

## **Implementing SDG 3: Revitalization of Indigenous Midwifery in Canada to Address Maternal and Child Health and Well-being**

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Introduction:

Sustainable Development Goal (SDG) 10 to “reduce inequality within and among countries” presents Canada with an interesting opportunity to address the inequalities that persist in Indigenous communities that have been produced and reproduced by colonial policy.<sup>1</sup> Target 10.2 urges states to, “by 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.”<sup>2</sup> Indeed, the disparities between the general Canadian population and Indigenous peoples in Canada is well documented and for Canada, the economic, social, cultural, and environmental marginalization of Indigenous peoples has been identified as a barrier to making meaningful progress on the SDGs within Canada.<sup>3</sup>

This paper will examine how maternal and child health and wellbeing among Indigenous peoples in Canada are being addressed through traditional knowledge transmission and cultural revitalization surrounding Indigenous birthing practice and midwifery. By examining Indigenous midwifery care, that is, midwifery care by and for Indigenous people, this paper will explore the feasibility of supporting Indigenous midwifery as a means of implementing SDG 3, “to ensure healthy lives and promote well-being for all at all ages,” in Indigenous communities in the Canadian context.<sup>4</sup> Given that the Canadian government has been actively prohibiting the transmission of Indigenous knowledges and producing conditions where Indigenous peoples are not capable of enjoying the same standard of health as the general population, it is crucial to examine and support Indigenous-led health innovations that are rooted in Indigenous traditions and knowledges.

Indigenous Midwifery:

In order to define Indigenous midwifery, it is important to note that when the term midwifery is applied to Indigenous peoples, it can encompass a number of diverse birthing practices, ceremonies and lived experiences, all of which may differ from other midwifery. There are also various Indigenous-language terms used by specific nations in place of the term “midwife.”<sup>5</sup> Broadly, Indigenous midwifery can refer to midwifery practice that has been informed by Elders and traditional teaching, practice informed by formal post-secondary education in midwifery, or a combination of the two. All

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<sup>1</sup> “Sustainable Development Goals,” United Nations, accessed August 14, 2016, <https://sustainabledevelopment.un.org/?menu=1300>

<sup>2</sup> “Sustainable Development Goals”

<sup>3</sup> Shannon Kindornay and Fraser Reilly- King, “Introducing Sustainable Development Goals and Canada Unpacked,” *Canadian International Development Platform*, September 21, 2015, accessed August 15, 2016, <http://cidpnsi.ca/introducing-sustainable-development-goals-and-canada-unpacked/>.

<sup>4</sup> “Sustainable Development Goals”

<sup>5</sup> National Aboriginal Health Organization, “Celebrating Birth: Aboriginal Midwifery in Canada,” *National Aboriginal Health Organization*, 2009: 10.

Indigenous midwives in Canada are “of First Nations, Metis or Inuit decent and share the common history and experiences of being Indigenous in Canada.”<sup>6</sup>

#### Health and Indigenous Peoples in Canada:

When discussing Indigenous health, one must explore holistic conceptions of health. Many Indigenous peoples understand health to include the physical, the spiritual, the emotional, and the mental.<sup>7</sup> This makes discussions where notions of biomedical risk dominate problematic when considering how best to care for pregnant Indigenous women. Loppie Reading & Wien (2009) further argue that Indigenous health must also be examined over one’s life course. That is, health is experienced across interconnected stages of life, such as infant, child, adult, and elder.<sup>8</sup> The way these stages of life interact and intersect with one another have important implications for examining how maternal healthcare can be improved, as it has implications for the health and development of infants and children who will grow into adults.

In Canada, the Indigenous population is both younger than the non-Indigenous population and faster growing, with a high fertility rate, as well as with comparatively high infant and maternal mortality rates, meaning there is a present need for increased access to culturally appropriate pre and post-natal care.<sup>9</sup> Loppie Reading & Wien (2009) discuss how ongoing colonialism constructs negative intermediate and proximal social determinants of Indigenous health. Colonialism in Canada has included the dispossession of Indigenous lands, forced assimilation through the Indian residential school system, and general control over social and political policies that affect the lives of Indigenous peoples. Intergenerational impacts of colonial policies on the holistic health of Indigenous peoples is widely documented.<sup>10</sup> Smith, Vacroe & Edwards (2005) argue that health includes the individual, the family and the community and, in their study of intergenerational trauma and Indigenous peoples, found that many Indigenous parents identified pregnancy and childbirth as a time to “turn around” the intergenerational effects of the residential school system.<sup>11</sup> They argued that fostering a strong cultural identity, including during the pregnancy and childbirth process, could help build healthy families and reduce impacts of residential schools.<sup>12</sup>

#### Evacuation and Risk:

The current standard of care for pregnant Indigenous women on remote reserves is the “evacuation” of these women to Southern hospitals away from their communities and families, often for weeks at a time. It is important to understand the historical, political, and colonial context of how Indigenous midwifery and childbirth were removed from the

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<sup>6</sup> National Aboriginal Health Organization, 10-11.

<sup>7</sup> Charlotte Loppie Reading and Fred Wien, “Health Inequalities and Social Determinants of Aboriginal Peoples’ Health,” *National Collaborating Centre for Aboriginal Health*, (2009): 3.

<sup>8</sup> Loppie Reading and Wien, 3.

<sup>9</sup> Rachel Olson and Carol Couchie “Returning Birth: The Politics of Midwifery Implementation on First Nations Reserves in Canada,” *Midwifery* 28 (2013): 982.

<sup>10</sup> Loppie Reading and Wien, 21.

<sup>11</sup> Dawn Smith, Colleen Varcoe, and Nancy Edwards, “Turning around the intergenerational impact of residential schools on Aboriginal people: Implications for health policy and practice,” *CJNR (Canadian Journal of Nursing Research)* 37, no. 4 (2005): 41-42.

<sup>12</sup> Smith, Vacroe, and Edwards, 51.

control of Indigenous communities, and how Indigenous women's practices surrounding childbirth have been subjected to the devaluation of Indigenous knowledge through a colonial "civilizing mission."<sup>13</sup> Indigenous midwifery and the practices, ceremony and celebration that accompany it, were stifled by colonizers who believed the "Indian race" would not survive without being assimilated.<sup>14</sup> In addition to privileging Western knowledges, policies of childbirth evacuation were also being developed within the context of medicalization of childbirth throughout non-Indigenous communities in Canada in the twentieth century.<sup>15</sup>

Evacuation to southern hospitals presents significant challenges to these women and their families including concerns surrounding social risks they have to negotiate, including having to deliver babies without the presence of a social network.<sup>16</sup> As a population, Indigenous women become defined as "high risk," and this label acts as justification for outsider policy and knowledge to govern Indigenous women's bodies in the name of their own wellbeing.<sup>17</sup> With biomedical risk viewed as the most important factor for consideration, these women are "left to cope with their own risks in their own ways."<sup>18</sup> Indeed, women may consider social, relational and cultural risk so strongly that they use their own means to "sneak" back to the community.<sup>19</sup> There is a need to strengthen the role that midwifery plays in Indigenous women's ability to give birth in their own communities and to exercise agency over "risk" rather being sites of "risk."<sup>20</sup>

Another area of consideration in indigenizing maternal-child health care is the significance within Indigenous epistemologies of connection to the land. Lawford & Giles (2012) discuss "being born on the land" as integral to First Nations identity within the northern Manitoba, on-reserve context. They argue that within a First Nations worldview, since there are no plants, animals, soil or water without land, land is essential to First Nations wellbeing.<sup>21</sup> Skye (2010) elaborates on the idea that holistic Indigenous health encompasses mind, body, spirit and emotions, and expands that to include interconnectedness to family and community. For her, discussion of an aspect of Indigenous health must be based in conceptions of "balance and holism" (p.30). Using an Indigenous worldview, she broadens the conception of holistic health to include collective life, not just personal, which includes the land, non-human relations, and the spiritual realm.<sup>22</sup> In Skye's analysis the importance of land is emphasized, not just as a site for culture to be practised on, but as an animate being from which wellness and balance flow from.<sup>23</sup> "Returning birth" is not just for the benefit of mother and child, but

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<sup>13</sup> Patricia, Jasen, "Race, Culture, and the Colonization of Childbirth in Northern Canada," *Social History of Medicine* 10, no. 3 (1997): 399.

<sup>14</sup> Jasen, 393.

<sup>15</sup> Jasen, 400.

<sup>16</sup> Rachel Olson, "Relocating childbirth: the politics of birth place and Aboriginal midwifery in Manitoba, Canada," PhD diss., University of Sussex, 2013, 146.

<sup>17</sup> Olson, "Relocating Childbirth," 150-151.

<sup>18</sup> Olson, "Relocating Childbirth," 151.

<sup>19</sup> Olson, "Relocating Childbirth," 151.

<sup>20</sup> Olson and Couchie, 986.

<sup>21</sup> Karen Lawford and Audrey R. Giles. "An analysis of the evacuation policy for pregnant First Nations women in Canada," *AlterNative: An International Journal of Indigenous Peoples* 8, no. 3 (2012): 335.

<sup>22</sup> Amber D. Skye, "Aboriginal Midwifery: A Model for Change," *Journal of Aboriginal Health* 6, no. 1 (2010): 30.

<sup>23</sup> Skye, "Aboriginal Midwifery," 30.

for the whole community.<sup>24</sup>

Indigenous midwifery is proving to be a valuable way to address and avoid the holistic health challenges that Indigenous women with normal pregnancies face in having to travel to major cities for lack of available care in their communities.

#### Indigenous Midwifery Education and Practice:

There are at least ten Indigenous midwifery practices in Canada. One urban, the rest on-reserve or in other Northern Indigenous communities.<sup>25</sup> This still leaves many Indigenous communities with few options than to leave the community for birth. The example of the practices in the Inuit communities of Nunavik, Quebec have proven to be worth highlighting. Nunavik, Quebec is home to three of the aforementioned ten practices. Their midwifery and education program was established by Indigenous activists prior to mainstream midwifery legislation in any province. Their education model is both internationally recognized and distinctly Inuit.<sup>26</sup> They have managed to circumvent challenges associated with staffing in the north by implementing local education for people who will provide local care.

One circumstance that allowed the Nunavik midwifery practices to flourish is that these communities are a part of the James Bay Northern Quebec Agreement, a “modern treaty,” that allows for a greater deal of self-governance. Therefore, while health services are still provided by the province, Nunavik was able to negotiate and influence the types of services and their delivery.<sup>27</sup> The push to return to midwifery and cease evacuating pregnant women from community came in part by elder midwives who practiced before the evacuation policy and wanted to ensure the transmission of their skills and knowledge.<sup>28</sup>

The Inuulitsivik Midwifery Education Program relies on recruiting local students who learn the essential skills for working specifically in a remote context. The students bring the local Inuktitut language and provide care that encompasses Inuit values. Much of the curriculum is delivered through Indigenous pedagogy, such as being “shown rather than told,” is another important feature of the program.<sup>29</sup>

Both the midwifery practice and midwifery education have yielded positive outcomes that were comparable to national averages. The social outcome of being able to keep families together for pregnancy and birth was also important.<sup>30</sup> Despite the success of both practice and education in Nunavik, there is reluctance to adapt this model in other regions and thus, many Indigenous communities do not have the choice to birth in their communities.

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<sup>24</sup> Skye, “Aboriginal Midwifery,” 33.

<sup>25</sup> Olson and Couchie, 984.

<sup>26</sup> Brenda Epoo, Jennie Stonier, Vicki Van Wagner, and Evelyn Harney, “Learning Midwifery in Nunavik: Community Based Education for Inuit Midwives,” *Pimatsiwin: A Journal of Aboriginal and Indigenous Community Health* 10, no. 3 (2012): 286.

<sup>27</sup> Epoo et al, “Nunavik,” 285.

<sup>28</sup> Epoo et al, “Nunavik,” 285.

<sup>29</sup> Epoo et al, “Nunavik,” 286.

<sup>30</sup> Epoo et al, “Nunavik,” 291.

## The Truth and Reconciliation Commission and Indigenous Midwifery:

As Canada works with the international community to reach the goals and targets outlined in the SDGs, it may do so in tandem with the Calls to Action of the Truth and Reconciliation Commission (TRC). The TRC, created as a result of a class action lawsuit initiated by survivors of the Indian Residential School system, which outlines concrete steps for the Government of Canada, and the general population, to take to better their relationship with and fulfil its obligations to Indigenous peoples, makes recommendations to improve Indigenous holistic health which are compatible with aforementioned SDG 3:

We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.<sup>31</sup>

The consideration of intersecting issues that affect maternal, infant, and child health are a concern for the TRC, and Indigenous midwifery, especially in remote, Northern communities can help to improve the quality of culturally appropriate maternal care for Indigenous peoples. The TRC's call to examine "availability of appropriate health services" could be acted upon by supporting any Indigenous community that wanted to bring back low-risk births in their community.

The TRC further calls Canada to end the subjugation of Indigenous health knowledges in the following recommendation:

We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.<sup>32</sup>

Indigenous midwives provide valuable opportunities for Indigenous peoples to access culture, traditions, and exercise connection to land in their practice, and thus, Canada should consider how it can best support those who are doing this work and communities that would like to follow suit.

### Conclusions:

Supporting communities financially and through legislation to establish successful and self-determining midwifery practices and education programs, such as the Nunavik example, is a way Canada can work to better the physical, emotional, social and mental health of Indigenous women, children and communities. Having the culturally appropriate and community-based care by provided by Indigenous midwives could help

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<sup>31</sup> Truth and Reconciliation Commission of Canada, "Truth and Reconciliation Commission of Canada: Calls to Action," (2015), 3.

<sup>32</sup> Truth and Reconciliation Commission of Canada, 3.

Canada address several of the TRC's Calls to Action as well as fulfill its commitments to the international community and SDGs, specifically SDG 3, to promote health and wellbeing for all.

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