

# INTRODUCTION: PRIORITIZING INDIGENOUS MATERNAL AND INFANT HEALTH

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Indigenous communities continually experience poorer health outcomes than the general populations of the countries they live in. Maternal and infant outcomes are a fundamental indicator of the health of populations, and the differences between Indigenous and non-Indigenous outcomes are marked. Indigenous communities also experience higher birth rates; younger populations; barriers to accessing health care; and higher rates of suicide, addiction, incarceration, family violence, and apprehension of children. The health and well-being of Indigenous mothers and their babies is central to understanding how these disparities are embodied, reproduced, challenged, and overcome.

Research in the area of maternal and infant health has the potential to play an important role in addressing disparities. Issues of health outcomes, access to health care and education, place of birth, provision and sustainability of midwifery services, breastfeeding, current maternal health policies and practices, and social determinants of health all contribute to our understanding of this issue. As attention to both maternal and infant health policy and the health and well-being of Indigenous communities becomes more prevalent in wider national and global discourses, research and evidence regarding Indigenous maternal and infant health is increasingly relevant. This special issue of *Pimatisiwin* contributes to the dialogue from a unique perspective: work from practitioners in the field of maternal and infant health, and in particular, from midwives working with Indigenous populations.

## ABORIGINAL MIDWIFERY AND NACM

Aboriginal communities across Canada have always had midwives. It has only been in the last hundred years that this practice has declined in our communities. This occurred for a number of reasons, including colonization and changes in the health care system in Canada. As a result of losing midwifery, many rural and remote Aboriginal communities are currently required to deliver their babies and access care outside of their communities. Despite these changes, there are Aboriginal midwives practicing in a variety of settings across Canada. The National Aboriginal Council of Midwives (2012a) defines an Aboriginal midwife as:

... committed primary health care provider who has the skills to care for pregnant women, babies, and their families throughout pregnancy and for the first weeks in the postpartum. She is also a person who is knowledgeable in all aspects of women's medicine and she provides education that helps keep the family and the community healthy. Midwives promote breastfeeding, nutrition, and parenting skills. A midwife is the keeper of ceremonies for young people like puberty rites. She is a leader and mentor, someone who passes on important values about health to the next generation. (p. 1)

NACM has developed a set of core values which encompass the role of an Aboriginal midwife in providing care to families. They state:

Recognizing that the good health and well-being of Aboriginal women and their babies is crucial to the empowerment of Aboriginal families and communities, Aboriginal midwives uphold the following Core Values:

**HEALING:** Aboriginal midwives enhance the capacity of a community to heal from historical and ongoing traumas, addictions, and violences. Aboriginal midwives draw from a rich tradition of language, Indigenous knowledge, and cultural practice as they work with women to restore health to Aboriginal families and communities.

**RESPECT:** Aboriginal midwives respect birth as a healthy physiologic process and honour each birth as a spiritual journey.

**AUTONOMY:** Aboriginal women, families and communities have the inherent right to choose their caregivers and to be active decision makers in their health care.

**COMPASSION:** Aboriginal midwives act as guides and compassionate caregivers in all Aboriginal communities, rural, urban and remote. The dignity of Aboriginal women is upheld through the provision of kind, considerate and respectful services.

**BONDING:** Well-being is based on an intact mother and baby bond that must be supported by families, communities and duty bearers in health and social service systems.

**BREASTFEEDING:** Aboriginal midwives uphold breastfeeding as sacred medicine for the mother and baby that connects the bodies of women to the sustaining powers of our mother earth.

**CULTURAL SAFETY:** Aboriginal midwives create and protect the sacred space in which each woman, in her uniqueness, can feel safe to express who she is and what she needs.

**CLINICAL EXCELLENCE:** Aboriginal midwives uphold the standards and principles of exemplary clinical care for women and babies throughout the lifecycle. This includes reproductive health care, well woman and baby care and the creation of sacred, powerful spaces for Aboriginal girls, women, families, and communities.

**EDUCATION:** Aboriginal midwifery education and practice respects diverse ways of knowing and learning, is responsive to Aboriginal women, families and communities and must be accessible to all who choose this pathway.

**RESPONSIBILITY:** Aboriginal midwives are responsible for upholding the above values through reciprocal and equal relationships with women, families and their communities. (2012b)

## OVERVIEW OF SPECIAL ISSUE

The authors of this collection are primarily Indigenous women from Canada and New Zealand, and the editorial team comprised members of the Canadian National Aboriginal Council of Midwives. The articles in this edition also range geographically from the Arctic, Western Canada, New Zealand, and Latin America. Diverse approaches are used in these articles, including: literature reviews, archival research, participant observation, as well as other qualitative and quantitative methods including semi-structured interviews and surveys. Within these multiple methods, many of the authors employ postcolonial and feminist theoretical approaches.

Two main themes emerge from the articles. The first focuses primarily on access to health care, and explores the inequalities that exist within the health care system for Indigenous populations across the globe. Second, many articles critique the lack of culturally appropriate services available to Indigenous families. Many of the articles inform both of these themes in multiple ways, and all engage in a dialogue to improve the health and health care services available to Indigenous peoples.

Lawford and Giles explore the historical context of the evacuation policy currently in place for First Nations women living on rural and remote reserves. By critiquing this policy through analysis of the archival record, the authors support current efforts to preserve existing rural and remote health services and to increase the capacity for perinatal services. Olson also engages with the topic of evacuation through an exploration of the cosmological underpinnings of birth place in ceremonial practices in Manitoba, Canada. This article connects birth place within the Indigenous cosmological landscape, and suggests that the current policy of evacuation is contributing to a greater disconnection between current practices in Aboriginal maternal health and the creation of healthy relationships between Indigenous people and the land.

Two articles explore access to services in New Zealand and in Latin America. Ratima and Crengle identify the gaps in understanding the inequalities that exist in accessing maternal health care, and the inequalities in birth outcomes for Māori.

The article reviews key literature and considers the links between access and health outcomes from a lifecourse perspective. By doing so, they emphasize the continuum of health care for mothers and their babies and address broader determinants of health. This coincides with NACM's core value of "clinical excellence" in that the midwives emphasize the importance of care throughout the lifecycle, including reproductive care. In her article on unsafe abortion in Indigenous communities in Latin America, Wurtz reviews current research that shows the rates and reasons for unsafe abortions. This paper highlights the need for future research in this area to inform policy and decision making.

From these discussions of inequalities in access to care, the appropriateness of current types of maternal health care are explored by many of the authors. Epoo, Stonier, Wagner, and Harney take an in-depth look at Nunavik Inuit midwifery initiative and local midwifery practice. Of particular note is their examination of the Indigenous teaching methodologies used by the program, which has been indigenized from its inception and in its on-going development. This article provides a wealth of information and analysis that would benefit Aboriginal communities interested in establishing or improving local health services, specifically midwifery, with a focus on training local people and health professional retention. This is a significant area of concern to remote communities which experience a high level of health care provider transience and a lack of continuity of care. There is also a focus on Indigenous pedagogy in training as helping to ensure both effective training techniques, cultural safety, and community ownership of health care resources.

Morgan and Wabie focus their paper on cervical cancer screening and Aboriginal women; however, the principles developed and explored can be applied to all reproductive health services. The authors identify the lack of participation in the development of strategies and programs to increase cervical cancer screening, and incorporation of Aboriginal way of knowing and understanding what it means to be healthy and to live a good life (*Mino-Bimaadizwin*). In a similar vein, Darroch and Giles analyze the shortcomings of health care guidelines, and examine

two physical activity guidelines for pregnant women. Using postcolonial feminist theory, the authors suggest improvements to these guidelines so that they may be better suited to and utilized in Aboriginal communities.

Penhira and Doherty outline a pilot project that introduced the program of Mellow Parenting into a *Kaupapa* Māori early intervention service. This paper discusses traditional Māori practices and how they can be adapted into current health promotion programs. This article provides qualitative support for the effectiveness and acceptability of this culturally adapted version of a health promotion program. The outcome of this study may be seen as a significant step in increasing appropriate service provision for Māori and reducing barriers to accessing available services in the community.

## REFERENCES

- National Aboriginal Council of Midwives. (2012a). Restoration and renewal: Aboriginal midwifery in Canada [Pamphlet]. Montreal, QC: Canadian Association of Midwives.
- (2012b). Core values. National Aboriginal Council of Midwives. Retrieved December 9, 2012, from <http://aboriginalmidwives.ca/about/core-values>

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