Podcast Transcript: Aboriginal Midwifery in Canada

Christine Roy: ‘kâ utinâusut’ – ‘the one who delivers’ [in Cree – southern dialect]

Melanie Paniaq: ‘ikajurti’ – which means ‘helper’ [in Inuktitut]

Carol Couchie: ‘do-de-seem’ – and it means ‘the one that cuts the cord’ [in Ojibwe]

Nellie Nungak (translated by Akinisie Qumaluk): [Inuktitut term] – it means that ‘the woman is starting to be in labour now’

Carol Couchie: Birth is the fundamental ceremony of our tribes. It is the most sacred ceremony that we have, and it’s innate in women’s bodies. We don’t have to get back birth, because it’s never left us. But we have to get back in control of that ceremony. We’ve handed over the control of that ceremony to other people. It has to be brought back home, to us.

Narrator: That was Carol Couchie, an Ojibwe midwife who is one of the original instructors for the Kanácí Otinawáwasowin Midwifery Education Program at the University College of the North in Manitoba. Even though midwifery is a growing health profession in Canada, midwives continue to struggle to be recognized in their area of expertise on the same level as doctors and nurses.

Because of the impacts of colonization, First Nations, Inuit and Métis midwives in Canada face additional challenges. The imposition of western medicine and patriarchal laws and policies has devalued traditional health care practices. Nellie Nungak, a traditional Inuk midwife and elder from Nunavik, describes the changes that she experienced when nursing stations were established in the north in the 1950s.

Nellie Nungak [translated by Akinisie Qumaluk]: It started changing when the nurses arrived, because they started sending women for childbirth away from their communities. You had to have your baby in the nursing station, or you had to go down south. They felt powerless after.

Narrator: By the 1970s, few nursing stations in the north had the capacity to monitor and manage births, and the federal government started to pressure Aboriginal women to give birth in southern cities, where medical staff did not necessarily speak their language or understand their cultures and traditions. Melanie Paniaq, coordinator for the maternal and child health program at Pauktuutit Women of Canada, discusses the effects of this evacuation policy and how they continue up to today.

Melanie Paniaq: There are lots of challenges. Because the pregnant woman is leaving her family behind. She may have other children. And of course, whilst the mother is away, her children are going to miss her; her husband/boyfriend is going to miss her. There’s
going to be that long distance stress, worry. And it hurts so much for the mother to see her children missing her; her husband missing her. It worries her, stresses her out and affects her baby. There are so many ramifications.

**Narrator:** It is being recognized more and more that the practice of evacuating women who have low-risk pregnancies is expensive and disruptive. There is also a shortage of maternity care providers in rural, remote and northern communities across Canada. This has led to an increased acceptance within the mainstream health care system of midwives as appropriate care providers for low risk pregnancies. This in turn has opened up new opportunities for restoring midwifery and bringing birth back to First Nations, Inuit and Métis communities.

Pauktuutit Women of Canada is working on many different projects to support and promote Inuit midwifery. Geri Bailey, the interim manager for the maternal and childcare program, describes a participatory research project that was carried out by Pauktuutit in the early 1990s to document the pregnancy, birthing and midwife experiences of Inuit elders. This involved doing 75 interviews that were carried out in ten different communities, in all four of the Inuit regions.

**Geri Bailey:** They were all done in Inuktitut. They were all audio taped. And over the years we have managed to put them on a database. We are trying to extract information from that, to help guide us in some of our other activities. There are a lot of resources that are available that are based on western standards. We need to look at that and see what is being utilized in our communities; identify the gaps, identify what works and what doesn’t work, and then to come up with some products that will enhance prenatal care in our communities.

**Narrator:** Another group that is working to promote Inuit midwifery is the National Aboriginal Health Organization, where Catherine Carry, senior program officer at the Inuit Center, coordinates a midwifery network and Web site, both of which aim to support the practice of Inuit midwives and maternity care workers through sharing information.

**Catherine Carry:** The Network is very informal, it’s just a confidential list that I keep and I keep adding people to the list. We are over 80 now, across the country. We don’t have any kind of meetings or anything like that. It’s just an e-mail service, and I’ll be starting some fax service as well because some maternity care workers don’t have e-mail and they want the updates…We [NAHO] do a little bit of advertising in different newsletters and articles here and there and we always invite people to join. I’ve been actually contacting maternity care workers across the North to encourage them. They might find a lot of interesting material there, because I’m collecting for both professions: maternity care workers and midwives. And before I started working, there were resolutions and various products coming out that were really saying ‘look, we need this, we want this, we want it back. We had birthing in our communities and we want it back.’
Narrator: One of the oldest and most well known Aboriginal midwifery initiatives in Canada was established at the Inuulitsivik Hospital in Puvirnituq, an Inuit community located near the northern coast of Hudson Bay.

A community birthing centre was opened in 1986 and local Inuit women continue to be trained as midwives using an apprenticeship model. Since then, two other maternity units have been set up in the region, in the communities of Inukjuak and Salluit. Aani P. Tulugak, Director of Youth Protection Services in Puvirnituq, was involved in the process of creating the first maternity program and talks about how they worked with southern medical professionals to address community needs.

Aani P. Tulugak: We knew—because the leaders knew—that things would improve for us as a community as long as we agreed with, and we were involved in what was going on. Because we didn’t have information in those days. And we knew that the professionals had the information, and we needed that information to be given to us. The hospital had to be a tool for the Inuit to get the information that they need to improve their health and their lives. Every professional that came to work at Inuulitsivik—we told them—the vision and the mission of the Inuulitsivik health centre is training of the local people. But training in a way that is useful, and understandable, and concrete, and hands-on.

Akinisie Qumaluk (with interim comments from Leah Qinuajuak): It was one southern midwife for the first two years, and then two years later another one. So we had two foreigner midwives for the first four or five years...They gave us classes each week—one class each week. They gave us tests, they gave us exams. They did on the job training also...They helped us a lot.

Leah Qinuajuak: We do shifts – we teach classes, shifts, home visits.

Narrator: That was Akinisie Qumaluk and Leah Qinuajuak, two community midwives who have been working at the birthing centre in Puvirnituq since it was created. Statistics have shown that outcomes are significantly better for women who birth at the maternity centre than for those who are flown south.

Since the mid-1990s, birthing centres and midwifery training programs have been established by some other Aboriginal communities, which has also led to many positive outcomes for women, babies, families and communities as a whole.

Laurie Jacobs: It’s amazing, the changes that we’ve seen since 1996 are astronomical… Even knowing that they have a right to say “I don’t have to do just as everybody tells me I have to do. I have the right to say ‘what are my options and why do you want me to do that?...And are there any risks to that?’” Where before we thought we just had to lay down and take whatever people did to us, right? And now, that is not the way; people are finding their voices again and that is fantastic. You know, I tell people when they come through here—if you didn’t learn anything more, except that you have a voice, and you have rights, then I’ll be happy.
Narrator: That was Laurie Jacobs, a full-time Aboriginal midwife who works at the Maternal and Child Centre located on the Six Nations of the Grand River Territory in southern Ontario. Tsi Non:we Ionnakeratstha Ona:grahsta’—or ‘the place they will be born; a birthing place’—officially opened in 1996 and recently celebrated the 500th birth at the Centre. Julie Wilson, who is the Supervisor at the Centre, explains how they provide a balance of traditional and contemporary midwifery services.

Julie Wilson: Our birthing centre is very unique because we incorporate traditional components, practices, teachings into all of the services that we provide. So we truly are a blend between the Western medical model of midwifery care and the traditional model. So it’s almost like a blended marriage, where both are respected equally and they both are utilized equally. So it actually gives us, I think, an advantage having two different models to be able to pick from…And I think another key difference with our midwifery practice is we don’t just focus on the client, and we don’t just focus on the family—we focus on the whole community. It’s working for our people, taking care of our people, loving our people.

Narrator: Julie Wilson is also the original coordinator of the Tsi Non:we Ionnakeratstha Ona:grahsta’ Midwifery Training Program that was launched in the year 2000. The vision of the program is to offer an opportunity for Aboriginal women to train as midwives and to bring midwifery back to their own communities.

Julie Wilson: We really think that Aboriginal midwifery is a very, very good thing for Aboriginal communities, and we are hoping to be able to, to train women from different communities who can then go back and offer those services to their own people. And I also firmly believe that it’s our inherent right, as Aboriginal people, to birth our babies and in that, we have the right to decide how are babies will be born. And there shouldn’t be an outside governing body that we take direction from. It’s our right; birth needs to be brought back to the community, to the people.

Narrator: The Kanácí Otinawáwasowin midwifery education program was established in 2006 at the University College of the North with this goal in mind—to bring birth back to Cree communities. This four-year program is offered in two northern locations—The Pas and Norway House—and graduates will be recognized and eligible to apply for registration with the College of Midwives of Manitoba. Carol Couchie talks about how the program combines traditional Aboriginal and western methods of teaching and practice.

Carol Couchie: It’s an Aboriginal-based curriculum, with things that…relate to our history, and our needs, and our communities. It doesn’t mean that we don’t look at things in a global way. But we look at things in a global Aboriginal way. So we are talking about women in South America, Australia, New Zealand—in Aboriginal communities around the world. We’re talking about the impacts of colonization, about Aboriginal healing practices, Aboriginal science…and Aboriginal world views. And those are things that I did not get in midwifery school.
Narrator: Most recently, the Public Health Department of the Cree Board of Health and Social Services of James Bay has been working to bring birth back to Cree communities. Christine Roy is a midwife who works with the Children’s Program team—also known as the “Awash team”—and describes some of her experiences with the community consultation process that has recently been initiated.

Christine Roy: This initiative to bring back midwifery comes from Cree women. It is initiated within the Cree health board, but comes from Cree women who are saying ‘listen, our knowledge is going, and we have to claim this knowledge back, and we have to bring this back.’ At the same time, as blended with…today’s modern midwifery, which is quite different than the traditional midwifery. How can we blend those together and create a model that really speaks to us? We’re first looking with people what services are they getting right now? Are they happy with this? Are there some gaps that they feel that should be filled, and how do they see this? From their comments, then we start having discussions. Ok, what would you like to see happen? And then we start building a model with that, and at the same time we meet the health care professionals that are working within the community. That’s very important—we all have to all work together.

Narrator: An integrated approach to providing a safe and culturally appropriate environment for pregnant women is also being practiced at Anishnawbe Health, a community health centre that caters to the urban Aboriginal population in Toronto. Iris Taylor is the prenatal coordinator for the Enaadamged Kwe Woman’s Helper Program at Anishnawbe Health.

Iris Taylor: The vision is to improve the health and well-being of Aboriginal people in the spirit, mind, body, and emotion. So with every program there is a holistic framework, it’s all there in every program that…we are addressing each of those elements in our beings.

Narrator: Ellen Blais, an Oneida midwife, also works with the Enaadamged Kwe program and explains how she integrates a concept developed by Dr. Janet Smylie into her prenatal classes, about what makes a baby well.

Ellen Blais: Basically, I drew up a medicine wheel and did a circle to talk about really what makes a baby well? What used to make a baby well in our communities, way back when? Whenever that is—you can go back as far as you want. And we were saying, ‘it’s not the baby’s weight; it’s not the baby’s height; it’s not defined by the allopathic western medicine medical that we do now.’ You know, what makes the baby well—weight, height, she’s the right centimeter, she’s the right head circumference—you know, all those kinds of things. In the old days we didn’t have weight scales, so how could we tell if the baby was well? It was just a fabulous class. We were talking about what would emotionally make a baby well? And they started talking about love and connection and what does that mean, and how does that work.

Iris Taylor: We try to get them in a good place. Really empower them during that time when they are pregnant. So when they have the baby there isn’t any fear of their babies
being taken away. A lot of them have been through it as well. They grew up crown ward, grew up foster care. For them to get that back is part of their healing, you know, to be able to care for their own.

*Narrator:* The empowerment of women, a focus on community wellness, and respect for traditional and culture are common themes when it comes to the issue of Aboriginal midwifery. Bringing birth back to communities can contribute to better maternal and child health outcomes, can assist in reclaiming traditional knowledge, and can contribute to the healing and strengthening of contemporary First Nations, Inuit and Métis communities across Canada.

*Carole Couchie:* I mean there are lots of things that are important, but nothing like this is. We can talk about diabetes, we can talk about addictions, we can talk about anything, and midwifery touches it all. And I know it’s not going to fix everything, but it will certainly go a long way to starting to.

*Narrator:* This documentary was produced by the National Aboriginal Health Organization. Funding was provided by the Public Health Agency of Canada.