

## PERINATAL HEALTH, CULTURAL SAFETY IN COVID-19

Cultural Humility and Cultural Safety and Trauma-Informed Care help to create an equitable and respectful health care environment. These approaches are key to improving health services for Indigenous people and need to be built into the health care service delivery changes and workforce planning underway while addressing the COVID-19 pandemic.

**Cultural humility** is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.<sup>i</sup>

**Cultural safety** is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.<sup>i</sup>

**Trauma-Informed Care (TIC)** is about recognizing the link between trauma and mental illness, substance use, barriers to access, physical ailments and more. TIC involves making sure that people feel safe and are not re-traumatized by their care.<sup>ii</sup>

### Principles of Culturally Safe Care:

- Strength-based
- Safe
- Resilience-approached
- Relationship-based
- Respectful
- Free of racism
- Free of coercion
- Aware and responsive to historical trauma

### Why is Cultural Safety, Cultural Humility and TIC important during COVID-19?

1. COVID-19+ has the potential to have a **disproportionate impact** in Indigenous communities which, due to colonialism, are more vulnerable to inequalities in health and economic challenges. It cannot be assumed that measures being put in place for the general public are directly transferrable and will have the same impact in First Nations/Indigenous communities.<sup>iii</sup>
2. COVID-19+ has the potential to be **re-traumatizing** for Indigenous peoples and communities who have experienced several waves of devastating epidemics and who may have painful memories, deep-rooted fear and distrust of medical personnel (particularly those wearing PPE) associated with historical and personal past experiences in residential schools<sup>iv</sup> and Indian hospitals.
  - Smallpox, influenza, tuberculosis, measles, and whooping cough introduced into Indigenous communities with European contact at a time when communities lacked biological or cultural adaptations decimated populations in some villages by 50% to 90%.<sup>v</sup>

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3. COVID-19+ is **impacting the availability of options, health services and cultural supports** for family planning, prenatal care, delivery and postpartum health and wellness.

Embedding cultural safety and humility into all health care services and planning for COVID-19 is vital in mitigating these negative impacts of the pandemic and creating a safe health care environment where Indigenous women and their families feel respected.

### ➤ GENERAL ADVICE FOR PROVIDING CULTURALLY SAFE CARE DURING COVID-19

#### *Potential Issues/Concerns*

Various aspects of the COVID-19 pandemic may trigger re-traumatization for Indigenous women and their families.

#### *Advice for Providers:*

- Practice humility: know your own beliefs and honour the beliefs and practices of your clients. Treat others how you would like to be treated.
- Recognize that Indigenous peoples have strategies of caring for their women from preconception to Elder-hood that have been passed down orally through the generations.
- Seek to draw from oral tradition by using stories to demonstrate cultural practices, beliefs and values as evidence of healthy and protective ways of being.<sup>vi</sup>
- Be aware of how re-traumatizing could result in less healthy coping behaviours such as substance misuse and lateral violence.

Ceremony and celebrations may be constrained by social distancing requirements.

#### *Advice for Providers:*

- Be aware of the power of ceremony. Ceremonies are integral to Indigenous peoples' wellness journeys. Led by community, respectful process and protocol from holistic beliefs and values, they help to keep the people strong in mind, body, and spirit.
- Convey the reasons and importance of physical distancing while understanding the sacredness of the birthing process and Indigenous traditions around celebrating the new life being brought into the world.
- Let women and their families know that ceremonies can be celebrated when it is safe. Ask how your client can plan for a future celebration when it is safe, empowering them to plan for their own safety and that of their family.

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- Enable the distribution of care packages and iPads to enable virtual ceremony and access to online resources. (Example: [Tsow Tun Le Lum Resolution Health Support Workers](#) offer prayers and virtual smudges on Facebook.)
- Ask if they have social media to share pictures, welcoming baby songs, prayers for the new family member.

Access to vital social and cultural supports may be impeded by social distancing and lock-down requirements.

### **Advice for Providers:**

- Work to facilitate timely access to appropriate pre and postnatal supports for mental health and wellness, including virtual cultural and/or traditional supports.
- Support patients in becoming familiar with FNHA's [Doctor of the Day](#) and other virtual support services.
- Talk about ways to support cultural connections from a distance. Talk about options for virtual ceremonies and supports.

Interactions between health providers and mothers and their families may be restricted/shifted to virtual meetings – potentially making it more challenging to build trust.

### **Advice for Providers:**

- Realize that not all clients have access to the technology (i.e., hardware, bandwidth and/or cell minutes) necessary to avail of online supports.
- Recognize that not everyone is comfortable with virtual meetings, it maybe something new and foreign to them. They may not open up and talk as much. Be prepared with some “ice breaker” type conversations and considering sharing your own story.
- Acknowledge that virtual meetings can be awkward; be authentic. Share your own uneasiness or awkwardness around virtual meetings (if you are also new to the format).

## ➤ SPECIAL CONSIDERATIONS FOR SERVING RURAL AND REMOTE COMMUNITIES

### **Potential Issues/Concerns**

- Early release of mothers who leave their community to give birth and then return to community with diminished services.
- Food insecurity and scarcity has the potential to impact the physical and emotional well-being of mothers and infants.
- A lack of clean water may affect the ability of families to wash hands and breast area to feed baby and/or sterilize bottles appropriately and mix with formula if bottle feeding.

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- Overcrowding of homes and people having limited control over their living environment.
  - Mothers having to leave community to give birth and/or access family planning, prenatal and postpartum services – and having to stay away until lock-down in her home community is lifted.
- Advice for Providers:**
- Plan for how to ensure services continuity and flow in the event that demand for services increase.
  - Be flexible to the needs of the community.
  - Ensure guidelines are culturally safe, applicable to rural and remote locations, clearly communicated and include flow charts of actions.
  - Explore options for safe and/or virtual home visiting.
  - Start conversations with families early to ensure there are contingency plans in place to provide a continuum of care/support for mothers and infants.
  - Be aware of the complexities of leaving/returning to communities which may be restricting exit/entry. Explore complex discharge planning opportunities with family and care providers.
  - Provide ideas/supplies for making hand-sanitizer or ask where the client can get enough soap and water to be able to follow the rules during the pandemic of continuous washing and to make this a good habit to protect infant and herself.
  - Allow mothers who must leave their community to deliver/access services to return home so as to have access to the supports that she needs – include this provision in community notices.

### ➤ PRECONCEPTION – FAMILY PLANNING

#### *Potential Issues/Concerns*

- Closure of fertility clinics and decreased access to contraception advice/services.
- More limited access to terminations clinics, particularly for those having to travel.
- Women being advised to avoid conception or facing barriers to conception – with the potential to trigger re-traumatization associated with ongoing and historical coerced sterilization.
- Challenges accessing planning medications and supports (i.e., birth control, “morning after” pill, an abortion) if the community is in lock down.
- Potential for confidentiality / privacy breaches when women must travel to access services and are required to disclose the reason for needing to leave their community.

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- Women potentially becoming mothers due to possible decrease in availability of services to terminate or access appropriate contraception.

### *Advice for Providers:*

- Reflect on your own assumptions and positions of power within the health care system.
- Do not offer personal opinion but only best medical evidence. Ensure informed choice is maintained free of bias and coercion. Consult unbiased evidence based resources, i.e., 1800 Sex Sense, Options for Sexual Health, SOGC.
- Listen to what the client wants, fears, and is worrying about.
- Become familiar with virtual services for the “morning after” pill and medical abortion (e.g.,: [Willow Clinic for Optimal Health](#)).

## ➤ PRENATAL

### *Potential Issues/Concerns*

- Usual appointments or classes being cancelled or conducted virtually as opposed to in person.
- Potential hassles accessing transportation coverage for appointments etc.
- Increased worry and concern for themselves, baby and other children.
- Challenges accessing supports from family and friends and community support people/workers.
- Enhanced potential for depression and anxiety that could lead to or continue use of substances etc.
- Escalated risks of partner violence (not just Indigenous but everyone).

### *Advice to Providers:*

- Listen to women’s hopes and dreams for the pregnancy and their concerns. Listen and be aware of subtle suggestions of fears, abuse and depression. Be aware of potential increased anxieties about child apprehension.
- Support and celebrate your patient’s successes.
- Discuss what they could do at the hospital to feel more connected provide some suggestions, such as bringing photos of loved ones, recording an Elder saying the words they would say if they were present, bringing music to play.
- Talk about possible changes due to COVID-19 and work with client to plan in advance.
- Consider connecting patients to the Doulas for Aboriginal Families Grant Program so families can access additional prenatal/postnatal support. For more information, visit: <https://bcaafc.com/dafgp/>

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### ➤ LABOUR & DELIVERY

#### *Potential Issues/Concerns*

- Women experiencing a very different delivery than what they had envisioned.
- Limits on what can be brought to hospital (i.e., outside food) and on how many support people can attend.
- Restrictions on families' abilities to perform ceremony immediately following delivery.
- Potential unavailability of certain pain management methods, (i.e., Entonox) and informed consent.
- Inability for mothers to manage their labour and birth as per their hopes, goals and plans.
- Restrictions on taking the placenta home (if they want to).
- Mothers being discharged early, particularly if travelling from home community to give birth.
- Heightened concerns and stress about child apprehension.

#### *Advice to Providers:*

- Even during a pandemic, we can talk to our patients in calm voices offering a humanity to the person behind the PPE (e.g., ask your client where they are from? Share with them where you are from and if you have a family-share a story that is important to you?).
- Do what you can to develop a caring relationship with the patient from behind the PPE. (e.g., write your name with a marker and draw a smile on your PPE so your patients know who is helping them).
- Consider what it is like for these patients to come to the hospital at a time like this and let them know you agree and are aware that it is unfamiliar and strange.
- Ensure patients know the changes are not solely for them but in place to keep everyone safe.
- Be cognizant of the historical context of disproportionate child apprehensions.

### ➤ POSTPARTUM

#### *Potential Issues/Concerns*

- Challenges accessing feed supports and other postpartum resources services and supports, particularly those such as lactation consultants and doulas that are not MSP billable services.
- Decreased opportunities to identify issues as a result of reduced post-partum visits.
- Impacts on mental health and wellness and increased risk of postpartum depression and anxiety (e.g., Mother may feel she isn't good enough and give up-turning to others bottle-feeding her infant).
- Cost barriers to food/formula.

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- Increased risk for partner violence induced by increased stress and quarantine situations.
- Anxiety and concerns about being able to go home, if community is in lock down for example.

### **Advice to Providers:**

- Facilitate timely access to appropriate supports for mental health and wellness, including virtual cultural and/or traditional supports. Consider setting up text/phone check-ins in advance.
- Support patient familiarization with FNHA's **Doctor of the Day** and other virtual services.

### USEFUL RESOURCES:

BC Association of Aboriginal Friendship Centres (n.d.). *Doulas for Aboriginal Families Grant Program*.  
<https://bcaafc.com/dafgp/>.

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### ENDNOTES

<sup>i</sup> First Nations Health Authority. *Cultural Humility*. Retrieved April 19, 2020.  
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<sup>ii</sup> BC Mental Health and Substance Use Services. *Trauma-Informed Practice*. Retrieved April 16, 2020.  
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- <sup>iii</sup> University of British Columbia, Faculty of Medicine, Continuing Professional Development. *Cultural Safety Mindfulness during a Pandemic: Indigenous Patient-Led CPD*.  
<https://ubccpd.ca/sites/ubccpd.ca/files/Indigenous-Patient-Led-Cultural-Safety.pdf>.
- <sup>iv</sup> Indigenous Corporate Training Inc. (2016). *The Indian Act, Residential Schools And Tuberculosis Cover Up*.  
<https://www.ictinc.ca/blog/the-indian-act-residential-schools-and-tuberculosis-cover-up>.
- <sup>v</sup> First Nations Health Authority. *Our History, Our Health*. Retrieved April 18, 2020.  
<https://www.fnha.ca/wellness/our-history-our-health>.
- <sup>vi</sup> Smylie, J., Olding, M., Ziegler, C. (2014). Sharing What We Know about Living a Good Life: Indigenous Approaches to Knowledge Translation. *Journal of the Canadian Health Libraries Association*, 35, pp.16-23. doi: 10.5596/c14-009.