

Aboriginal Midwifery- Bringing birth 'closer to home'

Presented to the UBC Learning
Circles platform

on behalf of the Midwives
Association of British Columbia
Aboriginal Committee

October 30, 2013



Let's take a moment to reflect...

Aboriginal Midwifery

<http://www.isuma.tv/en/national-aboriginal-council-of-midwives/aboriginal-midwifery-video>

Now let's take a minute to share some birth stories from within this circle.....

Welcome Janine Wilson

History

Midwives have been ‘catching babies’ for thousand of years in most cultures.

Cree: ‘the one who delivers’

Ojibwe: ‘the one who cuts the cord’

Inuktitut: ‘the one who waits for the birth/ the helper’

Coast Salish: ‘to watch, to care’

Chilcotin: ‘women’s helper’

Midwifery in British Columbia

- **What is a midwife?** Specialists in normal pregnancy, labour, delivery and the postpartum period
- **Model of care:** woman led, family centered and culturally competent care involving informed choice, continuity of care, appropriate use of technology and the option of hospital or home birth for obstetrically low risk pregnancies
- **Funding:** Fully covered by MSP, Regulated since 1998 under the Health Professions Act and registered with the College of Midwives of B.C.

Differences between Registered Midwives and Doctors?

- choice of homebirth
- options re tests and visits- informed choice
- longer visits: 45-60 min- personalized care
- smaller teams
- newborn care and visits at home for first 1-2 weeks

Differences between Midwives and Doulas?

Doula

Emotional support before,
during and after birth

Life experience and/ or
week long training

Traditionally granny,
aunty, mother or sister

Midwife

Clinical care provider
responsible for health of
mom and baby before,
during and after birth

3-4 years training + life
experience

Traditionally granny,
aunty, mother or sister

Tripartite Aboriginal Doula Initiative

- improve birth experiences and outcomes for Aboriginal women
- re-introduce traditional Aboriginal support practices into the childbirth experience
- improve maternity care systems and access within geographic areas
- increase the number of Aboriginal women with formal doula training

Woman Power



- 220 practicing Registered Midwives in BC
- 4 Aboriginal self-identifying Midwives registered in BC
- one University based education programme through UBC

Sustainable Practice

- RMs currently **CATCH 14%** of the babies born in BC annually-
more than 5500 newborns per year!
- ↑ midwife delivered births to 35% by 2020/21
significant expansion of rural maternity care and improved health outcomes

Safe Practice

Jansen P, Ryan E, Etches D, Kleine M, Reime B. Outcomes of Planned Hospital Birth Attended by Midwives Compared with Physicians in British Columbia. Birth 34:2, June 2007

	Midwives	Physicians
Cesarean Section	18.4%	31%
VBAC	Attempted: 93.3% Successful: 82.1%	Attempted: 41.6% Successful: 80%
Use of Narcotic Analgesia	12.2%	31.3%
Use of Electronic Fetal Monitoring	51.4%	79.5%
Infants administered drugs for resuscitation at birth	0.4%	2.5%

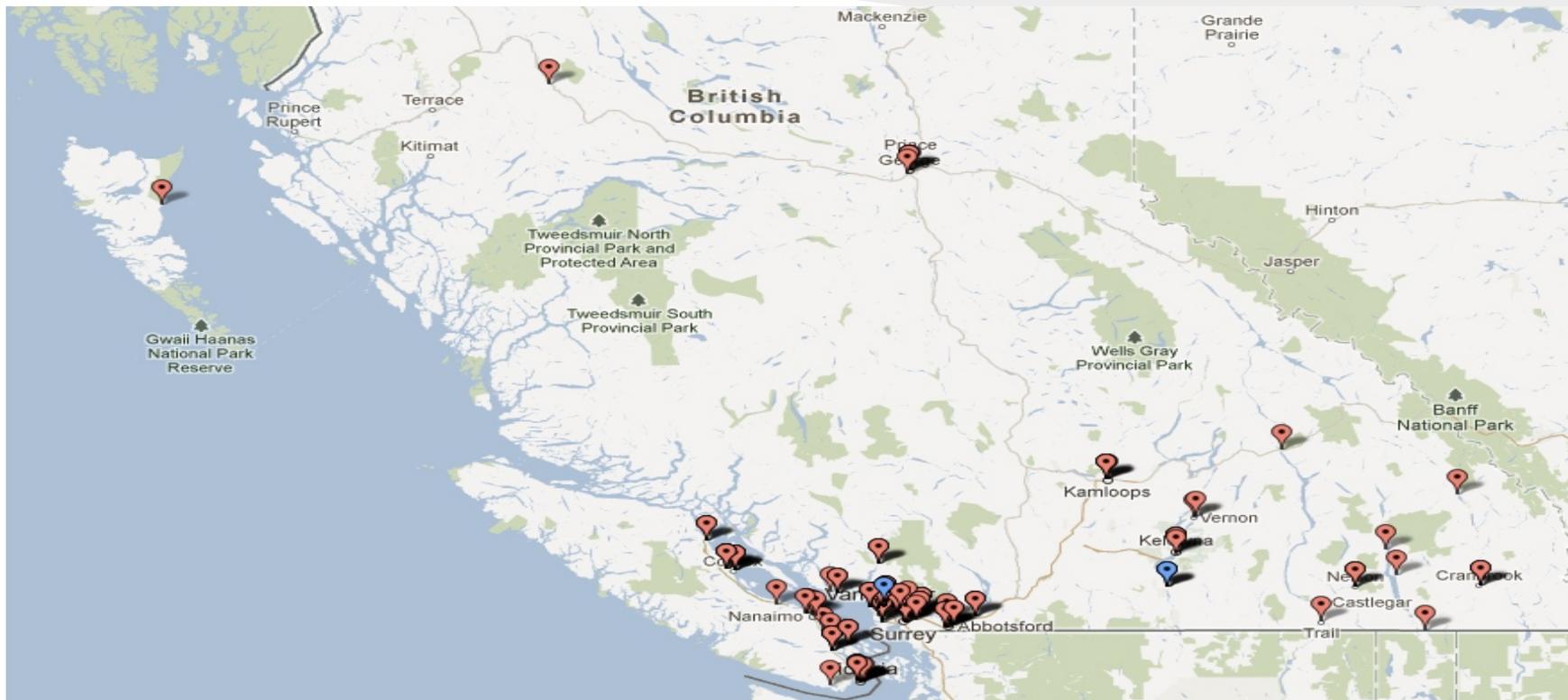
Feasible Practice

Cost savings to the healthcare system over the next 7 years by:

-  Home Births- 19.9 million
-  Hospital Stays- 88.5 million
-  Cesarean Section Rates- 9.9 million

Midwives Association of British Columbia: Improving Maternity Care in Rural British Columbia.
December 23, 2011

Midwifery Practices



Courtesy of Dr. Jude Kornelsen Assistant Professor/ Co-director Centre for Rural Health Research



Residents who travel to access care (2009)

courtesy of Dr. Jude Kornelsen Assistant Professor/ Co-director Centre for Rural Health Research

Service Level	Definition of Service Level	# of catchment areas	# of births
240+	Greater than 240 minutes (4 hours) from maternity services	10	124
121-240	121-240 minutes (2 to 4 hours) from maternity services	10	122
61-120	61-120 minutes (1 to 2 hours) from maternity services	22	385
Primary	No local C-section availability (mat care via Family Physician)	11	625
GP Surgery	C-section provided by GP surgeon only	13	1335
Mixed model	C-section provided by GP surgeon or specialist	7	1492
General Surgeon	C-section provided by General surgeon	2	594
OB/GYN	C-Section provided by Obstetrician	16	8318
Total		91	12995

In 2011 we surveyed our membership to determine if members were aware of women who identify as Aboriginal, Metis or Inuit transferring from their communities to birth in communities served by midwives.

24.8% response rate

Referral communities included:

- *Kingcombe*
- *Uchuelet*
- *Bella Bella, Bella Coola*
- *Haida Gwaii*
- *Powell River*
- *Williams Lake area*
- *North and West Vancouver Island*
- *Prince George and surrounding area*
- *Gold River*
- *Port Alberni*
- *Tahsis*
- *Tofino*
- *Kyoquot*
- *Lilloett*
- *Merritt*
- *Wos*
- *Dease Lake*
- *Mount Currie (Pemberton)*
- *Saanich Peninsula*
- *Massette Skidegate*

The Impact



Women are being forced to leave their communities to birth in larger centers away from family, support systems, traditional birthing practices...

Yet we know that traditional pregnancy and childbirth took place within a closely knit lexus linking the midwife to the birthing women, to the infant, to the husband/partner, to the family, to the extended family and ultimately to the entire community.



First Nations Women's Experiences

courtesy of Dr. Jude Kornesen, Co-director Centre for Rural Health Research

“ I would want my children to be born here, like other kids. This is where we're from! You know, looking on the birth certificates, they say 'Vancouver, BC.' You know, they're not from Vancouver. We're from [our community]! So when they are born in Vancouver, does that mean they are from Vancouver?”

“ I think its a huge void for people not to be born here because all we see is death. You've probably heard that before. We're in a small community and its constantly death, death, death, death. When you don't have birth here and they're born outside, you know, it's different. There has to be a balance. There's end of life and beginning of life.”

First Nations Women's Experiences

courtesy of Dr. Jude Kornelsen, Co-director Centre for Rural Health Research

“ My oldest son was born in Vancouver- not by choice. It does make a difference. [The children] are bothered by it, so it does make a difference.”

“ I didn't get to see the birth of my nephew. I really wanted to be there with my sister, but it just didn't work out, eh? But if she'd have been allowed to have her baby here, I would have been 30 minutes away.”

“ We're being restricted because we live in a rural area. And it's been- it is something we are all used to, but...they throw another blow on us, saying that they are not going to allow babies to be born here. We're supposed to be taking steps forward not backward.”

Action 21- The Transformative Change Accord

'A maternity access project will be implemented to improve maternal health services for Aboriginal women and bring birth 'closer to home and back into the hands of women'.

Insert Bringing Birth Home Video
(Dropbox video)

The Importance of Local Birth

courtesy of Dr. Jude Kornelsen Assistant Professor/ Co-director Centre for Rural Health Research

Evidence suggests:

- the impact of travel is more acutely felt by First Nations communities (historical place of birth, strong kinship, new mothers younger)
- the impact of evacuation is significant for both the mothers who have to travel and their families they have to leave behind. (significant stress, loss of midwifery skills and teachings, health effects on family, ie: anxiety/ smoking)

Grzybowski S, K. Stoll and J. Kornelsen. 'Distance Matters: a population based study examining access to maternity services for rural women..' BMC Health Services Research 2011, 11:147

The Importance of Local Birth

courtesy of Dr. Jude Kornelsen Assistant Professor/ Co-director Centre for Rural Health Research

In pregnancy, women without local access to obstetric services were **7x** more likely to experience moderate to high stress.

**Kornelsen J, Stoll K, Grzybowski S. (2011) "Stress and anxiety with lack of access to maternity services for rural parturient women."
Australian Journal of Rural Health, 19(1): 9-14.

Maternal-Newborn Outcomes

courtesy of Dr. Jude Kornelsen Assistant Professor/ Co-director Centre for Rural Health Research

Increased distance to care

- ↑ perinatal death
- ↑ premature deliveries
- ↑ neonatal intensive care admissions
- ↑ reasoning for/and inductions
- ↑ births outside of hospital

*Grzybowski, S., K. Stoll and J. Kornelsen. "Distance matters: a population based study examining access to maternity services for rural women." *BMC Health Services Research* 2011, **11**:147



Cultural Safety



'Care that strives to honour, support and uplift a patient's culture and beliefs to improve quality of care and health outcomes.'

courtesy of Dr. Jude Kornelsen
Assistant Professor/ Co-director
Centre for Rural Health Research

Aboriginal Midwifery

What is Aboriginal Midwifery?

Traditional Aboriginal midwifery practices including the use and administration of traditional herbs and medicines and other cultural and spiritual practices.

Contemporary Aboriginal midwifery practices which are based on or originate in, traditional aboriginal midwifery practices.

A combination of traditional and contemporary Aboriginal midwifery practices.

Pathways to Education:

<http://www.isuma.tv/en/national-aboriginal-council-of-midwives/aboriginal-midwifery-education>

Inspiring Aboriginal Midwifery Models

courtesy of Lauren Redman

- diverse range of models across the lands
- depends upon community needs and urban/ rural environments
- demand from community is key
- direction and focus of practice should come from the community

Seventh Generation Midwives Toronto

courtesy of Lauren Redman

- Midwifery group founded by Aboriginal midwives Sarah Wolfe and Cheryllee Bourgeois
- Group of Aboriginal midwives and non-Aboriginal midwives focused on serving Aboriginal community
- Challenge of urban centre: many nations, different traditions and teachings, need to meet women and learn from them
- 25-50% Aboriginal clientele

Seventh Generation Midwives Toronto

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Why does it work? The midwives are:

- primary care providers, independent from Aboriginal service providers
- advocates for clients (ceremony, child protection issues, food security)
- funding is stable
- build relationships (through client confidentiality, with hospital, other care providers who provide culturally safe care, etc.)
- gifted with land for a sweat lodge
- involved in Midwifery Education Programme at Ryerson
- provide space where clients feel safe to explore, claim and discuss identity
- Have Elders as advisors

Six Nations Maternal and Child Centre

Tsi Non:we Ionnakeratstha Ona:grahsta'

courtesy of Lauren Redman

- Practice under exemption clause in 1991 Midwifery Act of Ontario
- Regulated by band council and advisory board
- Grandparents group makes ethical decisions for the birth centre
- Based on community's dream: community health centre in 1992 documented community's desire for traditional healing methods and for babies to be born on the land

Six Nations Maternal and Child Centre

Tsi Non:we Ionnakeratstha Ona:grahsta'

courtesy of Lauren Redman

- Opened in 1996
- 85% Clientele Aboriginal, another 15% have Aboriginal partners
- Homebirth rate 40% and 60% at birthing centre, no hospital privileges
- Midwives do well woman care, health promotion, breastfeeding support
- On salary: each midwife does 20-23 births and approx 20 backups

Six Nations Maternal and Child Centre

Tsi Non:we Ionnakeratstha Ona:grahsta'

courtesy of Lauren Redman

- Incorporate both Western and traditional models of care
ie: Give oxytocin for increased bleeding while medicine person gives medicines, sing baby a welcome song, first words in traditional language, encourage clients to seek out tradition

More Aboriginal Midwifery Programmes

Nunavik Community Education Programme

Offered through maternity programmes in health centres on the Hudson Bay Coast in Quebec. Graduate Inuit midwives are eligible for full registration in Quebec.

More Aboriginal Midwifery Programmes

The Kanaci Otinaw'awosowin Baccelourete Programme (KOBP)

- University College of the North in Manitoba
- traditional/ indigenous midwifery knowledge and culturally appropriate learning pathways, along with contemporary health, social and biological sciences
- internationally recognised for the integration of Indigenous knowledge in its curriculum

More Aboriginal Midwifery Programmes

Nunavut Midwifery Education Programme:

- offered through Nunavut Arctic College
- Currently based in Cambridge Bay, Nunavut (rotating locations)
- graduates registered midwives and maternity care workers

NACM
NATIONAL ABORIGINAL
COUNCIL OF MIDWIVES



Aboriginal Midwives Working



**in Every Aboriginal
Community**

Bringing birth back....

The National Aboriginal Council of Midwives

The National Aboriginal Council of Midwives (NACM) exists to promote excellence in reproductive health care for Inuit, First Nations, and Métis women. They advocate for the restoration of midwifery education, the provision of midwifery services, and choice of birthplace for all Aboriginal communities consistent with the U.N. Declaration on the Rights of Indigenous Peoples.

NACM is compiling a "**Resource and Toolkit**" in response to the needs of communities that are working to revive midwifery practice. If your community is interested in learning more about how NACM can support you in returning birth and midwifery to your community, please contact **nacm@canadianmidwives.org**.

Other steps.....

- Increase Enrollment in midwifery and other Health disciplines
- Increase access to midwifery services for urban Aboriginal women and Aboriginal women being forced to relocate for birth/ track those wanting but unable to access care
- Collaborative maternal/ newborn care
- Test alternative funding mechanisms (ie: Seabird Island)
- Expanded Scope practice
- Community consultation/ support for communities interested in accessing midwifery services where there currently are none
- become a NACM supporter

‘It’s really nice to see true citizens of our territory, babies that are born on our land. It really does give them a sense of connection to the land, to our people. So I think that’s very important, being born here on our land.’

- Julie Wilson, Aboriginal
Midwife



Questions?

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Thank You!

On behalf of the Midwives Association of British
Columbia Aboriginal Committee