process at each stage of study design and implementation, by which the researcher attunes to and names personal beliefs, values, and biases that may color their approach to the research. There

are varying approaches to researcher reflexivity in qualitative research, and they are employed to varying degrees. I engaged in reflexivity at all stages of the research process. In particular, my reflexive praxis draws on Hesse-Biber's notion of the "feminist practice of holistic reflexivity" (Hesse-Biber & Piatelli, 2012), which includes completing reflective memos after each interview is conducted and throughout the data analysis process. As a white, cisgender woman who is also a social worker, participants' perceptions of my identities shaped the researcher-participant relationship in two ways. First, some participants were initially hesitant to disclose details about their lives due to concerns about my proximity to the child welfare system. Second, other participants viewed my proximity to the child welfare system as a resource to leverage my perceived power to create change within the system. In both cases, the meaning of white social workers and researchers' presence in these young people's lives is clear: that we simultaneously have the power to cause trouble and to protect. This dialectic permeated the researcher-participant relationship.

### Member Checking

Member checking with key informants was a part of evaluating validity in this study. I followed up with all participants who completed a second interview regarding preliminary findings, particularly around placement instability and access to material resources. In addition to member checking about emergent findings, I engaged participants in clarifying areas of potential cultural misunderstandings in my interpretation of the interview data. Further, because of the structure of the broader pilot study, I had access to key informants within the Illinois child welfare system who clarified information about child welfare policies and procedures, filling in my gaps in knowledge about the general function of the system and supports they provide.

## Results

### Relating to Self: Mothering Identity as Revelation and Transformation

The young mothers in foster care narrated similar experiences of seeing themselves in new ways, although their descriptions were not about specific, actionable preparations for baby care or imagining what their babies might be like when born. This is not to say that these mothers did not prepare for their babies, but rather that their narratives first reflected a sense of surprising revelation at their roles as mothers, followed by descriptions of how they often chose to turn away from behaviors they deemed inappropriate for parenting.

When reflecting on her own experience of becoming a mother, Chantal described her own revelation, "It was just like, "Wow, I can't believe I had a baby." I was just like, "Man, I had a baby." Chantal then went on to describe how becoming a mother changed her,

It changed me mentally just because it made me look at moms differently to know what a mom goes through on a daily basis. Just it makes me think about my mom more. I'm pretty sure she had to sacrifice a lot...I was just thinking about all of that and wishing that they could have been there. (Chantal, Black mother, age 20)

In her interview, Chantal spoke about her mother's death as leading to her and her siblings' entry into foster care. While becoming a mother herself, she came to reflect on the joys and challenges that come with motherhood, while relating that to how she imagined her own mother's experience. Chantal's sense of longing for her family of origin seemed to be tied to the challenges she faced regarding social isolation during early parenting. Although Chantal described great difficulty in navigating early parenting, particularly during the first 6 weeks postpartum, she ultimately felt happy as a mother,

At first it was kind of hard to just either hear it or say it. It was like, "Man, you've gotta get used to this." Eventually I did. It's something I don't even think about anymore. Literally, it's a happy experience, and I'm glad that I made the choice to be a mom. (Chantal, Black mother, age 20)

Similarly, another mother named Janae described it taking time to get used to seeing herself as a mother. For her, stepping into her identity as a mother was coupled with overcoming shame about having a baby when she was 14 years old,

At first, I had to get used to it, but now it's like it's a natural thing. So it's like when I first had her, it was all weird, because it's like, "Dang, I got a baby," so like now, I got used to it. Like, people say, "Oh, you got a baby?" I'm like, "Yeah, so?," 'cause it's like nothing to be ashamed of, but at first, I was ashamed, 'cause like I'm 14. I just had a baby. (Janae, Black mother, age 15)

Other mothers primarily reflected on the realization of their motherhood and the need to put effort into parenting, which sometimes involved making behavior changes. Claudine reflected,

Parenting is not hard. It's hard for some people 'cause they don't know what they're doing, but you gotta put in the effort. Sometimes people can't deal with children, and I understand those circumstances of if you can't raise a child, you really know that you can't



do this and okay, I understand that. But I wanted to put in the effort. (Claudine, Black mother, age 19)

Claudine's reflection points to a viewpoint shared by other mothers in the study that not everyone is cut out for parenting and yet, parenting takes effort that one can choose to put forth or not. For Claudine, developing her mothering identity came with making the choice to put in the effort. Other mothers did not come to the revelation of themselves as mothers quite so quickly or so easily. For example, Vanessa identified fear as an initial response to learning she was pregnant,

I was scared. My heart dropped. I was so scared [about] having a baby, like whoa, this is gonna be my responsibility. She is my responsibility. Like, I have to take care of this child. It definitely changed me. I don't do certain things that I would have, and I don't say things that I probably could. It just changed me a lot. (Vanessa, Black mother, age 21)

For Vanessa, imagining her baby meant imagining her baby in the context of her regular behaviors at the time. Becoming pregnant caused her to pivot towards the goal of taking responsibility for another person, her baby. Vanessa did not specify the kinds of behaviors she sought to change upon becoming a mother, but other participants spoke to both fighting and substance use as behaviors they sought to change either while pregnant or upon becoming a parent. Amber, a mother who struggled with substance use from an early age, described in detail how becoming a mother made her feel differently about using drugs. When asked how her life had changed since becoming pregnant with her son she shared,

Amber: Oh, it's changed like significantly. I don't do drugs anymore.

Interviewer: Yeah? What was that like, to stop doing that?

Amber: Hard. I remember when he was like 6 weeks, we were—he was still in my stomach. I was 6 weeks pregnant, and my baby daddy was on Xanax, and I was too. I already knew I was pregnant, but it was really hard for me to stop. So I mean, I did Xanax, and I was only on like a half bar, and he ran into a house—we were in the car and I had my seatbelt on, and he ran into a house. That really hit me. I'm like, "No, you can't be doing this to your baby. He could have just died in that car wreck," the car crash. Don't do that. Then when I met him, I never want to do drugs ever again. He's just the cutest baby I've ever seen. (Amber, white mother, age 17)

Later in the interview, Amber described difficulty with abstaining from drug use as a positive drug test led to a

child welfare hotline call and an open neglect investigation for her son. Still, Amber described her pregnancy and parenthood as the primary motivator for her efforts to abstain from drug use.

Like Amber, other mothers were motivated to change their behaviors when coming to see themselves as mothers. For example, Trinity narrated that she began to think twice about fighting once she became a mother, though she shared that it took some time for her sense of self as a mother to "fully sink in." She said,

As far as like fighting? I don't think there was a specific incident that promoted the change. I think it just clicked in my head one day like, "I'm a parent." Still to this day, I'm baffled by the idea but I've accepted it. But six months in, I was still saying, "I really have a baby. I am really a parent," but one day, it just fully sunk in. (Trinity, Black mother, age 19)

When asked to further describe when in her transition to parenthood her realization that she had a baby occurred, Trinity described that it took some time,

It wasn't a—it wasn't a like it just did happen. It took a couple of months for it to happen. I still wanted to go outside. I was paying [my friend's sister] to babysit him so I could go outside and stuff like that. I didn't wanna transition into being a parent, a single parent. I was young. I literally have not lived my life yet. (Trinity, Black mother, age 19)

Trinity was not alone in her resistance to claiming her mothering identity. When Aniyah was asked about thinking of herself as a mother while her son was in foster care, she responded,

I mean, I guess it's fine. It's not really like—I mean yeah, I'm a parent, but I'm not parenting. I'm a like two-hour twice a week parent, and it's not really a thing. (Aniyah, Black mother, age 15)

Here, Aniyah differentiates between the label of parenting and the act of parenting. For her, the part-time nature of her parenting relationship with her son complicated how she saw herself as a mother.

Dominique, whose baby remained in her care, shared ambivalence about mothering as well. When discussing her pregnancy, she shared about fighting frequently with people in her various residential placements while pregnant. When asked about how she felt about being a mother, she said, "I don't have a problem with it." Later in the interview when asked about what she likes about being a mother, she responded, "I don't know. It's not something to really like." Despite her verbal ambivalence about her maternal identity, her behaviors during the interview reflected a different

sentiment. The memo written after her interview included the following,

Dominique often spoke of her anger and fighting while pregnant, as well as an overall ambivalence about being a mother. Yet, while she told her story, she was attuned to her baby's cues. Her daughter was fussy for most of the interview. At one point, when giving short, sparse answers about her feelings about being a mother, she laid down on the couch at her grandmother's house with her baby next to her. She rubbed her daughter's back, made sure she kept her pacifier in her mouth, and soothed her with her voice. (Dominique, Black mother, age 17)

The disconnect between Dominique's meaning making around her maternal identity and her attunement to her baby, along with the other mother's narratives shared in this section, speak to the centrality of the parent-child relationship in these mother's development as parents.

### **Relating to Baby: Mothering Identity Development in the Parent-Child Relationship**

The findings presented here demonstrate the centrality of these mothers' connections to their babies in their development as mothers. This connection is central even for mothers whose children had been removed from their care. As presented in the section on "Relating to Self," some of the mothers experienced understanding themselves as mothers as an identity revelation. However, most of the mothers came to understand their maternal roles once their babies were born and they developed a relationship with their children.

For many mothers, narrating the events on their transition to parenthood timeline involved describing challenging experiences and great hardship during early parenting. However, when asked to describe their babies, each of the mothers in the study smiled, and her face brightened as she proudly described her child's personality, how her child was reaching developmental milestones, her child's likes and dislikes, and how she and the child relate to one another. For example, Sierra, a mother whose baby had been removed from her care, described her baby,

Sierra: She's 5 months. I just love her so much that I don't even want to leave her. I just wish she was here with me. That's all.

Interviewer: Before she went into care or before she wasn't with you, before they took her, what was it like for you to be a mom? What was that like for you?

Sierra: I loved it. She didn't really cry much. She's a good baby. She just be in her own little world. She don't cry. The only time she cries is when she's wet or hungry but she likes to eat; she loves her bottle, mm-

hmm. I love her. I just—she's a happy baby. (Sierra, Black mother, age 16)

The mothers also made meaning of their early connections to their babies. In particular, they identified a deep connection to their babies being "mine." Claudine described the feeling of coming home from the hospital with her daughter,

I had her. When I got home, I felt so fresh, like the world was new. I felt so fresh. Everything felt different. I felt so good and happy. I just had a little baby. She didn't cry. She just slept all the time. (Claudine, Black mother, age 19)

Claudine describes feeling renewed after her baby was born, connecting her feeling that everything was different to what she noticed in her baby. Similarly, Amber described how she felt shortly after meeting her son. Earlier in the interview, she shared that she wanted a baby for the 4 years prior to her son being born. When asked what made her want to have a baby, she responded,

Because babies are so cute, and I wanted my own, because I always seen new moms and how they were with their babies, and how happy they were, and I wanted to feel how happy that was. I wanted to feel, like, happy, and damn, when he—when I found out I was pregnant, I was like, "Oh my god, now I gotta wait nine months." And then it finally happened, and I was actually scared to push, and he finally came out. I was so happy. I was crying. I love him. (Amber, white mother, age 17)

In Amber's narrative, there is a sense of the overwhelming happiness and love she feels for her son and the instant connection she felt when he was born. Arianna, another new mother, talked about the connection she felt to her new daughter.

Arianna: Well, I can't say I have the experience because she's only two months, but so far it's been good, like, I don't regret anything, I like being a mom.

Interviewer: You like being a mom, what do you like about being a mom?

Arianna: Well I feel like I have somebody that's mine, like she's a part of me, I don't know how to explain it. (Arianna, Black mother, age 17)

Despite having a newborn, Arianna identifies her baby as a part of herself and that connection is the source of her enjoyment as a new mother. For Chantal, the recognition that she was, ultimately, the sole caregiver to her baby solidified her acceptance of the maternal role. She said,

Like, I just started thinking about like everything. Because I was realizing like I'm really taking care of a baby, and it's not nobody else's. It's mine. Every

decision that I make is based on [my baby]. If it's a bad consequence and it's not something that would be healthy for [my baby], then I'm not gonna make it. Every decision I make is for her. (Chantal, Black mother, age 20)

During her early days of parenting, Chantal's partner and his family were involved with her and her daughter. However, at the time of her interview, there was strain in those relationships and she felt strongly that she was parenting alone. Her reflection that she was taking care of a baby that belonged to no one but her seemed to come from that place that she was the only caregiver present for her daughter. As such, she identified her daughter as "mine" and with that identification of their connection, felt the great responsibility of making decisions in her daughter's best interest.

Similarly, Amani narrated coming to "a point in her life" where parenting became a source of happiness for her. At the time she was interviewed, she was in the final weeks of pregnancy with her third child. Her rights to her first child had been terminated a couple of years earlier and she was parenting her second child, who was present at the interview. Amani's narrative is embedded in the arc of her various experiences while parenting as a youth in foster care.

I'm happy being a parent, because I know how to be a parent, I know what it takes to be a parent, and I'm at the point in my life that—I'm not like everybody else. I know what my baby needs, and I know what to do to keep them safe and—I be on it. I treat my baby how I treat myself. I get him ready before I get myself ready. I put him in the tub before I do anything, and then I put myself together. It's just, like, I just be feeling like I just be doing what my dad and my mom used to do, that's how I feel. I never told nobody that. (Amani, Black mother, age 21)

Amani defines her readiness to embody the maternal role as related to knowing what to do to meet her children's needs, to keep them safe, and to prioritize their needs before her own. This did not come easily for Amani, and did not come during her parenting experience with her first child. However, with time and additional experience, Amani felt as though she developed the ability to attune to her children's needs and to fulfill the maternal role.

Like Amani's focus on being able to keep her children safe, Claudine shared how protective she was of her newborn.

When she came home, I wanted people to use hand sanitizer, like, "You can't hold her. You're not old enough. You can hold her, but you got to stay in here." I had a humidifier. I had all kinds of stuff. It was so warm in our room. Everything was just so laid out. I

just had everything. It's just like someone to protect. I'm overprotective of her. I'm still like that. She's a mama's girl, but that's only because she only knows me. (Claudine, Black mother, age 19)

Claudine, who experienced a strong sense of renewal when bringing her baby home, also described the protective quality of stepping into her maternal role. She makes meaning of protecting her daughter resulting in her being a "mama's girl" as Claudine is her only parent. For Claudine, her protective and caregiving behaviors when her daughter was a newborn laid the foundation for their parent-child relationship.

Lauren identified a change she made in her decision making to align with the maternal role. For her, becoming a mother meant disengaging with her role as a child in order to embody her role as a mother.

Before I got pregnant with [my daughter], I was selfish. I couldn't see myself having a child. Like, that's how self-centered I was. Like, I'm my dad's only girl, his oldest, and I'm my mom's baby, so anything I want, I can get, but now, it's like a lot of my habits are gone. I was the type, even in the winter, I always had my nails done, hair done, \$200 hairstyles, nails, acrylic out to here, toes, shoes. All that. I had it. The priority is her. She comes first. She is front and center, so it's not a problem. I don't miss being the only one, 'cause I have fun with her now." (Lauren, Black mother, 19)

Lauren is keenly aware of her own transition from child to mother once her baby was born. Although this seemed like a significant change for Lauren, she made meaning of her transition to parenthood as "not a problem." She links her comfort with stepping into her maternal role to the parent-child relationship when narrating that she and her daughter have fun together. Lauren also described her relationship with her daughter as a source of motivation when meeting challenges, "She keeps me going. When I feel like giving up, I can't." (Lauren, Black mother, age 19).

Another mother, London, differentiated between adopting her maternal role and developing her maternal identity. It took hearing her daughter identify her as "Mama" to fully recognize herself as a mother, despite prior identification with the responsibilities of motherhood.

When she first said, "Mama." She started saying "Daddy" a lot and I was pissed off. I'm all, "What the hell? You saying, 'Dada,' and he not even around like that. You only see him sometimes." But I feel like that's every baby, I guess, that's their—most babies, that's their first—"Dada, dada," whatever. But I don't know. I guess, when she started saying, "Mama," it really just hit me 'cause I was just like, "I know I'm a mom. I know I got responsibilities. I know I gotta

do this and this and this,” but it really didn't hit me like, “Oh, yeah, I'm her mom,” until she started saying, “Mama, mama.” (London, Black mother, age 18)

For London, it was her young daughter's recognition of their parent–child relationship by calling her “Mama” that led to her fully accepting her identity as a mother. In London's case, awareness of the maternal role came first, but her identity as a mother developed in the context of her relationship with her daughter. London further narrated enjoying her daughter's developmental milestones and “firsts” as a source of validation as a mother,

I like that I got to pick out her outfits. I like that I'm here, that I'm—I don't know. I just like that I got to experience most of the stuff, like her first steps, when she first started crawling, when she first started talking. I got to experience that. Being a mom, that makes me feel really good 'cause I got to see that first. (London, Black mother, age 18)

London's presence in her daughter's life, particularly as it relates to witnessing the “firsts” of her child's development, is a source of joy for her. Being present in her relationship with her daughter is an important part of what it means to be a mother to her.

The parent–child relationship is a primary source of these mothers defining and developing both their maternal roles and their maternal identities. For them, it is through witnessing their children's development that they develop as mothers.

### **Relating to Family of Origin and Community: Relational Renewal, Volatility, and Transformation During the Transition to Parenthood**

As reflected in the literature pertaining to teenage mothers broadly, the mothers in this study narrated how their relationships, including those with their family of origin, child or children's father's family, and friends, were important to their experiences as new parents. In some cases, these relationships proved to be vital sources of reliable parenting support, while others were sources of volatility during early parenting. Further, many mothers experienced significant changes in their closest relationships while becoming parents, and these changes often shifted their access to various types of social support during this time.

Mothers described how their families of origin and broader social networks often provided material resources for their baby and served as parenting role models. In some cases, supportive people also helped to provide baby care. For example, Lauren shared that her mother and sister helped her to meet her daughter's needs.

My dad didn't come to my baby shower. My mom, she has me, my older brother, and then my sister is the oldest. My sister has four kids, so I was the baby, having a baby, so I could say I'm very—I'm supported. [My daughter], anything I want for her, she can have. (Lauren, Black mother, age 19)

Here, Lauren indicates that her mother and sister provide “anything she wants” for her daughter. Similarly, Vanessa described the various supports provided by her sisters, despite them living in another state.

Vanessa: My sisters—everything, you name it.

Interviewer: What does that mean?

Vanessa: Like, they send money, but they live in a different state, so they send money, visit her, like check on her, make sure I'm okay, support, like good support. They want me to move down there, but I'm not going there. (Vanessa, Black mother, age 21)

For Vanessa, her sisters' support was particularly important at the time of the interview. She had recently aged out of the child welfare system and was having difficulty paying rent for her apartment. Similarly, Amani experienced help from her second child's paternal grandmother in navigating the welfare system in order to receive material supports while she was aging out of care and pregnant with her third child. She shared,

Amani: His grandma is a good resource, far as, like, she's real smart when it comes to, like, how to maintain yourself and how to take care of your kids without needing anybody else to help you. That's good—I didn't know that, you know? I wasn't like—a lot of us figure, like, “Okay, well, if you ain't got no job, you couldn't do it,” but it's other ways where you could take care of your kids, and she really had me knowing that it is. So that's good for me, 'cause if I was, like, anywhere else, I probably wouldn't know that.

Interviewer: Yeah, like, what ways to take care of your kids?

Amani: Like, [whispering].

Interviewer: You don't have to whisper that—there's no shame in that. Right, so there's other—so she teaches you how to get other resources, like, food stamps and stuff like that.

Amani: Like, public aids, you know, all type of things, that I didn't know that you could use, you know? 'Cause she said she did it, So, of course if she did it, I know I could do it too. (Amani, Black mother, age 21)

Earlier in the interview, Amani expressed her confusion in navigating the child welfare system as a young parent, which she attributed to her first child being removed from her care and the termination of her parental rights.

At the time of the interview, she was also struggling to navigate the housing system after aging out. The support she received from her son's grandmother helped her to understand the welfare system as a means to meet her and her children's material needs as she aged out of the child welfare system.

As older mothers in care, Lauren, Vanessa, and Amani benefitted from both social and material support from their families of origin while parenting their babies. A younger mother, Janae, narrated that observing her older sister's parenting helped her to learn how to parent her daughter. When asked who was supportive to her as a parent, she shared,

Janae: My sister, my older sister.

Interviewer: Yeah? What does she do to support you?

Janae: Like, I just watch her as she cares for her kids, 'cause she has six, and she has a kind of newborn. He's four months, and he was born a few months after her, so she like inspires me, basically, 'cause she, when I talked to my sister about this before, she was like, "You always wanna be the best mom you can, because you don't wanna end up like Mom, not—acting like you don't care." And then she just—the way she shows how she cares for her kids, like she makes sure they have everything that they need. She makes sure that they socialize with kids, puts them in sports, makes sure that all their needs are met and stuff like that. (Janae, Black mother, age 15)

For Janae, her sister's care for her own children served as inspiration for Janae to parent differently than their own mother parented her and her sister. Janae's story highlights the importance of young mothers not only hearing verbal encouragement, but witnessing examples of positive parenting to inspire how they care for their children.

Unlike Janae, some mothers experienced limited social support, leading to feelings of isolation as new parents. This was particularly the case with mothers in independent living placements. For example, Chantal described the frustration of having "no family support." She shared,

Having no support, just having no family support. Just I have my days where I feel like I definitely need a break or I'm definitely tired. Just having nobody to take her for five minutes and have a minute is just frustrating sometimes. Or having to go to school and still be a mom, having to study and get ready for class the next day and still prepare bottles. It's kind of frustrating. (Chantal, Black mother, age 20)

At the time of her interview, Chantal was parenting her daughter as a single mother after a falling out with her child's father and his family, who had previously been supportive to her. She shared her struggle with feeling isolated

and stretched thin due to lack of familial support, particularly related to baby care.

Chantal's wish for a 5 min break from parenting responsibilities when she is having a difficult moment reflects the importance of caregiving support for parenting youth in foster care, particularly those in independent living placements where isolation may be a concern. This theme of "getting a break" for mothers who are the primary caregivers for their children was prevalent. The lack of support that Chantal experienced demonstrates how having another physically present caregiver can support young mothers to cope with challenges common in early parenthood.

While some mothers benefited from the supports provided by their families of origin and other people in their support networks, other mothers experienced relational volatility or changes in their support networks that influenced their early parenting experiences. For example, Jenna described feeling surprised by her changing support network when she became pregnant,

When you have a kid you get so excited because you're like, "They're going to be a part of my kid's life. They're going to be a part of my life even more now because we'll have even more stuff in common." But it's not like that. And I think it took me awhile and it really hurt because realizing that my ex's side of the family was more supportive and more there for me than my own. And it changed a lot with relationships because then you start to realize when you have a kid who is really there for you. And that was a really big thing, an eye-opener, was who was there for me and who wasn't. (Jenna, white mother, age 20)

Similarly, Arianna felt that she lost her family of origin's support due to age-related stigma She shared,

Arianna: No, it was hard because my Momma was judging me, people were judging me. I felt like I didn't have any support like at all, but her dad was there.

Interviewer: Her dad was there?

Arianna: Yeah, and his family, but my family everybody was just being judgmental because I was a teen, and I was pregnant, I got pregnant early. I just felt like I was alone in my whole pregnancy. (Arianna, Black mother, age 17)

For both Jenna and Arianna, the lack of support from their families of origin was a surprising and difficult aspect of becoming a mother. Although their children's father and his family proved to be strong supports during pregnancy and early parenting, that was not always the case. Sometimes the child's father and his family questioned paternity and refused to acknowledge the child as a member of their family. For example, Trinity described how this dynamic played out with her son's father's family. His family members initially



attended ultrasound appointments and expressed their support. However, later in pregnancy, the relationship shifted,

That February, they decided to completely stop acknowledging my child. They hadn't purchased anything from him to begin with so when they decided to completely stop acknowledging my child in February. (Trinity, Black mother, age 20)

Trinity experienced this volatility from her son's father's family as a difficult aspect of becoming a mother. In particular, Trinity implies that accessing material supports from her boyfriend's family was indicative of their lack of acknowledgement of her child. Still, she spoke about the experience as a matter of fact rather than something that surprised her. Trinity also experienced ending an important friendship after her son was born. Trinity shared that this friend was her primary support person during pregnancy but described a change in her friend's intentions once her son was born. Trinity did not go into much detail about her friend's intentions but alluded that they were regarding conflict about mutual romantic interest in her baby's father. Her decision to "cease contact" was due to a possible negative impact on her baby. She narrated,

I've never told anyone that because our relationship was toxic, that they would have to leave my son's life but then I started seeing our relationship affecting my son's life and I didn't want him to start getting older and start seeing certain disagreements that we were having or fights that we were having and stuff like that. So I just told her, "We should probably cease contact and that includes my baby." And I felt bad about it but it was the best decision. She didn't have good intentions. God puts people in your life for reasons or seasons and the season that she was in my life, for the majority, she was very beneficial and supportive. There was just a change and so when there was a change, I had to also adjust, assimilate, whichever. So I just ceased contact with her. (Trinity, Black mother, age 20)

Shifting and ending relationships for the benefit of their babies was a common theme among the mothers. Like Trinity, Chantal described her own meaning making about how her emotional response to unsupportive relationships might impact her baby,

I started to feel like anybody who wasn't supporting my decision should have—didn't need to be in my life. I needed to stop crying because she was feeling those vibes. She was hearing me and feeling everything that I felt, and so I didn't want her to be sad or anything. (Chantal, Black mother, age 20)

This awareness of the influence of their relationships and their reactions to their relationships on their babies demonstrates the depth with which these mothers were attuned to their babies, including the primacy of the parent-child relationship in their own relational decision making. As is the case for many mothers regardless of age, relationships and social support networks are an integral aspect of becoming a mother for these young mothers in foster care. For these mothers, relationship stability and volatility function as a "make or break" element of their early parenting experiences. Having access to various types of supports from their children's fathers, families of origin, and friends is an important aspect of feeling successful as a new mother. At the same time, relationship problems, losses, and volatility can lead to feelings of isolation and instability during the early days of parenting.

### **Relating to Baby's Father: Navigating Co-parenting, Relational Trauma, and Violence**

The quality of the co-parenting relationships between these mothers and their children's fathers was central to mothers' experiences of the transition to parenthood both in terms of father involvement, material support, and as sources of relational trauma and violence. Few of the mothers described active romantic relationships with their child's father at the time of their interviews. Some fathers were present as material providers and mothers described their child's father as consistently spending time with the child. However, mother's narratives in terms of the quality of the relationship varied.

Some described these relationships as sources of trauma and violence during the transition to parenthood. The existing literature on pregnant and parenting youth in foster care, to a certain extent, addresses the impact of childhood trauma on parenting. In particular, researchers highlight concerns about intergenerational maltreatment among parenting youth in foster care due to their own experiences of abuse and neglect (Eastman & Putnam-Hornstein, 2019; Geiger & Schelbe, 2014; Putnam-Hornstein & King, 2014). However, few studies on parenting youth in foster care addresses the extent to which youth experience trauma while becoming parents (Stephens & Aparicio, 2017). This was not a topic that was directly addressed in the interviews. Still, some of the mothers narrated significant traumatic events during pregnancy and early parenting specific to their baby's father. These events involved community violence exposure, intimate partner violence, sexual assault, and fear of violence. To my knowledge, this is the first study to explore the role of ongoing relational trauma and violence in the lives of pregnant and parenting youth in care.

The presentation of these findings begins with mothers who described relatively amicable co-parenting relationships with their baby's father. London, an 18-year-old mother,

described sharing parenting responsibilities with her child's father.

I try to get her dad to get her as much as he can or whatever, so I'm in the process of trying to get him to get her right now, because of—I don't know. I'm trying to at least just try to get a break sometimes, you know, 'cause I have her most of the time and, when he can get her, it's a blessing. When he can get her for just a little bit, that'll help me a lot. (London, Black mother, age 18)

Like other mothers, London highlighted the importance of sharing time with the baby with the baby's father so that she was able to get a break. Many of the mothers either directly stated or implied that they were the primary caregivers of their children. For the mothers in positive co-parenting relationships, sharing time was an important kind of support that their child's father provided. Similarly, Lauren described a positive co-parenting dynamic with her daughter's father,

He's there. I'm thankful for that. Even though me and him don't have the best relationship, if I call him, like, "I don't have—like [the baby] needs Pampers," he'll go get Pampers. If she needs wipes, he'll get wipes. If she has ran out of formula, he'll go get it. So, if I say "I need you to watch [our daughter]. I need a break." He'll keep her. (Lauren, Black mother, age 18)

Although the quality of the relationship between Lauren and her daughter's father was strained overall, she distinguishes between their relationship and their co-parenting relationship. Here, Lauren describes the kinds of supports that her daughter's father provides. In particular, he provides for the basic needs of their daughter and spends time with her when Lauren needs a break. The ability to reach out for a break made a difference for Lauren's ability to cope with the challenges of her early parenting experience.

Conversely, many of the mothers described how the relationships they had with their baby's father exposed them to ongoing trauma while pregnant and as new parents. For example, Jordan described how her connection to her baby helped her to leave an unhealthy relationship with her baby's father. Earlier in the interview, she shared that her child's father had influenced her to steal cars before she became pregnant. She described the role of becoming a mother in helping her to leave the relationship,

Jordan: [My baby] just saved my life.

Interviewer: Why do you think he saved your life?

Jordan: Without him I'd still be running in the streets and doing drugs with my baby daddy. I might be so in love with him and obsessed with him I wouldn't wanna do nothing else. Well, now I'm not obsessed

with him; I'm obsessed with something else, and that's [my baby]. (Jordan, Black mother, age 20)

Two of the mothers told their stories about how gun violence impacted their parenting experiences. Amani and her first baby were direct witnesses to gun violence when her baby's father shot another young man while they were out taking their baby for a walk in his stroller. She said,

Amani: He was in a gang, or whatever, and he had it real big for some boy that jumped on his daddy. And one day we was walking, it was me, him, and [our son]—[The baby] was in the stroller; he was six months, fittin' to be seven months. He seen one of the boys he was into it with, and he shot him, all three of us together.

Interviewer: Wow.

Amani: He's been in jail since. He is supposed to get out next year, November 17.

Interviewer: What was that like for you?

Amani: It was so hard. I think that was the reason why I was going through all that. When he left, it really destroyed me, like, I was the angriest person in the world. (Amani, Black mother, age 21)

Amani went on to describe how, shortly after this trauma, her son was removed from her care and placed with his paternal grandmother, who would eventually adopt him. As represented throughout this analysis, Amani's parenting story is deeply shaped by her efforts to manage her anger, including her having to unlearn communicating with anger in order to get her needs and her child's needs met by the child welfare system.

Like Amani, Claudine's parenting experience was permanently impacted by gun violence. During her first interview, Claudine shared that her boyfriend and daughter's father was shot and paralyzed from the neck down when her baby was 1 month old. She said,

Claudine: Yeah, especially with my boyfriend in the hospital and stuff. So I'm doing everything by myself right now.

Interviewer: Is he okay?

Claudine: He's okay. He's been in there for a year now, since my baby was one month. He's paralyzed from the neck down and he's on life support. He's on life support, so he can still talk and stuff.

Interviewer: That's a lot for you to deal with.

Claudine: But it's okay. I'll just take care of my baby by myself. I don't have one of those baby daddies that's not there and not—my baby daddy is onboard. Go do what you've got to do. I'm gonna stay with the baby. He's really supportive about everything that I do and stuff. So for him to be gone—and we've been together

for four years. So as soon as I had a baby, for him to be gone... (Claudine, Black mother, age 19)

At that point in her interview, Claudine no longer wanted to discuss her boyfriend's condition. During the second interview approximately 6 months later, I asked her how her boyfriend was doing and asked her what happened to him. She shared that the cause of the paralysis was a gunshot that paralyzed him from the neck down. By the second interview, another boyfriend was present in her life.

Although Claudine was hesitant to talk about her emotional response to the immeasurable loss she suffered when her boyfriend and her daughter's father was paralyzed, she refers to the deep impact this traumatic event had on her life when referencing that they were together for 4 years and now she felt that he was "gone." This experience meant that she would be parenting on her own without him indefinitely. She referred to her 1-year-old daughter as a "momma's girl" because her daughter was afraid of her father and the hospital equipment necessary to keep him alive.

In addition to gun violence, several of the mothers described domestic violence in their relationships with their baby's father. Simone described meeting her baby's father at a group home and how she experienced violence in their relationship, including during pregnancy. Incidentally, gun violence was also a part of her domestic violence story,

He was abusing me when I was pregnant. The group home—because we both were in the same group home—they actually got charges against him because I wouldn't. [My son's] dad shot me in this left cheek with a gun. This was when I was in [the teen parent program]. This was before—a year before I even got pregnant with [my son]. I was kind of like in a domestic violence situation that I couldn't get out of, and I finally found the strength to walk away. It's like—it's just crazy, like...I don't know, like, how to deal with it. I felt that if I moved away, you know, and stayed away and tried to avoid, you know, the conflict, but he just feels like—he keeps telling me that he's still loving me, still wants to be with me, but that's not what I want anymore. And then he asked me, he was like, "Did I really hurt you that bad?" And I'm like—he was like, "From one to ten how bad did I hurt you?" I said, "100." (Simone, Black mother, age 20)

When Simone shared this story during her first interview, she described this serious domestic violence relationship with her first son's father, who had been incarcerated since their son was very young. The harm that this caused her during her pregnancy and while newly parenting was a level "100." Still, Simone described her resilience in spite of these events. At the time of our second interview, Simone had moved closer to her family of origin and was in an

independent living placement with her two sons. She cried when describing how her children changed her life and how she felt "very happy" in her relationship with her second son's father.

Like Simone, Jenna's early parenting was deeply impacted by a life-threatening domestic violence relationship with her child's father. When asked about significant events in her life when becoming a parent, she shared,

The big thing was the abuse. That was big. With his father, he was an addict, and I didn't really think about how serious it was. And like all that together and having a child is very surreal. You know?...

It's like we, like having to make sure that—I don't really know how to explain it, but like making sure that we're okay and no one's ever going to be a perfectly fit parent, but making sure that before he comes back we kind of handle our situation so [our son] is not brought up into that. So the big thing was definitely the abuse while I was pregnant because he could have killed me and the baby. So that was really huge. And just realizing how even though he was there, he wasn't there. (Jenna, white mother, age 20)

At the end of the interview, when the recorder had been turned off, Jenna described waiting to call the police until she feared she would be killed during one of many domestic violence situations with her boyfriend. She was afraid that her son would be removed from her care if she sought help from authorities. Because she sought help, she was placed in a domestic violence shelter with her infant son and was eventually moved to an independent living placement. Despite the seriousness of the violence she endured, it was Jenna's hope that her boyfriend would be able to achieve sobriety and return home to the family after being released from jail.

Jordan also experienced domestic violence as a new mother. She shared,

Jordan: January 2017 her dad hit me for the first time.

Interviewer: That was a big moment.

Jordan: Yeah, it was a shocker because I had never even seen him angry. Then when I did see him angry he hit me and I'm just like ... But even then I still stayed with him. I'm not with him anymore and I actually feel better not being with him because before when he would disrespect me people would tell me you don't deserve that, you deserve better. I would always get defensive when they would talk about him and I'm just like don't, I don't know, he's not that type of person, whatever. (Jordan, Black mother, age 20)

Jordan recounted the influence of the domestic violence on being able to parent their daughter. Because one

of the domestic violence incidents occurred in front of their daughter, she was removed from Jordan's care and remained in a foster home throughout Jordan's enrollment in the study. Jordan described her daughter's placement in foster care,

Because they found out about the incident. The found out what happened between [her father] and I. Because I was AWOL at the time and then at the time that it happened, I was AWOL and then they felt like because my—because she was there, she wasn't in front of us when it happened, but because she was still there and because, you know, I was the main caretaker that—not I put her in—at risk, but she could have gotten hurt because you know when people are mad, they don't, you know, care. (Jordan, Black mother, age 20)

Jordan's victimization due to domestic violence resulted in her child being removed from her care. In addition to these traumas, Jordan shared that she had recently been raped during her second interview. She did not share the details of the experience, but noted it as a significant event since her first interview.

Many of the mothers who shared traumatic events during their interviews were above age 18. However, Autumn, a 16-year-old mother, also mentioned being beaten by her boyfriend while pregnant. When asked what important things happened while she was pregnant, she responded,

It wasn't no important things. I wasn't eating. My boyfriend kept on beating on me when I was pregnant with [my daughter] and he was beating on me ever since I had her. (Autumn, Black mother, age 16)

Autumn did not offer meaning making about this experience. However, when asked to describe her ongoing relationship with her daughter's father, she said, "He's not shit."

Mothers' relationships with their child's father are sources of both support and incredible strife during the transition to parenthood. In the few cases in which fathers were involved with their child, the primary roles described included what mothers considered sporadic child care or providing "a break" to the mother and material supports for baby items like diapers or baby formula. In many other cases, relationships with fathers were, at best, rife with interpersonal conflict and, in a handful of cases, wrought with violence. Despite what seems to be limited engagement with these mothers, fathers made a considerable impact on the transition to motherhood for these mothers.

## Relating to the System: DCFS and the Transition to Parenthood

The mothers in this study made meaning of the influence of the child welfare system on their parenting in multiple ways, including but not limited to accessing parenting support resources, including respite care, and accessing material supports due to their status as parenting youth in foster care. As reflected in many of the mother's stories, parenting without a break, feelings of isolation, and difficulties in their social relationships challenged their early parenting. At the same time, many mothers described how the child welfare system provided them with resources that helped them parent their children.

Some of these mothers learned how to ask for and obtain help from the child welfare system. Amani, a 21 year old mother who reflected on becoming a parent to her first child at age 17, described how she learned to change her demeanor in order to get help from child welfare staff,

That's one thing DCFS brung out of me, 'cause when I first came I was so angry, like, oo, when nobody helped me, when nobody listened to me. I had to change, completely change, for anybody to do anything for me, or even just speak to me, 'cause I was crazy a little bit. I had to find a different way to cope, or just to talk to people. Like, I ain't know how to talk to nobody. I was always cussing them out, fighting, all type of stuff. But now they'll do anything for me, as far as the staff, I had to let them know. Like, I had to learn it. I didn't know how to do those things at first. (Amani, Black mother, age 21)

Amani described how she had to learn to communicate and behave differently with residential staff in order to get her parenting needs met.

I'm not related to them; the [residential] staff, they're just doing their job, you know, keeping the roof, keeping the doors and stuff locked, or whatever the case may be. So, I had to learn, like, "Okay, well, if I don't get up and do it, I don't know who gone—" I ain't got nobody here to watch my baby. When I go to school, I'm gonna have to sign up for daycare for him. I'm gonna have to get a job, in order to keep daycare going. You know, a lot of things you need to think about is gonna come to you, if you want it to. Some people they don't come to, 'cause I know people that's like that now, and I be trying to explain it to them, like, "You can't be like that. You're gonna have to change. You're gonna have to put somebody before yourself. (Amani, Black mother, age 21)

Amani's behavior change helped her to better relate to staff and self-motivate to meet her child's needs independently.

For Amani, learning communication skills to promote self-sufficiency eased some of the difficulties she experienced as a parent during her time in DCFS.

Other mothers, particularly those in congregate care settings, felt that the supports provided by DCFS hindered future self-sufficiency. Arianna described her feeling that congregate care created an over-reliance on the system,

I just feel like here they want you to count on them for every step of the way. At that [other residential] they let you be more independent. Here, this is like fairy tale here. Because when you really get out and be ready to be independent, you not gonna have nobody to go to and nobody just not gonna be there. You have to work for your baby pampers and get some money. Here, you just sitting around and wait on them to do stuff for you. I just feel like everything here is fake. Like they do point sheets and stuff. Like that's really not in the real world. We're not gonna live off point sheets. (Arianna, Black mother, age 17)

Here, Arianna is describing her experience in a highly structured, intensive treatment oriented congregate care facility for young parents in foster care who have a high level of behavioral health needs. In her view, being in a congregate care setting inhibited the development of self-sufficiency skills that she sees as a benefit to successful parenting long-term.

Another form of support that the mothers received vis-à-vis their child welfare involvement is a program called Safe Families that offers respite to struggling parents and a safe place for children to stay temporarily. Amani described Safe Families as “an organization where, if you need a break, if you have stuff that happened, you need to send'em there, you can, and they'll watch him however long you need'em to.” (Amani, Black mother, age 21) Another mother, Summer, had her child placed with Safe Families at the time of our second interview. She was emancipating from the child welfare system and trying to find stable housing for herself and her daughter. Summer described how, when placed in the care of Safe Families, her child was housed with another family until she was ready to have her returned home.

At least two of the other mothers in the study also used Safe Families. Jenna talked about the role that her caseworker played in encouraging her to seek help from Safe Families when she was struggling as a parent.

So finally, I let my caseworker convince me to utilize Safe Families. She had been telling me about the service but I wasn't open to using it. I didn't want my baby to go anywhere because I felt like he was too young and he wouldn't remember me when he came back. (Jenna, white mother, age 20)

Trinity, who described using Safe Families when she needed “a break” from her son. She shared,

Parenting used to be overwhelming until I got the break and I realized that a lot of the stuff that I wanted to do, I just wanted to do because of the idea, not because I didn't really want to do it. Because while he was gone, I didn't go outside. I didn't go hang out with friends. (Trinity, Black mother, age 19)

Using Safe Families gave Trinity perspective on her role as a mother. She realized that she did not seek out the social situations she thought that she was missing after becoming a mother even though she was free to do so.

Each of the mothers who used Safe Families during her transition to parenthood described it as something of a lifeline, particularly since many mothers identify as single parents with limited social support. By contrast, Jordan, who had a history of serious mental health concerns, domestic violence, and substance use, used the time her daughter was in foster care to do the work on herself that she needed to do in order to successfully parent. She discussed how her child's case worker helped her to see how she could “take advantage” of the time apart from her daughter to become ready to parent when her child was returned to her.

Her case worker she said that if they do make the decision to let her come home sooner than you're ready, you have to ... I would rather you let me know and be honest than you say you're ready for her to come back and you're not. So she said take advantage of this time. Take as much time as you need to get yourself together. (Jordan, Black mother, age 20)

Central to the success of these mothers was access to material supports from the child welfare system. Janae described how the child welfare system helped her to access baby items. She said,

DCFS, they, when I first had [my daughter], they helped me with like getting stuff for her, like strollers and car seats and stuff, 'cause I didn't have any, so that was helpful. (Janae, Black mother, age 15)

Baby items were not the only material supports provided by DCFS. Many of the mothers described the financial supports provided by DCFS as a lifeline for them to be able to meet their baby's basic needs. In particular, mothers described the \$107 monthly stipend they received for child related costs. Amber described how helpful receiving this \$107 monthly stipend was for her.

We get a lot of benefits, especially in this program. We get a \$107 check, and that's awesome, because it helps a lot. We get a \$107 check every month. I



mean, without that, he wouldn't be able to have diapers or wipes. (Amber, white mother, age 17)

Similarly, Trinity shared how she imagined her life would be if the child welfare system did not provide this safety net,

Trinity: It would probably be harder.

Interviewer: How?

Trinity: Because I'm by myself. I would probably be homeless right now, to be honest. It would just probably be harder. I wouldn't be able to financially support my baby. Those checks that I get every week in the case of emergency or in the case that I'm not working, that's how I get my baby pampers. That's how I get him additional cans of milk. I wouldn't have that if I wasn't in DCFS. No one would be obligated to help me. (Trinity, Black mother, age 19)

The importance of these resources to mothers cannot be understated. Vanessa described the loss of financial resources as a significant change since aging out of the child welfare system. She shared, "Its harder. I ain't getting no allowance checks no more. I ain't getting food checks no more. I ain't getting this, ain't getting that, so it's kind of hard, but it's life." (Vanessa, Black mother, age 21).

Several other mothers, when imagining life after aging out of the child welfare system, also cited the loss of material resources as a concern for them as parents. Overall, these mothers' relationship to the child welfare system influenced their parenting in terms of accessing help in caring for their children and in accessing material resources that allowed them to provide for their children's basic needs.

## Discussion

This study finds that various relationships have a profound influence on the transition to motherhood for young mothers in foster care. The analysis explores young mothers' experiences by relationship type, indicating that various relationships support or constrain thriving as they become mothers. Themes emerged in five types of relationships and young mothers' meaning making regarding their influence on the transition to motherhood are presented: (i) relationships to self, (ii) relationships to baby, (iii) relationships to baby's father, (iv) relationships to family of origin and important others, and (v) relationships to the child welfare system.

The findings on relationships to self, baby, and family of origin largely align with the existing research on pregnant and parenting youth in foster care, particularly regarding mothers' experiences of what Bailey (1999) coined "a refraction of self," whereby mothers understand

themselves as always in relationship to their baby, including needing to be more responsible for their babies. Further, these findings echo the rather simple, longstanding knowledge that social relationships often change when people of all ages become parents (Cowan & Cowan, 1992). Like in other studies, these mothers both reflected on their relationships with their families of origin and turned to them for support as new mothers (Aparicio, 2017; Haight et al., 2009; Pryce & Samuels, 2010). In addition to prior research on parenting youth in foster care, findings on the importance of relationships with family of origin are consistent with the literature on youth in foster care and the literature on adolescent mothers (Apfel & Seitz, 1991; Collins et al., 2008; Oberlander et al., 2007; Singer et al., 2013; Voight et al., 1996) more broadly. They relied on their families of origin, from whom they were removed, for emotional and material supports, as well as, in some cases, finding examples of positive parenting by siblings and friends. As Pryce and Samuels (2010) found, relationships with their own mothers were a source of reflection and, in some cases, grief at the loss of their mother. This study adds nuance to the existing literature on social and familiar relationships among young mothers in foster care as it demonstrates the extent to which the transition to parenthood can bring volatility and change in young mothers' social relationships as their identities, circumstances, and needs change as mothers, with important implications for both future research and child welfare practice.

In addition to confirming some relational elements of the transition to motherhood research on this population, this analysis builds nuance into the existing literature in two critical ways that have direct implications for future research agendas and intervention development with this population of young parents. First, little research includes an in-depth exploration of relationships with the fathers of children born to young mothers in foster care. For some of these mothers, relationships with their baby's father helped them to weather the stresses of early parenting (Brown et al., 2012), particularly for accessing basic needs items for their babies and for a break from primary parenting. On the other hand, some mothers experienced their relationships with their baby's father as a source of trauma and violence that cannot be understated. The findings presented regarding the trauma and violence exposure in the context of their relationships with their baby's father has critical implications for future research and practice with this population of young mothers.

Second, this paper considers the mothers' relationships to the child welfare system as an influence on their transitions to parenthood. Other studies have considered how mothers' abuse and neglect histories influenced them to want to break the cycle of abuse and neglect (Aparicio, 2017)

with their children and how the rules and expectations in residential placements constrain mothers' abilities to successfully parent their children (Silver, 2015). However, this study finds that these mothers rely on the child welfare system for parenting supports that, in their meaning making, they would not otherwise access. These supports include a monthly stipend to meet baby needs, access to respite care, and housing. Some mothers, however, indicate that child welfare system oversight constrains their autonomy as new mothers, which could make parenting independently difficult as they emancipate from care. These findings give rise to future research questions exploring the meaning of the transition to independence as a simultaneous developmental transition to parenthood for youth in foster care who are preparing to emancipate.

## Limitations

Overall, this is a rigorous narrative study that makes substantial contributions to scholarship on pregnant and parenting youth in foster care, with important implications for both research and child welfare practice with this population. However, there are a few limitations worth noting. First, although 43 youth were enrolled in the pilot study, only 29 were interviewed for a variety of reasons including early exit from the broader home visiting study before they became eligible to be interviewed, difficulty contacting them due to incorrect and frequently changing phone numbers and no response to phone contacts and declining to be interviewed. These reasons for non-participation were common across the first and second interview recruitment. Second, only 11 of the 29 who completed an interview participated in a second interview for similar reasons. Ideally, all 29 participants would have completed the second interview. Third, all of the mothers in this sample were enrolled in a Healthy Families program, which are evidence-based early childhood home visiting programs that use a relationship-based, reflective approach. The mothers who were referred to the home visiting implementation pilot were identified by the Teen Parenting Services Network as mothers in foster care who would benefit from additional parenting support. The context of home visiting services enrollment may have made these mothers better poised to narrate their mothering experiences as they were receiving a weekly visit from a home visitor in which they were asked to reflect on their parenting.

Finally, this study does not include the perspectives of young fathers in foster care or the perspectives of the fathers of the children whose mothers were interviewed for this study. Most of the studies on parenting youth in foster care, and young parents more broadly, treat the experiences of mothers and fathers separately. However, future research

should use a relational framework to study unique experiences of young fathers in foster care during their transitions to parenthood, with a particular focus on how their relationships to the child welfare system shapes their early fatherhood.

## Implications for Research on Pregnant and Parenting Youth in Foster Care

These findings present several opportunities for future research on pregnant and parenting youth in foster care. First, scholarship on this population should further explore the relational context of the transition to parenthood to understand how relationships influence both short and long-term outcomes for these young parents and their children, particularly around parent-child relationships and co-parenting relationships. Relatedly, scholarship should bring a trauma lens to understanding the experiences of pregnant and parenting youth in foster care and their children. The mothers in this study revealed a thread that must continue to be pulled in future research. As reflected in their narratives, some of these mothers experienced substantial trauma while becoming parents. Despite deep knowledge of the role of childhood trauma and violence in the lives of youth in foster care, research on pregnant and parenting youth in care has yet to directly address the possible influences of prior trauma on their experiences of parenting nor the potential role of ongoing trauma and violence exposure in their transitions to parenthood. Additional research is needed to fully understand the influence of trauma and violence exposure on the parenting experiences of young mothers in foster care and on their children's development.

## Implications for Child Welfare Practice with Parenting Youth in Foster Care

This research presents several implications for child welfare practice with parenting youth in foster care. We know that, beginning in infancy, safe, stable, nurturing relationships (SSNRs) are protective against adversity (Crouch et al., 2019). The Centers for Disease Control and Prevention identifies SSNRs as a prevention mechanism for child maltreatment and can moderate the effects of maltreatment when it has already occurred (Schofield et al., 2013; US Centers for Disease Control and Prevention 2014). One of the ways to promote SSNRs between young mothers in foster care and their children is to both promote and provide SSNRs to the young parents. Bernstein and Edwards (2012) summarize this multilevel modeling of nurturing, called the parallel process, as the fairly simple idea that

providing supportive, nurturing relationships to parents promotes change and growth in parent–child relationships (Bernstein & Edwards, 2012). Pawl and St. John describe the parallel process as, “Do unto others as you would have others do unto others” (2002, p. 7). By this logic, the child welfare system should relate to and provide for young mothers the way that it wants young mothers to relate to and provide for their babies. This requires a fundamental shift in where to intervene and a shift in child welfare practice more broadly.

The role of significant relational trauma during the transition to parenthood has direct implications for child welfare practice that supports positive parenting with parenting youth in foster care. Therefore, child welfare practitioners and other helping professionals who work with this population should engage in trauma-informed care, particularly related to supporting early parenting and co-parenting relationships among parenting youth in foster care, as a requirement of their work. Given the various roles played by the fathers of children born to young mothers in foster care and the important role that fathers can play in their child’s development (Bunting & McAuley, 2004), child welfare practitioners are uniquely situated to connect young mothers and their children’s fathers to supports that promote healthy co-parenting relationships, including parenting education and family therapy. Similar resources that promote healthy relationship development should be made available to promote safe, stable, and nurturing relationships with families of origin and other social supports, including specialized social support groups for young parents in foster care.

Further, parenting education is often recommended for young parents in foster care to address two-generation maltreatment outcomes. However, another way to promote positive parenting given the important role of the child welfare system in shaping the transition to parenthood is to engage in relationship-based, reflective practice that is common in home visiting and community doula programs. Relationship-based practice in the early childhood context promotes “reflective parenting” which supports parents to observe their child’s signals and to respond accordingly to meet the child’s needs. In alignment with the parallel process, practitioners model this way of being in relationship by engaging with parents through observation and inquiry with the goal of achieving mutual competence (Bernstein & Edwards, 2012; Goldberg, 1977). A key component of relationship-based practice is reflective supervision in which the practitioner’s supervisor extends the parallel process to the supervisory relationship, providing an innovative way of processing work with clients. Child welfare staff should have access to the ongoing training and resources required to engage in relationship-based practice

with young parents on their caseload and receive reflective supervision as standard child welfare practice.

Finally, child welfare systems should connect young parents in care and their children to pre-existing programs that use relationship-based practice, including community doula and home visiting programs. In particular, these relationship-based programs promote warm, nurturing parent–child interactions, help parents become more responsive to their child’s signals and needs, and have improved child development knowledge (Azzi-Lessing, 2011; Hans et al., 2013; Howard & Brooks-Gunn, 2009; Peacock et al., 2013; Sweet & Appelbaum, 2004). Some doulas and home visitors view their scope of practice as inadequate to meet the unique needs of the population. However, findings from the pilot study of which this research was a part indicated that a key feature of young parents’ willingness to sustain engagement was the relationship-based approach. Mothers experienced their doulas and home visitors to be reliable, non-judgmental, and as support people who were able to see their strengths as parents (Dworsky et al., 2021). Increasing access to such programs should be an ongoing priority for the child welfare system serving parenting youth in care. Overall, both researchers and practitioners can engage a relational framework as a way to promote family thriving for parenting youth in foster care and their children.

**Acknowledgements** This study was funded by the Illinois Department of Children and Family Services as a part of the Illinois Pregnant and Parenting Youth in Care Home Visiting Pilot Study. The author extends gratitude to the young mothers who participated in this study and shared their important and moving stories of the transition to motherhood. The author further acknowledges the mentorship of the PI on the home visiting study, Dr. Amy Dworsky as well as the additional members of her dissertation committee and reactors, namely Drs. Sydney Hans (chair), Gina Fedock, Jon Korfmacher, Alida Bouris, and Mark Courtney for their support and guidance throughout the course of the study. Additionally, the author wishes to acknowledge colleagues and collaborators at Chapin Hall at the University of Chicago, particularly Elissa Gitlow. Finally, the author warmly acknowledges the invaluable community partnership with the Teen Parent Services Network and the 10 home visiting programs for their recruitment efforts and consultation.

**Funding** This research was funded by the Illinois Department of Children and Families.

**Data Availability** N/A.

**Code Availability** N/A.

## Declarations

**Conflict of interest** The author declares no potential conflicts of interest.

**Ethical Approval** This research is approved by the Institutional Review Boards at The University of Chicago Crown School of Social Work,

Policy, and Practice and The Illinois Department of Children and Families.

**Consent to Participate** All participants over 18 provided written informed consent to participate in the study. All participants under age 18 provided written assent to participate in the study.

**Consent for Publication** All participants over 18 provided written informed consent, including consent for publication. All participants under age 18 provided written assent to participate, including consent for publication.

## References

- Adriansen, H. K. (2012). Timeline interviews: A tool for conducting life history research. *Qualitative Studies*, 3(1), 40–55. <https://doi.org/10.7146/qs.v3i1.6272>
- Aparicio, E. (2017). ‘I want to be better than you:’ Lived experiences of intergenerational child maltreatment prevention among teenage mothers in and beyond foster care. *Child & Family Social Work*, 22(2), 607–616. <https://doi.org/10.1111/cfs.12274>
- Aparicio, E., Pecukonis, E. V., & O’Neale, S. (2015). “The love that I was missing”: Exploring the lived experience of motherhood among teen mothers in foster care. *Children and Youth Services Review*, 51, 44–54. <https://doi.org/10.1016/j.childyouth.2015.02.002>
- Apfel, N. H., & Seitz, V. (1991). Four models of adolescent mother-grandmother relationships in Black inner-city families. *Family Relations*, 40, 421–429. <https://doi.org/10.2307/584899>
- Azzi-Lessing, L. (2011). Home visitation programs: Critical issues and future directions. *Early Childhood Research Quarterly*, 26(4), 387–398. <https://doi.org/10.1016/j.ecresq.2011.03.005>
- Bailey, L. (1999). Refracted selves? A study of changes in self-identity in the transition to motherhood. *Sociology*, 33(2), 335–352. <https://doi.org/10.1177/S0038038599000206>
- Battle, L. S. (1995). Teenage mother’s narratives of self: An examination of risking the future. *Advances in Nursing Science*, 17(4), 22–36. <https://doi.org/10.1097/00012272-199506000-00004>
- Bernstein, V. J., & Edwards, R. C. (2012). Supporting early childhood practitioners through relationship-based, reflective supervision. *NHSA Dialog*, 15(3), 286–301. <https://doi.org/10.1080/15240754.2012.694495>
- Borkowski, J. G., Farris, J. R., & Whitman, T. L. (2007). *Risk and resilience: Adolescent mothers and their children grow up*. Lawrence Erlbaum Associates.
- Bridges, K. M. (2011). *Reproducing race: An ethnography of pregnancy as a site of racialization*. University of California Press.
- Brown, J. D., Harris, S. K., Woods, E. R., Buman, M. P., & Cox, J. E. (2012). Longitudinal study of depressive symptoms and social support in adolescent mothers. *Maternal and Child Health Journal*, 16(4), 894–901. <https://doi.org/10.1007/s10995-011-0814-9>
- Bunting, L., & McAuley, C. (2004). Research review: Teenage pregnancy and motherhood: The contribution of support. *Child & Family Social Work*, 9(2), 207–215. <https://doi.org/10.1111/j.1365-2206.2004.00328.x>
- Chase, E., Maxwell, C., Knight, A., & Aggleton, P. (2006). Pregnancy and parenthood among young people in and leaving care: What are the influencing factors, and what makes a difference in providing support? *Journal of Adolescence*, 29(3), 437–451.
- Child Welfare Information Gateway. (2017). *Extension of foster care beyond age 18*. U.S. Department of Health and Human Services, Children’s Bureau.
- Coley, R. L., & Chase-Lansdale, P. L. (1998). Adolescent pregnancy and parenthood: Recent evidence and future directions. *American Psychologist*, 53(2), 152–166. <https://doi.org/10.1037/0003-066X.53.2.152>
- Collins, M. E., Paris, R., & Ward, R. L. (2008). The permanence of family ties: Implications for youth transitioning from foster care. *American Journal of Orthopsychiatry*, 78(1), 54–62. <https://doi.org/10.1037/0002-9432.78.1.54>
- Combs, K. M., Begun, S., Rinehart, D. J., & Taussig, H. (2018). Pregnancy and childbearing among young adults who experienced foster care. *Child Maltreatment*, 23(2), 166–174.
- Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational Researcher*, 19(5), 2–14. <https://doi.org/10.3102/0013189X019005002>
- Courtney, M. E., Hook, J. L., & Lee, J. S. (2012). Distinct subgroups of former foster youth during young adulthood: Implications for policy and practice. *Child Care in Practice*, 18(4), 409–418. <https://doi.org/10.1080/13575279.2012.718196>
- Courtney, M. E., Okpych, N. J., Charles, P., Mikell, D., Stevenson, B., Park, K., Kindle, B., Harty, J., Feng, H., & Courtney, M. E. (2016). *Findings from the California youth transitions to adulthood study (CalYOUTH): Conditions of youth at age 19*. Chicago, IL: Chapin Hall at the University of Chicago.
- Cowan, C. P., & Cowan, P. A. (1992). *When partners become parents: The big life change for couples*. Basic Books.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice*, 39(3), 124–130. [https://doi.org/10.1207/s15430421tip3903\\_2](https://doi.org/10.1207/s15430421tip3903_2)
- Creswell, J. W., & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches*. Sage Publications.
- Crouch, E., Probst, J. C., Radcliff, E., Bennett, K. J., & McKinney, S. H. (2019). Prevalence of adverse childhood experiences (ACEs) among US children. *Child Abuse & Neglect*, 92, 209–218.
- Cutrona, C. E. (1984). Social support and stress in the transition to parenthood. *Journal of Abnormal Psychology*, 93(4), 378–390. <https://doi.org/10.1037/0021-843X.93.4.378>
- Cutrona, C. E., Hessling, R. M., Bacon, P. L., & Russell, D. W. (1998). Predictors and correlates of continuing involvement with the baby’s father among adolescent mothers. *Journal of Family Psychology*, 12(3), 369–387. <https://doi.org/10.1037/0893-3200.12.3.369>
- Davis, D.-A. (2019). *Reproductive injustice: Racism, pregnancy, and premature birth*. New York University Press.
- Dworsky, A. (2015). Child welfare services involvement among the children of young parents in foster care. *Child Abuse & Neglect*, 45, 68–79. <https://doi.org/10.1016/j.chiabu.2015.04.005>
- Dworsky, A. (2018). The sexual and reproductive health of youth in foster care. In *Handbook of foster youth* (p. 133).
- Dworsky, A., & Courtney, M. E. (2010). The risk of teenage pregnancy among transitioning foster youth: Implications for extending state care beyond age 18. *Children and Youth Services Review*, 32(10), 1351–1356.
- Dworsky, A. L., & DeCoursey, J. (2009). *Pregnant and parenting foster youth: Their needs, their experiences*. Chicago: Chapin Hall at the University of Chicago.
- Dworsky, A., & Gitlow, E. (2017). Employment outcomes of young parents who age out of foster care. *Children and Youth Services Review*, 72, 133–140. <https://doi.org/10.1016/j.childyouth.2016.09.032>
- Dworsky, A., Gitlow, E. R., & Ethier, K. (2021). Bridging the divide between child welfare and home visiting systems to address the needs of pregnant and parenting youth in care. *Social Service Review*, 95(1), 110–164. <https://doi.org/10.1086/713875>
- Eastman, A. L., & Putnam-Hornstein, E. (2019). An examination of child protective service involvement among children born



- to mothers in foster care. *Child Abuse & Neglect*, 88, 317–325. <https://doi.org/10.1016/j.chiabu.2018.11.002>
- Edwards, R. C., Thullen, M. J., Isarowong, N., Shiu, C.-S., Henson, L., & Hans, S. L. (2012). Supportive relationships and the trajectory of depressive symptoms among young, African American mothers. *Journal of Family Psychology*, 26(4), 585–594. <https://doi.org/10.1037/a0029053>
- Erfina, E., Widyawati, W., McKenna, L., Reisenhofer, S., & Ismail, D. (2019). Adolescent mothers' experiences of the transition to motherhood: An integrative review. *International Journal of Nursing Sciences*, 6(2), 221–228. <https://doi.org/10.1016/j.ijnss.2019.03.013>
- Fluke, J. D., Yuan, Y.-Y.T., Hedderson, J., & Curtis, P. A. (2003). Disproportionate representation of race and ethnicity in child maltreatment: Investigation and victimization. *Children and Youth Services Review*, 25(5–6), 359–373. [https://doi.org/10.1016/S0190-7409\(03\)00026-4](https://doi.org/10.1016/S0190-7409(03)00026-4)
- Fulton, A. M., Murphy, K. R., & Anderson, S. L. (1991). Increasing adolescent mothers' knowledge of child development: An intervention program. *Adolescence*, 26(101), 73–81.
- Gee, C. B., & Rhodes, J. E. (2003). Adolescent mothers' relationship with their children's biological fathers: Social support, social strain and relationship continuity. *Journal of Family Psychology*, 17(3), 370–383. <https://doi.org/10.1037/0893-3200.17.3.370>
- Geiger, J. M., & Schelbe, L. A. (2014). Stopping the cycle of child abuse and neglect: A call to action to focus on pregnant and parenting youth in and aging out of the foster care system. *Journal of Public Child Welfare*, 8(1), 25–50. <https://doi.org/10.1080/15548732.2013.824398>
- Geronimus, A. T., & Korenman, S. (1993). Maternal youth or family background? On the health disadvantages of infants with teenage mothers. *American Journal of Epidemiology*, 137(2), 213–225.
- Goldberg, S. (1977). Social competence in infancy: A model of parent-infant interaction. *Merrill-Palmer Quarterly of Behavior and Development*, 23(3), 163–177.
- Goldstein, L. H., Diener, M. L., & Mangelsdorf, S. C. (1996). Maternal characteristics and social support across the transition to motherhood: Associations with maternal behavior. *Journal of Family Psychology*, 10(1), 60.
- Gregson, J. (2010). *Culture of teenage mothers*. SUNY Press.
- Haight, W., Finet, D., Bamba, S., & Helton, J. (2009). The beliefs of resilient African-American adolescent mothers transitioning from foster care to independent living: A case-based analysis. *Children and Youth Services Review*, 31(1), 53–62.
- Hans, S. L., & Thullen, M. J. (2009). The relational context of adolescent motherhood. *Handbook of Infant Mental Health*, 3, 214–229.
- Hans, S. L., Thullen, M., Henson, L. G., Lee, H., Edwards, R. C., & Bernstein, V. J. (2013). Promoting positive mother–infant relationships: A randomized trial of community doula support for young mothers. *Infant Mental Health Journal*, 34(5), 446–457.
- Harris, M. S., & Courtney, M. E. (2003). The interaction of race, ethnicity, and family structure with respect to the timing of family reunification. *Children and Youth Services Review*, 25(5–6), 409–429. [https://doi.org/10.1016/S0190-7409\(03\)00029-X](https://doi.org/10.1016/S0190-7409(03)00029-X)
- Harris, M. S., & Hackett, W. (2008). Decision points in child welfare: An action research model to address disproportionality. *Children and Youth Services Review*, 30(2), 199–215. <https://doi.org/10.1016/j.childyouth.2007.09.006>
- Hesse-Biber, S. N., & Piatelli, D. (2012). The feminist practice of holistic reflexivity. In S. Hesse-Biber (Ed.), *Handbook of feminist research: Theory and praxis* (pp. 557–582). SAGE Publications, Inc. <https://doi.org/10.4135/9781483384740.n27>
- Howard, K. S., & Brooks-Gunn, J. (2009). The role of home-visiting programs in preventing child abuse and neglect. *The Future of Children*, 19(2), 119–146. <https://doi.org/10.1353/foc.0.0032>
- Howard, K. S., Lefever, J. E. B., Borkowski, J. G., & Whitman, T. L. (2006). Fathers' influence in the lives of children with adolescent mothers. *Journal of Family Psychology*, 20(3), 468–476. <https://doi.org/10.1037/0893-3200.20.3.468>
- Huang, C. Y., Costeines, J., Kaufman, J. S., & Ayala, C. (2014). Parenting stress, social support, and depression for ethnic minority adolescent mothers: Impact on child development. *Journal of Child and Family Studies*, 23(2), 255–262. <https://doi.org/10.1007/s10826-013-9807-1>
- King, B., & Van Wert, M. (2017). Predictors of early childbirth among female adolescents in foster care. *Journal of Adolescent Health*, 61(2), 226–232. <https://doi.org/10.1016/j.jadohealth.2017.02.014>
- Kumar, N. R., Danilack, V. A., Ware, C. F., & Phipps, M. G. (2018). Adolescent mothers' relationships with their mothers and their babies' fathers during pregnancy and postpartum. *Journal of Child and Family Studies*, 27(9), 2862–2870. <https://doi.org/10.1007/s10826-018-1127-z>
- Levine, J. A., Emery, C. R., & Pollack, H. (2007). The well-being of children born to teen mothers. *Journal of Marriage and Family*, 69(1), 105–122. <https://doi.org/10.1111/j.1741-3737.2006.00348.x>
- Love, L. T., McIntosh, J., Rosst, M., & Tertzakian, K. (2005). *Fostering hope: Preventing teen pregnancy among youth in foster care*. Washington D.C. National Campaign to Prevent Teen Pregnancy.
- Mallete, J. K., Futris, T. G., Brown, G. L., & Oshri, A. (2015). The influence of father involvement and interparental relationship quality on adolescent mothers' maternal identity. *Family Relations*, 64(4), 476–489. <https://doi.org/10.1111/fare.12132>
- Mercer, R. T. (2004). Becoming a mother versus maternal role attainment. *Journal of Nursing Scholarship*, 36(3), 226–232. <https://doi.org/10.1111/j.1547-5069.2004.04042.x>
- Miller, T. (2007). “Is this what motherhood is all about?” Weaving experiences and discourse through transition to first-time motherhood. *Gender & Society*, 21(3), 337–358. <https://doi.org/10.1177/0891243207300561>
- Miller, K. M., Cahn, K., & Orellana, E. R. (2012). Dynamics that contribute to racial disproportionality and disparity: Perspectives from child welfare professionals, community partners, and families. *Children and Youth Services Review*, 34(11), 2201–2207. <https://doi.org/10.1016/j.childyouth.2012.07.022>
- Narendorf, S. C., Munson, M. R., & Levingston, F. (2013). Managing moods and parenting: Perspectives of former system youth who struggle with emotional challenges. *Children and Youth Services Review*, 35(12), 1979–1987. <https://doi.org/10.1016/j.childyouth.2013.09.023>
- Nelson, A. M. (2003). Transition to motherhood. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 32(4), 465–477. <https://doi.org/10.1177/0884217503255199>
- Noria, C. W., Weed, K., & Keogh, D. A. (2007). The fate of adolescent mothers. In *Risk and resilience: Adolescent mothers and their children grow up* (pp. 35–67). Lawrence Erlbaum Associates Publishers.
- Oberlander, S. E., Black, M. M., & Starr, R. H. (2007). African American adolescent mothers and grandmothers: A multigenerational approach to parenting. *American Journal of Community Psychology*, 39(1), 37–46. <https://doi.org/10.1007/s10464-007-9087-2>
- Oparah, J. C., & Bonaparte, A. D. (2015). *Birthright justice: Black women, pregnancy, and childbirth*. Routledge.
- Oshima, K. M. M., Narendorf, S. C., & McMillen, J. C. (2013). Pregnancy risk among older youth transitioning out of foster care. *Children and Youth Services Review*, 35(10), 1760–1765.
- Pawl, J. H., & St John, M. (2002). *Infant mental health*. New York: Wiley.
- Peacock, S., Konrad, S., Watson, E., Nickel, D., & Muhajarine, N. (2013). Effectiveness of home visiting programs on child



- outcomes: A systematic review. *BMC Public Health*, 13(1), 17. <https://doi.org/10.1186/1471-2458-13-17>
- Priel, B., & Besser, A. (2002). Perceptions of early relationships during the transition to motherhood: The mediating role of social support. *Infant Mental Health Journal*, 23(4), 343–360. <https://doi.org/10.1002/imhj.10021>
- Pryce, J. M., & Samuels, G. M. (2010). Renewal and risk: The dual experience of young motherhood and aging out of the child welfare system. *Journal of Adolescent Research*, 25(2), 205–230. <https://doi.org/10.1177/0743558409350500>
- Putnam-Hornstein, E., & King, B. (2014). Cumulative teen birth rates among girls in foster care at age 17: An analysis of linked birth and child protection records from California. *Child Abuse & Neglect*, 38(4), 698–705. <https://doi.org/10.1016/j.chiabu.2013.10.021>
- Putnam-Hornstein, E., Cederbaum, J. A., King, B., & Needell, B. (2013). *California's most vulnerable parents: When maltreated children have children*. Agoura Hills, CA: Conrad N. Hilton Foundation.
- Putnam-Hornstein, E., Hammond, I., Eastman, A. L., McCroskey, J., & Webster, D. (2016). Extended foster care for transition-age youth: An opportunity for pregnancy prevention and parenting support. *Journal of Adolescent Health*, 58(4), 485–487. <https://doi.org/10.1016/j.jadohealth.2015.11.015>
- Radey, M., Schelbe, L., McWey, L. M., Holtrop, K., & Canto, A. I. (2016). “It’s really overwhelming”: Parent and service provider perspectives of parents aging out of foster care. *Children and Youth Services Review*, 67, 1–10. <https://doi.org/10.1016/j.childyouth.2016.05.013>
- Riessman, C. K. (2005). *Narrative analysis*. University of Huddersfield.
- Rubin, R. (1967). Attainment of the maternal role: Part I Processes. *Nursing Research*, 16(3), 237–245.
- Rubin, R. (1984). *Maternal identity and the maternal experience* (1st ed.). Springer Pub Co.
- Schelbe, L., & Geiger, J. M. (2017). Parenting under pressure: Experiences of parenting while aging out of foster care. *Child and Adolescent Social Work Journal*, 34(1), 51–64. <https://doi.org/10.1007/s10560-016-0472-2>
- Schofield, T. J., Lee, R. D., & Merrick, M. T. (2013). Safe, stable, nurturing relationships as a moderator of intergenerational continuity of child maltreatment: A meta-analysis. *Journal of Adolescent Health*, 53(4), S32–S38. <https://doi.org/10.1016/j.jadohealth.2013.05.004>
- Shpiegel, S., Cascardi, M., & Dineen, M. (2017). A social ecology analysis of childbirth among females emancipating from foster care. *Journal of Adolescent Health*, 60(5), 563–569.
- Silver, L. J. (2015). *System kids: Adolescent mothers and the politics of regulation*. UNC Press Books.
- Singer, E. R., Berzin, S. C., & Hokanson, K. (2013). Voices of former foster youth: Supportive relationships in the transition to adulthood. *Children and Youth Services Review*, 35(12), 2110–2117. <https://doi.org/10.1016/j.childyouth.2013.10.019>
- Smith, J. A. (1999). Identity development during the transition to motherhood: An interpretative phenomenological analysis. *Journal of Reproductive and Infant Psychology*, 17(3), 281–299. <https://doi.org/10.1080/02646839908404595>
- Stephens, T., & Aparicio, E. M. (2017). “It’s just broken branches”: Child welfare-affected mothers’ dual experiences of insecurity and striving for resilience in the aftermath of complex trauma and familial substance abuse. *Children and Youth Services Review*, 73, 248–256. <https://doi.org/10.1016/j.childyouth.2016.11.035>
- Svoboda, D. V., Shaw, T. V., Barth, R. P., & Bright, C. L. (2012). Pregnancy and parenting among youth in foster care: A review. *Children and Youth Services Review*, 34(5), 867–875.
- Sweet, M. A., & Appelbaum, M. I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development*, 75(5), 1435–1456. <https://doi.org/10.1111/j.1467-8624.2004.00750.x>
- Tamis-Lemonda, C. S., Shannon, J., & Spellmann, M. (2002). Low-income adolescent mothers’ knowledge about domains of child development. *Infant Mental Health Journal*, 23(1–2), 88–103. <https://doi.org/10.1002/imhj.10006>
- Voight, J. D., Hans, S. L., & Bernstein, V. J. (1996). Support networks of adolescent mothers: Effects on parenting experience and behavior. *Infant Mental Health Journal*, 17(1), 58–73. [https://doi.org/10.1002/\(SICI\)1097-0355\(199621\)17:1%3c58::AID-IMHJ5%3e3.0.CO;2-Y](https://doi.org/10.1002/(SICI)1097-0355(199621)17:1%3c58::AID-IMHJ5%3e3.0.CO;2-Y)
- Whitman, T. L., Borkowski, J. G., Keogh, D. A., & Weed, K. (2001). *Interwoven lives: Adolescent mothers and their children*. Psychology Press.
- Williams, C. W. (1991). *Black teenage mothers: Pregnancy and child rearing from their perspective*. Lexington Books.
- Winter, V. R., Brandon-Friedman, R. A., & Ely, G. E. (2016). Sexual health behaviors and outcomes among current and former foster youth: A review of the literature. *Children and Youth Services Review*, 64, 1–14.

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