Exploring Women's Experiences in a YMCA Health and Wellness Program for Mothers of Newborns

Abby Shimmerman

A thesis submitted to the Faculty of Graduate Studies in Partial Fulfillment of the Requirements for the Degree of Master of Arts

Graduate Program in Kinesiology and Health Science

York University

Toronto, Ontario

June 2026

Abstract

The postpartum period is a transformative time marked by significant physiological, emotional, and psychosocial changes. Although physical activity (PA) supports recovery and well-being, many mothers face barriers such as fatigue, childcare demands, time constraints, and financial limitations. This study explored the lived experiences of mothers in the YMCA Northumberland Mothers of Newborns (MON) program, examining how this community-based, mother-centered program supports postpartum adjustment. Guided by Self-Determination Theory and Becoming a Mother framework, a qualitative phenomenologically-informed approach was used. Seven participants engaged in semi-structured interviews, analyzed using reflexive thematic analysis. Four themes were identified: reclaiming identity by prioritizing the self beyond caregiving; building community through connection, support, and belonging; (re-)integrating physical activity into postpartum life; and designing mother-centred programming. While the program aimed to reduce barriers to PA, participants also described benefits, including reduced isolation, meaningful social connections, and renewed sense of self, highlighting the value of mother-centred community-based postpartum supports.

Acknowledgments

I would like to express my sincere gratitude and deepest thanks to my supervisor, Dr. Jessica Fraser-Thomas, for her guidance, encouragement, and unwavering support throughout this process. I have learned so much from you and feel incredibly lucky to have had you as a mentor. I would also like to thank my committee members Dr. Karl Erickson and Dr. Debra Pepler for their thoughtful feedback and time in reviewing this work. Thank you to Samantha Kelly and the team at YMCA Northumberland for your partnership, support and enthusiasm throughout this research, and the meaningful work you do for mothers in your community every day. A tremendously large thank you to the seven mothers who participated in this study. Thank you for your generosity, kindness, and openness in sharing your stories and experiences. To my labmates and friends thank you for all of your support and for making everything so enjoyable and fun. Finally, to my family and to Ben – thank you for your patience, ongoing encouragement, and for always believing in me.

Table of Contents

List of Tables

Chapter 1: Introduction

Physical activity (PA) is widely recognized for its contributions to physical health, psychological well-being, and social connection (ParticipACTION, 2024). For new mothers, PA plays an especially critical role during the postpartum period – broadly defined as the first year following childbirth, a time of significant physiological, hormonal, psychological, and social transition (Davenport et al., 2025; Giles & Khoury, 2025). While the postpartum period is clinically defined as the first 6-8 weeks following childbirth, reflecting the period of acute physical recovery (World Health Organization, 2022), a growing body of research and recent Canadian guidelines recognize the first year postpartum as a critical window for maternal health and well-being (Davenport et al., 2025; Kumarasinghe et al., 2024), and this broader definition is adopted throughout the present study. Despite well-established benefits of PA, studies highlight that traditional health promotion often emphasizes infant development while neglecting maternal needs (Shorey, 2021). Research indicates that postpartum women experience significant declines in PA due to fatigue, childcare responsibilities, and competing role demands, yet those who maintain or resume PA report enhanced mood, energy, and confidence, and perceive themselves as better parents (Lesser et al., 2023; Sjögren-Forss & Stjernberg, 2019). Up to 75% of new mothers face barriers to PA, including lack of time, social support, childcare, and obligations to other roles (Saligheh et al., 2016).

New mothers' challenges have been intensified by systemic factors, including economic hardship, the COVID-19 pandemic, and other structural inequities. For instance, a qualitative study conducted by Marcil et al. (2020) explored how financial strain affects mothers, particularly in low-income, predominantly African American/Black populations, and how this strain intersects with parenting, identity, and structural inequities. Findings indicated that

financial strain forced women to make difficult tradeoffs in daily life and parenting, with inadequate support from assistance programs further exacerbating these challenges. Marcil et al. (2020) also highlighted that women frequently blamed themselves for financial strain, despite systemic factors such as structural racism and economic inequities that exacerbate poverty.

Studies have also highlighted additional challenges for mothers associated with the COVID-19 pandemic. In their scoping review, Abdul-Fatah et al. (2024) summarized pandemic-related challenges from the perspectives of new mothers, finding that isolation from family and friends, a lack of community support, and impacts on their immediate family were the biggest themes. In a study by Carroll et al. (2020) involving 306 families with young children in suburban Ontario, 59% of mothers reported having lower PA levels during the pandemic, suggesting that disruptions to family routines and support networks contributed to declines in maternal PA. Further, White et al. (2023) found that pandemic-related declines in postpartum social support were associated with higher odds of depression, anxiety, and impaired maternal–infant bonding, highlighting how disruptions to support networks can further limit mothers' capacity to engage in health-promoting behaviours such as PA.

Additional systemic and cultural factors shape postpartum women's perceptions of and access to PA. According to a scoping review by May et al. (2024), Iranian women remained insufficiently active after birth across varied contexts, citing fatigue, childcare responsibilities, low self-efficacy, and limited access to acceptable facilities as key barriers. These barriers are broadly consistent with what has been found in other cultural contexts, reinforcing that the challenges facing postpartum women, while shaped by structural and social conditions, cut across diverse populations. Despite growing recognition of the psychosocial dimensions of the postpartum transition, programs and services during this period continue to prioritize primarily

infant developmental outcomes over mothers' own developmental and transitional needs (Shorey, 2021; Trinko et al., 2025).

Given the extensive challenges and barriers to new mothers' engagement in PA, which have only been intensified by systemic factors including economic hardship, the COVID-19 pandemic, and other structural inequities, the YMCA Northumberland (Ontario) developed the Mothers of Newborns (MON) program in 2017. The initiative provides a structured, accessible health and wellness program specifically for mothers within the first year postpartum. Despite the program's popularity and national recognition, there has been no peer-reviewed research that explored participants' experiences, perceptions of the program, or the ways in which the program may support maternal health and well-being. This study aims to explore the lived experiences of women enrolled in the MON program at YMCA Northumberland.

Chapter 2: Literature Review

Maternal Health and Physical Activity

Maternal health during pregnancy and postpartum can have lasting implications for infant development and broader family dynamics, as women experience various physiological, hormonal, psychological, and emotional changes as they adjust to new roles and responsibilities as mothers (Giles & Khoury, 2025; Guardino & Schetter, 2014). This period can also be marked by various health complications, including gestational diabetes, hypertension, cardiovascular disorders, and postpartum depression (Dipietro et al., 2019). For mothers of newborns, engagement in PA offers an important opportunity to enhance not only physical recovery, but also emotional regulation and identity reconstruction during a period of profound transition (Dipietro et al., 2019; Sjögren-Forss & Stjernberg, 2019).

Bulguroglu et al. (2023) investigated how women's PA levels, functional abilities, and quality of life were affected during the postpartum period, finding that PA can improve blood circulation, strengthen abdominal and spinal muscles, stimulate lactation, accelerate uterine recovery, prevent urogynecological dysfunction, and improve mental and physical conditions; however, the study also found that women's PA levels were minimal, and their functional and quality of life levels were adversely affected. Further, a systematic review of randomized controlled trials found that women who engaged in regular PA during pregnancy or postpartum experienced significantly lower rates of depressive symptoms compared to inactive women (Kołomańska-Bogucka & Mazur-Bialy, 2019); researchers concluded that both supervised and home-based exercise programs could improve mood and overall well-being, highlighting that even simple and more accessible forms of movement can protect against postpartum depression.

These findings collectively emphasize that postpartum PA supports not only physical recovery, but also psychological adaptation and resilience.

Despite these well-established benefits, postpartum women remain one of the least active demographic groups (Simpson et al., 2022). Recent survey work by Turgeon et al. (2025) with 526 primarily Canadian and American women who had given birth in the past 18 months found that only 27.4% of pregnant women and 25.3% of postpartum women were meeting the World Health Organization's recommended PA guidelines (i.e., ≥150 minutes of moderate-to-vigorous PA per week). While those who met PA guidelines during pregnancy were significantly more likely to meet them after birth (Turgeon et al., 2025), Sjögren-Forss and Stjernberg (2019) observed that even women who were active pre-pregnancy struggle to resume exercise postpartum, constrained by fatigue, caregiving demands, and reduced motivation. Another study by Evenson et al. (2009), with a sample of 667 women aged 20–24 at three months postpartum recruited from prenatal clinics in the United States, found women engaged in a median of only 1.5 hours of moderate-to-vigorous PA per week.

Barriers to Postpartum Physical Activity

The low rates and declines in PA following childbirth are often attributed to a combination of physical, emotional, environmental, and structural challenges. Studies consistently highlight that postpartum women face challenges related to competing time demands, childcare responsibilities, fatigue, social isolation, limited access to supportive resources, limited access to appropriate and affordable exercise facilities, and low motivation (Baattaiah et al., 2022; Carroll et al., 2020; Evenson et al., 2009; Saligheh et al., 2016). Importantly, these findings suggest that women's barriers to PA are not necessarily due to a lack

of awareness of PA benefits or motivation, but rather the absence of social, environmental, or structural conditions that enable mothers to prioritize their own needs.

Studies also reveal that mothers commonly experience emotional barriers to PA, including guilt and internal conflict when attempting to engage in self-care activities such as exercise. For example, Mailey and Hsu (2019) found that guilt and self-imposed expectations, rooted in social narratives around "good motherhood", which often caused mothers to frame PA as a selfish act that took time away from caregiving responsibilities, leading them to deprioritize exercise even when they recognized its benefits. Albright et al. (2015) similarly documented how competing role demands and childcare responsibilities functioned as persistent barriers to PA goal achievement among postpartum women across a 12-month intervention, with being "too busy" cited as the most frequently reported barrier across all study phases. These emotional and psychological barriers reflect broader social expectations that mothers should be constantly available to their children, leaving limited space for self-focused health behaviours.

Financial accessibility remains a significant and often overlooked factor influencing postpartum PA. For many mothers, financial limitations intersect with time and identity pressures, reinforcing feelings of guilt for spending household resources on personal activities (Marcil et al. 2020). However, even when mothers are motivated and have access to programs, the cost of membership fees, specialized classes, childcare, location or transportation can serve as substantial deterrents (Saligheh et al., 2016).

Mothers living in rural areas may face compounded barriers to PA engagement. According to Adachi-Mejia et al. (2010), environmental factors specific to rural communities, (such as limited places to be active, exercise locations far from home, heavy dependence on cars, road safety concerns, and seasonal conditions) further restrict opportunities for movement.

Andreae et al. (2024a) similarly found that rural mothers in Wisconsin described challenges in balancing multiple roles, social pressures to prioritize family needs over personal health, and geographic and social isolation from resources and support networks. Key themes included mothers delaying self-care due to time constraints, family serving as both a motivator and a barrier, and the rural environment simultaneously offering (access to green space) and limiting (distance, lack of organized programs, safety concerns) opportunities for PA. These findings underscore the importance of contextually tailored interventions that account for family responsibilities, social support, and rural environmental constraints when promoting postpartum PA.

Postpartum Physical Activity Programs and Interventions

Collectively, the above reviewed literature highlights the benefits of PA during the postpartum period, while also emphasizing that this period is often marked by many barriers to PA engagement (i.e., physical, psychological, environmental/structural), resulting in low rates of postpartum PA. This recognition has prompted a growing body of research to focus on moving beyond the benefits and barriers of postpartum PA, to explore and assess practical opportunities, initiatives, education and community programs and interventions, for mothers to meaningfully integrate PA into their lives (Lesser et al., 2023; Mailey & Hsu, 2019; Makaruk et al., 2025; Peralta et al., 2022).

Behavioural, Psychological, and Educational Approaches to Postpartum PA

While structural and social barriers to postpartum PA are well established, only a limited body of research has explored the behavioural approaches and psychological mechanisms underlying sustain maternal PA engagement. Mailey and Hsu (2019) conducted a comparative effectiveness trial, testing two behavioural interventions among 49 postpartum mothers in the

United States. While both interventions provided specific exercise prescriptions focused on planning, goal-setting, and coping strategies to overcome common barriers such as time constraints, fatigue, and guilt, one condition also offered participants general, autonomy-supportive recommendations. The autonomy-supportive group reported larger and more sustained increases in PA, as well as significant reductions in perceived barriers such as guilt and lack of time. Mailey and Hsu (2019) concluded that flexible, autonomy-supportive interventions that prioritize enjoyment and self-chosen activities may be more effective than prescriptive regimens, for sustaining engagement during the postpartum period. Overall, their findings suggest postpartum programs should allow mothers to exercise choice, experience mastery, and connect with others, underscoring that flexibility, autonomy, and social support are not incidental program features, but central mechanisms driving sustained postpartum PA engagement.

Additionally, emotional well-being, mental health, and mood regulation have been found to be deeply intertwined with postpartum PA engagement. In a comprehensive systematic review of randomized controlled trials, Kołomańska-Bogucka and Mazur-Bialy (2019) found consistent evidence that regular PA during pregnancy and the postpartum period reduced depressive symptoms and improves mood compared with inactivity, and that interventions were most effective when they were enjoyable, flexible, and socially supported. These findings suggest postpartum PA can operate as both a behavioural health strategy and a psychological coping mechanism, helping mothers regulate mood, rebuild confidence, and re-establish a sense of identity.

Educational interventions targeting postpartum health behaviours have also demonstrated meaningful benefits for maternal well-being. Bashirian et al. (2020) conducted a quasi-experimental study with 68 postpartum women in Kermanshah, Iran, testing an educational

intervention based on the BASNEF (beliefs, attitudes, subjective norms, and enabling factors) model, delivered over five sessions across four weeks. Findings indicated that the intervention significantly improved PA levels, knowledge, attitudes, and behavioral intention among participants compared to a control group, highlighting the potential of structured, theory-based educational programming to support maternal health behaviour change. Similarly, Trinko et al. (2025) piloted a six-week matrescence-informed education program delivered via Zoom with 18 new mothers in the United States, designed to enhance mothers' understanding of the emotional and social challenges associated with the transition to motherhood. Findings indicated improvements in self-compassion, mindfulness, and personal growth among participants, suggesting that educational programming addressing the psychological dimensions of new motherhood may be as important as programming targeting PA behaviour directly. Relatedly, Lesser et al. (2023) found that mothers participating in a postpartum group exercise program described gaining practical knowledge about healthy lifestyle habits, highlighting how structured programming can simultaneously support PA engagement and broader health education.

Together, these findings underscore the value of holistic approaches to postpartum PA, focused on behavioural (i.e., autonomy-supportive) and psychological (i.e., enjoyable, socially supported) factors, while also including education-informed approaches, are most beneficial to postpartum PA engagement and well-being.

Community-Based Postpartum Programs

Social and community connection are critical factors influencing maternal health behaviours and emotional adjustment (Peralta et al., 2022; White et al., 2023), and a number of postpartum community-based PA programs have focused in these areas. Definitions of community-based programs vary across the literature; however, researchers have broadly

characterized them as structured initiatives delivered in community settings outside of formal health facilities (Perry et al., 2015). For the purpose of this review, in line with Perry and colleagues' definition, community-based programs encompass group-based and peer-supported initiatives embedded in local community infrastructure, designed to reduce barriers to participation and support maternal health behaviours.

In one initiative, Andreae et al. (2024b) developed and piloted a family-centered lifestyle change program for rural-dwelling mothers at risk for type 2 diabetes and their children in Wisconsin. In a first phase conducted in 2021, semi-structured interviews with 17 mothers were used to inform program design, identifying barriers, motivators, and leverage points around family-based physical activity. The resulting program consisted of 8 group sessions incorporating PA, healthy eating, and family connection. In a subsequent pretest phase conducted in 2022, five mothers completed program activities with their families over three weeks and provided feedback via semi-structured interviews. Pretest results indicated the program was generally acceptable and feasible, with participants appreciating the adaptability of activities to daily routines and the emotional connections fostered through family-based activity. Notably, mothers identified the tendency to prioritize family health over their own as a key challenge, and valued strategies that helped balance family time with self-care. While this study focused on diabetes prevention rather than postpartum PA specifically, it provides relevant insight into how family-centered, group-based program designs can support mothers in rural communities.

Another study by Peralta et al. (2022) explored mothers' experiences in range of existing group-based PA programs in Australia, recruiting 32 mothers aged 27-42 years whose youngest child ranged from 6 weeks to 5 years. Using semi-structured interviews and inductive thematic

analysis, the study explored what characteristics and engagement factors sustained these mothers' participation in PA over time. Mothers highlighted the importance of child-inclusive, welcoming environments, social connection with peers, and flexible, convenient program structures. Further, programs that emphasized body-positive, functional exercise rather than appearance, provided affordable and accessible options, and fostered a sense of community, were particularly valued. These programs not only facilitated PA, but also provided social and psychological benefits, helping mothers maintain long-term engagement despite common postpartum barriers.

Lesser et al. (2023) conducted a qualitative study examining postpartum women's experiences with a group-based exercise program. The qualitative component was embedded within a larger intervention study, "Moms on the Move" (Hatfield et al., 2022), with 17 of the 21 enrolled mothers completing semi-structured interviews before, after, and six months following the program. Participants averaged 31 years of age with infants averaging 6 months at the start of programming, and participated in the 8-week, twice-weekly outdoor exercise intervention using the Les Mills TONE™ program in British Columbia, Canada (Hatfield et al., 2022). Classes were designed to accommodate varying fitness levels and allowed mothers to include their infants, addressing common barriers such as childcare or lack of opportunity. Post-program, mothers reported improved physical confidence, mental health, and motivation, feeling stronger, more capable, and better able to integrate activity into daily life. Mothers valued the supportive group environment, social connection, structured routines, flexible intensity, and opportunities for peer engagement, all of which promoted adherence and enhanced both physical and psychological well-being.

Finally, Makaruk et al. (2025) qualitatively examined the psychosocial experiences of 10 women in Poland who had completed the "Conscious 9 Months" program, a pre-existing tailored prenatal exercise program with twice-weekly sessions of 60-90 minutes, offered in small groups of 6-8 participants. Using semi-structured interviews and thematic analysis, findings highlighted three interconnected domains of programme experience: psychosocial, physical, and psychoeducational. In the psychosocial domain, which was identified as most crucial by participants, women described the group as a "circle of women" and a therapeutic space, where shared experience reduced isolation, fostered belonging, and provided emotional support. Lasting friendships and sustained lifestyle changes extending well beyond the programme were also reported. While this study focused on prenatal rather than postpartum PA and examined an existing program retrospectively rather than designing a new intervention, its qualitative design and focus on lived experience make it particularly relevant to the present study. Collectively, studies of community-based programs highlight the value of mother-centred, child-inclusive, affordable/accessible programming focused on body-positive, flexible, socially focused PA.

Theoretical Frameworks, Purpose, and Objectives

Collectively, the above reviewed studies highlight that the benefits of PA for postpartum mothers extend beyond physical recovery, offering a psychological pathway toward restored emotional balance, agency, and connection. Yet mothers face persistent physical, psychological, structural, and environmental barriers to PA engagement. Existing research has examined barriers to postpartum PA, tested behavioural interventions, and explored mothers' experiences in structured group-based programs, demonstrating the value of autonomy-supportive, socially connected, and education-focused programming. However, most of these studies have focused on designed interventions, approaches, or educational programs rather than existing community

programs, and few have centred mothers themselves as the primary beneficiaries rather than as facilitators of infant outcomes (Shorey, 2021). Qualitative accounts of mothers' lived experiences within community-based programs remain limited; collectively, these studies have emphasized the importance of mother-centred, child-inclusive, affordable/accessible programming focused on body-positive, flexible, socially focused PA (Andreae et al., 2024b; Lesser et al., 2023; Peralta et al., 2022). Notably, this study is distinct from existing postpartum PA research as it examines mothers' lived experiences, within a large-scale nationally recognized evidence-informed community-based program, explicitly centering on mothers' well-being and holistic adjustment during their first year postpartum.

Theoretical Frameworks

Drawing broadly upon the extensive research highlighting the value of new mothers' relatedness, competence/confidence, autonomy, identity, and wellness, in addition to the value of PA engagement, this study was guided by Self-Determination Theory (Deci & Ryan, 1985) and Becoming a Mother Theory (Mercer, 2004).

Self-Determination Theory (SDT)

Self-Determination Theory (SDT) (Deci & Ryan, 1985) proposes that human motivation and well-being are optimized when three fundamental psychological needs: autonomy, competence, and relatedness are satisfied. Specifically, autonomy involves feeling that one's actions are self-endorsed and internally motivated; competence refers to a sense of mastery and capability in managing challenges; and relatedness reflects a sense of belonging and connection with others (Deci & Ryan, 1985). In the context of postpartum women, SDT helps explain why many mothers struggle to engage in and sustain PA: mothers often experience limited autonomy (feeling compelled to prioritize childcare over personal goals), reduced competence (doubts

about their abilities in parenting or physical recovery), and diminished relatedness (social isolation or weak support networks) (Brenning & Soenens, 2017). These frustrations not only directly undermine motivation for exercise but can also increase postpartum depressive symptoms, further decreasing the likelihood of sustained PA. Programs that are autonomy-supportive, socially connected, and focused on building competence/confidence therefore have the potential to restore these psychological needs and sustain engagement (Mailey & Hsu, 2019). The YMCA MON program promotes these principles, outlining that through the program, "moms can discover health, wellness, and a supportive community" (YMCA Northumberland, 2026).

Becoming a Mother (BAM) Theory

Becoming a Mother (BAM) Theory (Mercer, 2004) conceptualizes the transition to motherhood as an evolving psychosocial process encompassing identity formation, adaptation, and confidence building. According to Mercer, mothers move through four overlapping stages: commitment, attachment to the infant, identity realization, and confidence in the maternal role. These stages reflect how women internalize and integrate their new maternal identity within a broader sense of self. Specifically, mothers' processes of psychological and social adaptation include the renegotiation of identity, integration of new responsibilities, and adjustment to changing relationships and routines. Participation in PA, especially within supportive social contexts, may enable mothers to reclaim aspects of pre-motherhood identity, while constructing new ones rooted in competence and connection. Past work (Andreae et al., 2024a; Lesser et al., 2023; Mailey & Hsu, 2019; Makaruk et al., 2025; Peralta et al., 2022) has highlighted that structured community programs can serve as transitional spaces that restore mothers' confidence and foster belonging. Through the BAM lens, engagement in the MON program can be seen as

both a behavioural and identity process, helping mothers rebuild confidence, reassert autonomy, and strengthen their sense of self within their new maternal role.

Integrating SDT and BAM: A Complementary Lens

Together, SDT (Deci & Ryan, 1985) and BAM (Mercer, 2004) provide complementary lenses to understand motivational, identity-based, and social dimensions of the postpartum and maternal experience. Integrating these theories as guiding frameworks within this study allows for the exploration of both why mothers are motivated to participate in PA, and how this engagement contributes to their evolving identities. This dual-framework approach provides a cohesive theoretical foundation for understanding the lived experiences of mothers enrolled in the MON program, and how participation may support mothers' psychological well-being and holistic adjustment during the postpartum transition, through underlying processes of rebuilding confidence, facilitating peer support, and redefining their maternal roles through wellness activities. Therefore, the integration of these frameworks informs the research focus on identity reclamation, social support, and the practical facilitation of PA in postpartum women.

Purpose and Specific Objectives

Guided by SDT (Deci & Ryan, 1985) and BAM (Mercer, 2004), the purpose of this study was to explore the lived experiences of mothers enrolled in the YMCA Northumberland MON program. Specific objectives included: (a) examining how the MON program may support mothers in reclaiming aspects of their identity beyond caregiving; (b) investigating how the program may foster social connections and community among postpartum women; and (c) understanding how MON may influence mothers' engagement with PA.

Chapter 3: Methodology

Research Design

This study drew upon a qualitative, phenomenological-informed approach to explore the lived experiences of mothers enrolled in the YMCA Northumberland MON program. A phenomenological orientation was adopted to centre participants' subjective experiences and meaning-making, consistent with qualitative inquiry that seeks to understand how individuals perceive and construct meaning around lived experiences (Creswell & Poth, 2018). Data were analyzed using reflexive thematic analysis (Braun & Clarke, 2006, 2019), which allowed for the identification of shared patterns of meaning across participants' accounts while remaining grounded in the experiential focus of the study.

Research Context

YMCA Northumberland

This study was conducted in partnership with YMCA Northumberland, which is located in Northumberland County, Ontario (see Appendix A - Letter of Support). YMCA Northumberland operates multiple facilities across the county, providing fitness and recreation services and programming. The MON program is embedded in a broader network of YMCA Northumberland facilities that, as of 2024, serve over 7,000 members across three primary sites: Cobourg (~4,350 members), Campbellford (~2,300 members), and Brighton (~600 members) (YMCA Northumberland, 2024). YMCA Northumberland also maintains the largest licensed childcare network in the county, with a total of 850+ licensed childcare spaces across 25 programs (YMCA Northumberland, 2024), and houses five EarlyON Child and Family Centres and one Outreach program, operated by Ontario's Ministry of Education, supporting free high-quality play-based learning environments for children under 6 years of age (Ontario Ministry of

Education, n.d.). Collectively, YMCA Northumberland's infrastructure offered a context of high-quality facilities, childcare support, and integrated community services, situating the MON program within an environment with potential to address the multifaceted challenges of early motherhood.

Mothers of Newborn (MON) Program

The MON program, launched in 2017, is a community-based health and wellness initiative designed to support mothers during the critical first year postpartum (YMCA Northumberland, 2026) (see Appendix B – Promotional Brochure). The program has three specific objectives: (a) to provide new mothers with a clear, easy, and safe path to PA, with targeted programming tailored to postpartum needs; (b) to create a network of support for new mothers, fostering a sense of belonging and connection; and (c) to engage new mothers in relevant educational opportunities focused on the development of healthy lifestyle habits. Any mother of a newborn residing in Northumberland County may enroll in MON within the first year postpartum, with approximately 300–350 mothers participating in the program each year (YMCA Northumberland, 2026). Further growth is anticipated in 2026 with the addition of the program in Campbellford (S. Kelly, personal communication, February 24, 2025). The MON program has been recognized nationally for its innovation, receiving the YMCA Canada Program Innovation Award in 2019. Given its sustained high participation rates, community integration, national recognition, and planned expansion, the MON program provides a compelling and appropriate context for qualitative research into the lived experiences of postpartum mothers.

The MON program provides mothers with a comprehensive and flexible approach to wellness (S. Kelly, personal communication, June 10, 2025). Each participant receives a free

individual all-access YMCA membership, which allows them to attend adult group fitness programs, use indoor swimming pools, aquatics, and hot tubs, access training equipment, and participate in recreation programs and fitness classes specifically designed for mothers and babies. Additionally, the program offers up to 10 hours of free child-minding, giving mothers the opportunity to engage in other YMCA programming while their infants are safely cared for.

Classes and programs within MON are tailored to meet the specific needs of postpartum mothers and are offered for mothers alone and for mothers with their babies (YMCA Northumberland, 2026). Most classes are drop-in, providing flexibility for mothers with variable schedules (S. Kelly, personal communication, June 10, 2025). Examples of classes for mothers alone include CycleFit, Gravity, Yoga, Gentle Yoga, Muscle Fit, and Shape and Tone; examples of mother-and-baby classes include Mom and Baby Yoga, Baby Water Bootcamp, Music and Muscle, Gravity for Moms, Mom and Baby Circuit, and Mom and Baby Tabata (YMCA Northumberland, 2026). Each class is intentionally structured to accommodate postpartum recovery, support mothers' gradual re-engagement in PA, and, for mother-and-baby sessions, encourage early parent-child interaction (S. Kelly, personal communication, June 10, 2025). Additional programs provide social opportunities, educational resources, and peer support, fostering community connections and helping mothers build a sense of belonging (S. Kelly, personal communication, June 10, 2025).

Data Collection

Ethics and Recruitment

Following ethical approval through the York University Research Ethics Board, and with partnered support from YMCA Northumberland, convenience sampling was used to recruit participants with direct experience of the MON program within the past two years (i.e., 2023–

2025) (Etikan et al., 2016). Recruitment occurred via the MON Facebook page (~1,239 members, representing a large percentage of mothers enrolled in the program over the past three years) and through the Program Coordinator (see Appendix C). Additionally, recruitment was supplemented through referrals from enrolled mothers, reflecting a snowball sampling element (Creswell & Poth, 2018). Participants who expressed interest were provided an information letter outlining the study purpose, procedures, and ethical considerations, and provided informed consent (see Appendix D) prior to scheduling interviews. Ten mothers initially expressed interest; of these, two did not follow up after initial contact, and one withdrew after learning the interview would involve a one-hour Zoom call rather than a brief online survey – a reflection of the real and practical constraints many postpartum mothers face in accessing research participation. The final sample of seven mothers self-selected by responding to program communications, with eligibility requiring current or recent enrollment in the MON program within the past two years. Data saturation was approached across the seven interviews, with consistent patterns emerging across participants' accounts and no substantially new themes arising in later interviews, supporting the sufficiency of the sample for the purposes of this qualitative inquiry (Braun & Clarke, 2006; Creswell & Poth, 2018).

Interview Procedure

Data were collected through individual virtual interviews conducted between May and September 2025, using Zoom to accommodate participants' schedules and caregiving responsibilities. Prior to beginning each interview, participants were given the opportunity to ask any questions regarding the consent form and/or process, and again verbally assured of confidentiality, voluntary participation, and the ability to skip any questions in the interview or withdraw from the study at any time without consequence.

Interviews drew upon a semi-structured interview guide (see Appendix E – Interview Guide) informed by postpartum health and PA literature and the study's theoretical frameworks, SDT (Deci & Ryan, 1985) and BAM (Mercer, 2004). Specific areas of focus within the interview guide included exploring participants' (a) experiences in the MON program (e.g., "How would you describe your overall experience in the MON program?"); (b) experiences of belonging, connection, and support during the postpartum period (e.g., "What role, if any, did the MON program play in your sense of belonging or connection to other new mothers?"); (c) experiences related to PA and healthy lifestyle habits postpartum (e.g., "Did the MON program change how you felt about being physically active?"); (d) experiences of well-being, identity and adjustment to motherhood (e.g., "Can you describe what your overall experience was navigating motherhood in your child's first year?"); and (e) reflections on program strengths, limitations, and opportunities for improvement (e.g., "Looking back on the program as a whole, is there anything you would change to better meet your needs?"). Interviews were approximately 30 to 60 minutes in duration. All interviews were audio-recorded using Zoom's recording function and transcribed verbatim; transcripts were reviewed for accuracy prior to analysis.

Data Analysis

Data were analyzed using reflexive thematic analysis, following Braun and Clarke's (2006, 2019) six-phase approach: familiarization with the data, generation of initial codes, development of candidate themes, review and refinement of themes, definition and naming of themes, and production of the final analytic narrative. Although the study was informed by a phenomenological approach to lived experience, reflexive thematic analysis was selected as the analytic method because the study aimed to identify shared patterns of meaning across participants' accounts, rather than produce idiographic accounts of individual experience. This

approach also allowed for the use of Self-Determination Theory (Deci & Ryan, 1985) and Becoming a Mother Theory (Mercer, 2004) as sensitizing frameworks to support interpretation.

Analysis began with repeated reading of interview transcripts to develop familiarity with the data. Initial codes were generated to capture meaningful features of participants' experiences. Codes were then examined and grouped into broader patterns, which were refined into themes representing shared meanings across participants. SDT and BAM informed interpretation while allowing themes to be constructed inductively from participants' accounts. Themes were refined through iterative review and discussion with the research supervisor to enhance analytic rigour and credibility.

Chapter 4: Results and Discussion

Seven mothers ranging in age from 31 to 42 years (Mage ≈ 35 years) participated in the study. All participants resided in Northumberland County, Ontario, including the communities of Cobourg, Port Hope, Baltimore, Grafton, Castleton, and Camborne. All participants were married, identified as women, and most (n = 6) described their ethnicity as White, with one (n = *1*) identifying as Latina. Four mothers had one child (two of whom were pregnant with their second child), and three mothers had two children (including one mother of twins). Of the three mothers with two children, two had participated in the MON program during more than one postpartum period, while one had enrolled during their second postpartum period only. At the time of data collection, four participants were currently enrolled in the MON program, while three had recently completed their participation. The ages of participating mothers' child(ren) ranged from four months to five years at the time of data collection. Table 1 presents participants' detailed demographic information.

Table 1: Participants' Demographic Information

Participant ID	Age (years)	Location in Ontario	# of Children	Child(ren) Age(s)	Child(ren) Gender(s)	Ethnicity	Marital Status	Years Attended MON
MON_01	37	Grafton	1	2 years	Boy	White	Married	2023 – 2024
MON_02	34	Castleton	2	5 years, 2 years	Boy, Girl	White	Married	2023 – 2024
MON_03	34	Port Hope	2 (twins)	4 months	Boy, Girl	Latina	Married	2025 (present)
MON_04	31	Baltimore	1	10 months	Boy	White	Married	2024 – present
MON_05	35	Camborne	2	2.5 years, 10 months	Girl, Boy	White	Married	2023, present
MON_06	42	Port Hope	2	2.5 years, 7 months	Girl, Boy	White	Married	2023 – present
MON_07	33	Cobourg	1	2 years	Boy	White	Married	2023 – 2024

Guided by the study's purpose - to explore the lived experiences of mothers enrolled in the YMCA Northumberland MON program, through the lens of BAM (Mercer, 2004) and SDT (Deci & Ryan, 1985), findings emerged in four key themes (closely aligned with the three specific objectives): (a) reclaiming identity by prioritizing the self beyond caregiving; (b) building community through connection, support, and belonging; (c) (re-)integrating physical activity into postpartum life; and (d) designing mother-centred programming. Table 2 presents a summary of the results, outlining the four key themes and aligning subthemes. Across interviews, mothers described the YMCA MON program as more than a postpartum fitness class; it functioned as a structured support environment that shaped how participants experienced early motherhood- supporting their identity renegotiation, reducing their isolation through peer connection, and offering an accessible pathway back into PA during a period, often defined by unpredictability and reduced personal resources. In order to optimally contextualize findings within existing literature and guiding frameworks, the results and discussion sections are integrated, followed by a general discussion.

Table 2: Summary of Results: Themes and Subthemes

Theme #	Theme	Subtheme
1	Reclaiming Identity by Prioritizing the Self Beyond Caregiving	1. Navigating the Expectations Realities, and Self-Judgments of Motherhood 2. Rediscovering Identity Through Care for Self 3. Supporting Emotional Well-Being and Mental Health 4. Reclaiming Control and Building Confidence Through PA
2	Building Community Through Connection, Support, and Belonging	1. Reducing Isolation Through Shared Experiences 2. Facilitating Connection Through a Supportive Judgment-Free Space 3. Building Connections in New Communities 4. Creating Friendships that Extend Beyond the Program

3	(Re-)Integrating Physical Activity into Postpartum Life	1. Accommodating (Re-)Integration of PA 2. Re-Defining PA Goals 3. (Re-)Building PA Competence
4	Designing Mother-Centred Programming	1. Removing Financial Barriers 2. Including Infants in PA Programming 3. Child-Minding as an Option to Support Transitions 4. Fostering Healthy Routines for the Family Unit

Theme 1: Reclaiming Identity by Prioritizing the Self Beyond Caregiving

The first theme that emerged related to participants' reclaiming of their identity, particularly through the prioritization of themselves, beyond their caregiving roles. This process involved four subthemes: (a) navigating the expectations and realities of motherhood, (b) rediscovering identity through care or self, (c) supporting emotional well-being and mental health, and (d) reclaiming control and building confidence through PA.

1.1 - Navigating the Expectations Realities, and Self-Judgments of Motherhood

All participants reflected on the tensions between their anticipations and expectations of motherhood and their lived experiences of postpartum life. Specifically, many women struggled with their simultaneous emotions related to (anticipated/expected) instinctive joys and fulfillment of motherhood, alongside harsher realities of exhaustion, uncertainty, and emotional strain. As one mother explained, "It's been obviously a very fulfilling experience. […] It's been harder than I imagined in many ways" (MON_03). Another mother described her challenges as follows:

> Ups and downs. I think that my overall [experience] was like, "It's one-hundred days of hell!", and, like, no one helped with that for the first hundred days […] It was tough, and it was just jarring, like figuring everything out. I think I thought everything would come naturally. (MON_01)

Further, women spoke about their own self-judgement, and heightened vulnerability to feeling "not good enough," particularly when their mothering and caregiving experiences didn't match cultural ideals of ease or competence. As one mother described:

> I would say the first six months of having him was emotional turmoil. Some great highs -. "I think this is beautiful! We're doing great!" To some really bad lows of like, "I am absolutely trash, I am not doing a good job, and what did I do?" […] I would say after, like, the first six months, I started kind of feeling more confident […] but honestly, the first year was really hard. (MON_07)

From an SDT (Deci & Ryan, 1985) perspective, these accounts reflect how early motherhood challenged participants' sense of competence and autonomy, when mothers experience strong "shoulds" and uncertainty about what is expected or "enough", resulting self-judgment. This pattern is consistent with evidence that postpartum women often experience guilt and internal conflict when attempting self-care behaviours, particularly under social narratives of "good motherhood" (Mailey & Hsu, 2019; Albright et al., 2015). Within BAM, these accounts capture the emotional and identity work of becoming a mother, as participants described fluctuating confidence and a gradual recalibration of expectations over time (Mercer, 2004).

1.2 - Rediscovering Identity Through Care for Self

As participants navigated the realities of motherhood, they repeatedly described feeling a loss of their pre-motherhood identities, particularly their social selves, active selves, and independent selves. As one participant explained:

> I'm a very social person, and I like to be active. But what I found was really, those two things were really, really hard, right? They were hard to do. And I was like - you forget how to do everything once you throw yourself into motherhood. (MON_05)

MON was described as an accessible entry point back into those parts of self - not by removing caregiving responsibilities but by making space for the mother within them. One mother described the value of reconnecting with familiar interests:

> That's an important thing for anyone […] their life changes so drastically, when you have a child, you lose yourself and so the opportunity to find myself in things that I've always enjoyed, like a specific activity, and make friends along the way - was incredibly valuable. (MON_02)

For some, this meant explicitly learning to give themselves permission to put their own needs first, without guilt. Rather than framing self-care as selfish, mothers described learning to re-frame it as beneficial, both personally and relationally. This was a meaningful identity shift as self-care became something mothers were allowed to do, and something they came to see as part of being a "good mother," not in conflict with it. As one mother explained, "It has taught me that like, it's okay to like, put myself first in this situation of like attending the program, knowing it's going to benefit me" (MON_04). Another explained,

> Even just, kind of being able to dedicate that a little bit of time to yourself, even if you're bringing baby along, you're still getting a chance to do that little bit for yourself […] like forcing me to get out of the house, helping, like, for me to take care of my own body and not just put my kid first all the time. (MON_06)

Further, many mothers highlighted the importance of explicitly carving out spaces to reconnect with their interests, goals, and routines outside of caregiving - allowing them to reassert their individuality and maintain a sense of self alongside their maternal identity. As one mother outlined,

> When I take the time to do things for myself, it makes me a better mom, a calmer mom, a happier mom, and more fun. And so even though it feels like you're doing something selfishly, it's really benefitting your whole family and really your whole community, right? Because then I get to come back to work, and I get to be the best version of myself. (MON_01)

This process of self-reclamation reflects BAM's (Mercer, 2004) framing of identity as actively reconstructed through experience, as mothers described integrating motherhood with enduring values and identities rather than replacing them (Mercer, 2004). Mothers' engagement in self-endorsed meaningful behaviours, rather than behaviours driven by external pressure or guilt can also be interpreted through SDT (Deci & Ryan), whereby participants reframed movement as a form of autonomous supportive self-care. This findings aligns with previous postpartum intervention research showing autonomy-supportive approaches can reduce barriers such as guilt, and support sustained postpartum PA (Mailey & Hsu, 2019).

1.3 – Supporting Emotional Well-Being and Mental Health

A few mothers spoke of their experiences with postpartum depression, and several mothers suggested they experienced the program as protective for their mental health. For example, one participant emphasized how she did not initially recognize her postpartum distress: "I also learned that I was suffering from postpartum rage, which I didn't know was a thing. Postpartum depressions appears in all sorts of forms […] I really lost myself" (MON_07); however, in turn she spoke of how the program helped her work through these emotional states. Several participants explicitly connected their involvement in the program with improved mood and reduced risk of postpartum depression and/or distress, as the program created a reason to leave the house, move their bodies, and be around supportive others.

> I do believe this program helped me from like going into like a deep postpartum depression. […] It's a nice way just to like to expose yourself and push yourself to get out there as you're going through like all these hormonal changes. (MON_04)

> I think a lot of people certainly, as we're starting to be a little more cognizant about the postpartum period, and it's still really being a period where there's so much upheaval in a woman's in a woman's life just physically and mentally, all of it - that having something like this that can support, even just the physical aspect of it with the mental health benefits that tag along. (MON_06)

Across accounts, mental health benefits were described as central rather than secondary. Even when mothers attended for fitness, they often interpreted the primary outcomes as emotional regulation, stress reduction, and feeling more like themselves. These accounts align with evidence that postpartum mental health is shaped by social and structural conditions, including access to support networks and opportunities for connection, which can influence mothers' capacity to engage in health-promoting behaviours (Abdul-Fatah et al., 2024; White et al., 2023; Varin et al., 2020). Accounts also align with broader findings that PA during the postpartum period is associated with lower depressive symptoms and improved mood, particularly when programs are accessible and supported (Kołomańska-Bogucka & Mazur-Bialy, 2019).

1.4 - Reclaiming Control and Building Confidence Through PA

Several mothers described how the PA component of the MON program helped them regain a sense of control, which in turn built their postpartum confidence more broadly. As outlined above (theme 1.1), early postpartum life was often characterized by unpredictability, a sense of loss of control and self-doubt. As one participant explained,

> I [am used to] controlling everything. […] So I think not realizing and fully appreciating […] that completely goes away when you have a little one. You can't control them, especially if they don't talk to you, you have no idea what they need […] which is a reality, and you can't control any of that. (MON_07)

However, participants outlined how the PA component of the MON program offered elements of structure, opportunities for autonomy, and reassurance that progress was possible. Importantly, competence was not framed as "bouncing back," but as attainable steps and recalibrated expectations. As one participant explained:

> You feel like there's this mountain ahead of you to get back to where you were. You feel like, I'm not broken, but almost. Like, you feel like, you know, it's not attainable, and so what's nice about the Y program is that it just felt like small, little attainable steps, and I think that they were also receptive to that. (MON_01)

Participants also reflected on how their enhanced sense of control led to increased confidence:

> And so for me, it really kind of gave me that courage to go back into that space and feel like I deserve to be there just like everybody else […] Being able to get out of the house and to be active was just a good confidence booster and a mood elevator. (MON_02)

Findings within this theme suggest the MON program allowed mothers to experience progress and capability in a safe, gradual way. This is in alignment with BAM (Mercer, 2004) where maternal identity is continually refined through experiences of competence and successful problem-solving. As well, SDT (Deci & Ryan, 1985) emphasizes the importance of perceived competence in fostering intrinsic motivation and sustained engagement in self-directed behaviors.

In sum, the MON program created a socially legitimate space for mothers to adjust back toward 'themselves' alongside caregiving. Participants described participation as necessary for emotional stability, confidence, and identity during the postpartum period, rather than "extra" or indulgent. This characterization suggests the program facilitated PA and self-care, despite typically identified barriers by postpartum women (e.g., fatigue, time demands, childcare responsibilities, and reduced support), even when they recognize potential benefits (Evenson et al., 2009; Saligheh et al., 2016; Sjögren-Forss & Stjernberg, 2019). In alignment with Mercer's (2004) BAM framework, participants' narratives reflect ongoing identity reconstruction as mothers integrated caregiving into a broader self-concept. SDT (Deci & Ryan, 1985) further clarifies how well-being was supported when mothers experienced autonomy (choice and permission to engage), competence (feeling capable again), and relatedness (feeling understood and not alone), which are core conditions associated with sustained motivation and adjustment (Deci & Ryan, 1985; Brenning & Soenens, 2017).

Theme 2: Building Community Through Connection, Support, and Belonging

A second dominant theme across accounts related to the MON program's role in building community through connection, support, and a sense of belonging. This theme involved four subthemes: (a) reducing isolation through shared experiences, (b) facilitating connection through a supportive judgment-free space, (c) building connections in new communities, and (d) creating friendships that extend beyond the program.

2.1 - Reducing Isolation Through Shared Experiences

Participants described the first year after childbirth as emotionally intense and uniquely vulnerable, with isolation emerging as a common feature of their postpartum experience.

Mothers discussed feeling disconnected from pre-existing social networks, particularly when friends were in different life stages or living in different communities. As one mother explained,

> Becoming the mom is so isolating, no matter what stage of journey in your life, whether you are a young mom in high school or a more experienced seasoned mom, your friends are always in different phases of their lives, and you may even be in a different community. (MON_07)

However, mothers consistently highlighted how the MON program had mitigated these feelings: "It really reduced that isolation, and it proved a great sense of connection for us […] that first year is so incredibly difficult and emotional, that I think that moms really need that community" (MON_02).

Importantly, participants framed this isolation as persisting even when practical supports were available. Several mothers described feeling alone in a way that was not fully alleviated by having family nearby, because what felt missing was a community of peers living through the same daily challenges: "So despite having family that live close by and that are helping, it was just very, very isolating without a community of people who are doing the same thing as you are right now" (MON_05). As such, mothers specifically highlighted the importance and value of sharing experience during similar times of their postpartum journeys with other mothers. Participants described belonging as emerging through normalization – whereby hearing their worries, stressors, and milestones were shared by others, brought them closer to other mothers. As one mother described,

> Relating to people who were like - who are having the same sort of difficulties, or being able to talk to somebody about, you know, starting solids or when they were walking or crawling - all those milestones. It was just, like, so much nicer to have somebody just sort

> of like commiserate with you, or just like – who can relate to those moments - and finding a community of people - of moms specifically, who were dealing with all sorts of similarities as you were. (MON_05)

Another also emphasized,

> It helps you realize that the things you're going through are normal and whatever stress you may be feeling, it kind of like settles a little bit when you realize that most have the same concerns or the same issues or the same difficulties. (MON_04)

These experiences suggest that the MON program provided mothers with forms of peer support and normalization that were not consistently available through family-based practical support alone, and that this peer context supported relatedness and emotional adjustment during a vulnerable period (Deci & Ryan, 1985; White et al., 2023). This is consistent with postpartum PA research showing that group-based, socially supportive programs can reduce isolation, strengthen motivation, and enhance psychological well-being alongside physical activity participation (Lesser et al., 2023; Makaruk et al., 2025; Peralta et al., 2022).

2.2 - Facilitating Connection Through a Supportive Judgment-Free Space

Participants emphasized that MON did not simply bring mothers into the same room; it created the conditions for connection to feel possible. Mothers described the program as a space where they could show up without fear of judgement because others were all navigating the same difficult and unpredictable experiences.

> So we all understand any given day where we're having a class, somebody's baby is going to be melting down - like, we all take turns. They all do it on us, so it's nice to know you can go and not worry about what's everybody going to think or how everybody is going to

> react if my baby has a tantrum or he's having a rough day or anything like that. It's just a very accepting environment. (MON_06)

Participants suggested that this accepting environment supported their emotional regulation and confidence by offering reassurance, perspective, and shared problem-solving. Mothers described receiving feedback and alternatives in a way that helped them interpret their experiences as manageable and normal:

> For me, the benefit of that program was it gave me that connection to people that I can have a shared experience with, and that stark difference of knowing, like, "Okay, I'm doing good, or okay". Or like, "here's how I can also maybe tackle it this way", or "I should look at a different approach." (MON_07).

The shared conditions of the MON program created an environment where mothers felt they could show up authentically. From an SDT perspective, this quality of acceptance supported mothers' need for relatedness and understanding in a meaningful way, as they were navigating an unpredictable and emotionally demanding experience together (Deci & Ryan, 1985). Within BAM, being surrounded by peers at the same stage of the postpartum journey offered relational perspectives through which mothers could normalize their experiences and gradually build confidence in their emerging maternal role (Mercer, 2004).

2.3 – Building Connections in New Communities

For many participants, becoming a mother coincided with other life transitions, including relocating communities. This additional experience of transition often intensified mothers' sense of isolation, given their limited local established social networks and/or familiarity and access to local informal supports. Mothers explained:

> I didn’t know anyone. I had no friends, and now I was going to have a kid, like, “I'm more isolated!” So my Mothers of Newborn program introduced me to other people I would have probably never met in my entire life. (MON_07)
>
> I am not originally from the area, and I don't work in the area. […] Any of the connections I had down here were people that my husband knew […] not necessarily a lot of moms or people who were having babies at the same time or anything like that. So the program was really nice to just kind of make those connections for people who are at a similar stage in life and going through similar experiences and even just people who are able to kind of give me a bit more insight into what was available in the area. (MON_06)

These finding are in line with past research showing that for many mothers, the postpartum period coincides with other significant life transitions, including relocation, shifts in employment, and changes in social networks, a common pattern that can intensify feelings of isolation and limit access to established support (Trinko et al., 2025). Past research has also highlighted how geography and limited community infrastructure can compound barriers for mothers, particularly outside urban centres where distance, fewer programs, and reduced opportunities for incidental connection can contribute to isolation and reduced health behaviour engagement (Adachi-Mejia et al., 2010; Andreae et al., 2024a). In SDT terms, the program functioned as an immediate “entry point” to relatedness in a new context; within BAM, it offered a relational setting through which identity and confidence could develop while mothers adapted to both motherhood and a new community (Deci & Ryan, 1985; Mercer, 2004).

2.4 – Creating Friendships that Extend Beyond the Program

Finally, mothers described how the connections of MON resulted in deep and enduring friendships, which extended beyond the program. Mothers explained how friendships built

through this program were a result of being able to be authentic and always feeling supported. As one mother explained, “Really, this, mothers’ newborn program was kind of our lifeline. That's where we accessed support and made friends on those tough times. And most crying mornings and things like that - that became the group we really went to” (MON_02). Another mother outlined,

> I created my lifelong friendships. […] One mom would text me at all hours of the night because our babies were both up. It was nice to know I wasn’t the only one - that someone else was living that same experience right then. (MON_07)

Mothers also discussed how their initial connections with the program led them to plan other routines and activities together, alongside shared playdates: “It’s been a place for introductions to meet new moms and then, like, from there, actually outside the program, being able to set up playdates and hang out. So it’s been a nice initial connecting point” (MON_04). Further, mothers discussed how these routines and friendships endured, even after they transitioned out of the program. One mother explained,

> It's allowed myself – my friend group, to make plans to do things that are physically active. And so while we're no longer part of the program, we try to attend like free swims at the YMCA together with our children. We try to go to the hiking areas that we used to go to and things like that. So it's highlighted for me, like how important it actually was.

Another outlined:

> One of the moms that I met there […] I didn't really know her before […] Our two are in daycare together, and my little guy just went to her birthday party. It was really nice. My husband actually teared up as we left the birthday party to see, like, the friendship between

> our little guy and her daughter, and they would like, swim around in their little boats in the Mothers of Newborn. It's so sweet. (MON_01)

Participants described sustaining friendships, organizing playdates, and continuing shared activity with other mothers, suggesting that MON served as an initial "connecting point" that supported ongoing community engagement. This aligns with evidence that group-based postpartum programs can create durable social support and accountability, reinforcing ongoing participation in activity and well-being practices after formal programming ends (Peralta et al., 2022; Lesser et al., 2023). From an SDT lens, this reflects sustained relatedness and internalization of health-supportive routines, while also reinforcing competence through shared problem-solving and normalization (Deci & Ryan, 1985). Within BAM, these relationships represent a relational pathway through which maternal identity and confidence continue to evolve through stability, shared meaning-making, and expanding participation in community life (Mercer, 2004).

In sum, the MON program reduced isolation and fostered community through mothers' shared experiences throughout the first year postpartum. Participants described how connections with program participants were distinct from family or partner support, because their MON peers offered shared understanding of postpartum experiences and day-to-day challenges. This emphasis aligns with evidence that postpartum isolation and reduced support networks are common and have been amplified by broader systemic disruptions (e.g., COVID-19 restrictions), with documented links to maternal mental health challenges (Abdul-Fatah et al., 2024; White et al., 2023). Relatedly, the MON fostered connection by offering a judgment-free space and proved particularly beneficial to mothers who were experiencing multiple transitions, including moving to a new community. Friendships emerging from the program were authentic, deep

rooted, and enduring, persisting through shared experiences and support beyond the duration of the program. Consistent with SDT, these experiences reflect relatedness need satisfaction (feeling understood, accepted, and connected), which supports well-being and motivation (Deci & Ryan, 1985). From a BAM lens, they also reflect how maternal identity develops relationally through interaction, affirmation, and shared meaning-making with others (Mercer, 2004).

Theme 3: (Re-)Integrating Physical Activity into Postpartum Life

The third theme relates to the MON's role in supporting mothers to (re-)integrate PA into their daily lives postpartum, with three subthemes: (a) accommodating (re-)integration of PA, and (b) (re-)defining PA goals, and (c) building PA competence.

3.1 – Accommodating (Re-)Integration of PA

Mothers discussed how the MON offered a means for them to begin, return and/or (re-)connect with PA routines and fitness after childbirth, through a program that was accommodating and flexible. As one mother outlined, "It's such an accessible way to stay physically active and prioritize both physical and emotional health" (MON_05). Another mother explained:

> "I think that the Mothers of Newborn program - being able to get out and be physically active -I think that that just helped [the transition back into PA/fitness] a lot, right? Not just kind of like sitting there and having to talk the whole time – like it gives you, like, something to do and bridges that gap […] with new moms so, yeah, it was very, very helpful." (MON_01)

Participants consistently described the MON program as enabling PA during a period when exercise often felt unrealistic or inaccessible. This aligns with evidence that postpartum women face persistent barriers to PA (i.e., fatigue, caregiving demands, time constraints, lack of

childcare, lack of access, low motivation), even when they believe activity is beneficial (Baattaiah et al., 2022; Evenson et al., 2009; Saligheh et al., 2016).

3.2 – Re-Defining PA Goals

Within this accommodating pathway, participants often outlined a shift in how they understood and valued PA following childbirth. As one mother suggests:

> What changed for me, though, is sort of the focus and the reason why I was exercising after having babies. It was more to feel good - just to like - feel good emotionally, to like, burn off stress mentally. So there was less of a weight loss goal and more of a just feel-good, feel healthy, kind of motivation. (MON_05)

Rather than focusing on weight loss or appearance-based goals, mothers often emphasized exercise as a means of supporting emotional regulation, stress relief, and overall well-being during the postpartum period. Specifically, mothers appeared to re-orient and adapt their goals to reflect the physical and psychological realities of early motherhood, where recovery, fatigue, and mental health needs shaped motivations for movement. This shift is consistent with evidence that programs emphasizing functional, body-positive, and flexible participation (rather than appearance-focused goals) are experienced as more supportive and sustainable for mothers with young children (Peralta et al., 2022; Lesser et al., 2023). Further, these findings align with past literature emphasizing the importance of recognizing functional and context-appropriate postpartum movement rather than only guideline-based MVPA (moderate - vigorous PA) targets (Evenson et al., 2014; Davenport et al., 2025).

3.3 – (Re-)Building PA Competence

Finally, as mothers progressed through the MON program, they described growing confidence and resulting competence in their PA journeys postpartum. As one mother outlined,

> I think physically also, [MON] helps just with the full recovery process. Your body changes so much through pregnancy that it's nice to be able to kind of try to get yourself back and regain strength and regain your abdominal muscles - trying to just get those remotely back to being as stable. (MON_06)

Further, participants outlined how the MON program facilitated gradual progressions and increases in their PA challenges, with programming being responsive to their changing capacities and priorities. As one mother explained,

> There were kind of a group of moms that started at a similar time. And so, then as we progressed through our postpartum journey, they modified the classes to make them more challenging […] as time went on, it [MON] became more and more important. (MON_01)

From an SDT lens, the change reflects internalization of movement as personally attainable (autonomy) and achievable (competence), while fostering relatedness (participating alongside others in the same life stage), which collectively supported mothers' continued engagement (Deci & Ryan, 1985; Mailey & Hsu, 2019). Within BAM, this subtheme reflects mothers' adaptation of self-care practices alongside evolving bodily experience and identity during the postpartum transition (Mercer, 2004).

In sum, the MON program played an important role in supporting mothers' (re-) integration of PA into their daily lives postpartum, through a flexible accommodating pathway. Mothers embraced shifting values and motivations for engaging in PA, often redefining their PA goals, and in turn, (re-)building their PA competence. In line with SDT, these findings underscore the importance of autonomy-supportive and competence-building program design for sustained postpartum PA engagement (Deci & Ryan, 1985)

Theme 4: Designing Mother-Centred Programming

The fourth and final theme relates to the numerous design and structural elements of the MON program that participants highlighted as contributing to their personal positive experiences, and by extension, the program's success. Subthemes include: (a) removing financial barriers, (b) including infants in PA programming, (c) child-minding as an option to support transitions, and (d) fostering healthy routines for the family unit.

4.1 – Removing Financial Barriers

Foremost, mothers emphasized the importance of the program being available at no cost to users. As one mother expressed,

> The fact that it was free was like the biggest thing, because on mat leave, you're broke as hell. Even though, you know, you could make a ton of money and save up, you still, like, have no money. So, the fact that it was free and to be able to have access […]" (MON_07)

Further, participants described how free access indirectly offered additional accommodations, such as flexibility and guilt-free missed sessions. One mother explained,

> The fact that it's not fee-based – you also then don't feel that guilt. Like, if your baby's sick for, like, two weeks, you're not feeling that, like, oh, I have gym membership that I'm not using. Like, I'm failing at this, too. It's like, no pressure, you just go when you can go. (MON_01)

Relatedly, some mothers even expressed advocacy-oriented beliefs regarding the importance of more universal access to the program.

> The biggest thing is that every single community should have access to this program. It shouldn't be a privilege; it should be a right. Having accessible physical fitness that involves you and your child is essential. It changes who you are as a person. (MON_07)

The program's free access and drop-in flexibility reduced two commonly cited postpartum barriers: financial constraints and the pressure of committing to paid memberships or fixed schedules during an unpredictable period (Marcil et al., 2020; Saligheh et al., 2016).

4.2 - Including Infants in PA Programming

A distinctive strength of the MON program was that it allowed mothers to engage in PA without necessarily being separated from their babies, supporting both maternal fitness and infant socialization. As one mother explained,

> Being able to have the child with us during the class really makes it a lot more accessible […] Just the classes that they offer where they're geared to have your baby right there with you and incorporate them right into the class is a huge bonus. (MON_06)

For some mothers, this approach was critical to facilitating their re-integration of PA into their lives:

> It still gave me an outlet to try to start exercising. I felt comfortable while still having him around. I wasn't confident trusting other people yet, so I was able to get that outlet, spend time with him, and not go stir crazy." (MON_07)

Mothers expressed their belief that infant-inclusive programming was mother-centred: "It's an opportunity to do something good for myself, while also caring for my child in the way they need it" (MON_02).

Infant-inclusive programming addressed a significant barrier for new mothers, the tension between prioritizing personal health and maintaining proximity to their baby. By integrating infants directly into PA sessions, the MON program reframed exercise as a shared rather than competing experience, removing the need for mothers to choose between self-care and caregiving. This design element aligns with evidence that postpartum women are more likely to

engage in PA when childcare barriers are removed and when programming accommodates the practical realities of early motherhood (Saligheh et al., 2016; Evenson et al., 2009; Peralta et al., 2022; Lesser et al., 2023). From an SDT perspective, infant-inclusive classes supported autonomy by allowing mothers to participate on their own terms, without guilt or logistical strain, while simultaneously reinforcing competence as mothers navigated movement alongside their developing infants (Deci & Ryan, 1985). Within BAM, this design feature reflects a recognition that maternal identity is not separate from caregiving, by honouring both simultaneously, the program supported mothers in integrating PA into their evolving sense of self as a mother (Mercer, 2004).

4.3 - Child-Minding as an Option to Support Transitions

For some, the option of childminding services at the YMCA offered additional flexibility. It allowed mothers to gradually leave their baby for short periods while remaining close by, helping them rebuild confidence and adjust to separation. One participant outlined, “Being able to work out without needing childcare is a big thing, especially having a little one that's just so attached. I didn't really have to choose between working out and leaving them” (MON_01). Participants also described how gradual introduction of childminding supported comfort with brief separation, and helped prepare for later caregiving transitions, such as daycare:

> I was able to go up to the gym, and I could still look down and see my daughter in the play space. And so, it was also a good introduction for like preparing for when she was going to have to go to daycare. (MON_02)
>
> I would try to go and use child minding for just very short periods of time […] just to give me a chance to go do a little bit of exercise, but also to somewhat acclimatize my daughter

> for when she was going to be starting daycare […] to just kind of give her that bit of exposure of fits, like, "you're okay with somebody else. (MON_06)

From an SDT lens, the option to separate gradually and on their own terms also reflects autonomy support, while successful short separations can reinforce competence in navigating change (Deci & Ryan, 1985). Within BAM, these accounts reflect continued identity development and confidence-building as mothers adapt to new caregiving stages and increasing complexity in family routines (Mercer, 2004).

4.4 - Fostering Healthy Routines for the Family Unit

Finally, participants described how MON contributed to the creation of healthy daily routines for the entire family. MON attendance structured the flow of the day and supported predictable rhythms for mothers, infants, and additional young children within the family. Mothers planned mornings around classes, seeking social exposure, and a regular reason to leave the house. As one mother stated, "I think that having that routine was a big thing. My whole schedule was just, like, whatever class was available that day, and then your whole morning is structured around that" (MON_01). Another mother explained, "So it's definitely helped shape my child's schedule and the routine, and also like expose him to other babies, as well as for me to also make, like mom friends" (MON_04). This finding is in line with past research showing disruptions to routines and support networks can reduce mothers' capacity to maintain PA and well-being practices, particularly during periods of heightened stress or reduced support (Abdul-Fatah et al., 2024; Carroll et al., 2020). In SDT terms, MON routines may have reduced mothers' decision burden and increased the perceived feasibility of PA (i.e., autonomy and competence), while the shared structure of MON sessions supported ongoing relatedness (Deci & Ryan, 1985).

Several participants also described attending the MON program with more than one child, highlighting its role in supporting family management across different postpartum stages. For some mothers, returning to the program with their second child provided familiar structure, routines, and community, for which mothers expressed appreciation, as they navigated the added complexity of caring for more than one child. As one mother explained,

> I find most women I talk to it's similar experiences – you tend not to leave the house for the first, like, couple months sometimes. And so having something where you can go out and you can partake in a bit of a social activity is good - and just everybody's very understanding of where you're at, because we've all been there. (MON_06)

Another mother who was pregnant with her second child shared plans to rejoin MON, describing it as an essential part of her recovery and well-being: "We're going [to MON] with our next little one! I'm going to drop my kid off at daycare here, and then we're going to go up there, once we're ready to!" (MON_01) Drawing on BAM, the experiences of second-time mothers reflects how maternal identity and competence continued to develop through experience, with prior knowledge and established supports shaping mothers' ability to manage evolving family demands (Mercer, 2004).

In sum, participants clearly identified several mother-centred features of the MON program (i.e., removing financial barriers, including infants in the programming, providing child-minding, and creating routines), that optimized their positive experiences within the program, setting the foundations for the program's success. In fact, mothers often could not be held back from endorsing the MON program within their networks and community: "Anybody locally who is expecting or who I've ran into who does have an infant, I've always suggested they look into the program!" (MON_06)

Taken together, the four themes outlined above suggest the MON program drew upon a mother-centred approach to support postpartum adjustment, facilitating an interconnected set of outcomes: identity reorientation, community belonging, and PA integration. These outcomes align with postpartum intervention literature showing that programs are experienced as most meaningful when they reduce logistical barriers (e.g., cost, childcare, scheduling), provide social connection and validation, and support flexible, autonomy-supportive engagement with movement (Lesser et al., 2023; Mailey & Hsu, 2019; Peralta et al., 2022; Saligheh et al., 2016). Across participants' accounts, movement supported mood and recovery and community reduced isolation, contributing to a more stable and confident sense of self during the ongoing process of becoming a mother (Deci & Ryan, 1985; Mercer, 2004).

Chapter 5: General Discussion

The purpose of this study was to explore the lived experiences of mothers participating in the YMCA Northumberland Mothers of Newborns (MON) program, with particular attention to how a large-scale community-based wellness program designed explicitly for mothers, supported postpartum adjustment. In line with key themes, participants described MON as (a) a space that supported identity reconstruction, as mothers reconnected with themselves beyond their caregiving role, (b) an environment where mothers could build meaningful peer relationships, developing social connections, while supporting their psychological well-being, and (c) a context in which they (re-)engaged in health supportive behaviours, through flexible (re-)integration of PA. Finally participants emphasized MON was (d) accessible and intentionally designed as mother-centred rather than infant-focused, supporting maternal well-being and adjustment during the motherhood transition - a period often characterized by isolation, uncertainty, and reduced personal autonomy. These findings demonstrate that the MON program's three objectives (i.e., providing mothers with an accessible path to PA, fostering social connection and a sense of belonging, and engaging mothers in healthy lifestyle education) were met in meaningful and interconnected ways. While existing postpartum research has largely examined programs in which mothers are participants in PA-focused initiatives, the MON program is distinct in that its objectives are explicitly framed around maternal wellness and holistic adjustment, with PA used as one mechanism among several to meet these objectives. This distinction may help explain why participation in MON appeared to support identity reconstruction, psychological well-being, and social belonging in ways that extend beyond what has been documented in PA-focused postpartum programs.

Contribution to Literature

This study advances existing postpartum PA research, as it explored mothers' lived experiences, within a large-scale nationally recognized evidence-informed community-based program, explicitly centering on mothers' well-being and holistic adjustment during their first year postpartum. Whereas many postpartum interventions and community-based programs emphasize infant outcomes (e.g., motor/social development, caregiving education), positioning mothers primarily as facilitators of infant development (Shorey, 2021), the MON program explicitly centered maternal well-being. Mothers in the study described meaningful outcomes related to reclaiming identity by regaining a sense of control and confidence, feeling reduced self-judgements, and experiencing psychological well-being. They described how the program created opportunities to connect with peers navigating similar life transitions, which reduced their feelings of isolation and fostered normalization, validation, and reassurance; these connections often resulted in long-term friendships. Further, mothers outlined how MON fostered their confidence and comfort (re-) integrating PA into their lifestyles; programming was accommodating, supporting their (re-) defined PA goals, and building up their PA competence. These findings extend previous research on postpartum PA interventions and programs, by showing that this large-scale community-based program supported not only behavioural engagement in PA, but also broader psychological and identity-related processes central to maternal adjustment (Lesser et al., 2023; Makaruk et al., 2025; Peralta et al., 2022).

Additionally, the MON program was valuable, given the uniqueness of the infiltration in the Northumberland community, and the long-term participation of new mothers (i.e., one year postpartum). Notably, the MON program is distinguished from programs examined in the existing literature by its scale, accessibility, and duration. While studies such as Lesser et al. (2023), Peralta et al. (2022), and Makaruk et al. (2025) examined time-limited programs ranging

from 8 to 12 weeks, the MON program supports mothers across the full first year postpartum, a critical and often underserved window of maternal adjustment. Further, unlike many programs that require membership fees or incur costs, MON provides free access to facilities, programming, and childminding, removing financial barriers that have been consistently documented as significant deterrents to postpartum PA engagement (Marcil et al., 2020; Saligheh et al., 2016). The potential ripple effects of this accessibility extend beyond individual well-being. As one participant reflected, taking time for herself made her "a better mom, a calmer mom, a happier mom" and allowed her to return to work as "the best version of myself" – suggesting that programs like MON may contribute not only to maternal health, but to family functioning and broader community well-being. These findings point to the value of examining community and societal level impacts of large-scale, accessible postpartum programming, an area that remains largely unexplored in the existing literature.

Theoretical Implications

From a theoretical perspective, SDT (Deci & Ryan, 1985) and BAM (Mercer, 2004) served as appropriate frameworks to guide research objectives, interpret findings, and in turn, to inform practical implications emerging from the study. Looking through SDT, the MON program's features (i.e., voluntary participation, flexible structure, and peer presence) supported participants' psychological needs of autonomy, competence, and relatedness. Similarly, within the BAM framework, mothers' program participation during a period of significant personal and relational change provided a context in which mothers could engage with aspects of themselves beyond caregiving, supporting their ongoing identity reconstruction and development. These findings suggest that postpartum programs may facilitate important psychological and identity-related processes, even when these outcomes are not explicitly targeted. The real-world

community context of this study allowed for a richer and deeper understanding of how program features shape maternal experiences in practice.

Relatedly, findings of this study suggest SDT (Deci & Ryan, 1985) and BAM (Mercer, 2004) can inform postpartum program structure and design. Specifically, mothers expressed how their positive adjustment processes were enabled through community program structure and design elements aligning with autonomy, competence, and relatedness, which were intentionally integrated and facilitated through program features such as flexible participation, peer presence, and accessible childminding. Similarly, identity reconstruction was not framed as an isolated response, but as a socially embedded process occurring within the program's supportive relational environments. These findings extend existing applications of SDT and BAM by demonstrating that psychological need satisfaction and identity development are not solely internal processes but can be structurally enabled through intentional community program design.

Finally, findings also offer support for the value of evidence-informed program design. The alignment between the MON program's wellness-focused objectives and participant experiences/outcomes suggest that grounding postpartum program design in established theoretical frameworks such as SDT and BAM may be a valuable strategy for developing effective community-based programming (Deci & Ryan, 1985; Mercer, 2004). Specifically, programs that intentionally incorporate autonomy-supportive structures and frameworks, opportunities for competence development, and relational contexts for belonging may be particularly well-positioned to support the complex and multidimensional needs of postpartum mothers (Mailey & Hsu, 2019; Peralta et al., 2022). These findings suggest that community-based postpartum programs may function as structural contexts that enable psychological and

identity-related adjustment, extending theoretical understanding beyond individual-level explanations.

Strengths and Limitations

This study has several notable strengths. Findings are grounded in a real-world, large-scale, evidence-informed community-based program that is explicitly mother-centred and wellness-focused. These characteristics distinguish MON from many programs examined in the existing postpartum literature. MON supports mothers across the first year postpartum, providing a rare opportunity to explore sustained program engagement during a critical and often underserved time window of maternal adjustment. The focus on lived experience during a significant life transition provides depth and richness of insight that captures the complexity of the postpartum period in a way that quantitative approaches (e.g. surveys) alone could not. The study has strong applied relevance, directly bridging research and practice in ways that are meaningful for program developers, health promoters, and community organizations. Notably, the MON program reaches approximately 300-350 mothers annually, representing a substantial proportion of the 537 births recorded at Northumberland Hills Hospital in the 2023 fiscal year (Northumberland Hills Hospital, 2024). Finally, the theoretical grounding in SDT and BAM provided a cohesive interpretive framework that situates findings within existing literature and strengthens the study's contribution to the broader postpartum health literature.

Despite the study’s strengths, limitations should be considered when interpreting findings. First, the sample of seven represents a small subset of the full program population with over 2,000 mothers having participated in the MON program since its launch in 2017, and approximately 600-700 during the 2023-2025 eligibility window. Additionally, as the MON program continues to evolve, program offerings and experiences may have differed slightly over

the course of the two-year eligibility window for this study. Moving forward, YMCA Northumberland's MON program will continue to change, which could lead to new and different experiences for mothers within the MON program; most recently, YMCA Northumberland recently announced expansion to new sites. Additionally, participants were self-selected through the MON program's own communication channels and with support from the Program Coordinator, meaning mothers with less favourable experiences may have been less likely to come forward. Further, the close-knit nature of the Northumberland community and participants' relationships with the Program Coordinator may have introduced some hesitation to share critical reflections. These factors should be considered when interpreting the predominantly positive accounts described across themes.

A further limitation relates to the homogeneity of the sample. Although there was an intention to recruit for diversity, practical factors (e.g. time constraints, the considerable demands on new mothers' time, low response rates, etc.) resulted in a predominantly White (n = 6) sample, all of whom were married. This composition is broadly reflective of Northumberland County's current demographic profile, where approximately 95.5% of residents do not identify as a visible minority (Statistics Canada, 2023). However, the demographic makeup of Northumberland County has been gradually shifting, with recent immigration increasing (Statistics Canada, 2023), suggesting the program's reach may be expanding to more diverse populations over time. Future research should prioritize understanding the experiences of a more diverse and representative sample, to capture the full range of experiences across cultural, socioeconomic, and family backgrounds.

Future Research Directions

Building upon both the strengths and limitations of this study, future research should continue to examine postpartum programming across diverse communities and demographic groups to better understand how structural features, in combination with individual and societal factors, influence maternal adjustment. Comparative studies examining differences between mother-centered, infant-centered, and shared-focus program models may provide additional insight into how program design shapes psychological and social outcomes. Further, comparison groups such as mothers participating in infant-focused programming or those without access to structured postpartum community-based programs would allow researchers to more directly examine whether and how program structure influences experiences of identity, social connection, and psychological well-being. Longitudinal research would also be valuable in determining whether the identity-related and social benefits described by participants are sustained over time beyond the immediate postpartum period. Finally, quantitative and mixed-methods approaches may further explore the relationships between program participation, psychological need satisfaction, identity development, and mental health outcomes, strengthening understanding of how community-based interventions contribute to changes in maternal well-being over time.

Practical Implications & Program Design Recommendations

Findings from this study carry meaningful implications for practitioners, program developers, and policymakers invested in supporting postpartum maternal health. Table 3 includes specific recommendations for community organizations developing mother-centred postpartum wellness programming. For example, the MON program's design elements (i.e., free access, infant-inclusive programming, childminding, flexible scheduling, and a full first-year postpartum window) address barriers consistently documented in the postpartum PA literature

(Evenson et al., 2009; Marcil et al., 2020; Saligheh et al., 2016;) and may serve as a valuable blueprint for future community-based programming. Importantly, these design features did not simply remove logistical barriers, but created the conditions through which identity reconstruction, social belonging, and PA re-engagement could occur organically, and simultaneously.

While participants in this study described positive experiences during the MON program, several areas for program improvement emerged. Specifically, some mothers noted that the program's 12-month eligibility window did not fully align with Canada's 18-month parental leave period, leaving a gap in structured support during the later stages of the postpartum transition and the return to work. Parking accessibility at YMCA facilities and fixed class scheduling were also identified as practical barriers, with some mothers noting that program times did not always accommodate their caregiving routines. Additionally, for mothers of multiple babies, infant-inclusive programming presented specific challenges. One participant, a mom of twins, described struggling to attend aqua fitness classes because she could not safely manage both infants in the pool alone, and while the program was responsive and accommodating in spirit, the available solution they offered was allowing a female support person. This did not align with her personal circumstances. These findings highlight opportunities to further optimize the MON program's reach and accessibility.

Table 3: Recommendations for Community Organizations Developing Mother-Centred Postpartum Wellness Programming

Design Element	**Recommendation**
Program Duration	Consider eligibility at least 12 months to align with Canada's 18-month parental leave.

Evidence-informed objectives	Grounding program in maternal-centred wellness goals not just PA outcomes.
Transition support	Incorporate structured transition planning to support mothers in maintaining PA engagement after program completion.
Scheduling	Offer a variety of class times to accommodate diverse caregiving routines.
Space Accessibility	Ensure facilities are accessible with adequate parking and spaces designated to program.
Financial access	Provide free or subsidized membership to remove economic barriers.
Infant Inclusion	Design programming that welcomes infants and provides childminding
Community Involvement	Build in and promote structured peer connection opportunities.

Collectively, findings related to individual and program-level impacts support the case for government investment in accessible, wellness-focused postpartum programming as a public health priority, recognizing that poor maternal health imposes substantial economic burdens on society and that physical health and community belonging are among the strongest predictors of positive postpartum mental health outcomes for Canadian mothers (Trinko et al., 2025; Varin et al., 2020).

Chapter 6: Conclusion

This study explored the lived experiences of seven mothers participating in the YMCA Northumberland Mothers of Newborns program. The study advanced understanding of women's experiences within a large-scale nationally recognized, evidence-informed community-based program explicitly focused on mothers' well-being and holistic adjustment during the first year following childbirth.

Findings revealed four interconnected themes that collectively highlight the multidimensional impact of mother-centred programming: reclaiming identity beyond caregiving, building community through connection and belonging, re-integrating physical activity into postpartum life, and the role of intentional program design in enabling these experiences. Across participants' accounts, the MON program emerged as far more than a postpartum fitness initiative. Mothers described it as a space in which they could reconnect with themselves beyond their caregiving role, forge meaningful and enduring peer relationships, and gradually rebuild confidence and routine in their physical activity engagement. Critically, these outcomes were not incidental, but they were enabled by deliberate structural design features, including free access, infant-inclusive programming, childminding support, and flexible drop-in scheduling, that collectively removed the practical and psychological barriers that so often prevent postpartum mothers from prioritizing their own well-being.

As postpartum support systems continue to evolve, this study offers meaningful insight into what mother-centred programming can look like, and why it matters. Programs like MON demonstrate that when structural barriers are removed and mothers are welcomed into supportive, judgment-free communities, the postpartum period need not be defined solely by

isolation and uncertainty, but can also be a time of meaningful connection, growth, and self-rediscovery.

References

Abdul-Fatah, A., Bezanson, M., Lopez Steven, S., Tippins, E., Jones, S., MacDonald, H., & Ysseldyk, R. (2024). COVID-19 Public Health Restrictions and New Mothers' Mental Health: A Qualitative Scoping Review. *Qualitative health research*, *34*(14), 1456–1471. https://doi.org/10.1177/10497323241251984

Adachi-Mejia, A. M., Drake, K. M., MacKenzie, T. A., Titus-Ernstoff, L., Longacre, M. R., Hendricks, K. M., Beach, M. L., & Dalton, M. A. (2010). Perceived intrinsic barriers to physical activity among rural mothers. *Journal of women's health (2002)*, *19*(12), 2197–2202. https://doi.org/10.1089/jwh.2009.1879

Albright, C. L., Saiki, K., Steffen, A. D., & Woekel, E. (2015). What barriers thwart postpartum women's physical activity goals during a 12-month intervention? A process evaluation of the Nā Mikimiki Project. *Women & health*, *55*(1), 1–21. https://doi.org/10.1080/03630242.2014.972014

Andreae, S. J., Casey, T., Lindberg, A., Doyle, K., & Pickett, K. A. (2024). An exploratory study of mothers engaging in physical activity in rural communities. *Women & health*, *64*(3), 235–249. https://doi.org/10.1080/03630242.2024.2310050

Andreae, S. J., Lindberg, A., Casey, T., & Pickett, K. A. (2024). Developing a Physical Activity Program for Mothers and Their Children at Risk for Diabetes. *Health services research and managerial epidemiology*, *11*, 23333928241284178. https://doi.org/10.1177/23333928241284178

Baattaiah, B. A., Zedan, H. S., Almasaudi, A. S., Alashmali, S., & Aldhahi, M. I. (2022). Physical activity patterns among women during the postpartum period: an insight into the

potential impact of perceived fatigue. *BMC pregnancy and childbirth*, *22*(1), 678. https://doi.org/10.1186/s12884-022-05015-0

Bashirian, S., Ouji, Z., Afshari, M., Barati, M., Heydarimoghadam, R., & Soltanian, A. (2020). Effect of an Educational Intervention Based on the BASNEF Model on Promoting Physical Activity Among Postpartum Women. *International Quarterly of Community Health Education*, *40*(2), 151–158. https://doi.org/10.1177/0272684X19858897

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Brenning, K., & Soenens, B. (2017). A Self-Determination Theory Perspective on Postpartum Depressive Symptoms and Early Parenting Behaviors. *Journal of clinical psychology*, *73*(12), 1729–1743. https://doi.org/10.1002/jclp.22480

Bulguroglu, H. I., Bulguroglu, M., & Gevrek, P. T. C. (2023). Investigation of the effects of physical activity level on functionality level and quality of life in the postpartum period. *Journal of health, population, and nutrition*, *42*(1), 25. https://doi.org/10.1186/s41043-023-00368-4

Carroll, N., Sadowski, A., Laila, A., Hruska, V., Nixon, M., Ma, D.W.L., Haines, J., & on behalf of the Guelph Family Health Study. (2020). The impact of COVID-19 on health behavior, stress, financial and food security among middle to high income Canadian families with young children. *Nutrients*, *12*(8), e2352. https://doi.org/10.3390/nu12082352

Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry & research design: *Choosing among five approaches* (4th ed., pp. 120–131). SAGE.

Davenport, M. H., Ruchat, S. M., Jaramillo Garcia, A., Ali, M. U., Forte, M., Beamish, N., Fleming, K., Adamo, K. B., Brunet-Pagé, É., Chari, R., Lane, K. N., Mottola, M. F., & Neil-Sztramko, S. E. (2025). 2025 Canadian guideline for physical activity, sedentary behaviour and sleep throughout the first year post partum. *British journal of sports medicine*, bjsports-2025-109785. Advance online publication. https://doi.org/10.1136/bjsports-2025-109785

Deci, E. L., & Ryan, R. M. (1985). Intrinsic motivation and self-determination in human behavior. New York: Plenum.

Dipietro, L., Evenson, K. R., Bloodgood, B., Sprow, K., Troiano, R. P., Piercy, K. L., Vaux-Bjerke, A., Powell, K. E., & 2018 PHYSICAL ACTIVITY GUIDELINES ADVISORY COMMITTEE* (2019). Benefits of Physical Activity during Pregnancy and Postpartum: An Umbrella Review. *Medicine and science in sports and exercise*, *51*(6), 1292–1302. https://doi.org/10.1249/MSS.0000000000001941

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1–4. https://doi.org/10.11648/j.ajtas.20160501.11

Evenson, K. R., Aytur, S. A., & Borodulin, K. (2009). Physical activity beliefs, barriers, and enablers among postpartum women. *Journal of women's health (2002)*, *18*(12), 1925–1934. https://doi.org/10.1089/jwh.2008.1309

Evenson, K. R., Mottola, M. F., Owe, K. M., Rousham, E. K., & Brown, W. J. (2014). Summary of international guidelines for physical activity after pregnancy. *Obstetrical & gynecological survey*, *69*(7), 407–414. https://doi.org/10.1097/OGX.0000000000000077

Giles, L., & Khoury, J. E. (2025). Emotion regulation during pregnancy: A pathway from maternal childhood maltreatment to perinatal mental health. Journal of affective disorders, 385, 119417. https://doi.org/10.1016/j.jad.2025.119417

Guardino, C. M., & Schetter, C. D. (2014). Coping during pregnancy: a systematic review and recommendations. *Health psychology review*, *8*(1), 70–94. https://doi.org/10.1080/17437199.2012.752659

Hatfield, G., Lesser, I., & Nienhuis, C. (2022). Utility of an outdoor group exercise program for improving postpartum mental health. *The Health & Fitness Journal of Canada, 15*(1), 18–30. https://doi.org/10.14288/hfjc.v15i1.807

Kołomańska-Bogucka, D., & Mazur-Bialy, A. I. (2019). Physical Activity and the Occurrence of Postnatal Depression-A Systematic Review. *Medicina (Kaunas, Lithuania)*, *55*(9), 560. https://doi.org/10.3390/medicina55090560

Kumarasinghe, M., Herath, M. P., Hills, A. P., & Ahuja, K. D. K. (2024). Postpartum versus postnatal period: Do the name and duration matter?. *PloS one*, *19*(4), e0300118. https://doi.org/10.1371/journal.pone.0300118

Lesser, I. A., Nienhuis, C. P., & Hatfield, G. L. (2023). Moms on the move: A qualitative exploration of a postpartum group exercise program on physical activity behaviour at three distinct time points. *International journal of qualitative studies on health and well-being*, *18*(1), 2172793. https://doi.org/10.1080/17482631.2023.2172793

Mailey, E. L., & Hsu, W. W. (2019). Is a general or specific exercise recommendation more effective for promoting physical activity among postpartum mothers? *Journal of health psychology*, *24*(7), 964–978. https://doi.org/10.1177/1359105316687627

Marcil, L. E., Campbell, J. I., Silva, K. E., Hughes, D., Salim, S., Nguyen, H. T., Kissler, K., Hole, M. K., Michelson, C. D., & Kistin, C. J. (2020). Women's Experiences of the Effect of Financial Strain on Parenting and Mental Health. Journal of obstetric, gynecologic, and neonatal nursing : JOGNN, 49(6), 581–592. https://doi.org/10.1016/j.jogn.2020.07.002

Makaruk, B., Grantham, W., Forczek-Karkosz, W., & Płaszewski, M. (2025). "It's More than Just Exercise": Psychosocial Experiences of Women in the Conscious 9 Months Specifically Designed Prenatal Exercise Programme – A Qualitative Study. *Healthcare*, *13*(7), 727. https://doi.org/10.3390/healthcare13070727

May, L. E., Moss, S. J., Szumilewicz, A., Santos-Rocha, R., & Shojaeian, N. A. (2024). Barriers and Facilitators of Physical Activity in Pregnancy and Postpartum Among Iranian Women: A Scoping Review. *Healthcare (Basel, Switzerland)*, *12*(23), 2416. https://doi.org/10.3390/healthcare12232416

Mercer R. T. (2004). Becoming a mother versus maternal role attainment. *Journal of nursing scholarship : an official publication of Sigma Theta Tau International Honor Society of Nursing*, *36*(3), 226–232. https://doi.org/10.1111/j.1547-5069.2004.04042.x

Northumberland Hills Hospital. (2024, January 1). It's a girl! First NHH baby of the new year welcomed by Vanessa and Jake Morris of Bowmanville [News release]. https://nhh.ca/document/nhh-news-release-first-baby-of-2024

Ontario Ministry of Education. (n.d.). *Find an EarlyON child and family centre*. Government of Ontario. https://www.ontario.ca/page/find-earlyon-child-and-family-centre

ParticipACTION. (2024). *2023-2024 Impact Report 10*. ParticipACTION. https://www.participaction.com/wp-content/uploads/2024/09/PA-ImpactReport2024-Final-v2.pdf

Peralta, L. R., Yager, Z., & Prichard, I. (2022). 'There's Just Something Really Peaceful About It': a Qualitative Exploration of Mothers with Young Children and Engagement in Group-Based Physical Activity Programs. *International journal of behavioral medicine*, *29*(6), 807–819. https://doi.org/10.1007/s12529-022-10062-0

Perry, M., Becerra, F., Kavanagh, J., Serre, A., Vargas, E., & Becerril, V. (2015). Community-based interventions for improving maternal health and for reducing maternal health inequalities in high-income countries: a systematic map of research. *Globalization and health*, *10*, 63. https://doi.org/10.1186/s12992-014-0063-y

Saligheh, M., McNamara, B., & Rooney, R. (2016). Perceived barriers and enablers of physical activity in postpartum women: a qualitative approach. *BMC pregnancy and childbirth*, *16*(1), 131. https://doi.org/10.1186/s12884-016-0908-x

Shorey, S. (2021). Health Promotion Among Families Having a Newborn Baby. In G. Haugan (Eds.) et. al., *Health Promotion in Health Care – Vital Theories and Research*. (pp. 173–184). Springer. https://doi.org/10.1007/978-3-030-63135-2_14

Simpson, R. F., Hesketh, K. R., Crozier, S. R., Baird, J., Cooper, C., Godfrey, K. M., Harvey, N. C., Westgate, K., Inskip, H. M., & van Sluijs, E. M. F. (2022). The association between number and ages of children and the physical activity of mothers: Cross-sectional analyses from the Southampton Women's Survey. PloS one, 17(11), e0276964. https://doi.org/10.1371/journal.pone.0276964

Sjögren Forss, K., & Stjernberg, L. (2019). Physical Activity Patterns Among Women and Men During Pregnancy and 8 Months Postpartum Compared to Pre-pregnancy: A Longitudinal Study. *Frontiers in public health*, *7*, 294. https://doi.org/10.3389/fpubh.2019.00294

Statistics Canada. (2023, November 15). *Census profile, 2021 census of population* (Catalogue no. 98-316-X2021001). Government of Canada. https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

Trinko, V., Sarewitz, J., & Athan, A. (2025). Improving maternal well-being: a matrescence education pilot study for new mothers. *Maternal health, neonatology and perinatology*, *11*(1), 18. https://doi.org/10.1186/s40748-025-00203-0

Turgeon, S., Lesser, I., & Bean, C. (2025). Exploring Physical Activity Engagement and Related Variables During Pregnancy and Postpartum and the Best Practices for Self-Report Physical Activity Postpartum. *International Journal of Environmental Research and Public Health*, *22*(11), 1711. https://doi.org/10.3390/ijerph22111711

Varin, M., Palladino, E., Orpana, H. M., Wong, S. L., Gheorghe, M., Lary, T., & Baker, M. M. (2020). Prevalence of Positive Mental Health and Associated Factors Among Postpartum Women in Canada: Findings from a National Cross-Sectional Survey. *Maternal and child health journal*, *24*(6), 759–767. https://doi.org/10.1007/s10995-020-02920-8

White, L. K., Kornfield, S. L., Himes, M. M., Forkpa, M., Waller, R., Njoroge, W. F. M., Barzilay, R., Chaiyachati, B. H., Burris, H. H., Duncan, A. F., Seidlitz, J., Parish-Morris, J., Elovitz, M. A., & Gur, R. E. (2023). The impact of postpartum social support on postpartum mental health outcomes during the COVID-19 pandemic. *Archives of women's mental health*, *26*(4), 531–541. https://doi.org/10.1007/s00737-023-01330-3

World Health Organization. (2020). *WHO guidelines on physical activity and sedentary behaviour*. World Health Organization.

YMCA Northumberland. (2024). *Building a brighter tomorrow! Annual report 2024*. About – YMCA Northumberland. https://ymcanrt.org/about

YMCA Northumberland. (2026). *Mothers of Newborn Program*. YMCA Northumberland. https://ymcanrt.org/activities/mothers-of-newborns-program/

Appendix A

Letter of Support from YMCA Northumberland

YMCA Northumberland Logo/Letterhead
Date
To the Research Ethics Board of York University,

This letter confirms the support and collaboration of YMCA Northumberland with Dr. Jessica Fraser-Thomas and her Research Team at York University, on the research project entitled, *Exploring Women's Experiences in a YMCA Health and Wellness Program for Mothers of Newborns (MON).*

The study concept and targeted recruitment of 10-15 participants who have completed our MON program were developed in consultation with YMCA Northumberland, and we endorse this approach. YMCA Northumberland will support the project by sharing program resources and assisting with participant recruitment. Specifically, we will post recruitment information on the Mothers of Newborns Facebook page, including a brief study description, eligibility criteria, and contact details for the York University Research Team for those interested in participating or seeking more information.

We are aware of and fully support Dr. Fraser-Thomas' application for approval through the York University Office of Research Ethics – Human Participants Review Committee. If you have any questions or require any further documentation, please feel free to contact us directly.

Signature
Samantha Kelly
Coordinator, Mother's of Newborns Program
YMCA Northumberland
samantha.kelly@nrt.ymca.ca

Signature
Eunice Kirkpatrick
CEO, YMCA Northumberland
eunice.kirkpatrick@nrt.ymca.ca

Appendix B

Promotional Brochure

Wellness for Mom. Enrichment for Baby. Connection for Both!

The FREE Mothers of Newborns Program at the YMCA is designed to provide mothers with an easy and safe path towards health and wellness while creating a network of support and belonging during their baby's first year.

The program pass includes:

- Access to the Cobourg, Brighton and Campbellford YMCA facilities.
- Specialty programming at our Cobourg & Campbellford locations.
- Social networking opportunities, free child minding and much more.

"I can't thank you enough for being given this special gift that has helped me be a better, happier mother."

Brighton Location

170 Main Street, Brighton, ON

Campbellford Location

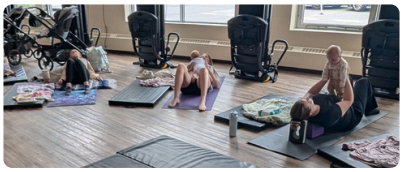
Sunny Life Recreation & Wellness Centre, 50 Seymour Quarry Rd, Campbellford, ON

Cobourg Location

339 Elgin Street West, Cobourg, ON

For more information about the Mothers of Newborns Program please email Samantha Kelly:

Samantha.Kelly@nrt.ymca.ca



We recognize that maternal mental health is tied to physical and social wellness.

By offering structured routine, physical activity and opportunities for connection and learning, our program helps ease the weight of postpartum challenges.

Visit our website:
https://ymcanrt.org/

Mothers of Newborns Program

Finding Strength, Together.

Complimentary Membership for new moms & their babies in Northumberland County for baby's 1st year.

Shine On YMCA Northumberland

Appendix C

Recruitment Facebook Post

YMCA Northumberland

Shine On

HAVE YOU PARTICIPATED IN OUR MOTHERS OF NEWBORN PROGRAM?

We've partnered with a team of researchers at York University to learn about your experience.

Completing a virtual interview may help us learn, improve, and grow the program!

If you are interested in participating or want to learn more, please email:

ABBY SHIMMERMAN <ASHIMM@YORKU.CA>

To protect your privacy, please do not reply directly to this post. Email us directly to learn more!

THIS STUDY HAS BEEN APPROVED BY YORK UNIVERSITY'S RESEARCH ETHICS REVIEW BOARD

YORK UNIVERSITÉ UNIVERSITY

Appendix D

Participation Informed Consent Form

Date: September 2025
Study Name: Exploring women's experiences in a YMCA health and wellness program for mothers of newborns

Researchers:
Principal Investigator: Dr. Jessica Fraser-Thomas, Associate Professor, School of Kinesiology and Health Science, York University, Norman Bethune College, Room 350, jft@yorku.ca

Research Assistant: Abby Shimmerman, Masters Student; School of Kinesiology and Health Science, York University, ashimm@yorku.ca

Purpose of the Research: The purpose of this study is to explore the experiences of women within the YMCA Northumberland's Mother's of Newborn (MON) program.
What You Will Be Asked to Do in the Research: You will be invited to share your experiences in the MON program via a **semi-structured interview.** The interview will be held virtually over Zoom, and will last approximately 45 to 60 minutes. During the interview, you will be asked a series of open-ended questions about your experience in the MON program, including any key take-aways or lessons learned related to physical activity, community, and healthy lifestyle habits. If you choose to participate, **you will be asked for your permission to audio-record the interview.**

Risks and Discomforts: Although we do not foresee any risks or discomfort from your participation in the research, we would like you to know that you are not required to answer any question(s) that make you feel uncomfortable or upset, and you may decline to answer or respond to any question, stop the interview, or remove yourself from the study at any time. Due to the nature of the study topic, interview questions will relate to your experiences as a mother of a newborn broadly, and within the MON program, specifically. After the completion of your interview, you will be assigned a participant code (e.g., 'MON Participant_01'), after which time your responses will become anonymous. When overall study findings are shared (through a final report to the YMCA Northumberland), all interview responses will be combined. Thus, no one other than the the researcher conducing your interview will have access to your unique responses at any time. If you require additional support during or after engaging in the interview, we will provide you with contact information for the Canadian Mental Health Association (i.e., phone, 416-646-5557; list of free mental health resources at https://cmha.ca/find-info/mental-

health/general-info/). Please note, you are not required to answer any questions that make you feel uncomfortable or upset, and you can ask to stop the interview, or take a break at any time. Please note that this study will use *Zoom* to collect data, which is an externally hosted cloud-based service. When information is transmitted over the internet privacy cannot be guaranteed. There is always a risk your responses may be intercepted by a third party (e.g., government agencies, hackers). Further, while York University researchers will not collect or use IP address or other information which could link your participant to your computer or electronic devices, there is a small risk with any platform such as this of data that is collected on external servers falling outside the control of the research team. If you are concerned about this, we would be happy to make alternative arrangements (where possible) for you to participate, such as by telephone. Please contact Abby Shimmerman (ashimm@yorku.ca) or Dr. Jessica Fraser-Thomas (jft@yorku.ca) for further information.

Zoom may automatically collect participant data when they register to use the program (i.e., date of birth, first name, last name); this data is required to provide you access to *Zoom* services. *Zoom* will keep this personal data for the length of time they have an ongoing relationship with you and provide their services to you (for example, for as long as you have an account with them or keep using their services), however, *Zoom* users can delete their accounts at any time. *Zoom* is also committed to protecting your personal data. According to their privacy statement, they use reasonable and appropriate technical and organizational measures to protect personal data from loss, misuse and unauthorized access, disclosure, alteration and destruction, taking into due account the risks involved in the processing and the nature of the personal data.

At the completion of interviews, recordings (audio) will be saved on a password protected file on the interviewee's local computer, not the cloud based service. Please note that it is the expectation that participants agree not to make any unauthorized recordings of the content of a meeting / data collection session.

Benefits of the Research and Benefits to You: Your participation in this study will help us understand the benefits, areas for improvement, and potential growth of the MON programming (i.e., developing MON programs in other YMCA centres across Canada). Further, you may enjoy reflecting about your experiences within the program; this process may enhance your knowledge about yourself as a mother, your growth, and your development through the programming.

Voluntary Participation and Withdrawal: Your participation in the study is completely voluntary and you may choose to stop participating at any time. Your decision not to volunteer, to stop participating, or to refuse to answer particular questions will not influence the nature of the relationship you may have with the Mothers of Newborns program, YMCA Northumberland, the YMCA/program staff, York University, or the researchers leading this study, either now, or in the future. In the event you withdraw from the study, all associated data collected will be immediately destroyed wherever possible.

Confidentiality: Participant data, including consent forms and audio-recordings of interviews and transcriptions of responses will be safely stored in a password-encrypted computer in a locked facility and only research team members identified above will have access to this information. All information you supply during the research will be held in confidence and your name will not appear in any report or publication of the research. All data associated with your involvement will be kept for 5 years *following* publication in an academic journal (~December 2031). After the 5 year period, the data will be destroyed, via complete deletion of the file off of the lead RA's computer or shredding of physical paper. Confidentiality will be provided to the fullest extent possible by law.

Questions About the Research? If you have questions about the research in general or about your role in the study, please feel free to contact Dr. Jessica Fraser-Thomas (jft@yorku.ca). This research has received ethics review and approval by the Human Participants Review Sub-Committee, York University's Ethics Review Board and conforms to the standards of the Canadian Tri-Council Research Ethics guidelines. If you have any questions about this process, or about your rights as a participant in the study, please contact the Manager, Research Ethics in the Office of Research Ethics, York University (e-mail ore@yorku.ca).This office oversees the ethical conduct of research studies and is not part of the study team. Everything that you discuss will be kept confidential.

Legal Rights and Signatures:

I_____, consent to participate in the study, e*xploring women's experiences in a YMCA health and wellness program for mothers of newborns*, conducted by Dr. Jessica Fraser-Thomas and her research team (identified above) at York University. I have understood the nature of this project and wish to participate. I am not waiving any of my legal rights by signing this form. My signature below indicates my consent.

Signature _____ Date _____

_____

Participant:

Signature _____ Date _____

_____

Principal Investigator:

Additional Consent

Consent for Audio Recording

☐ I consent to the audio-recording of my interview(s).

Signature _____ Date _____

_____

Participant Name:

Consent to use of quotes
I consent to the use of quotations taken from interviews in any final reports/ publications of the research? *NOTE: Quotations would not be linked to participants' names, but to their assigned code (e.g., "MON_01 stated that….").*
Y / N

Interested in receiving a Final Report outlining the summary of the findings?

☐ Check this box if you would like to receive a summary of the study findings.

If you have checked the box above, please print your contact information in the space below. This information will be used only for the purpose of sharing findings.

Contact E-mail Address (or preferred point of contact for sharing findings).

_____

Appendix E

Semi-Structured Interview Guide

Overall Study Purpose: Explore the experiences of women within the YMCA Northumberland's Mothers of Newborn (MON) program.

Section A: Introduction, review of purpose of interview, assurance of confidentiality (read aloud to participant)

Section B: Demographics

Section C: Semi-Structured Interview Questions

Section B (Ask participant verbally at onset of interview):

Age_____

City of Residence (community within Northumberland)_____

Ethnicity_____

Marital Status_____

Year(s) you attended the YMCA MON Program_____

Number of Children _____

Current age of child(ren) who attended the MON program_____

Gender of child(ren) who attended the MON program_____

Section C:

Hello! My name is Abby. Thank you again so much for taking the time to talk with me today!

As I mentioned in my email, I'm a Master's Student at York University in the School of Kinesiology and Health Science. I am working with Dr. Jessica Fraser-Thomas, who was involved in this Mothers of Newborn program when **it** first got started.

Please make yourself comfortable in whatever way works best for you. If it's easier for you, please feel free to keep your camera off - whatever works best for you is totally fine.

As was outlined in the consent form, this interview is part of a study that is exploring the experiences of women who have participated in YMCA Northumberland's Mothers of Newborns (MON) program. During our conversation, I'll be asking lots of questions about your experience in the program. I hope you'll consider it just like a regular conversation.

Having said that, please know that you're welcome to take a break at any time or skip any questions you're not comfortable answering. Everything you share will remain confidential. If at any point you'd like to stop the interview or choose not to answer a question, just let me know.

Your insights will help us learn from and improve the program going forward. With your permission, I will be recording our interview today.

Before we begin, do you have any questions for me?

Okay – so the first few questions are very simple and short – just to help me know a bit more about you to set up our conversation.

What is your current age?

Where do you live – like your town or community of residence?

What year or years did you attend (or are you attending) the YMCA MON Program?

How many children do you have?

What is the current age and gender of your child(ren)?

If more than one child: Did you attend the MON program with all of your children? Which one(s)?

How would you describe your ethnicity?

What is your marital status?

Okay… now we will jump into the main questions…

Let's start by talking about your experience with the MON program. I'm curious to hear your perspective on its…

I. <u>Experience, Delivery, and Effectiveness of Program:</u>

1. How did you initially learn about the MON program?
    a. *Probes: Was it through friends, social media, healthcare providers, or another way?*
2. How would you describe the purpose of the MON program, in your own words?
    a. *Probes: What do you think the program aims to provide for new mothers?*
3. How would you describe your overall experience in the MON program?
    a. *Probes: What stood out most to you? Were there moments that you found particularly meaningful?*
4. Can you describe which components of the program that you participated in most often?
    a. *Probes: Which classes? Did you use child minding? Did you participate in workshops?*
5. Can you highlight any of the benefits that the MON program may have had on you, personally?
    a. *Probes: Overall well-being, confidence as a new mom, sense of community, belongingness, safety, reduced isolation?*

II. <u>Belongingness, Connection, and Sense of Community</u>

I'd like to focus on your experience of connection and support during your child's first year.

6. Can you describe what your overall experience was navigating motherhood in your child(ren)'s first year?
    a. Probes: Were there any notable challenges or highlights for you?
7. Can you describe what type of support you had in your child(ren)'s first year?
    a. *Probe: Immediate family support, in-laws, other family or friends, nanny?*
8. What role, if any, did the MON program play in your sense of belonging or connection to other new mothers in the community?
    a. *Probes: How did MON do this?*
9. Did you attend any other programs within your community in your child(ren)'s first year? If so, what were they and how did they compare to the MON program?
    a. *Probes: similarities, differences, unique elements*

III. <u>Physical Activity & Positive Lifestyle Habits:</u>

Now let's talk a bit about physical activity and healthy habits.

10. How important was physical activity to you before or after the MON program?
11. Did the MON program provide opportunities for you to be physically active? If so, how?
    a. *Probe: Which activities did you participate in?*
12. Did the MON program change how you felt about being physical active? If so, how?

   a. *Probe: Did your perception of its importance change over time?*
13. Did MON teach you exercises tailored to your postpartum needs? If so, what were they?
14. Do you feel that the MON program taught you anything about healthy lifestyle habits in particular? If so, what?

IV. Program Growth, Expansion, and Improvement:

Finally, I'd like to get your thoughts on how the program could continue to grow and improve.

15. Were there any key take-aways or lesson's learned from your involvement in the MON program?
    a. *Probes: Importance of physical activity, community, parenting strategies?*
16. Looking back on the program as a whole, is there anything that you would change, to improve it or make it better meet your needs? *(Probes: Classes? Childminding? Workshops? Other?)*
17. Do you think there would be value in the MON program expanding to other YMCA's or other community settings? Why or why not?
18. Do you have any questions for me before we wrap up the interview?

Thank you so much for taking the time to do this with me today! We really appreciate your contributions and will plan to share a copy of our report with YMCA Northumberland once we have completed the project. If you think of anything else you'd like to share, please don't hesitate to reach out to me. Thank you again!