

Delivering at home – Indigenous Midwifery

Background

In hosting *Women Deliver*, Canada will bring together the drivers of gender equality and women’s empowerment. This conference is a significant moment for Canada as a global leader in advancing gender equity and sexual and reproductive health & rights. Canada has invested heavily in efforts to bring a gendered perspective and reconciliation approach to law and policy making. This proposal would solidify Canada’s commitment to reconciliation and to ensuring equitable access to safe reproductive health care that is close to home for all women and families in Canada.

What?

Canada is hosting the global *Women Deliver* Conference in June 2019. It is a moment to demonstrate its commitments to gender equality, women’s empowerment and feminist principles. It is also an opportunity to demonstrate to the world Canada’s response to the Truth and Reconciliation Commission Report¹, compliance to the Declaration of Rights of Indigenous Peoples², Canada’s commitment to improve the quality of health services delivered to First Nations, Inuit and Metis Peoples and commitment to ensure Indigenous Peoples have control over their health services and programs.³

Expert stakeholders⁴ and expert stakeholder allies⁵ propose that Canada invest in the growth and sustainability of Indigenous midwifery and therefore, to the return of birth to Indigenous communities across Canada.⁶

This investment will result in the sustainable return of birth to Indigenous communities and represent a critical act towards reconciliation. Bringing birth back to a community has enormous cultural significance and positive effects in all areas of community health including outcomes for women and their babies.

Why?

In Canada, midwives are autonomous primary care providers responsible for the clinical management and care of pregnant clients and babies throughout pregnancy, labour, birth, postpartum, and newborn life. Midwives work collaboratively with other healthcare and service providers. Models of midwifery care may vary but all are based on principles of continuity of care provider, informed choice, and choice of birthplace. In addition, midwives in rural and remote practice sites have expanded scopes of practice which may include pre-conception counseling, well-women and well-baby care,

¹ [Truth and Reconciliation Commission Call to Action](#)

² Specifically, compliance to Articles 24 and 25 of the U.N. Declaration of Rights of Indigenous Peoples and to Recommendations 22, 23, and 24 of the Report from the 17th session of the Permanent Forum of Indigenous Peoples

³ [Indigenous Services Canada – Departmental Plan 2018-2019](#)

⁴ The **National Aboriginal Council of Midwives (NACM)** exists to promote excellence in reproductive health care for First Nations, Inuit, and Metis women. NACM advocates for the restoration of midwifery education, the provision of midwifery services, and choice of birthplace for all Indigenous communities consistent with the U.N. Declaration of the Rights of Indigenous Peoples As active members of the Canadian Association of Midwives, NACM represent the professional development and practice needs of Indigenous midwives to the responsible health authorities in Canada and the global community. The **Canadian Association of Midwives (CAM)** is the national organization representing midwives and the profession of midwifery in Canada. CAM supports the [National Aboriginal Council of Midwives \(NACM\)](#) as the voice of Aboriginal midwifery.

⁵ **Action Canada for Sexual Health & Rights** (Action Canada, formerly Planned Parenthood Canada) is a progressive, pro-choice, charitable, human rights organization, based in Ottawa Canada that seeks to advance and uphold sexual and reproductive rights, globally and in Canada. Oxfam is a global movement of people working to end injustice and poverty. **Oxfam Canada** puts women’s rights and gender justice at the heart of our work. Sexual and reproductive health and rights is a thematic area of focus for Oxfam Canada’s programming, policy and outreach.

⁶ This proposal fits within [Indigenous Services Canada 2018-2019 Plan](#) to enhance healthy maternal and child programming, including supporting healthy pregnancies and births, and access to midwifery services.

implementation of general community health programs and preventive care such as Pap tests, testing for sexually transmitted infections (STIs) and prescribing contraception.

Indigenous Midwives may be First Nations, Inuit, or Métis—they may work as registered midwives in their respective province or territory, or practice within certain exemptions that exist.⁷ In addition to having an expert clinical skill set, Indigenous midwives can offer communities:

- Support to women and families who are involved in child welfare while pregnant - midwives offer interventions in child welfare practices of apprehending and separating infants;
- Reclaiming and restoration of significant ceremonial and cultural practices in relation to pregnancy and childbirth, baby care and breastfeeding;
- Restoration of traditional wellness practices;
- Providing leadership and education in community, including mentorship to youth interested in exploring the career path to become a midwife or other health care professional.

Midwives have always existed and hold an essential role to the childbirth process in Indigenous communities however, colonization and assimilative policies that outlawed midwifery practices have resulted in:

- Cultural destruction and a loss of traditional knowledge (including midwifery knowledge), resulting in poorer health outcomes for Indigenous people in Canada that persist today;⁸
- The loss of power of pregnant people and their families to be active participants in the birth and parenting journey;⁹
- The removal of birth from Indigenous communities to hospitals which are often located far away, particularly from remote communities. This requires evacuation of pregnant people from their homes to wait in unfamiliar urban centres and give birth in hospitals thousands of kilometres away from their families.

In addition, most rural and urban communities across Canada lack culturally safe reproductive health services, and culturally safe health care services in general. Returning birth to communities is critical to Indigenous people's health and it can assist in restoring skills and pride in communities.¹⁰

There are many beneficial outcomes for having access to an Indigenous midwife and bringing birth back to communities, including:¹¹

- Increased access to culturally safe, trauma informed health care providers that honor the uniqueness, needs and interests of Indigenous people;
- Care to families where they live: in urban, rural and remote communities;
- Reduced number of routine evacuations from remote communities;
- Increased education and knowledge about sexual and reproductive rights;
- Improved health outcomes for parent and baby;
- Improved self-determination in health care.

⁷ Midwives apply for registration with the governing body (the College) of their province or territory in order to practice midwifery. However, Nunavut, British Columbia, Ontario and Quebec have legislation that provides an exemption from registration for Aboriginal midwives. In Nunavut and British Columbia, the exemption is only available for midwives who practiced Aboriginal midwifery prior to the coming into force of the Midwifery Act. In Ontario, Aboriginal midwives providing care to Aboriginal communities are exempt from the Regulated Health Professions Act. The Ontario Midwifery Act allows Aboriginal midwives who provide traditional midwife services to use the title "Aboriginal midwife". The Quebec statute allows Aboriginal midwives to practice without being registered members, provided that the nation, group or community has entered into an agreement with the government. [Aboriginal Midwifery in Canada](#).

⁸ Skye, A. D. (2010). Aboriginal midwifery: A model for change. *Journal of Aboriginal Health*, 6(1), 28-37.

⁹ Native Women's Association of Canada (2007). Aboriginal women and reproductive health, midwifery, and birthing centres: An issue paper. National Aboriginal Women's Summit, Corner Brook, NL.

¹⁰ Van Wagner, V., Epoo, B., Nastapoka, J., & Harney, E. (2007). Reclaiming birth, health, and community: Midwifery in the Inuit villages of Nunavik, Canada. *Journal of Midwifery & Women's Health*, 52(4). 384-391.

¹¹ Rooted in our Past, Looking to our Future, NACM Situational Analysis, 2017

Success Story: *The Inuulitsivik midwifery service and education program is an internationally recognized approach to returning childbirth to the remote Hudson coast communities of Nunavik, the Inuit region of Quebec, Canada. The service is seen as a model of community-based education of Aboriginal midwives, integrating both traditional and modern approaches to care and education. Developed in response to criticisms of the policy of evacuating women from the region in order to give birth in hospitals in southern Canada, the midwifery service is integrally linked to community development, cultural revival, and healing from the impacts of colonization. The midwifery-led collaborative model of care involves effective teamwork between midwives, physicians, and nurses working in the remote villages and at the regional and tertiary referral centers. **Today, Inuit midwives in the community attend 86% of the births.***

The number of Indigenous people in Canada is increasing steadily and is likely to double over the next decade. The growth rate of Indigenous people is more than four times that of non-Indigenous people. In addition, close to half of First Nations people who report Registered Indians status live on reserve¹² yet midwifery services are not available to meet the needs of these communities and therefore, reproductive health services are not being met.

While Canada’s international development priorities include strengthening midwifery globally, little has been done to recognize and allow communities to implement midwifery services on Federal jurisdiction. In 2017, Health Canada (prior to Indigenous Services Canada) allocated \$6 million over five years to fund First Nation and Inuit community-based midwifery projects. These funds were part of the \$828 million from the 2017 budget to improve the health outcomes of Indigenous people. The upcoming *Women Deliver* conference is an optimal time to consider funding Indigenous midwifery for the return of birth to communities and therefore the return of reproductive health services to women and girls in their community and for the return of improved health outcomes overall.

How much?

This proposal includes the development of a health human resources planning strategy and an Indigenous midwifery education, training and ongoing mentorship strategy to ensure an Indigenous midwifery workforce is in place to respond to community demand for midwifery-led maternity care services as close to home as possible. The National Aboriginal Council of Midwives (NACM) has been working with communities who are interested and ready to bring midwifery services back.

<p>Improving health outcomes for Indigenous communities by returning birth through an investment in Indigenous midwifery</p>	<p>Implementation of midwifery services in Federal jurisdiction over 5 years (target: 20 sites)</p>	<p>100M</p>
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¹² [Aboriginal peoples in Canada: Key results from the 2016 Census](#)