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Traditional Birth Gathering

October 30, 2018
Saskatoon, SK





- Literature Review
- Environmental Scan
- Knowledge Keepers Shared Wisdom



LITERATURE REVIEW

- *The History and Current State of Traditional Birthing and Indigenous Midwifery in Canada: A Review of the Literature*
- The team searched the terms: “Indigenous birth”, “traditional birth”, “aboriginal midwives”, “aboriginal doula”, “pregnancy”, “birth practices”, “Saskatchewan”, and “Canada.”
- We referenced 21 sources that were either: Peer reviewed articles, online news articles, online videos, published books, and some meaningful quotes from Knowledge Keepers at the 2018 Think Indigenous Conference
- No articles specific to Saskatchewan, and limited literature publications from Canada



LITERATURE REVIEW

- **How It Was**

- -pregnancy and birth was a sacred time and birth happened in community

- -embedded comprehensive midwifery practices as well as community traditions, ceremonies, gatherings and celebrations

- **Forced Evacuation**

- -since the 60s and 70s Health Canada's evacuation policy: First Nations women living in rural and remote reserves are evacuated from their community to access labor and birth in a larger medical facility.

- -led to decline/extinction of traditional midwifery and birthing practices in Indigenous communities.



- **Isolation and Lack of Support**

- -medicalization of birth

- -lack of choice (where they will deliver, who will be with them)

- -very little support while awaiting birth in larger center-birthing removed from their home community

- -relationship between birthing and the land

“land is essential to First Nations wellbeing and ‘being born on the land’ integral to First Nations identity.” (Lawford & Giles, 2012)



- **Discrimination and Cultural Barriers**

- -colonialism (powerless and afraid)
- -care professionals lack of cultural understanding
- -forced sterilization of Indigenous women

- **Lack of Culturally Safe Care**

- -Indigenous women continue to have challenges to access culturally safe care.
- -Aboriginal women had less satisfactory care than urban counterparts (SOGC, 2010)
- -ties to community, family and place important to birth experience



• **Current State**

- -SOGC strongly supports and promotes the return of birth to rural and remote communities for women at low risk of complications (2010)
- -the value of Indigenous midwifery well documented
- -some communities in Canada are successfully 'bringing birth back'
- -approximately 95 Indigenous midwives, midwife Elders and student midwives from all regions, (ACM, 2016)
- -at least ten Indigenous midwifery practices (Wood, 2015)
- -Manitoba Indigenous Doula Initiative created in 2016
- -emerging models of Aboriginal midwifery that blend both traditional and modern forms of midwifery



- **Conclusion**

- -all women deserve to have culturally safe health care
- -literature review identified challenges and barriers for Indigenous women to access culturally safe birth
- - there are emerging successful models of Aboriginal midwifery programs
- -"continued support for Indigenous midwifery practice is essential if we are going to bring births home" (Cardinal, 2018)




ENVIRONMENTAL SCAN OF CENTRAL AND SOUTH FIRST NATIONS COMMUNITIES

- 29 communities were contacted, 22 communities completed the telephone questionnaire.
- 73% of those who answered the questionnaire stated their role as “Health Director” and 27% responded their role as “Other”
- Out of the 22 communities who participated in the questionnaire, four of the communities do not have a current Maternal Child Health Program.
- Over 90% of communities do not contract or employ midwives in their community. Two communities stated that the midwives from All Nation’s Healing Hospital come out to their Health Center to provide care.



ENVIRONMENTAL SCAN

- 68% of Health Centers (15) provide programming that integrates Traditional Knowledge Keepers.
 - 82% of Health Directors felt it would be good to expand their current programming to include more traditional birth practices, such as Women's helpers, birth attendants and midwives.
 - Some programs noted very successful programming such as *“strong breastfeeding group, and would like to expand the whole realm of women's services, even focusing on ovarian and cervical care and fertility issues.”*
 - Others spoke to cultural programming eg. moss bag making
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ENVIRONMENTAL SCAN

-68% of those interviewed identified Traditional Knowledge Keepers or grandmothers within their communities. However, some participants were not comfortable giving out that information without approval.

-one Health Director stated “*the generation of older women are gone now.*”



ENVIRONMENTAL SCAN

82 % of those interviewed had parting thoughts. Some of the main themes included:

- The location and distance that their mothers have to travel to deliver as being between one and three hours away.

“Women drive 2.5 hours to Saskatoon for prenatal appointments and to deliver. Sometimes they do go to Melfort which is closer but all high risk has to go to Saskatoon. Very hard to go to appointments especially if there are other kids, and costs.”

- The number of babies being born from their community and age of mothers. This varied between communities from ten per year to no births in four years.
- What they would envision birthing services to be in the future.

“It would be neat to have a birthing unit right on each community. It's like babies start life in this cold place and then they are back to the cold place for death (hospital). They should be born where they live, so they are comfortable. It's hard sending moms away for birth and it's not home-like. The closest they have is the Fort.”



ENVIRONMENTAL SCAN

- More emphasis on traditional programming, especially breastfeeding and traditional parenting
- More information for mothers to support them and build their confidence eg. Access to lactation consultants, hospital tours for first time mothers
- There is a need for more support and resources, such as a midwifery program. Midwives should be an available for all mothers



TRADITIONAL KNOWLEDGE KEEPERS SHARED WISDOM

- Six grandmothers shared their wisdom
- Three wished to share their knowledge by phone and three shared in person.
- one grandmother requested her name not be used
- those who shared in person were offered tobacco and all grandmothers were provided an honorarium
- five of the grandmothers identified as Cree and one as Saulteaux
- all grandmothers were willing and happy to share their knowledge 'if they thought it would help to bring traditional birthing practices/teachings back to the communities.
- many spoke about passing knowledge and teachings down to their grandchildren and great grandchildren



TRADITIONAL KNOWLEDGE KEEPERS SHARED WISDOM

Prominent Themes

- Most of the grandmothers were born at home with midwives and willingly shared stories of their own birth which was passed down to them.
- Two shared of their own birth experience. One grandmother was a midwife and had delivered nine babies.
- Most referred to those who helped at the birth as ‘midwife’ and those who assisted as ‘helper.’
- However two grandmothers identified the Cree term ‘Misquamee...which had something to do with the earth or mud’ and ‘Omanaakso’ a word of respect



TRADITIONAL KNOWLEDGE KEEPERS SHARED WISDOM

-Most grandmothers were not involved directly in teaching young mothers in the community

What is needed to bring birth back to the community?

“if there are midwives to do the work ... and as long as they know what needs to be done.”



TRADITIONAL KNOWLEDGE KEEPERS SHARED WISDOM

Teachings related to pregnancy and birthing:

- The importance of belly button customs.
- *“you take and put it on near something you want your baby to be good at or work hard in. Her husband put some of their children’s belly buttons near a woodpile and a tractor.”*
- *“they wrapped it up in a clean cloth and buried it where it was clean, like a natural place. They would talk to the belly button as to what you wished the child to become”*



TRADITIONAL KNOWLEDGE KEEPERS SHARED WISDOM

Teachings related to pregnancy and birthing

- Most identified different medicines that were used, one stated *“our medicines are really important to our people...if a woman had a hard birth the midwife had medicine...”*
- Exercise, in particular walking and hard work in the prenatal period as helpful to birth. One talked about how her mother kneeled to deliver as it made it easier.



TRADITIONAL KNOWLEDGE KEEPERS SHARED WISDOM

Teachings related to childrearing

- The importance of honoring and taking good care of the children you were given, respecting your body
'this is a gift from the Creator'
- The importance of nursing the baby
- The use of moss bags to wrap your baby and comfort your baby



TRADITIONAL KNOWLEDGE KEEPERS SHARED WISDOM

The importance of language

- The importance of language in grounding them to their culture.

“Language helps us to understand our culture. We are living our traditions, who you are, your world view. When we went to residential schools we were removed from that.”

- Going to the Elder to receive your traditional name.
- Greet the newborn in your Indigenous language



THANK YOU

- We want to acknowledge and thank the central and southern communities for participating in the surveys.
- We want to thank and honor the Traditional Knowledge Keepers (grandmothers) for sharing their wisdom and teachings.

