

Exploring Models for Quality Maternity Care in First Nations and Inuit Communities: A Preliminary Assessment



Based on a paper prepared by Carolann Brewer,
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Introduction

- The proposal was developed in consultation with the Health Secretariat of the Assembly of First Nations (AFN) and the Health Committee of the Inuit Tapiriit Kanatami (ITK).
 - Funded by the First Nations and Inuit Health Branch (FNIHB) Health Canada in 2003.
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Objectives

- To identify issues, priorities, best practices and suggestions for improving maternity care
- To build on past research
- To assist First Nations and Inuit leadership in obtaining preliminary information

Context

Literature review findings:

- **medical evacuation of women from remote, isolated, and semi-isolated communities at 36 weeks of pregnancy, and**
- **the women give birth in major urban areas, separated from their families and communities**

English:

http://www.naho.ca/firstnations/english/research_circle.php

French:

http://www.naho.ca/french/pub_womens.php

Context (cont.)

Even without evacuation, frequent barriers persist, including, but not limited to:

- the lack of access to health care and transportation
 - compromised continuity of care
 - the lack of appropriate and affordable housing
 - the absence of culture-based perinatal outreach and support programs for Aboriginal women
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Methods & Activities

Facilitated focus groups in English/French/
Inuktitut:

- 43 First Nations and Inuit women in seven different locations across Canada
- From May to June 2004.

Telephone questionnaire:

- 23 health-service providers
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Part 1 – Findings of the First Nations Maternity Care Needs Assessment

Participant Profile

- Participants were:
 - 18 years of age and over;
 - had given birth in the last three years;
 - First Nations (reserve-based);
 - selected from each of the four directions in each region .
- 1 focus group consisted of women who had lost children at birth, or shortly after.
- 19 key informants- health professionals: including, nurses, doctors, prenatal nutrition workers, dietician, midwife, breastfeeding coordinators.

FN-Focus Groups Findings- Gaps

First Nations women spoke of the following gaps in care:

- Lack of home/in-community birthing, lack of culturally trained staff, lack of continuity in services, lack of mental and emotional supports, inability to make informed choices, lack of supports for parents and families, failure to integrate traditional practices into maternity care.

FN Focus Group Findings- Solutions

- Maternity Care Providers -Access to Providers & Culturally and Appropriately Trained Providers- including midwives
 - Services to Alleviate the Effects of Poverty
 - Access to Care for Young Mothers
 - Prenatal Classes Aimed at Healthy Living
 - Community/Band Government Supports
 - Privacy Issues
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FN Focus Group Findings- Solutions

- Birthing Counselling and Advocacy
 - Neonatal and Postnatal Supports, Residential Care, Home Support
 - Emotional and Mental Health Support
 - Breastfeeding and Nutrition Support
 - Parenting Skills and Family Support, and Infant Development
 - Band Administration and Community Planning
 - Supports for Loss of a Baby
 - Supports for Special Needs or Troubled Children and Their Families
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Culture & Tradition in FN Maternity Care

A Cultural Model for Maternity Care: a holistic approach to maternity care

- Changing perceptions of pregnancy: Pregnancy is not an illness and should not be treated like one
- Reinforcing Traditional Values –addressing parent issues – ex. retreats for fathers
- A Maternity Care Centre – birthing centres run by First Nations people

Culture & Tradition in FN Maternity Care

- **The Tsi Non:we Ionnakeratstha Ona:grahsta'**
Six Nations Maternal and Child Centre on the Six Nations Reserve in southern Ontario
 - provides a wide range of services including: prenatal, birthing, postnatal, midwifery training, traditional wellness and parenting programs, FASD community awareness and education, FASD assessments, FASD diagnosis assistance and many other programs – See handout or URL <http://www.snhs.ca/>
 - **The Seventh Generation Midwives**
 - are an Aboriginal midwifery collective in Toronto. See Handout or URL: <http://cutle.oise.utoronto.ca/~jmcguire/sgmtbkup/>
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Key Informants – Health Professionals

- Identified a number of challenges in obtaining quality prenatal care:
 - A key area identified was the need to access care in a non-Aboriginal setting and to travel to receive check-ups
 - Lack of facilities, access to physicians, lack of continuity, cultural barriers

Observations

- Participants noted that the availability/accessibility, level and quality of maternity care services offered to First Nations women vary based on geographic location
 - Knowledge of maternity programs and services varied among the focus group members
 - Participants felt that there was a need for better information and better coordination of programs and services
 - Most participants had experienced some degree of cultural bias by medical officials throughout their maternity experience
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Observations (cont'd)

- Participants saw a need for some form of cultural orientation for medical staff providing maternity care to First Nation women. They also saw the need for programs and services that incorporate and revive traditional and cultural practices
- Participants did not perceive maternity care as separate from the life of the community and saw a need to incorporate First Nations philosophies into maternity care

Observations (cont'd)

The First Nations women in this preliminary needs assessment had minimal choices in their birthing experiences. A number of participants expressed the view that if they could give birth within the community, First Nations women would be less likely to be subjected to negative attitudes, would be less stressed and would ultimately be better equipped for their perinatal experience.

Moving Forward

- Kanaci Otinawawasowin Baccalaureate (KOB)
 - New Aboriginal midwifery degree program housed at the University College of the North in Manitoba.
 - URL: <https://www.ucn.ca/> > Click 'Academic Calendar' in the left menu > Click 'Program Catalogue' in Search Online > Type 'midwifery' in 'Find in Description' and click 'submit search'.



Part 2 – Findings of the Inuit Maternity Care Needs Assessment

Inuit Maternity Care Needs

Introduction

Challenges facing Inuit maternity clients:

- Isolation
 - Lack of fully equipped facilities and services in most communities
 - Lack of staff and the inability to retain those with medical training
 - Lack of culturally appropriate care
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Introduction (cont.)

- Inuit share a unique birthing heritage.
 - Inuit traditional birthing practices are different from Western medicalized techniques. Birthing positions, for example, tended to be in a kneeling or squatting position and not on the mother's back.
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Introduction (cont'd)

- Naming of the newborn
- Loss of cultural birthing heritage
- Efforts to restore it underway

Participants and Methodology

- Focus Group in Iqaluit
- Questionnaire distributed
- Phone interviews with 9 health care professional

Key Issues

Three themes emerged:

- availability of medical services, programs, and infrastructure
 - the cultural and social context of birthing in the North
 - jurisdictional differences
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Key Issues (cont'd)

- isolation
 - teen pregnancies
 - housing shortages
 - domestic violence
 - poor nutrition
 - the high cost of living
 - persistent organic pollutants in country foods
 - the lack of knowledge about available services
 - the general insensitivity of the medical system to Inuit culture
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Key Issues (cont'd)

- Many maternity services are not available in most Inuit communities
- There are a few exceptions including the maternity centre in Puvirnituk, Nunavik and in three other communities

Gaps in Birthing & Postnatal Programs

Themes from the interviews with nurses, doctors and midwives about:

- Facilities and equipment
 - Staff shortages, burnout
 - Poor social and psychological supports
 - Prejudice, paternalism, lack of cultural sensitivity
 - Problems with continuity and comprehensiveness
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Gaps in Birthing & Postnatal Programs (cont'd)

Example about pregnant teens:

- Pregnant teens leave six weeks before their due date.
 - In Iqaluit, they go to boarding houses with strangers and there is no choice.
 - Women are reluctant to admit their due date because they have to leave their family and they are not allowed escorts to assist with their labour and delivery.
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Gaps – Birthing & Postnatal Programs (cont'd)

Other examples:

- Women are rushed through tests
 - There is a lack of counselling about family planning.
 - Western doctors must learn to respect different ways of learning.
 - Women are shuffled between caregivers and this fosters emotional distress.
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Recommended Solutions from the Focus Groups

Participants ranked the following as immediate priorities:

- Need for birthing/labour classes/birthing centres
- Midwife training and certification
- The gathering and teaching of traditional knowledge
- Inter-agency cooperation

Recommended Solutions – Focus Groups (cont'd)

- Support for young women
- Changes to hospital protocols
- Promotion of social wellness
- Relationship counselling
- Healthy lifestyle promotion
- Prenatal classes

Conclusion

- Be supportive of the participation of traditional midwives during prenatal care, birthing and postnatal care
- Encourage local training of professionals and midwives
- Repatriate the majority of lower risk births

Conclusion (cont'd)

- Provide educational and counselling support
- Create and share more knowledge from both traditional culturally-orientated perspectives and modern Western medical perspectives
- Inuit have a viable understanding of birthing that needs to be supported, encouraged, and integrated into programs and services available in the North.

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