Aboriginal Women And Reproductive Health, Midwifery, and Birthing Centres

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Aboriginal ancestral laws and spiritual beliefs recognize that health is the result of a holistic approach and interconnectedness. Health for Aboriginal women means wellness and a balance of physical, mental, emotional and spiritual factors with her personal situation, nature and the environment, as well as her family, community and other relationships and societal settings and interactions. When illness appears, traditional healing treats the mind, body, and spirit, which is a much more inclusive and holistic approach than typical western medicine, which mostly seeks to relieve symptoms as opposed to finding and remedying causes of ill health.[1]

The recognition of how various life issues cross over with health issues is an important one which our Grandmothers, Mothers and Aunties have known for generations. As other Canadians begin to also address this basic truth in relation to contemporary circumstances,[2] Aboriginal women can seek more effective combinations of traditional practices and healing approaches and 21st century western-based primary health care, in order to take care of our reproductive health. This includes the important components of having our own midwives and birthing centres available to us during pregnancy and delivery of our babies.

In this paper, we highlight a number of issues related to reproductive health, midwifery, and birthing centres, plus several examples of Aboriginal-women-specific policies and programs that we consider successful. We conclude following these three subtitles, with related recommendations.

Reproductive Health

Aboriginal women have traditionally had the highest respect within their communities for their gift by the Creator as life givers.[3] In keeping with this gift, most of us marked, for example, the beginning of menstruation as a significant life event, with ceremony and teachings. This celebrated the physical transition to womanhood; it was also seen as the start of a spiritual life journey that honoured maintaining the health and well being of each woman and her family. This practice continues today in many communities.

Continuing reproductive health throughout a woman's life is an especially serious issue for Aboriginal women because of our higher birth rate (1.5 times higher) than non-Aboriginal Canadian women.[4] We presently also experience higher rates (2 to 2.5

[1] See our concurrent National Aboriginal Women's Summit issue paper, *Aboriginal Women and Traditional Healing* for more information.
[2] Health Canada has identified 12 determinants of health: income and social status, employment, education, social environments, physical environments, healthy child development, personal health practices and coping skills, health services, social support networks, biology and genetic endowment, gender and culture.
Health Canada, "Women's Health Strategy," 2004, online: www.hc-sc.gc.ca/ahc-asc/pubs/strateg-women-femmes/strateg_e.html (Accessed June 16, 2007).
[3] Indian and Northern Affairs Canada, "Aboriginal Women: Meeting the Challenges," 2004, online: www.ainc-inac.gc.ca/ch/wmn/index_e.html (Accessed June 16, 2007).
[4] Statistics Canada, "Canada's Aboriginal Population in 2017," The Daily, June 28, 2005 online: www.statcan.ca/Daily/English/050628/d050628d.htm (Accessed June 16, 2007).

times higher) of prenatal, stillbirth and newborn death than that of the Canadian average.[5]

Our traditional understandings of pregnancy and childbirth as normal life events contrast with the more prevalent western medical view of pregnancy throughout the 20th century, as akin to an illness requiring treatment. However, together with the legacy of colonialism which marginalized Aboriginal women and created social and economic conditions leading to our severe disadvantage on many fronts, a gap has grown between individual and community preventive and healthy practices, and obtaining western medical care when appropriate, especially in culturally relevant ways.

For example, physical examinations require regular access to health care providers. Unfortunately, a major barrier to reproductive as well as health care generally for Aboriginal women, is the lack of access to health care providers and, specifically, to Aboriginal health care providers.[6] The isolation of some reserves and communities is often a factor in this situation. Also, it is well-known that Canada is facing a crisis in the number of all health care providers such as doctors, nurses and midwives.

Health care providers play a vital role in promoting important screening tests. An example is for detecting gestational diabetes during pregnancy – the development of diabetes specifically during pregnancy – which increases health risks to mothers and has long-term risks and potential harmful life health consequences for babies whose mothers have this condition, especially if this condition has not been diagnosed and treated properly.[7]

Aboriginal women need Aboriginal health care providers for many reasons, but perhaps the most important is that this gives us an opportunity to share and transfer knowledge on an Indigenous-to-Indigenous basis. As well, "insider care" by our own people does not have to adjust to cultural differences, sensitivities and communication patterns of patients.

In Canada, most universities have a specific admissions process for Aboriginal students, including into the health sciences. This does not mean presently though that Aboriginal women and men are enrolling in large numbers. In 2002-2003, there were 56

[5] Beverley Chalmers and Shi Wu Wen, "Perinatal Care in Canada," BMC Women's Health, 2004, online: www.biomedcentral.com/content/pdf/1472-6874-4-S1-S28.pdf (Accessed June 16, 2007).
[6] Eileen Antone and Junko Imai, *Defining Aboriginal Health Literacy in a Canadian Context: Bringing Aboriginal Knowledge into Practice*, Canadian Association for the Study of Adult Education National Conference, Toronto, May 2006, online: www.oise.utoronto.ca/CASAE/cnf2006/2006onlineProceedings/CAS2006Eileen%20Antone.pdf (Accessed May 22, 2007). [hereafter "Antone and Imai"]
[7] This is documented in sources such as: Roland F Dyck, Leonard Tan, and Vern H Hoeppner, "Short Report: Body Mass Index, Gestational Diabetes and Diabetes Mellitus in Three Northern Saskatchewan Aboriginal Communities," Chronic Diseases in Canada Vol. 16, No. 1, 1995, online: Public Health Agency of Canada, http://www.phac-aspc.gc.ca/publicat/cdic-mcc/16-1/b_e.html (Accessed June 15, 2007); Eilish Cleary, Sora Ludwig, Nichole Riese, and Lorna Grant, "Educational Strategies to Improve Screening for Gestational Diabetes Mellitus in Aboriginal Women in a Remote Northern Community," Canadian Journal of Diabetes 2006;30(3):264-268, online: Canadian Diabetes Association, http://www.diabetes.ca/files/CJDSep06GDM%20in%20Aboriginal%20Women.pdf.

Aboriginal students enrolled in medical programs across Canada.[8] Hiring and keeping Aboriginal nurses was talked about at a national conference in 2003, including that it was noted that there are virtually no Inuit nurses.[9]

While the Aboriginal Health Human Resources Initiative started in 2005 and funded by Health Canada is now providing encouragement and some financial support to Aboriginal women and men who wish to become health professionals,[10] even with this assistance, it will still be many years before there are significant numbers of graduates in practice and available to our communities. The NWAC takes the position that all health care, educational and other social sectors as well as communities need to pay attention to encouraging Aboriginal women to, for example, choose midwifery training and/or to specialize in gynaecology and obstetrics within their medical nurse, nurse-practitioner or doctor training.

Another issue in reproductive and general health that Aboriginal women say is a problem, is that existing health care providers frequently do not ensure the fully informed consent of Aboriginal women – providing full information in plain language about the potential and suggested or recommended treatments or medications for her and their possible risks and side effects, and allowing her to consider and make a truly individual decision on her care.

Midwifery

Midwifery was always been an essential aspect of Aboriginal tradition. Since time immemorial, midwives had not only ensured the physical survival of successive generations, but also helped develop significant social relationships in the vital life cycle event of birth.[11] Midwives knew how to ease the pain and intensity of labour, save the lives of women and babies, and ensure that the sacred knowledge of birth is maintained. Traditionally, birth was viewed not only as Creation's addition to the family and community, but as a reinforcement of relationship to the land, as a strengthening of cultural relationships, and as a way to teach and transfer knowledge to the younger people involved in helping out at birthings.

Midwives regard pregnancy, labour, birth and the post-birth period as a normal healthy process. Support and respect so that women can deliver safely with empowerment and dignity in a culturally relevant way are goals in Aboriginal midwifery, which in turn recognize and value the importance of a woman to herself, her family and the larger community.

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[8] Susan Horsfall, Adam Spencer, Sarah Williams et al., "Survey on Aboriginal issues within Canadian medical programmes," Medical Education, 39(11) (November 2005): 1103.

[9] Canadian Association of Schools of Nursing, *National Workshop on Strategies to Recruit and Retain Aboriginal Nursing Students in the Nursing Profession*, Ottawa, Sept. 2003, online: www.casn.ca/media.php?mid=226 (Accessed June 16, 2007).

[10] For more information on the AHHRI, see Health Canada's *Aboriginal Health Human Resources Fact Sheet* (February 2007), online: www.hc-sc.gc.ca/ahc-asc/media/nr-cp/2007/2007_12bk1_e.html.

[11] Lesley Paulette, "Midwifery in the North", research study prepared for the Royal Commission on Aboriginal Peoples, cited in Canada, *Report of the Royal Commission on Aboriginal Peoples*, vol. 4, ch. 2 [Women's Perspectives] (Ottawa: 1996), online: Indian and Northern Affairs Canada, www.ainc-inac.gc.ca/ch/rcap/sg/sj9_e.html#8.1%20Birth%20and%20Midwifery.

One of the significant barriers to Aboriginal reproductive health and specifically to women's health related to pregnancy, delivery, and the post-birth period is the critical lack of Aboriginal health care providers noted earlier in this paper, including midwives.[12] This has been the result, in large part, of the interruption of traditional Aboriginal midwifery during much of the 20th century in particular, by laws which made midwifery illegal and even punishable by imprisonment.[13]

Another legacy of colonialism and a dominating society imposing its ways on Aboriginal peoples that contributed to the erosion of Aboriginal midwifery was the widespread acceptance and establishment of the male-dominated non-Aboriginal belief that a doctor-supervised hospital birth was superior to, and required instead of, a birthing at home on the land. This often meant – and presently continues to mean for women in small and remote communities in particular – removing pregnant women from their own communities for birth.

The effects of shifting birthing to hospitals combined with outlawing the practice of midwifery not only eroded traditional midwifery knowledge, it took away the power of women and their families to be active participants in the labour, delivery and post-birth periods of child-bearing. Fortunately, midwifery has been regaining its rightful place. In 1994, after decades of lobbying and protests, Ontario became the first province in Canada to regulate and fund midwifery. Since then, other provinces and territories have provided legislation and funding for midwifery.[14]

Evidence-based practices[15] and ongoing research into the safety of all birth settings are goals equally shared by the NWAC and non-Aboriginal medical establishment organizations such as the Society of Obstetricians and Gynaecologists of Canada (SOGC), whose members are committed to provide excellent care for women and their babies.[16] In fact, in March this year, the SOGC published "A Report on Best Practices for Returning Birth to Rural and Remote Aboriginal Communities" which endorses and calls for Aboriginal midwifery as well as the promotion of partnerships between communities and health care providers.[17] As part of this approach, the NWAC supports and encourages Aboriginal women to enter midwifery training with a view to serving Aboriginal women, families and communities.

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[12] Antone and Imai.
[13] Holliday Tyson, "The Re-emergence of Canadian Midwifery: A New Profession Dedicated to Normal Birth," online: Birth International www.acegraphics.com.au/articles/holliday01.html (Accessed May 17, 2007).
[14] See Appendix A: Status of Midwifery in provinces and territories.
[15] For example, a 2005 study published by the reputable *British Medical Journal* found that planned home births for low-risk women in North America using certified professional midwives were associated with lower rates of medical intervention and similar intrapartum and neonatal mortality to that of low-risk hospital births in the United States. Kenneth C Johnson, "Outcomes of planned home births with certified professional midwives: large prospective study in North America," British Medical Journal, 330, (June 2005), online: www.bmj.com/cgi/content/full/330/7505/1416?ehom. (Accessed May 17, 2007.)
[16] Society of Obstetricians and Gynaecologists of Canada, "Policy Statement: Midwifery," 2003, online: www.sogc.org/guidelines/public/126e-ps-march2003.pdf (Accessed May 17, 2007).
[17] Society of Obstetricians and Gynaecologists of Canada, "A Report on Best Practices for Returning Birth to Rural and Remote Aboriginal Communities," 2007, online: www.sogc.org/jogc/abstracts/200703%5Fsogcreport%5F1.pdf (Accessed May 18, 2007).

Birth Centres

Ask any woman about her labour and delivery experiences and she will likely tell a story with vivid details about her feelings (physically, emotionally and spiritually), the nurse(s), doctor and/or midwife, words that were spoken or not spoken, who else was present, possibly the colour of the room and even describe the smells. The value and importance of the birth experience can stay with a woman her whole life. Unfortunately, sometimes the stories of what should be these most cherished events are not as positive as they should be.

As we have already noted in the two earlier sections of this paper, birth is a vital life event for women, their families and communities. It was also traditionally a time for sharing and reinforcing sacred knowledge of birth, and for strengthening social relationships and ties to the land. When the process of birth was removed from its community foundation, a fundamental life event was also removed.

Taking healthy, low-risk women out of their communities to deliver in the sterile setting of a hospital sacrifices the cultural, social and spiritual importance of birth and relationships among all the women involved – mothers and midwives – and their communities. Within hospitals, care providers are unlikely to have the Aboriginal-specific, culturally-relevant birth knowledge passed on from generation to generation to ensure Aboriginal women give birth in an empowering and dignified manner.

A birth centre is a means of returning birth close to or actually back into the community. It also can serve to economize on scarce resources (operation of the facilities, availability of midwives, traditional birth attendants, health care workers) within geographically large areas while still providing "continuity of place"[18] and a birthing environment which many women might likely favour over a hospital setting.

There are multiple models of birth centres, ranging from complete life-care centres to a physical building provided solely for the labour, birth and immediate post-birth period. A number of provinces now have established birthing centres,[19] some of which are Aboriginal or include Aboriginal midwives in their practice (see examples below).

Successful and Best Practice Examples

Seventh Generation Midwives Toronto (SGMT)

In Toronto, the Seventh Generation Midwives Toronto (SGMT) midwifery practice provides care to Aboriginal women and others in the downtown area. A team of registered midwives, some of whom are also traditional Aboriginal midwives, offers a choice of birthplace: at home, or in the hospital.

[18] Many Aboriginal women have spoken to the importance of "continuity of place" as a necessary component of good maternity care. "Continuity of place" refers mainly to not having to leave your community.
[19] The need for more birthing centres, particularly in the western Canada has been noted by Aboriginal women. For example, presently, there are none in Saskatchewan or British Columbia.

As well, the SGMT practice is dedicated to the support and mentoring of Aboriginal community members who wish to enter health care professions. The SGMT vision statement illustrates their members' dedication to women and birth:

> SGMT believes in the sacredness of all life, and respects the beauty and power of nature and creation. We believe that birth is a profound and awesome event in a woman's life.[20]

kanácí otinawáwasowin Baccalaureate Program (KOBP)

Aboriginal midwifery education is currently being offered at the University College of the North located in The Pas, Manitoba. The kanácí otinawáwasowin Baccalaureate Program (KOBP) is a four-year degree program in midwifery which incorporates a mentoring model of instruction rooted in Aboriginal values and traditions. It focuses on Aboriginal perspectives and trains midwives in the competencies required for registration with the College of Midwives of Manitoba.[21] Course instructors include registered and non-registered Aboriginal midwives, and other Aboriginal academics are vital to the continued curriculum development in this program.

Tsi Non:we Ionnakeratstha Ona:grahsta'

The Six Nations Birthing Centre in southern Ontario, Tsi Non:we Ionnakeratstha Ona:grahsta' is a community-directed birth centre that also provides comprehensive life care. All the centre's midwives are members of the Six Nations community and offer a choice of birth place to the mother: at home or at the birth centre.

The midwives at this birth centre provide a variety of services including complete prenatal, labour and birth care, traditional family teachings, well-baby advice, infertility information and support, pregnancy and pap tests, traditional medicine, educational and emotional support, annual birth celebrations and breastfeeding support. The centre itself also provides many programs, which include prenatal classes, "Moms and Tots" groups, female traditional self-care, male traditional self-care, traditional medicine workshops and traditional parenting workshops.

The centre also has an Aboriginal Midwifery Training Program, which had its first graduating class in 2003.[22]

Tsi Non:we Ionnakeratstha Ona:grahsta' is an excellent example of a best practice. This centre not only has continuity of place but offers more than labour and birth care. It builds and strengthens the community, trains midwives, encourages traditional

[20] Seventh Generation Midwives Toronto, "About Us," 2006, online: www.sgmt.ca/SGMTabout.html (Accessed May 18, 2007.)
[21] University College of the North, "2007-2008 Annual Calendar," online: www.keewatincc.mb.ca/Academic%20Calendar%202007-2008.pdf (Accessed May 18, 2007.)
[22] Six Nations Maternal and Child Centre, "Tsi Non:we Ionnakeratstha (the place they will be born) Ona:grahsta' (a Birthing Place)," online: National Aboriginal Health Organization www.naho.ca/french/pdf/ABirthingPlace-SixNations.pdf (Accessed May 17, 2007).

knowledge keepers and elders, and incorporates knowledge from all community members.

What is Needed to Support and Promote Aboriginal Women's Reproductive Health, Midwifery, and Birthing Centres?

Aboriginal women have identified recommendations for increasing our reproductive health, fostering the re-growth of Aboriginal midwifery practice in the modern regulatory setting, and for birth centres. Our recommendations include:

1. Recognize the role and value of traditional Aboriginal reproductive, pregnancy and birthing knowledge;

2. Acknowledge the loss of continuity of family and community care and involvement for women who must leave their communities during late pregnancy to give birth;

3. Understand the importance of Aboriginal women's roles in teaching young women about the physical aspects of womanhood and holding related ceremonies;

4. Provide support and recognition to Aboriginal midwives, including their training and registration under provincial health professional laws and regulations;

5. Conduct research that is specific to traditional First Nations, Inuit, and Métis midwives and restoring their roles in individual, family and community health;

6. Research how traditional approaches to reproductive health can be more effectively combined with other health services;

7. Focus research enquiry on and identify how Aboriginal women may better access culturally relevant pregnancy and birthing support and experiences;
8. Research and publicize programs related to the spectrum of lifetime reproductive health that work, whether these are traditional or a combination of traditional and western medical approaches;

9. Continue to provide encouragement, and increase financial support and opportunities for Aboriginal women to enter midwifery training;

10. Encourage meaningful dialogue between Aboriginal midwives and non-Aboriginal midwives for mutual benefits to their care and services for all women, and to promote more culturally sensitive care for Aboriginal women when they are only able to access non-Aboriginal settings for birth, such as hospitals;

11. Emphasize the importance of cultural sensitivity in all health services;

12. Commit to making immediate, substantial improvements to the social, economic and political conditions within which Aboriginal women and their families live; and,

13. Commit to engaging Aboriginal women in the development and delivery of women-specific health and reproductive health action plans; including that all such plans and resulting policies and programs will include a culturally relevant gender-based analysis.

Appendix A: Status of Midwifery in Canada†

Province/Territory	Midwifery Legislation	Funded Midwifery Care	Formal Education Program?	Are there Aboriginal Midwives?
Alberta	Yes	No	No	Yes
British Columbia	Yes	Yes	Yes	Yes
Manitoba	Yes	Yes	Yes	Yes
New Brunswick[23]	No	No	No	Unknown
Newfoundland and Labrador	No	Yes, if midwife is also an RN	No	Unknown
Nova Scotia	No	No	No	Unknown
Ontario	Yes	Yes	Yes	Yes
Prince Edward Island	No	No	No	Unknown
Quebec	Yes	Yes	Yes	Yes
Saskatchewan	Yes	No	No	Unknown
Northwest Territories	Yes	Yes	No	Unknown
Nunavut	No	Yes	Pilot project beginning 2005	Yes
Yukon	No	No	No	Unknown

† Please note that the information in this appendix should not be quoted without reference to the applicable laws and regulations, and specific provincial/territorial circumstances. Due to time constraints preparing this paper, it was not possible to verify the accuracy of all information before submission of this paper.

[23] According to a news release on May 16, 2007 "[The] government will take the necessary steps to make midwives an integral part of New Brunswick's publicly funded health care team…"
"Province to legislate practice of midwifery," Communications New Brunswick online: www.gnb.ca/cnb/news/he/2007e0612he.htm (Accessed June 16, 2007.)