VOICES FROM THE FIELD - No Place Like Home: Aboriginal Midwives in Every Aboriginal Community

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Aboriginal perspective

Home visiting programs such as Aboriginal midwifery recognize that the home environment is important in shaping early experiences. The vision of the nascent National Aboriginal Council of Midwives (NACM) is "Aboriginal midwives in every Aboriginal community". Founded under the umbrella of the Canadian Association of Midwives, NACM brings to the Aboriginal health field a skilled, culturally safe [1] primary health care provider most appropriate to the needs of Aboriginal communities. Programs that include a trained professional who shares a positive relationship with families and that address the needs of a particular community are successful in supporting families[2,3,4]. Aboriginal midwifery recognizes that cultural continuity of care is based in the lifecycle connection between birth, puberty, childbearing and elder-hood and is grounded in knowledge of the mind-body-spirit continuum. Competencies of midwives include women and infant care, reproductive health, and the creation of sacred, empowering spaces for aboriginal women, girls and their families.

In her Call to Action to improve Aboriginal MCH in Canada, Tough[5] recommends attention to preconception, sexual and reproductive health in Aboriginal communities, and positions midwifery as a keystone to address these needs. NACM upholds the principle that Aboriginal Midwives are the most appropriate guides for pregnant, birthing, and postpartum women, especially in Aboriginal communities.

Discourses on Aboriginal health in the past thirty years have yielded a harvest of cultural constructs: cultural awareness, sensitivity, relevancy, appropriateness, competency, congruency, consideration and safety. Currently, there are eight Aboriginal Midwifery practice sites in Canada that exemplify the Cultural Development Model [6,7]: Puvinituq and Inukjuak, and Salluit, Nunavik (Northern Quebec), Tsi Non:we Ionnerkeratstha Onagrahsta (Six Nations), Norway House (Manitoba), Fort Smith (NWT), Rankin Inlet, Nunavut, and Seventh Generation Midwives, Toronto. One central goal of these services is to provide family support tailored to Aboriginal practices[8].At the Mohawk community of Akwesasne, - with the support of local health and social services - we seek to create a future in which the minds, bodies, and spirits of community members who have been devastated by disease, trauma, shame and addictions, find healing and well-being through

the power of the sharing circle. Centering Pregnancy developed by Certified Nurse Midwife Sharon Rising at Centering Healthcare Institute, expands and transforms the "medical gaze" to the democratization of knowledge where women are engaged as knowers and learners. Sitting in a group, women discuss their experiences and learn from one another, with the credentialed expert becoming the facilitator of a process of discovery and connection. Providers are developing group facilitation skills and gaining cultural knowledge necessary to positively and creatively impact the development of the mother-infant pair. Such shift-shaping in Aboriginal communities promotes processes of care that support women in developing self-agency and control of their reproductive power; not just the reproduction of children but also production of culture, knowledge and development of women's voices.

Real Talk

Services targeted to the strengths and needs of children and their families can be addressed via home visiting programs[8]. In my experiences as a Kanienkeha:ka (Mohawk) midwife, well before the welcome wave of professionalization of midwifery swept across the Canadian provinces, home care was the gold standard of my practice. Health begins at home, at the kitchen table, using the everyday language of everyday people. Mohawk mothers' motivation for choosing to birth at home is based in their cultural identity. The power of the birth story is that it reflects indigenous identity, keeping in mind the root word indigenous means "of the genes, arising from the ground where one's identity is conceived." Each birth becomes a reweaving of the essential Mohawk universe, each baby arriving within the cosmological significances of Haudenosaunee (People of the longhouse) culture. The details and patterns noted in the creative actions of gestation and birth, including dream and ceremony, enfold the story of the infant's development, and contain narrative threads of the individual's purpose on this earth. This explains why Kanienkeha:ka ancestral midwives would separate the amniotic sac from the placenta when it covered the newborn's face and place it against a window to "read" the road of the child's life. Of course, these are different actions and conversations from biomedical knowledge that provides individual risk assessment , information transmission and patient education. Mohawk culture still operates in an essentially oral framework oriented to performance. The social and cultural layer of story de-medicalizes and demystifies data and information, providing wisdom and meaning for life cycle transitions. Stories shared within kinship and peer relations influence the development of attitudes and decision-making in their reproductive lives[9].

Human beings create language to meet the needs of social realities which are political in nature. Academic language used by "decision elites" such as the sentinel phrase "social determinants of health" require deconstruction to capture divergent attitudes by researchers, public officials and other duty bearers. Results from Robert Wood Johnson Foundation's (RWJF) report "A New Way to Talk About the Social Determinants of Health"[10] are useful in creating messaging on health disparities and avoid deepening the "discredited medical subject" position of Aboriginal women in health policy and practice described by Browne and Fiske.[11] The RWJF report[10] encourage us in the "art of the possible", using values driven and emotionally compelling language that resonates with the neurocognitive realities of human thought processes.

I leave you with a story that was told by the grand-daughter of a First Nations ancestral midwife in Quebec. The woman was raised in her Catholic grandmother's home where she studied her grandmother's knowledge of women's medicine and birthing. When the time came for her to marry and live with her husband in another First Nations community far from her grandmother's home, the woman became pregnant. She received in the mail a package from her grandmother that contained two bundles, with the following instructions: "If you want to keep the pregnancy, use the first bundle. If you don't want to keep it, use the other." The woman chose to keep her pregnancy. I asked the woman: "How did your grandma reconcile her religion with her indigenous knowledge of termination of pregnancy?" The woman answered: "My grandma used to say: When we're in the village, we're Catholic. When we're at home, we're original people." This illustrates how pre-modern Aboriginal women inhabited their ecosystem, negotiating their fertility within it, in a matrilineal context. A new generation of Aboriginal Midwives is arising from the realities of Aboriginal communities, building upon the knowledge, difference and power of our cultures.

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