

Honouring Indigenous Women's and Families' Pregnancy Journeys

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**Perinatal
Services BC**

Provincial Health Services Authority



**Provincial Health
Services Authority**



Land Acknowledgement

We gratefully acknowledge that we are gathered on the unceded, traditional, and ancestral lands of First Nations in this place currently known as British Columbia where we work, play and live.

First Nations, Metis, and Inuit Peoples have been responsible for stewarding this land for all time and we give thanks as uninvited guests on these lands.



Trigger warning...

Learning and un-learning regarding the deeply complex and horrific atrocities Indigenous people have experienced and endured can be triggering, upsetting, and bring about strong emotions.

We encourage you to take the time to care for yourself in whatever way this looks best for you.

We hope you to take in these teachings with a open mind and open heart, this is not about blame or shame, this is about learning truth so that the future can be reconciled in a lasting, good way.



**Perinatal
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Overview



Why the focus on Indigenous Maternal Health?

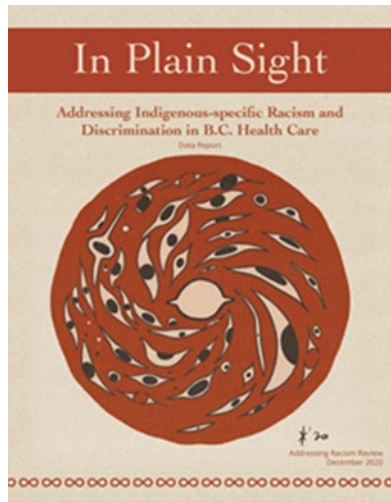
- Data & Evidence
- Geographical Determinants of Health

Honoring Indigenous Women's and Families Pregnancy Journeys

- Decline of Perinatal Health
- Critical First Steps & Ceremony
- 4 R's Framework
- 6 Key Principles



Why the focus on Indigenous Maternal Health?



3. Indigenous women and girls are disproportionately impacted by Indigenous-specific racism in the health care system.

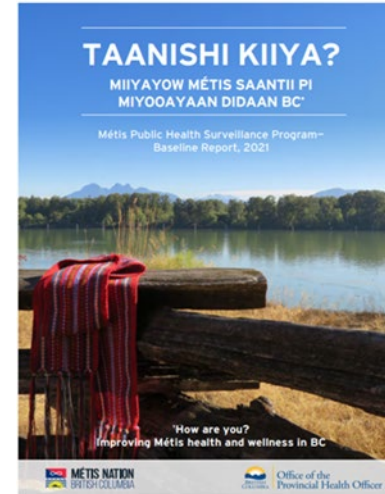
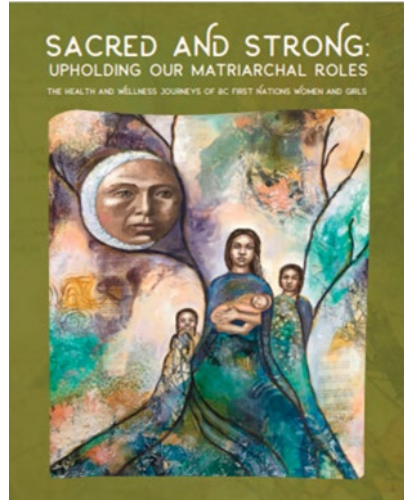
Witness Shares Account of Racism in the Delivery Room

An obstetrician told this Review about the terrible treatment received by an Indigenous woman who has a history of trauma and sexual assault. The woman attended a B.C. hospital to have a child by C-section.

Prior to the procedure, the obstetrician witnessed an anesthesiologist manhandling and yelling at the patient. The same anesthesiologist later made the statement that *"People like her should be sterilized."*



Why the focus on Indigenous Maternal Health



....practices such as coerced and forced sterilizations, birth alerts and unethical research on First Nations women and children have contributed to ongoing mistrust and fear when it comes to accessing sexual health services. This is compounded by the persistent racism, stereotypes and discrimination that First Nations women continue to experience in the medical system.

“Cultural wellness is a key factor in promoting health and well-being. For many years, the Métis had to hide aspects of their culture and identity in order to stay physically safe, progress economically, and be respected in mainstream society. Even today, many Métis people experience that sharing their Métis identity can cause them to be subject to racism and misunderstanding. Cultural wellness is about promoting a world in which Métis people can express and celebrate their identity with pride.”

– Métis Nation British Columbia, *Kaa-wiichitoyaahk: Métis Perspectives on Cultural Wellness*^{6(p.116)}





“The perinatal period—the period of pregnancy through labour and delivery and the early weeks after birth—is a sensitive time for all women and pregnant individuals.

However, it is particularly challenging for Indigenous Peoples for whom discrimination, racism, dehumanizing interactions, and a loss of autonomy in the healthcare system are everyday experiences.”

(Honouring Indigenous Women's and Families Pregnancy Journey, 2021, p. vii)





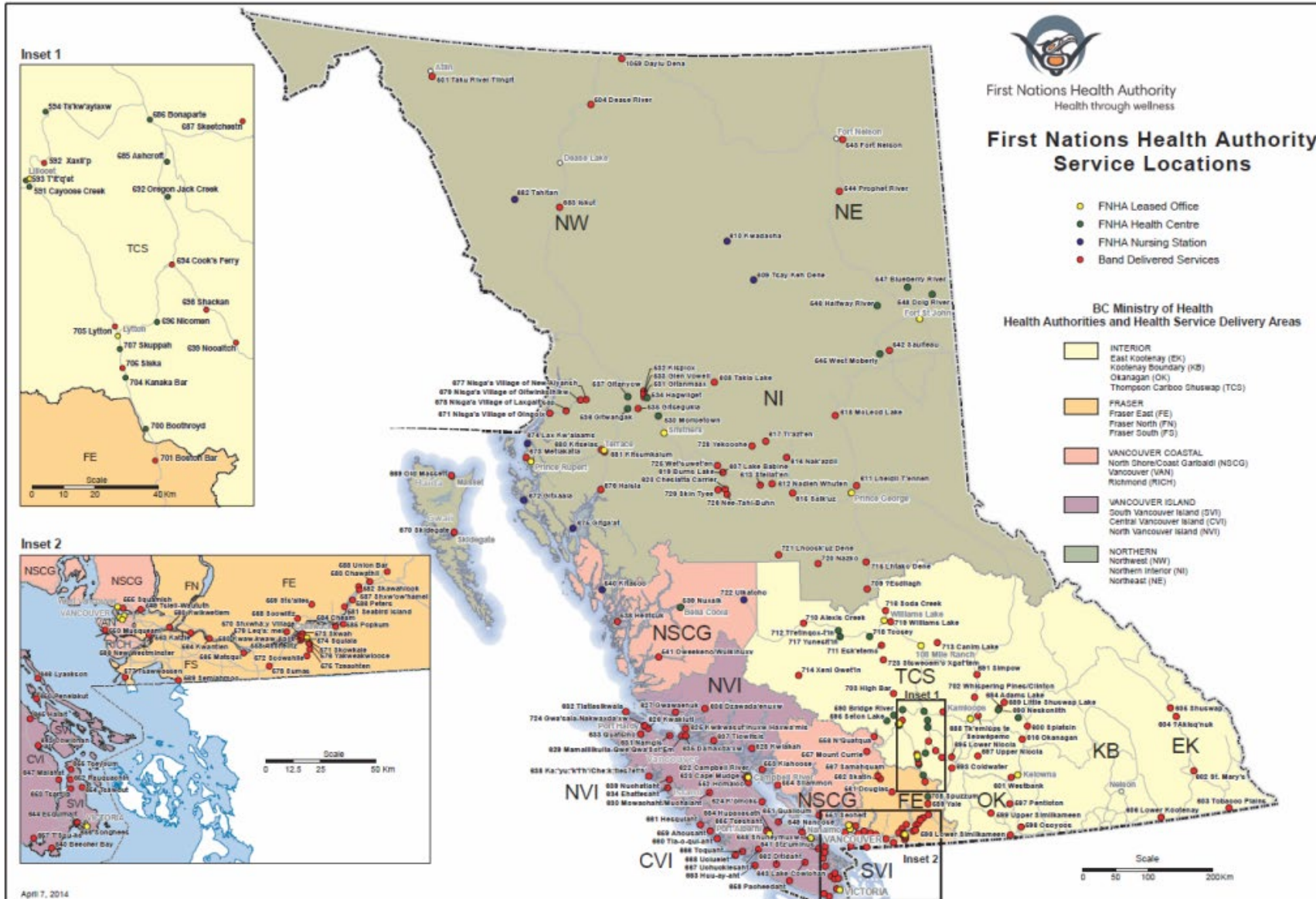
A report from the National Aboriginal Health Organization stated that,

“When women are separated from their families to give birth in unfamiliar surroundings, there is an increase in premature births, newborn complications, postpartum depression, unsuccessful breastfeeding, strain on the family, attachment issues and the inability to celebrate the new birth”.

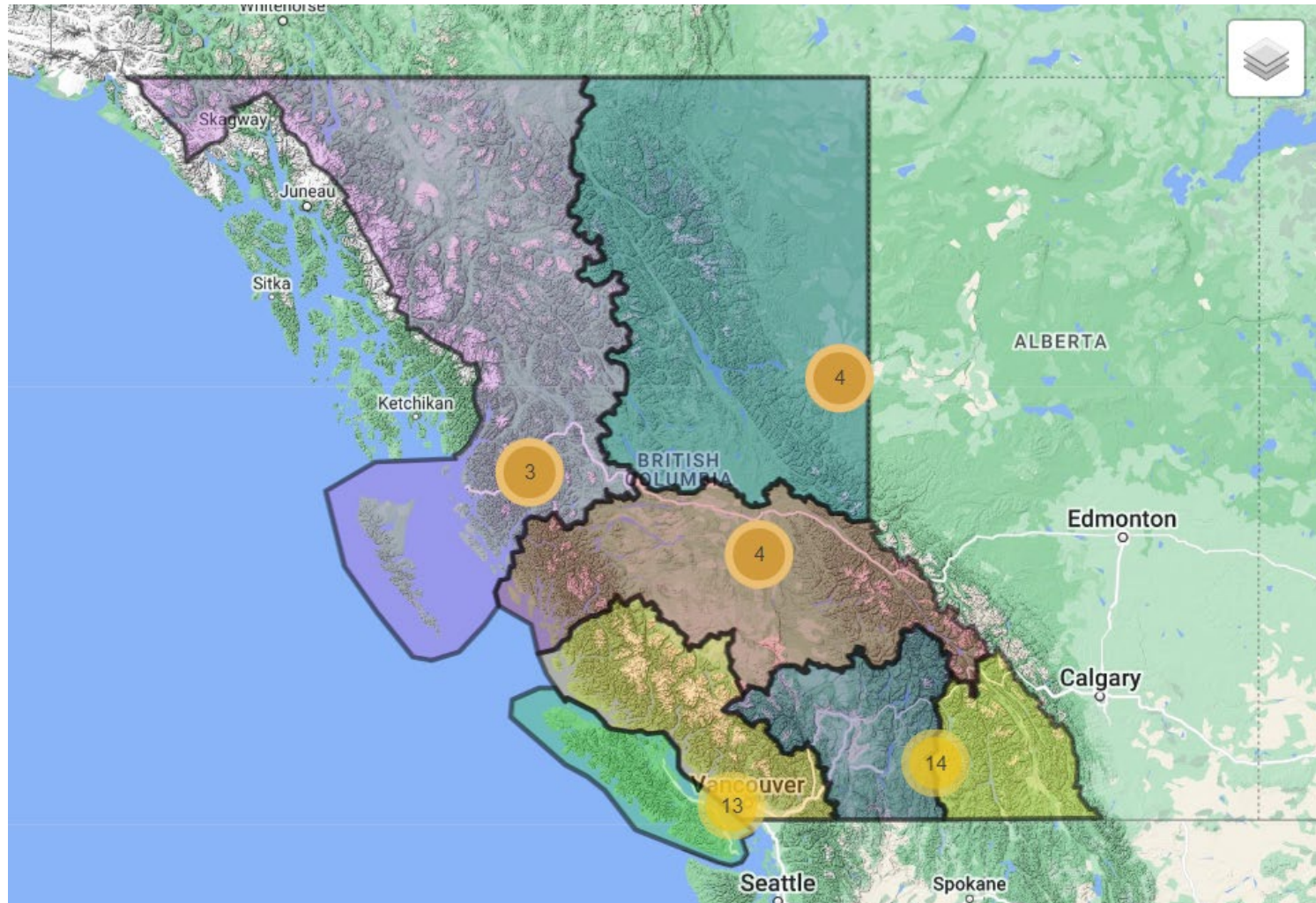
(Honouring Indigenous Women's and Families Pregnancy Journey, 2021, p. 4)



Map of British Columbia First Nations Communities



Metis Chartered Communities





Indigenous Resources

Perinatal Services BC celebrates Indigenous cultures and traditions as integral to health care.

These resources are developed with and for Indigenous Peoples and health professionals to support culturally safe care that improves health outcomes and honours Indigenous perspectives and traditions.



The [First Nations Health Benefits Coverage brochure](#) has information on Indigenous pregnancy and infant care.



Practice resource: Honouring Indigenous women's and families' pregnancy journeys

This guide helps health-care providers ensure clinical perinatal care is respectful and safe for Indigenous Peoples, by outlining actionable frameworks and principles for culturally safe, humble, and trauma-informed health care.

[Download practice resource >](#)

In this section

[Indigenous Resources](#)

[Pregnancy Passport](#)

[Emotional Health](#)

[Doula Services](#)

[Safe Sleep Toolkit](#)

[Hypoglycemia](#)



Honouring Indigenous Women's and Families' Pregnancy Journeys

A PRACTICE RESOURCE TO SUPPORT
IMPROVED PERINATAL CARE

CREATED BY AUNTIES, MOTHERS,
GRANDMOTHERS, SISTERS, AND
DAUGHTERS



 Perinatal
Services BC
Provincial Health Services Authority

This two-eyed seeing practice resource is a guide that helps health-care providers ensure clinical perinatal care is respectful and safe for Indigenous Peoples, by outlining actionable frameworks and principles for culturally safe, humble, and trauma-informed health care.



The Decline of Perinatal Health

Defining moments...

- Colonial interference (1876)
- Western Medicine
- Sexual Sterilization Act (1933 British Columbia)
- Indian Residential Schools (*last IRS closed in 19
- Sixties Scoop
- Anti-Indigenous Racism



← Children at St. Augustine's Indian Residential School, Sechelt, 1924, VPL 9268





Critical First Step...

“A critical first step is to create a supportive and respectful environment that is attuned to Indigenous cultural beliefs, values, practices, and ceremonies. In Indigenous communities, mothering is embraced by the entire family and community.”

(Honouring Indigenous Women's and Families Pregnancy Journey, 2021, p. 2)



What have Indigenous Aunties, Mothers, Grandmothers, Sisters, and Daughters shared?

- ❖ It is important to honour Indigenous women and pregnant individuals by asking whether there are traditional beliefs and practices they would like to include during labour and the post-partum period.
- ❖ Asking such questions is very different from asking someone what they want to eat or whether they would prefer to labour in a tub. It's so much more vital than a preference or a wish, as it conveys an understanding of birth as a ceremonial and celebratory event for Indigenous Peoples and families and for health care.
- ❖ Indigenous women and pregnant individuals have the right to experience a positive delivery that is framed by their traditional beliefs, practices, and values.



Auntie Lucy's Reflection

- ❖ Indigenous ceremonies were neither written down nor recorded.
- ❖ They were shared orally.
- ❖ For the purpose of providing safer perinatal services for Indigenous Peoples, Lucy described a few of the ceremonies in the resource. They are offered as gifts of Indigenous knowledge to non-Indigenous Peoples.
- ❖ Each Indigenous community has its own unique celebrations, traditions, and ways of knowing when it comes to perinatal care, therefore the ceremonies described here may not be applicable to all Indigenous families and communities



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Welcoming Baby Ceremony

During a Welcoming Baby Ceremony, cultural speakers talk about the importance of the ceremony. They drum and sing with the family and child, walking with them as they enter the place where the baby will be welcomed. They talk about how to care for the new family member. Others, who are called upon to witness the ceremony, share responsibility for raising the child, a role that falls to family members and the community. A coordinator acts as facilitator, opening and closing the ceremony, and prompting everyone as to when they should be standing or sitting. The family places headbands on the cultural speaker and coordinator to protect their minds, so they will relay only good thoughts to the young child and family. They also drape them with blankets to protect their hearts, so that they give the baby and family only good feelings. The parents place the baby on a new blanket on the floor or ground and stand over the baby while another family member cares for the baby. Witnesses are called upon to share what they have learned about welcoming the new member of the community and confirm their responsibility to always keep an eye out for the child until they reach adulthood. The witnesses also share with the family their teachings on bringing a baby into the world.

Coming of Age Ceremony

A Coming of Age Ceremony is an individual, family, or community event that supports a young person's transition into adulthood. As many Indigenous communities acknowledge more than two genders, there are ceremonies for all, including Two-Spirit People who have the gift of having both genders.

When it is time to teach youth about relationships, sex, and marriage, adults from the community share teachings during a four-day Coming of Age Ceremony. These teachings include discussions about respect for oneself and for others, and the consequences of having sex and bringing a baby into the world. The young people who take part are then presented to the community as adults who now are deemed ready to marry and/or bring children into the world.

› Kwakiutl ceremonial dance group, 19-, VPL 14044



Traditional Birth Ceremony in Hospital

ELDERS VISIONING PERINATAL SUBSTANCE USE TOOLKIT

NOVEMBER 2021

A toolkit describing Indigenous Elders' teachings and perspectives on providing culturally safe health care and how to engage Elders in health care services in a good way



PROVINCIAL PERINATAL SUBSTANCE USE PROJECT



Part 6. Cultural Ceremony and Teachings

It is important to acknowledge the vast diversity and experiences across BC regarding Indigenous (including First Nations, Inuit and Métis) cultural teachings around birthing practices. Elders play an integral role in the community by sharing and passing down their knowledge and wisdom as well as leading traditional practices, rituals and ceremonies for lifegivers across their perinatal journeys. Elders use spirituality, storytelling, ceremonies and traditional medicine wheel teachings within their work with Indigenous lifegivers and their families to lift them up, empower them and celebrate the gift of new life. Elders honour women with the title of "lifegivers", as they see them as creators and people who have the ability to gift life into this world. Elders also ensure that a lifegiver's partner or family members always have a role in any ceremonies, when this is wanted.

Ceremonies guide and protect Indigenous lifegivers, their partner or families and show them that they are precious beings. Elders are calling to bring back ceremonies at each stage in a woman's journey so that they are honoured, respected and can connect to culture, traditional healing practices and the land. Elders highlight the traditional roles and responsibilities of family members such as the father, aunts and grandmothers and ask health care providers to respect and support these roles in the lifegiver's perinatal journey.

“We need to honour our women and honour our girls and bring back the ceremony at each stage of our lives.”

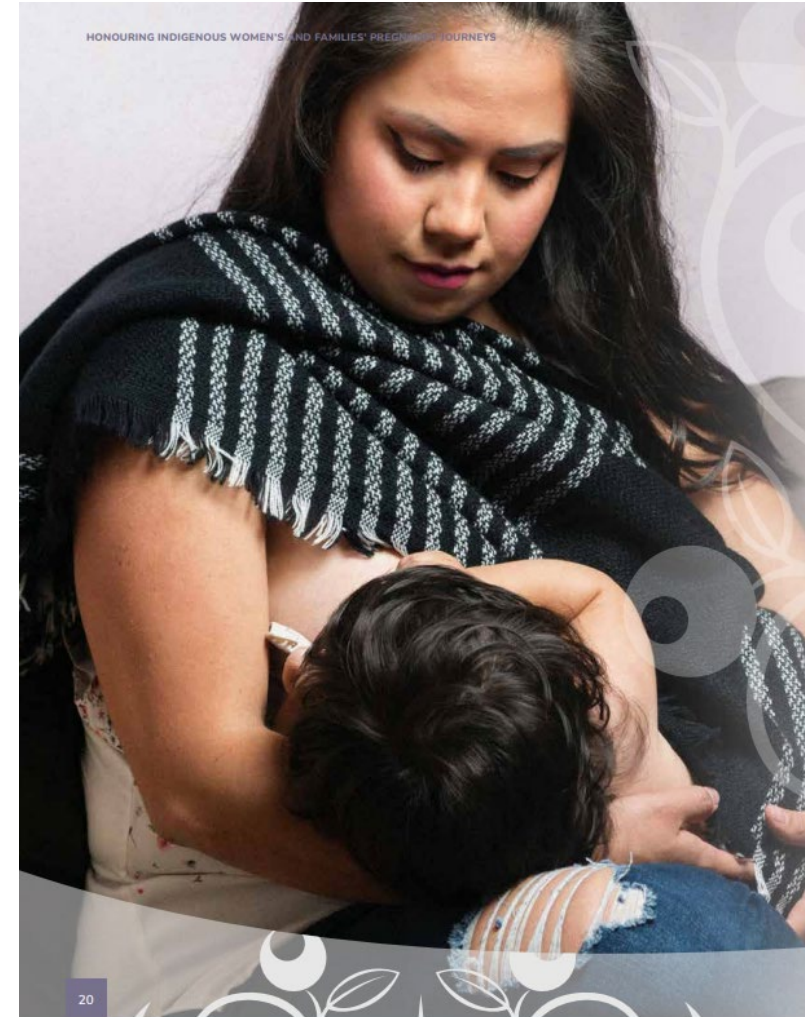
— Dr. Elder Roberta Price



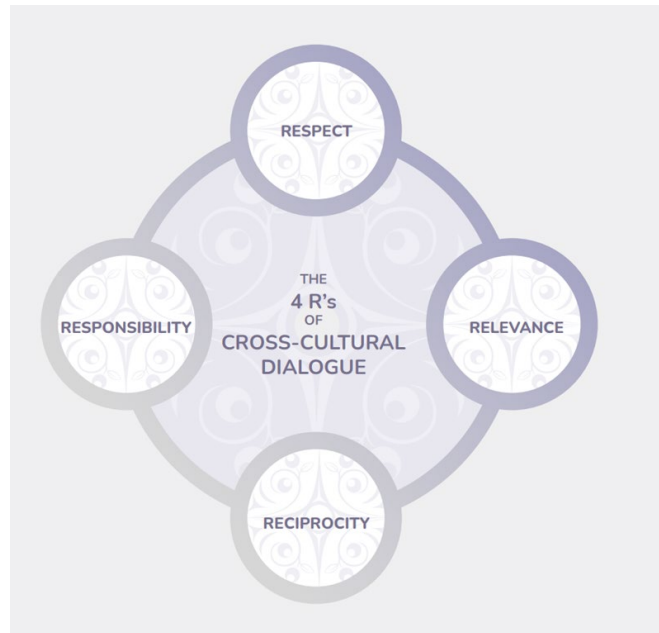
The Provincial Perinatal Substance Use Project ELDERS VISIONING Perinatal Substance Use TOOLKIT



How do healthcare providers practice integrating principles of cultural safety, humility, and trauma-informed care into perinatal practice?



The Four R's Framework



Six Key Principles



The 4 R's of Cross-Cultural Dialogue

Integrating Principles of Cultural Safety, Humility, and Trauma-Informed Care into Perinatal Practice

The four R's framework for cross-cultural dialogue is a useful tool for healthcare providers working with Indigenous clients.⁽²⁾ It places the onus on healthcare providers to accommodate the unique needs of the individual, asking them to:

- **Respect** Indigenous women and pregnant individuals for who they are and what they know;
- Provide Indigenous women, pregnant individuals, and families with information that is **relevant** to their lives, experiences, and worldviews;
- Encourage **reciprocity** in healthcare relationships by viewing teaching and learning as a two-way process, and
- Enable clients to exercise **responsibility** and make decisions about their health.⁽²⁾



RESPECT
Indigenous
Peoples for who
they are



Providing Indigenous Peoples with information that is **RELEVANT** to and respectful of their worldviews



Encouraging
RECIPROCITY
in healthcare relationships



Enabling Indigenous Peoples to
exercise **RESPONSIBILITY**
and agency over their health



6 Key Practice Principles



1. **Cultural Safety and Cultural Humility** – Ensuring that patients are receptive to care because they feel supported and safe and that healthcare providers—recognizing the limits of their understanding—seek guidance from their patients.
2. **Self-Determination** – Explaining options so patients can make informed decisions about their treatment and care.
3. **Trust Through Relationship** – Fostering a connection with patients built on trust.
4. **Respect** – Demonstrating an understanding of, and respect for, traditional practices and knowledge.
5. **Anti-Indigenous Racism** – Building awareness of overt and covert racism, and developing policies and procedures to deal with racist incidents.
6. **Strength and Resilience-Based Practice** – Promoting positive outcomes by focusing on a patients’ strengths.



Six practice principles which support culturally safe, humble, trauma-informed perinatal care



Auntie Lucy's Reflection

When these principles are practised, individuals and families feel safe and are open to asking questions about their care. Practicing these principles will bring balance to the relationship of the patient and healthcare provider. This, in turn, will improve the perinatal health outcomes of Indigenous women and families. It is a time to honour and celebrate birthing together.



Cultural Safety and Cultural Humility

Case Study¹

Mary, a 30-year-old woman, would like to have her family present during her labour and birth. She has let you know she was alone when her other children were born and did not feel safe to ask questions about her care. As a healthcare provider, how can you help her in a culturally safe way?

Perhaps you could empathize with Mary and tell her you understand this can be a scary time. Remind her that you want her to feel as safe and comfortable as possible because birth should be a joyous experience. It would help Mary if her family were present to support her. Let Mary know that she can ask you any questions she has and can also express her concerns.



Self-Determination

Case Study

Connie is 25 years old, over-weight and 30 weeks pregnant with her third child. Her chief complaint is that she is always hungry. As a healthcare provider, what can you do to ensure you are providing care that supports her self-determination as an Indigenous mother?

Tell Connie you're glad she came to see you. Talk to her about gestational diabetes, and suggest it may be helpful for her to be tested. Ask her whether she was unusually hungry during her other pregnancies and how she coped.



Trust Through Relationship

Case Study

Cindy is a 22-year-old Indigenous woman who arrives in your clinic with her three-month-old infant. She has had previous involvement with the Ministry of Child and Family Development. She smells of cigarette smoke and says she is worried about tobacco use in her household, as she has heard that second-hand smoke harms babies. As her healthcare provider, what can you do to build trust?

Start by introducing yourself and thanking Cindy for coming in to see you about her concerns. Tell her she is a good mother for thinking about the harm of cigarette smoke to her baby. Ask her what worries her about the tobacco use in the household. Ask if she smokes and, if so, whether she would like to stop. Acknowledge you understand how hard it is to quit smoking and commend her for wanting to stop. Let her know you can help her create a plan to lower the risk of harm for both herself and her baby.



Respect

Case Study

Lisa, a 20-year-old Indigenous mother is unsure how to feed her infant. She started breastfeeding and says she wants to stop so she can accept a waitressing job. Her partner is not always reliable with grocery shopping. Lisa tries to hide the scratches and bruises on her face and arms. As a healthcare provider how can you ensure you provide respectful care?

Ask her what her experience was like with breastfeeding. Re-affirm that it is normal to seek employment and to find ways to feed her baby and that such choices need not take away from her ability to breast-feed her baby. By gaining Lisa's trust you may become aware of her financial situation, and together come up with a plan to help her continue breastfeeding or transition to formula feeding without being judgmental. Ask her if she would like to discuss anything. Let her know she is safe to share any information she would like. Ask Lisa how things are going at home and whether she has the support she needs from her partner and her family. Ask her if she feels safe at home.



Anti-Indigenous Racism

Case Study

Rebecca, who is seven months pregnant, arrives in the ER with her partner. She says she is experiencing a lot of pain around her stomach and is not sure why. Her partner asks whether it is OK for her to take pain medication while pregnant. What can you do to ensure you are providing care that is anti-racist?

Tell the patient you are happy she and her partner came in to get checked for the pain. Explain that being seven months pregnant and having pain in her abdomen might mean something else is going on. She may need to be tested to find the cause and provide the best treatment and care.



Strength and Resilience-Based Practice

Case Study

Tracy, age 28, arrives at the hospital with her partner, family members, and five-year-old son. She had planned on a natural birth for her second child but, due to complications, she needs to have a Caesarean section. What is the best way to provide care that is focused on her strengths and fosters resilience?

Remind Tracy how strong and brave she is. Review the reasons why a Caesarean section is necessary, both for her safety and the wellbeing of her new baby. Let her know that she can ask questions at any time if she has any concerns. Remind her that asking questions is a strength that shows her concern for her own wellness and the wellness of her baby.





Closing thoughts...

“We must create an environment of respect and safety within our healthcare system. We must be prepared to practice cultural humility, cultural safety, and trauma-informed care”

(Honouring Indigenous Women's and Families Pregnancy Journey, 2021, p. 31)



Educational Resources:

PSBC Indigenous Resources:

<http://www.perinataleservicesbc.ca/health-professionals/professional-resources/indigenous-resources>

Provincial Perinatal Substance Use Project: BC Women's Elders Visioning Perinatal Substance Use Toolkit

http://www.bcwomens.ca/Professional-Resources-site/Documents/Perinatal%20Substance%20Use/PHSA_Elder_Visioning_PSU_toolkit_FINAL%2022Nov2021.pdf

Map of First Nations Communities: page 9:

<https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/gdx/rural-and-remote-covid-19-response-framework.pdf>

Metis Chartered Communities:

<https://www.mnbc.ca/citizens-culture/chartered-communities>

FNHA Sacred and Strong:

<https://www.fnha.ca/Documents/FNHA-PHO-Sacred-and-Strong-Infancy-and-Perinatal.pdf>

TAANISHI KIIYA? The Métis Public Health Surveillance Program Baseline Report, 2021:

https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/annual-reports/pho_metis_report_2021c_f3.pdf

In Plain Sight:

<https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report-2020.pdf>





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