

PERINATAL AND INFANT WELLNESS



“Our culture has always celebrated life. Our children got their first traditional name at birth: it was their child name. At 10, they got another name. As an adult, another name. As they become older, another name. So there was tradition. We’ve always celebrated life. And uplifted our children.”

- First Nations mother living in Bella Bella¹²

In First Nations communities, the birth of a baby is a sacred event to be joyously celebrated. Each Nation has distinctive teachings, knowledge and ceremonies that surround each phase of the journey – from preconception through pregnancy and childbirth.¹ Women are honoured and accorded special respect for their role as life givers, which is seen as a tremendous gift.

Traditionally, matriarchs taught girls and young women about respecting and caring for their bodies as well as about their Nation’s customs with respect to pregnancy, childbirth and mothering. This transmission of wisdom by First Nations mothers, grandmothers and aunties, who also provided vital webs of support as extended family, has a protective influence on healthy child development³ and has ensured the strength and continuity of generations of First Nations.

Colonialism introduced patriarchal, devastating and intrusive laws, policies, practices and systems that undermined and suppressed the active and respected roles of First Nations women⁴ and broke up families. These included forced surgical sterilization,^{5,6} the residential school system, the Sixties’ Scoop, and the child welfare system. The sharing of valuable teachings surrounding pregnancy, childbirth, and mothering between generations was disrupted, but the teachings were not lost.⁷

Today, although First Nations mothering occurs within the context of historical and ongoing colonial policies and practices,⁸ many Nations and matriarchs are actively sharing their traditional teachings and restoring their customs, and many First Nations parents and their infants continue to benefit from them.

The inherent resiliency of First Nations is exemplified in the vital role that women and mothers continue to play in their communities, and in the resurgence and reclamation of traditional roles, teachings and practices around pregnancy, childbirth and mothering.^{9,10,11} The vision of healthy and self-determining individuals, families and communities is inextricably linked to First Nations women as the bearers of strong future generations.

This chapter focuses on health and wellness during the perinatal phase (from conception through childbirth) and also includes the postpartum period. It considers the well-being of infants and mothers (those who are biological mothers and those who play roles as mothers in their communities).

HEALTHY, SELF-DETERMINING WOMEN, INFANTS & COMMUNITIES – ROOTS OF WELLNESS

Restoring choice, control and self-determination of First Nations women and communities is key to ensuring that First Nations mothers, babies, and families are vibrant, healthy, and able to thrive.¹³ In reclaiming First Nations teachings and protocols around birth, pregnancy and mothering, the power of women as life givers is restored. Following protocols also strengthens vital connections to land, culture and community. These connections, which are the roots of wellness at all phases of life, help to nurture the wholistic wellness of women during the transition to motherhood while also establishing a strong foundation for infant health.

“As life givers, women bring children into the world – and for this, they command a great deal of respect. If we reclaim the notion of woman as life giver, we reclaim a vital sense of our power. Whether we eventually give birth or not is not important. How do women reclaim the power of life giving? Many of us begin to look for the significance of birth, creative energy, and life giving as it appears in ceremony.”

- Kim Anderson, Cree/ Métis with roots in Western Canada but born and raised in Ottawa, Ontario²

CONNECTION TO ANCESTORS, CULTURE, LANGUAGE, AND CEREMONY

Infants are seen as gifts from the Creator, born with inherent wisdom and close ties to the Spirit World.¹⁴ Beginning before conception, Nation-specific teachings, language and rituals passed from generation to generation prepare young women for motherhood and provide guidance for the safe births and healthy development of infants.^{15, 16} In the tragic circumstance where there is an infant death, there are also important community-led processes and protocols to help the family and community grieve and allow the baby to go into the Spirit World in celebration.¹⁷

In some Nations, pregnant women are honoured as a bridge between the Spirit World and earth.¹⁸ They are also surrounded by family and community members who support them through the experience and help to nurture the physical, mental, emotional and spiritual needs of both mother and baby.^{8, 19} Pre-settlement, all First Nations communities also had midwives who played a vital role as Knowledge Keepers, assisting in the physical and ceremonial aspects of childbirth and also providing support during pregnancy and postpartum.¹⁹

A Note about Gender Inclusivity –

This chapter is intended to honour and celebrate the strengths of *all* First Nations people who experience pregnancy, childbirth and motherhood. While the words “mother,” “woman,” and “parent” are used throughout this chapter, they are used in recognition of the fact that discussions of perinatal health and wellness apply to cisgender females as well as trans women, non-binary people, and those who identify as Two-Spirit/Indigiqueer. It is important to acknowledge that the experience of being a mother is not defined by a person’s biology. Although there is currently very limited perinatal data available on the health and wellness of non-binary and transgender populations, these distinctions are important as a person’s gender identity can shape their experiences, their social determinants of health, and their access to services.

“When I think about all the grandmothers who have come ahead of me and those grandmothers who stand behind me and the grandmothers who stand in all the directions, I think that they’re leaders and that, as leaders, as water carriers, as women who give birth to the next generations, that they all have those leadership qualities in them.”

- Weweshkiinzhigook Rhonda Lee McIsaac, Ojibway Nation of Saageen citizen living in Skidegate, Haida Gwaii²³





Colonization caused a critical disruption in the transmission of knowledge and practices around pregnancy and childbirth, and many First Nations women and communities as a result do not have access to the teachings and supports of their culture during their prenatal journey.⁸ Pregnancy is a time when First Nations women may be motivated to reconnect with their culture, and many communities are reclaiming cultural teachings, practices and protocols to support their expectant and new mothers through their journey.⁸ Related to this, there has been a resurgence of First Nations midwifery and doula practices across Canada in an effort to bring birth closer to home and into the hands of Indigenous women.²⁰

“For Indigenous people, birth is supposed to be a ceremony. A life giver is bringing a whole new life into the world.”
- Jessica St. Jean, Squamish Nation²³

This ability for First Nations women, mothers, and communities to pursue and participate in their own cultural practices at all points in their life, but particularly during pregnancy and childbirth, is a vital aspect of their self-determination.²¹ These practices and ways of knowing around life giving and childbirth are also considered fundamental to shaping the health and well-being of the community.²²

CONNECTION TO LAND, WATER, AND TERRITORY

The relationship to the land, water, and territory is a sacred element of First Nations identity and wellness.²⁵ Childbirth is an event that fortifies the connection to land,²⁶ and the practices and protocols that communities have around pregnancy and childbirth are all shaped and determined by that relationship to nature.²⁷ Some communities have customs and ceremonies for when babies touch the earth for the first time.²⁸ Some have teachings and practices around caring for the placenta, including burying it to connect the child to the land and provide a sense of belonging that will continue for their entire life.¹

Environmental degradation and industrial development can create barriers to First Nations families being able to practise these important traditions. First Nations women and girls have also been vocal about the negative impacts of resource development and extraction projects on their reproductive health, rights and justice.²⁹



“I would want my grandchildren to be born here. 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 Bella Bella. So when they are born in Vancouver, does that mean they are from Vancouver?”

- First Nations mother living in Bella Bella¹²

CONNECTION TO FAMILY AND COMMUNITIES

Mothering is not a biologically determined role in First Nations cultures, limited to a relationship between a female parent and her offspring. Very often motherhood involves a “multitude of roles and relationships that extend across time, spaces and generations.”⁸

There are many amazing mothers in First Nations communities who may or may not have biological children of their own, but who take on this nurturing role as aunts.² Aunts, Elders, Knowledge Keepers, grandmothers and matriarchs are often involved in teaching younger generations about pregnancy, childbirth and motherhood, and in supporting the wholistic wellness of both mother and baby.^{1,5} The community as a whole bears responsibility to uphold, celebrate and honour the wisdom and teachings of the matriarchs and to pass on those teachings to future generations and ensure the traditions, practices, and ceremonies related to mothering are safeguarded.⁸ Being a part of the transformative and sacred process, rituals and celebrations around childbirth and parenting is also a vital component of the community’s well-being.

“Everyone is so happy to go and give to the baby, even if you are not closely related, because it is another member of the Haida Nation, and it just makes the community bigger and richer. In the long run, it will make it stronger.”

- Haida Nation citizen¹³

Connection to family and community is an integral element of the perinatal journey for many First Nations.³⁰ For younger mothers and those without a partner, the support from extended family and kinship networks can be an important protective force against the social and economic disadvantages often associated with early pregnancy and single parenthood.³¹

SUPPORTIVE SYSTEMS

The social determinants of health and wellness of First Nations mothers and infants are shaped by the wide range of systems mothers must interact with to meet their basic needs including systems for health, education, food, housing and justice. First Nations have had laws and protocols since time immemorial to govern different societal systems. Although these laws and protocols still exist, mainstream systems and structures in place today are rooted in Canada's colonial history and reflect Western perceptions of wellness, childbirth and mothering.

Because of historical and ongoing systemic anti-Indigenous racism, many First Nations women face barriers to establishing safe environments for themselves and their infants, and to accessing their basic needs around education, health, housing, employment, and food.³² As a result, First Nations women are more likely to experience poverty, food insecurity, violence and unsafe living conditions.³⁰ Mainstream systems have also adversely impacted individual and collective experiences of childbirth for many First Nations women.

The health system is particularly influential in shaping the prenatal experience, childbirth and postpartum recovery. This section looks at the health system from the perspective of supporting healthy, vibrant and self-determining First Nations mothers and babies. It highlights the importance of the work underway to reclaim First Nations birthing practices and restore supports to enable births to happen closer to home or in community. It also brings attention to the opportunity that pregnancy and childbirth present for reconnecting to culture, healing, and breaking the cycle of intergenerational trauma.



“I am not just a weaver because I make beautiful things. I’m a weaver because I’m weaving back the history into our community of the values of who we are as First Nations people and women – we stand on those blankets that we weave, we comfort ourselves with them, we use them in naming ceremonies, we use them when our children are born and they get their first name. And when they leave this world, that blanket goes with them. The blankets are everything to us, as they are to every community.”

- Debra Sparrow, Musqueam¹²⁷

MAINSTREAM SYSTEMS AND THE ONGOING INTERGENERATIONAL LEGACY OF COLONIALISM

Colonial systems and institutions such as the residential school system, the child welfare system, the Sixties' Scoop, and Indian hospitals, broke up families and communities, which disrupted the transmission of teachings and knowledge around childbirth and mothering, and thwarted generations of First Nations women from receiving and sharing this learning, wisdom and support. The enforcement of patriarchal Western values caused fundamental changes to the roles and leadership of First Nations

women with the effect of undermining their autonomy, their authority, and their perceptions of life-giving powers.^{32,33} First Nations traditions celebrating birth as a community event, and embracing the physical, mental, emotional, and spiritual needs of women and their babies throughout and beyond pregnancy, were eroded and displaced by a Western, biomedical approach to prenatal care focused on the physical aspects.³⁰

“Even in the womb, there is healing to be done because of colonization.”

- Tsow-Tun Le Lum
Cultural Support³⁶

Historical and ongoing mistreatment, violence and harms inflicted by colonial institutions on First Nations women in and around childbirth, have resulted in deep, complex and intergenerational trauma.²⁴ Abhorrent violations, such as forced sterilizations, violated the reproductive rights of many First Nations women. Often performed during labour or immediately postpartum to prevent women from having future children, these practices have contributed to enduring distrust in Western institutions including doctors' offices and hospitals.³⁴ The practice of birth alerts (in operation in BC until 2019) to apprehend infants at birth was highlighted by the National Inquiry into MMIWG as being “one of the most egregious and ongoing examples of violence against [Indigenous] mothers and against children,”²⁴ and continues to be a significant source of fear. Prenatal, delivery and postnatal care are also among the most frequently cited locations of anti-Indigenous racist or discriminatory treatment experienced within the BC health care system.³⁵



The British Columbia Tripartite Framework Agreement on First Nations Health Governance includes the recognition that First Nations maternal and child health need to be approached differently than through the biomedical model, and with an emphasis on the family, community, and the social determinants of health.³⁷ The Calls for Justice (7.4) issued by the National Inquiry into MMIWG similarly called on governments and health service providers to support the revitalization of Indigenous health, wellness, and child and Elder care practices including matriarchal teachings on midwifery and postnatal care for both mother and child.³⁸ In response, several programs and initiatives have been launched over the past decade to enhance perinatal supports that are woman-centred, community-based and culturally safe, and that integrate trauma-informed practices and address social determinants of health.²² Notwithstanding this important progress, the Addressing Racism Review’s final report regarding anti-Indigenous discrimination in the BC health care system, *In Plain Sight* (2020), has illuminated the fact that much work and healing still needs to take place.

HEALTH SYSTEM

Notwithstanding important work underway to hardwire cultural safety and humility into the health care system, the interactions that pregnant First Nations women and their families have today take place within the context of the system’s historical and ongoing colonial legacy.⁴¹ These colonial foundations shape how services are structured and delivered in relation to the physical, mental, emotional and spiritual needs of First Nations women and their infants during the perinatal phase, and influence how First Nations women and their families are treated in the system. As highlighted by the Addressing Racism Review’s final report, *In Plain Sight* (2020), First Nations women experience racism in distinctive ways due to the intersection of pervasive and systemic Indigenous-specific racism, misogyny and gender discrimination. First Nations are, as a result, disproportionately subjected to risks and harm. These realities are reflected in the low level of trust that First Nations women and their families have in health system providers and the care being offered.⁴¹

CULTURALLY SAFE, TRAUMA-INFORMED PERINATAL CARE

A health system that is supportive, respectful and attuned to First Nations cultural beliefs, values, practices, and ceremonies during the sacred perinatal phase contributes to First Nations women’s wellness at all stages of life. While each person’s experience of pregnancy is unique, becoming a mother is a transformative experience that can involve significant physical, mental, emotional and spiritual changes.³⁰ In some cases, this experience is shaped by trauma and/or intergenerational trauma – and the interaction with health care services can be re-traumatizing. Having supportive, respectful relationships and environments that empower mothers and their families in navigating these changes can help ensure that mothers and families feel safe and respected.⁴² Providing respectful care that is in line with cultural beliefs is also central to upholding a woman’s autonomy and self-determination.⁴³

“I moved to Nanaimo in June 2019 and gave birth to my daughter at the Nanaimo General Hospital shortly after. I had to stay there for four days, which was really terrifying for me because I was aware of birth alerts and aware of the overrepresentation of Indigenous children and youth in foster care. I even had it in my birth plan. As a visibly Indigenous person with an Indigenous partner, this was something we needed to be aware of as something that happens to Indigenous families all of the time. I really only felt shielded by my non-Indigenous mother who was with me the entire time I was at the hospital ... I couldn’t fully verbalize the fear that I was feeling, but I had this beautiful moss bag made for my daughter. I felt fear of bringing that moss bag to the hospital – just for fear of being judged and also because the nurses were so clear with me that babies weren’t to be swaddled anymore so that was just an example of me wanting to bring my culture into the hospital setting but not able to do so because of the fear.”

- Anna McKenzie, Opaskwayak Cree Nation, currently living on the unceded homeland of the Snuneymuxw First Nation⁴⁰





“When my first son was born, my midwife delivered him. She was keeping someone out of the room, I remember; she was protecting me. I am very thankful for her delivering my baby. I had a pre-existing trust with her. We have similar values. I had minimal tearing and I was able to get up and shower right away. The baby was healthy ... I felt like I had a lot of choice.

“With my second baby, I was diagnosed with preeclampsia at 35 or 36 weeks. They waited until 37 weeks to do an induction, then decided to take me for a C-section. My partner was told to go to another room, and I was taken to the OR where there were so many people. I didn’t know any of the people there. They were strapping my arms down, stripping me down, and yelling for me to push. They were doing a jaw thrust at the same time. I was feeling pressured. My birth doula was not allowed in for the section. First they said if I push now I don’t have to have a section, but then they just started doing the section. It was with general anesthesia and I was fully under. I didn’t sign a consent. It was an OB I had never met before; I had never ever seen her during my labour. I woke up alone in recovery and grabbed my stomach and panicked because there was no baby there and I didn’t know where the baby was ... I remember screaming ‘Where is my baby?’

“I didn’t see my baby for three hours. After the birth, I requested my notes to find out how it had proceeded. The notes are very clinical; I guess they have to be ... like instructions on how to make a sandwich. At my six-week, I went to the get the sign-off from the OB. I asked, ‘What could have been done differently? Why was I strapped down? What where the jaw thrusts for?’ And her response was: ‘Aren’t you glad that you and your baby are here today?’

“I was given no answers. After all of this, I had support at home. My aunt stayed and helped care for me and family helped with my son. It was the worst pain of my life and I don’t know what to call it? Trauma? Tension?”

- sta?qwaíqs, Westbank First Nation⁴⁴



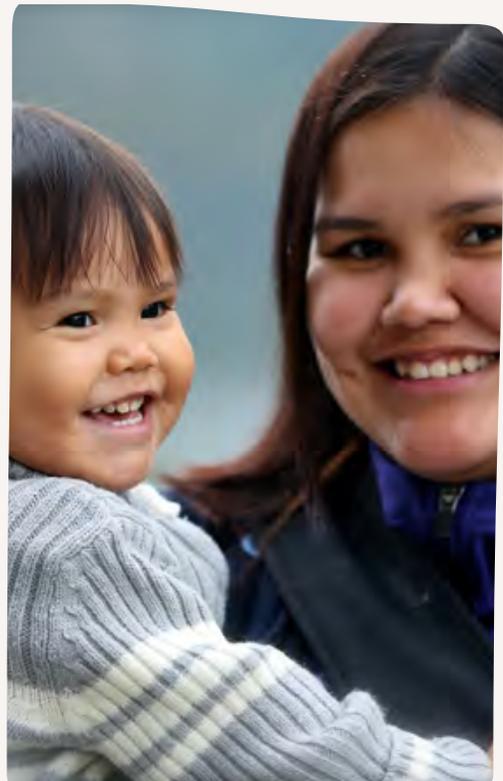
PROMISING PRACTICES

HONOURING INDIGENOUS WOMEN’S AND FAMILIES’ PREGNANCY JOURNEYS

is a resource to guide health care professionals in providing culturally safe, humble, and trauma-informed perinatal care for Indigenous women and their families. Created by aunts, mothers, grandmothers, daughters and sisters, the resource outlines six key principles of care that honour the resilience of Indigenous women and families as well as the trauma, racism and discrimination they have experienced:

1. CULTURAL SAFETY AND CULTURAL HUMILITY,
2. SELF-DETERMINATION,
3. TRUST THROUGH RELATIONSHIP,
4. RESPECT,
5. ANTI-INDIGENOUS RACISM, AND
6. STRENGTHS- AND RESILIENCE-BASED PRACTICE.²²

While the principles of culturally safe, humble, and trauma-informed care are important at an interpersonal level, they are also relevant in guiding health services at a structural level to uphold First Nations self-determination around birthing and prenatal care. Central to this is restoring First Nations women’s rights and abilities to give birth in community.





EQUITABLE ACCESS TO CULTURALLY APPROPRIATE HEALTH CARE AND SUPPORTS

Having a system that provides equitable access, as well as timely and appropriate care and supports throughout pregnancy, childbirth and postpartum, is key to supporting the health and wellness of First Nations mothers and infants.

Health care providers have an opportunity to identify risk factors and respond appropriately with treatment and resources that can improve health outcomes for both mother and baby.¹ First Nations women often face multiple economic, geographic, social, cultural, and attitudinal barriers that prevent or make it challenging for them to receive timely and adequate prenatal care.^{1,45} Past experiences — both personal and intergenerational — of discrimination, racism, judgement, and misunderstanding in the health care system can cause First Nations women to avoid seeking care.⁴⁵ What’s more, a lack of transportation and/or childcare, and the related financial costs, can pose challenges.¹ This is especially true in remote and rural communities, where there may be a shortage of local services.^{45,46}

“I think it’s 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 it’s 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.”¹²

- Heiltsuk First Nation citizen



CAESAREAN SECTIONS

First Nations women were *less likely* to have a Caesarean section than Other Residents, with a rate closer to *international recommendations for this practice.

OTHER RESIDENT RATE



FIRST NATIONS RATE



*World Health Organization recommended Caesarean section rate = 10% to 15%

2017/2018 | In Plain Sight (2020)

Since 2000, there has been a significant decline in the number of rural communities across Canada offering local maternity care.⁴⁷ Additionally, since the 1970s, federal policy has required women living in rural and remote regions to leave their communities to give birth, regardless of their obstetrical history and whether or not the birth is considered “high risk.”⁴⁸ (The fact that many First Nations women live in isolated, rural or remote areas in the first place is a result of the reservation system, which dispossessed First Nations of their traditional lands and livelihoods and forced them to live in remote areas, away from the general public and the resources, supports and opportunities many people take for granted in urban areas.)

Studies of communities that have been affected by the evacuation policy have associated women forced to leave their communities to give birth with increased stress and pre-term deliveries, as well as increased perinatal morbidity and mortality. This research highlights the importance of place and community in First Nations childbirth. It also underscores the critical importance of First Nations involvement in resource-allocation decisions pertaining to maternity care in First Nations communities.¹²

PRENATAL VISITS

FIRST NATIONS EXPECTANT MOTHERS *RECEIVED FEWER PRENATAL VISITS* THAN OTHER RESIDENTS, AND WERE LESS LIKELY TO ACCESS MIDWIFERY CARE, HAVE AN OBSTETRICIAN PRESENT DURING DELIVERY, OR DELIVER AT HOME

2017/2018 | In Plain Sight (2020)

PRENATAL CARE

Timing of first prenatal care contact for First Nations women:



- 62.9% in first trimester
- 31.3% in second or third trimester
- 5.7% did not receive prenatal care at all

2015 | BC Perinatal Database Registry



PROMISING PRACTICES

THE MATERNITY AND BABIES ADVICE

LINE (MABAL) provides services to expectant mothers and new parents, guardians or caregivers of newborn babies in rural and remote First Nations communities in BC. The service is founded on the principles and practices of cultural safety and humility. Family members and health care providers can also receive support. MaBAL doctors and midwives provide advice on urgent and non-urgent maternal and child health topics, including pregnancy, birth and newborn care. The doctors can also arrange referrals to obstetricians or pediatricians, if needed. The advice-line service is available 24 hours a day, seven days a week via Zoom video conferencing. There are no appointment wait times.

THE CULTURAL PRACTICES AROUND

BIRTH video shares information on the cultural practices of the Tsimshian, Tahltan, Haisla, Gitksan, and Nisga'a Nations in and around childbirth – and how these practices impact their health care needs. It was developed by the Terrace/Kitimat and Area Aboriginal Health Improvement Committee, with financial support from the Northern Health Authority.

THE KWAKWAKA'WAKW MATERNAL, CHILD AND FAMILY HEALTH PROGRAM

is an initiative in the northern region of Vancouver Island that supports First Nations women along their pregnancy journeys, providing culturally safe care that is trauma-informed and woman-centred. Working with birthing parents and their families, the program also helps to bring births closer to home – whenever possible – through a partnership with two local midwives. For those women and their families who need to leave the North Island for maternity care, the program helps to ensure a seamless, coordinated and collaborative care experience. Women and families can self-refer or be referred to the program by on-reserve services, family members, health care professionals or other agencies: Kwakwaka'wakw.Maternity@fnha.ca

BIRTHING CLOSE TO HOME

Since the 1970s, women living in rural and remote communities have been required to travel to cities several weeks before their due dates to give birth in hospitals.^{1,49} While these policies are not specific to First Nations communities, First Nations expectant mothers are over four times more likely than non-First Nations women to have to undertake over 200 km of travel for childbirth.⁴⁵ As mentioned, the fact that many First Nations women live in isolated, rural or remote areas is often a result of the reservation system, a colonialist system that dispossessed First Nations people of their traditional lands and livelihoods and forced them to live in remote areas, away from the general public and the resources, supports and opportunities many people take for granted in urban areas.

These evacuation policies undermine First Nations women's right to choose health services that respect their culture — even for low-risk pregnancies.¹⁹ While medical interventions have improved health outcomes for mothers and their newborns who experience complications, the argument that hospitals always provide the safest setting for childbirth is untrue.^{50,51,52}

Evacuation disrupts important practices, ceremonies and celebrations associated with the event of childbirth,⁴⁹ and challenges the transmission of knowledge and teachings between generations. The mother's health can also be impacted by the physical, emotional and financial stress of separation and isolation that are part of the process of evacuation.^{19,53} Rather than being surrounded by the care and love of her family and community, as well as the teachings and groundings of her culture and the land,⁵³ she is forced to travel to a distant and potentially unknown environment.¹⁹ Loss is experienced by all involved — the expectant mother, her children, her partner, her extended family, and her community.⁵³

Childbirth that occurs within the community is central to First Nations identity.⁴⁹ Ensuring that women receive timely and adequate pre-conceptual and perinatal care can increase the rate of low-risk pregnancies and allow delivery to more easily occur within the community.¹ First Nations mothers report positive experiences when they can give birth in their home communities as opposed to being subjected to medical evacuation processes.⁴⁹ Community birthing centres are found to offer a range of enhanced benefits such as increased parent satisfaction and more involvement of the father.⁴⁹ In addition to reaffirming the bonds and connections between the newborn and the community and the land, the event of childbirth and the accompanying celebrations provide a necessary balance to the occurrence of death in a community.⁴⁹





RECLAMATION OF FIRST NATIONS BIRTHING PRACTICES AND CEREMONY

The practices and ceremonies that First Nations communities have to prepare for and celebrate a new life help to establish a circle of support around a new infant and the family. Ceremonies, including those involved in the birthing process, are even required in some First Nations communities – and in the case of childbirth, they establish responsibilities within the family and the community for the care and teaching of a newborn. In helping to promote the involvement of partners and other family members, these rituals contribute to the well-being of the family as a whole. In strengthening these connections, these ceremonies can also help to reduce the need for child protection services.²²

There are new and continuing efforts and initiatives to restore First Nations practices and ceremonies surrounding pregnancy, childbirth and infant care – as well as to return childbirth to First Nations communities in BC.^{1,54} A growing number of communities have revitalized the practice of welcoming and naming ceremonies. The reclamation of First Nations midwives and doulas is another important aspect of this restoration.

“During a baby welcoming ceremony, there are roles for cultural speakers, a coordinator, family, and witnesses. The family places blankets and headbands on the cultural speaker and coordinator to protect their minds during the ceremony so that they will only give good thoughts to the young child and family. The blanket protects their hearts so that they will only have good feelings for the baby and family. The family places the baby on a new blanket on the floor or ground, and stands over the baby. Another family member cares for the baby. Witnesses are called upon to share what they have learned about welcoming the new baby and their responsibility to always keep an eye out for the child throughout the child’s life. The witnesses also share with the family their teachings on bringing a baby into the world, and they pass this information along to the new family.”

- Lucy Barney, Titqet Nation (Statimc Territory)⁵⁹

PROMISING PRACTICES

NATIONS ARE CREATING RESOURCES TO CAPTURE THE CULTURAL TEACHINGS, LANGUAGE AND TRADITIONS AROUND PREGNANCY, CHILDBIRTH AND MOTHERING.

- **THE TEACHINGS OF THE ELDERS:**

This book by Norah George contains the teachings of Coast Salish Elders from the Cowichan, Chemanius, Halalt, Penelkaut and Malahat First Nations about the old ways of the Salish people, including several teachings related to pregnancy, childbirth, and the care of infants.

- **VIDEOS FOR NEW MOMS:**

This video series with First Nations Elders and Knowledge Keepers was created by the FNHA to support life givers and their families before and after the sacred ceremony of birth. The six videos provide traditional teachings along with messages and words of encouragement for expectant mothers.

- **GENEROUS SPIRIT | DRAWING WISDOM:**

This short video was created to promote and discuss the importance of including Indigenous knowledge and values in childcare. It was inspired and narrated by Anhlut, uukwsim Gaak, Sherry Small, Nisga’a Nation, Child Care Planner at the Metro Vancouver Aboriginal Executive Council.





RESTORING FIRST NATIONS MIDWIFERY PRACTICES

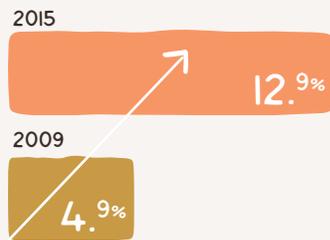
Midwives have long held an integral role in the care of pregnant women and infants in First Nations communities. At one point, all First Nations communities had a traditional midwife who assisted with the ceremonial and physical aspects of births and passed on these skills and vital knowledge to younger generations.²⁰ While practices and approaches varied by Nation, these individuals cared for the pregnant individual and family throughout the pregnancy, the birth, and postpartum – providing education and support for the family and community to keep the baby safe.^{56,26}

“A Doula can help women find their strength and place of power in giving birth.”⁵⁷

With the privileging of the Western biomedical approach to perinatal care, there was a shift from home and community births to births in nursing stations and then hospitals – and the practice of midwifery was banned.²⁰ While this caused a disruption in the transmission of First Nations birth knowledge, Indigenous midwifery is re-emerging as a promising practice.⁸ Providing culturally appropriate maternal care and facilitating births in community, Indigenous midwives and doulas are helping a growing number of First Nations communities reclaim childbirth. First Nations midwifery models of care are also helping to return childbirth to rural and remote communities.

MIDWIVES

The percentage of First Nations women with a midwife as their primary health care provider during pregnancy increased.



2009; 2015 | BC Perinatal Database Registry

“I always ask, ‘Do you have any plans for the placenta? Is this something you want to take home?’ Some people aren’t aware of this tradition, and so I’m able to give them that teaching ... this is what we do in my culture, or this is what we do locally here ... [I invite the family] to reach out to some of [their] Elders, and ask what they do with the placenta, because you are able to take it home.”

- Sage Thomas, Indigenous Birthworker, Yelál Birth Collective, Tk’emlúps te Secwépemc⁵⁸



PROMISING PRACTICES

DOULAS FOR ABORIGINAL FAMILIES

GRANT PROGRAM – Doulas are trained to provide comfort measures such as emotional, physical, and spiritual support for women and their families during pregnancy, labour, and postpartum. Although doulas are not medical professionals, doula support and care has been associated with positive outcomes such as increased likelihood of vaginal birth, reduced reliance on interventions such as epidurals during labour, and increased duration of breast/chestfeeding. Doulas for Aboriginal Families is a grant program supported by the BC Association of Aboriginal Friendship Centres and First Nations Health Authority. The program provides grants for birth and/or postpartum doula services where the woman who is pregnant or her partner self-identifies as First Nations, Métis or Inuit.



HEALTHY BODIES, MINDS AND SPIRITS

First Nations perinatal practices, ceremonies and traditions around care have always sought to promote the wholistic health and well-being of both mother and unborn baby.⁸ They are intended to instill a strong sense of responsibility for ensuring health throughout pregnancy, labour and infancy by striving for balance in all aspects of life – physical, mental, emotional and spiritual.⁸ Expectant mothers are encouraged to achieve this balance by engaging in physical exercise, eating well, and avoiding any activities or behaviours that may be unhealthy or unsafe.⁸ Spending time in nature and being in a good frame of mind are also considered important, as a mother’s experiences and emotional well-being can affect the unborn child.⁵⁹ Some First Nations women feel motivated during pregnancy to change, “turn things around,”⁶⁰ and adopt more healthy lifestyles – and for some, this includes reconnecting with their culture.⁶¹

However, pregnancy can also be a very stressful time, particularly when it is unplanned or when the expecting mother is already living with health, social and/or economic challenges. For someone who – because of intergenerational trauma caused by the residential school system, the Sixties’ Scoop, the child welfare system, and other colonial systems – may not have been cared for in a kind and loving way themselves, it can be difficult to know how to practise self-care even during pregnancy.¹⁵

Reconnecting to First Nations teachings around pregnancy can help to remind women of their inherent power as life givers. Positive, supportive relationships are also vital during this time.

“Once the old people knew the young mother was pregnant, she was given the most attention – loving, caring attention. She wasn’t allowed to see anything that was unpleasant, like spilled blood, a smashed finger, whatever. She wasn’t allowed to go to a funeral where there was a lot of crying. She was only allowed to see nice things, like singing and dancing. The old people strongly believed that whatever happened to the young mother also happened to her unborn child.”

- Woman Elder⁶²

PROMISING PRACTICE

OUR SACRED JOURNEY: ABORIGINAL PREGNANCY PASSPORT

is a resource that provides a mix of Indigenous traditional beliefs and values as well as clinical best practices to empower women and families through their sacred journey of pregnancy. The passport invites women to document their experiences through pregnancy, birth, and baby’s first few weeks. It also provides health information, resources, traditional teachings, growth charts, checklists, and a place to write down goals, thoughts, ideas and dreams for their babies.

“I had a rough childhood as a teenager – and after I finished my first year of college, I was making some poor decisions and had my first son when I was 20 years old. That changed my life. I decided at that point that I needed to shift my path and change the direction of where I was going. It was a combination of wanting to break the cycle of how I was raised and that nurturing, protecting piece of wanting to raise my children in a safe and caring environment.”

- ‘Maxwaks-Stephanie Bernard, Kwakwaka’wakw Nations⁶³





EATING WELL AND STAYING ACTIVE

Being well-nourished in mind, body and spirit can be foundational to a healthy pregnancy. Eating a healthy and well-balanced diet and staying active can contribute to healthy weight gain and ensure that the infant is getting all of the vitamins and nutrients needed for healthy development. These practices can be particularly important for those who develop gestational diabetes during pregnancy as a result of the hormone-level changes that occur during this time.⁶⁴ However, not all First Nations women have access to nutritious, fresh food during pregnancy.

“The farther the community is displaced from their homelands, the more difficult their foods are to access ... Our foods are the centre of our culture; they connect us to each other and to our ancestors. They have a huge effect on our identity, as well as our wellness.”

- Jessie Newman, Haida, Heiltsuk, and Kwakwaka'wakw, who works as an Indigenous Health Dietitian with the Vancouver Island Health Authority⁶⁵

“I am expecting my first baby, so I don't have any of my own stories for my own babies. I made some tiny jars of half-smoked moose without any additives for my sister to use for baby food, and my nephew ate three jars in a row at one year old! Baby born from the land. Moose stole his heart, and fed him what he needed. Our baby foods have been providing the nutrients we need since time immemorial.”

- Willow Thickson, Michel First Nation living in BC⁷¹

Colonialism, the disruption of First Nations food practices, and the dislocation of First Nations from their traditional territories, has precipitated disproportionate rates of obesity and diabetes among First Nations.⁶⁶ Some First Nations women have had the option of drawing on their traditional diets and food practices to help them stay healthy and active while pregnant. However, in some areas, First Nations foods are not an option due to lack of access to and/or contamination of traditional lands and waters. Particularly in rural and remote areas, the costs of nutritious, fresh food can be prohibitive – and in both rural and urban areas, a lack of food security can impact the health and wellness of pregnant women and their families.⁶⁶

First Nations teachings provide guidance on eating well throughout the pregnancy journey, and First Nations foods can help contribute to a nutritious diet. A growing number of communities have initiated garden and harvesting programs to increase their access to healthy, affordable, culturally appropriate food. These initiatives enhance community food-security independence while allowing members to reconnect to the land and their place within the circle of life.⁷⁰

GESTATIONAL DIABETES

Diabetes affects how the body manages glucose (sugar), making it more difficult for the body to control levels of glucose in the blood. Developing gestational diabetes, which is associated with hormone-level changes during pregnancy, increases the mother's risk of type 2 diabetes and other health conditions later in life.⁶⁷ Children born from mothers with gestational diabetes are also more likely to be overweight and develop diabetes in later life. A balanced diet, active lifestyle, and optimal blood sugar levels within the target range are associated with better short- and long-term outcomes for both mother and child.⁶⁸

Maintaining a healthy weight before becoming pregnant helps to reduce a woman's risk of developing gestational diabetes.⁶⁸ Women should also get tested for diabetes early in their pregnancy or even before conception – and again between the 24th and 28th weeks of pregnancy. Working with a trusted health provider, women can explore ways of minimizing risks through their lifestyle and options for controlling blood sugar levels with treatment.⁶⁹



INFANT FEEDING

First Nations have strong traditions around infant feeding and a mother's milk as the first traditional food. Human milk provides infants with all the nutrition they need for optimal development during the first six months of life. After starting solids, the recommendation today is to continue to nurse or provide human milk up to two years and beyond. Historically, breast/chestfeeding was an integral practice among First Nations mothers, who would nurse their children for an average of three to five years.⁷⁴

“Breastfeeding is Creator’s gift to mothers and babies, a special tradition we can continue forever. Breastfeeding carries our ancestors’ strength to our babies to keep our future generations healthy.”

- Lucy Barney, Titqet Nation (Statimc Territory),
Cultural Advisor, Patient Experience,
FNHA Office of the Chief Nursing Officer⁷²

Breast/chestfeeding is associated with a host of positive health and wellness benefits for mothers, babies and families.⁷⁵ For babies, human milk reduces the risk for Sudden Infant Death Syndrome (SIDS),⁷⁶ certain infections,⁷⁷ asthma,⁷⁷ obesity, diabetes, and some childhood cancers.⁷⁸ Similarly, women who nurse their babies have reduced risk of breast, ovarian, and endometrial cancers, as well as diabetes and osteoporosis in later life.⁷⁸

In many communities, family and community members provide help in various ways to support nursing.⁷⁹ First Nations women today report being more likely to breast/chestfeed when living in communities that offer supportive services such as lactation professionals and home visitations⁵⁰ and when surrounded by family, friends, and community members that are accepting of the act of breast/chestfeeding.⁵⁰

Notwithstanding the benefits, breast/chestfeeding is a personal choice and not always seen as the best option for women and their families. For many women and non-biological parents, nursing may not be an option. For some, the intense physical contact may also be very uncomfortable or triggering.

Regardless of which path is chosen for infant feeding, it is important that mothers are well-supported both during the decision-making process and afterwards to ensure the baby is fed safely and correctly. They should have the opportunity to gain knowledge and understanding around the feeding choices, be able to ask questions, and share concerns without feeling pressure or shame.

“There’s such a feeling of power that my body, this mother body, is able to produce the food that nourishes my baby, even after she’s come out of the womb. To continue to provide for her that way made me feel powerful and connected, and just feels like such a universal experience, or near-universal experience, that generations of women in my family have experienced. There’s something about breastfeeding and the way that it connects our own well-being so directly to our children. The better I take care of myself, the better I am able to take care of my little one. I just wish that any person who wishes to breastfeed their child, it’s important for them to have the right to do so.”

- Jessie Hemphill, Gwa’sala-Nakwaxda’xw Nations⁷⁵

PROMISING PRACTICE

A GUIDE TO YOUR BABY’S FIRST

FOODS provides stories, tips and recipes to support First Nations parents in choosing, making and storing food to feed their baby from birth to when they are ready for solid foods at six months old. The Guide includes stories from parents and grandparents that connect the relationship with healthy food to culture, family, land and water. It also includes over 40 recipes.





MENTAL WELLNESS AND NURTURING THE SPIRIT

First Nations teachings emphasize the importance of balance and self care throughout the pregnancy journey.⁷ Women are encouraged to maintain harmony between the physical, mental, emotional and spiritual parts of themselves – and in their relationships with others, partners, community members, and the natural world.⁵⁹ First Nations protocols and ceremonies help to ensure that women are surrounded with support from family and community in achieving this balance.²² Together with the mother, the father and broader community also share responsibility to promote the spiritual well-being of the unborn child – and can do so by supporting the mother’s well-being and ensuring the safety of her environment.⁷

“I come from a long line of strong women. And it’s that warrior woman in all of us that we pass down. It’s that strong blood, and we can’t give up because of our babies. We were taught not to give up on our babies and to take responsibility. You’re not alone in your experience. Women are strong. A lot of people think they’re not. They just need to realize they are [strong] and it takes time for that to happen. You need someone to say that. Yes, you’re pregnant and you may be alone. You’re strong, you’re making a human being! I make humans, what’s your superpower?”

- Susan³⁹

First Nations practices surround women with support and wisdom throughout pregnancy, childbirth and motherhood, which helps them to cope with the very common feelings of being overwhelmed as an expectant or new mother. First Nations mothers have shared how being with Elders and spiritual leaders in their communities, participating in cultural activities and exercises, and engaging in traditional healing practices, all contribute to their capacity to cope with these

“When I had my first child, I had my grandmother, my aunts, my mom – I had a lot of important women in my life attend the birth. Because birth is such a celebration for our people that everybody shows up and it’s kind of difficult because it’s limited in a maternity room when you want to have all these special women in your life be there to the birth and for support.”

- Jodi Payne, Tahltan Nation⁸¹

pressures.⁸⁰ These connections also work as a powerful protective force against the feelings of depression and anxiety that some women experience during pregnancy and/or postpartum (after birth).

Historical and ongoing trauma, racism, sexism, socioeconomic inequalities, and health inequities stemming from colonialism all contribute to disproportionate levels of stress on First Nations women.⁴¹ These different stressors can be compounded by the worries associated with pregnancy, childbirth and motherhood, and can manifest in feelings of depression.^{83,84} Pressures can be particularly acute among those who find themselves pregnant at a young age,³⁹ are without social supports, and/or are gender non-binary.⁸⁵



“As a First Nations woman, you try to do it all. As a mother and a wife, you have to be perfect at doing everything in your work, your family and your community life. So, for many years, I didn’t do for myself because I was too busy doing for everyone else and I ended up with severe stress and sickness and only then having to begin to finally take care of myself.”

- Anonymous⁸²

DEPRESSION

As First Nations people have always known, depression and anxiety during pregnancy can impact both mother and baby, increasing the risk of complications such as pre-eclampsia,⁸⁶ as well as raising the risk for adverse birth outcomes such as preterm birth and low birth weight.⁸⁷

When First Nations women can access culturally safe prenatal care, health care providers can screen for mental well-being and respond by providing appropriate and timely treatment and resources.⁸³ Receiving supports and treatment for depression during pregnancy can not only help prevent associated health risks, but can also reduce the risk of depression following the birth, i.e., postpartum depression (PPD).⁸⁸

"I had a baby at 15. I was living in semi-dependent living. I got really depressed. I didn't understand this at the time, but I had postpartum depression and I couldn't get up. I didn't even want to breastfeed my baby. I felt detached. But it was viewed as, because I was not diagnosed as a postpartum person, they just viewed me as, I don't know what they viewed me as, but it wasn't like, 'This woman has postpartum, let's help her, this teenager has postpartum, let's help her.'"

- Storytelling Circle participant⁹³

After the birth of a child, hormone changes and the new demands of motherhood can cause

women to experience feelings of sadness, irritability, difficulty sleeping, and mood swings, among others.⁸⁹ Women can also experience these symptoms following adoption, miscarriage and stillbirth.⁹⁰ The arrival of a new baby is transformative, and these symptoms are normal when they last a few hours, days, or up to two weeks. However, when they persist beyond two weeks, the mother may be experiencing PPD⁸⁹ and may stand to benefit from additional clinical support.^{91,89}

Without treatment, PPD can negatively impact the mother's health and the long-term development of the child, as well as challenge bonding between mother and baby, and interfere with other family relationships.⁹¹ When postnatal care and support is accessible and culturally safe, appropriate treatment and early intervention can be provided to ensure the health and wellness of First Nations mothers and their families.⁹² First Nations women have also identified their First Nations identity, culture, and relationship with the Creator as sources of strength and empowerment in overcoming depression during pregnancy and the postpartum period.⁸⁰

"So that's when I started going to sweats and seeking medicine healers. That's when I started seeking out our culture and understanding it more. Accepting it. And it really did help. It helped a lot because I don't think I've had postpartum depression with this baby because of reconnecting with culture."

- Lisa³⁹

POSTPARTUM DEPRESSION

20%

The percentage of First Nations receiving health services for postpartum depression remained stable between 2001 and 2014 (around 20%) and was consistently higher than for Other Residents.



FIRST NATIONS WOMEN

20.9%

OTHER RESIDENT WOMEN

14.1%

2001-2014 | MSP



COMMERCIAL TOBACCO, ALCOHOL AND SUBSTANCE USE

First Nations teachings encourage women to be mindful of what they are putting into their body, even before becoming pregnant. Historically, in some communities, pregnant First Nations women and even their partners were expected to refrain from using substances such as alcohol and drugs during the pregnancy period.⁹³ However, for some, substances provide a way of coping with the pain, trauma, loss, and intergenerational impacts they have experienced as a result of racism and colonialist systems and practices such as the residential school system and the Sixties' Scoop.



During pregnancy, there is no safe limit for the consumption or use of any substance, including commercial tobacco, alcohol and illicit drugs.^{1,94,95,96} Use of any of these products can affect the growth and health of the unborn baby and mother during pregnancy, leading to an increase of complications for both of them. The effects on the baby continue after birth and can lead to short-term and long-term challenges throughout life.^{97,98,99}

Pregnancy can be an important turning point in a woman's healing journey when they are inspired to step away from substances and find alternative methods for dealing with their pain. However, in cases where self-medication has led to emotional or physiological dependence, it can be extremely difficult to make this change. Withdrawal from alcohol and substances while pregnant is complex, and requires support to ensure the process of withdrawal and/or management happens safely.

There is significant stigma and social pressure surrounding the use of substances generally, and particularly while pregnant and breast/chestfeeding. This can prevent expecting and new mothers who are struggling from reaching out, asking for help, and accessing services.^{104,95} Financial and geographic barriers may also prevent mothers from accessing appropriate services.^{105,104} First Nations women often face additional barriers due to anti-Indigenous racism and fears associated with the tragic legacy of child apprehension.^{105,95}

Having access to non-judgemental and trauma-informed environments can be vital to women who find themselves in this situation.¹⁰⁶ These types of supports can help set up families to stay together and can lead to a healthier future for both the mother and baby.¹⁰⁷

FASD

Fetal alcohol spectrum disorder (FASD) is an umbrella term that describes a range of disabilities that result from prenatal alcohol exposure,¹⁰⁰ including brain damage, learning disorders, vision or hearing problems, heart problems, and birth defects. The leading cause of preventable developmental disability among Canadians, FASD's effects can range from mild to severe and can have lifelong consequences for individuals, families and communities.¹⁰¹ As any amount of alcohol during pregnancy can impact an unborn child, there is no safe amount, and no safe time to drink alcohol during pregnancy.¹⁰² However, if a child is born with alcohol-related effects, early identification and treatment can help them achieve their full potential in life.¹⁰³

SMOKING

THE PERCENTAGE OF FIRST NATIONS WHO REPORTED SMOKING DURING PREGNANCY DECLINED BETWEEN 2012 AND 2015



2001-2015 | BC Perinatal Database Registry

ALCOHOL



5.3%

OF FIRST NATIONS USED ALCOHOL DURING PREGNANCY IN 2015. THIS REMAINED RELATIVELY CONSISTENT BETWEEN 2001 AND 2015





PROMISING PRACTICES

FIR SQUARE is a program grounded in the principles of harm reduction and cultural safety. The program helps women to reduce substance use and related behaviours that may be harmful to themselves and their newborns, empowers women in their ability to parent safely, helps women to identify supports and resources, and helps women establish connections with self, culture and community. It also supports families in their recovery journey in a compassionate, caring, trauma-informed and culturally safe way, respecting and supporting growth and deciding whether to parent, and offering harm reduction in a recovery-oriented program. The program respects the long history and impacts of colonialism for many families and works to support other services in supporting parenting and minimizing child removals as a last resort.¹⁰⁸

THE ROOMING-IN GUIDELINE FOR PERINATAL WOMEN USING SUBSTANCES

was established in 2020, establishing “rooming-in” as a new recommended provincial standard of care for new mothers and infants affected by substance use. Rooming-in is the evidence-based practice of keeping a birthing parent and baby together in the same room for the duration of their hospital stay with the important goal of promoting mother-baby togetherness. The model includes support for nursing, skin-to-skin contact, and safer sleeping. It may also include the active involvement of fathers, whole-family support, and other caregivers. The Guideline illustrates what the practice can look like in different maternity-care situations, in hospital, in community and even when the physical spaces (e.g., private rooms) do not exist. Informed by Elders and Indigenous health leaders, the Guidelines incorporate principles of trauma- and violence-informed practice, as well as Indigenous cultural safety.

HARMONY HOUSE is a home in Prince George that provides a safe, secure and caring environment to support new mothers to live independently with their children. The program works to strengthen the bonding between mother and child, and to promote the mother’s confidence by teaching life and parenting skills in a non-judgemental, caring environment. It also helps mothers to reconnect with their culture.

“I used to be a heroin addict. Life got out of control, but I didn’t want the Ministry to find out and take my kids. I didn’t want a lot of my peers to find out and judge me. I didn’t want my family to find out and think I was failing ... I wasn’t really taught coping skills at home. When I was 30-something, women didn’t ask for help. You know, you were at home, raising your kids. You got through stuff. I didn’t really see the issue with it, until I couldn’t afford it anymore. Then it was a big issue ... I found myself 45 years old still going back to the same space – still dealing drugs, downtown, Abbotsford, and ... pregnant. Something had to give – something had to change. I’m generally a very hopeful person. First time in my life, I’d lost hope. I figured, ‘I keep ending up back here, this is where I’m meant to be, I guess.’ My daughter walked into the space where I was living and was like, ‘Mom, what are you doing? What are you going to do with this baby?’ Adoption was the plan, and she just said, ‘You know, this is what you’re good at. Just have your baby.’ And it wasn’t even really the words; it was the fact that she was there. It was a very critical moment for me and to have someone that actually cared to show up and let me know that I was able to move forward, that I was able to change what was going on in my life at that moment. And I took it and ran with it.”

- Peer Support Worker, Stó:lo Service Agency, Blackfoot Nation¹¹¹



“We want to keep mothers calm and stress-free and able to nurture their babies in way that is healthy – and to bond in a healthy relationship. It’s about building families, putting them together to stay together. It’s about helping the young mothers to understand about their healing journey.”

- Elder Lucy Duncan, Binche Keyoh, Tl’azt’en Nation, Lhojaboo (Bear)¹⁰⁹



SEXUAL WELL-BEING AND REPRODUCTIVE JUSTICE

Sexual health and well-being is an integral element of First Nations perspectives of wholistic health and wellness. First Nations teachings and ceremony traditionally provided girls with knowledge about their bodies, moon time and reproductive cycles, as well as a sense of responsibility and respect for their capacities and powers as life givers. Boys were also provided with knowledge about female reproductive roles and were taught about their responsibilities in supporting the wellness of the mother and baby from the moment of conception. Pregnancy was understood as a natural part of the sexual cycle, and was always a celebrated event.¹¹²

Residential schools and religious assimilation disrupted the passage of teachings around sexuality. Patriarchal and misogynist values introduced through colonialism impacted the roles of First Nations women, making them targets of sexual violence. Egregious racist practices such as coerced and forced sterilization further undermined women’s fundamental sexual and reproductive health rights.¹¹³ First Nations women, as a result, experience a disproportionately high rate of high-risk pregnancies and teenage pregnancies,¹¹⁴ as well as higher rates of sexually transmitted infections (STIs).¹¹⁵ STIs can be passed to unborn babies during pregnancy and increase the risk of miscarriage, preterm births, and birth defects.¹¹⁶

First Nations women continue to face barriers when attempting to access culturally safe sexual health care and supports, including conception, family planning, and abortion. These obstacles are compounded for women living in rural and remote locations, those living with the burdens of poverty, single working mothers, sexual assault victims, and women with mental wellness and substance-use challenges.¹¹⁷ It can be particularly challenging for young women and teenagers, who may lack awareness about their sexual and reproductive health and choices.¹¹⁸

Women’s self-determination in relation to their bodies and their sexual and reproductive rights is integral to the vision of “healthy, self-determining and vibrant BC First Nations children, families and communities.”¹¹⁷ This entails having free and informed choice and consent over one’s body.¹¹⁹ It also includes a person’s rights to enjoy satisfying and safe relationships that are free from coercion and violence, as well as free from fear of health concerns or unintended pregnancy.¹²⁰

Birth control is an essential aspect of sexual and reproductive health as it enables women’s rights to choose whether or not to have a child, without negative or dangerous repercussions. Contraception empowers women in planning and spacing their pregnancies as desired. It can help prevent women from becoming pregnant at a time when they are not ready to have a child.¹¹⁷ Access to abortion for unintended pregnancies is also an important right.



HEALTHY INFANTS

First Nations recognize the sacred fragility of newborns, and often have practices and ceremonies to help ensure their physical and spiritual protection and care. Some communities have special traditions around the baby’s first bath – including incorporating cedar into the water.

“On the medicine wheel, infants sit beside the Elders. Like Elders, they may be considered teachers. Elders and infants are both close to the Spirit World; the infants arriving from it, and the Elders travelling to it. This closeness to the Spirit World may bring a spiritual strength, but it may also bring a physical vulnerability and sensitivity to environmental disturbance.”¹²¹

Others have a tradition of using moss bags and cradleboards as a means to keep the baby safe and close to the mother.¹²²

SIDS

Sudden Infant Death Syndrome (SIDS) is the sudden, unexpected and unexplained death of a baby under the age of one. It is the most common cause of death in infants between the ages of one and 12 months of age – accounting for approximately 90% of deaths occurring before six months. Although the exact causes remain unknown and there is no way to predict which babies may die of sleep-related infant death, there are ways to protect against the risk of accidental sleep-related deaths. These include placing babies on their backs to sleep, providing a smoke-free environment during pregnancy and after birth, breast/chestfeeding, and using cribs/cradles/bassinets specifically designed for infants as opposed to co-sleeping.¹²²



LIVE BIRTH RATES

FIRST NATIONS LIVE
BIRTH RATE
54.2
PER 1,000
POPULATION

2015 | BC Vital Stats

19.4%
HIGHER
THAN OTHER
RESIDENTS



PROMISING PRACTICES

GREG GOTTFRIEDSON-BARRY OF THE SYILX NATION creates baby boards using practices passed down from the women in her family. Referred to in some Nations as cradleboards, the boards are made from fabric, traditional buckskin or red willow boughs and a thin board. The baby is then secured by the board through the lace-up front.

“We grew up in baby boards, and I knew that I wanted to carry on this tradition with my kids ... My mom and my sister came to visit me, and my mom brought an old board from a family member so we could see how it was put together. We worked together to make my daughter’s board.”

Greg now creates baby boards for other families, and is seeing growing demand for them as more people seek to bring back this beautiful custom.

“It holds a deep sense of culture and tradition that you can feel when a baby is in their board ... You can almost feel the presence of generations of ancestors when you see how peacefully content your baby is.”¹²³

MATERNAL, CHILD AND FAMILY HEALTH AND WELLNESS RESOURCE SERIES

– Four resource booklets, collaboratively developed by the National Collaborating Centre for Aboriginal Health and the First Nations Health Authority, share culturally informed information on parenting, strategies, tips and other resources that will help First Nations parents raise healthy, secure, confident, trusting and resilient children. It includes: [Growing up Healthy](#), [Family Connections](#), [Parents as First Teachers](#), and [Fatherhood is Forever](#).

HONOURING OUR BABIES TOOLKIT: SAFE SLEEP

– This interactive, educational resource was created to help service providers discuss safe infant sleep with Indigenous families and help reduce the risk of SIDS and unexplained infant deaths. The Toolkit includes [information for families](#), a [facilitator’s guide](#), and a [set of discussion cards](#). All of the tools are evidence-based and incorporate cultural beliefs, practices and issues specific to Indigenous communities.

HEALTHY BIRTH WEIGHTS

A baby’s weight at birth can have implications during childbirth and for their health as they grow older. For example, when babies are born preterm (before the 37th week of pregnancy) and at low weights, they are at higher risk of illness³² and behavioural issues¹²⁴ later in life. High birth weights have been associated with an increased risk of birth complications including longer labour, birth trauma to the infant, and Caesarean delivery.¹²⁵

HEALTHY BIRTH WEIGHTS



72.1%
OF FIRST NATIONS
BIRTHS AMONG
MOTHERS AGED
20–49 WERE
OF A HEALTHY
WEIGHT

2015 | BC Vital Stats

PRETERM BIRTHS

11.5
THE CRUDE
PRETERM BIRTH
RATE FOR FIRST
NATIONS PER 100
LIVE BIRTHS

2015 | BC Vital Stats



BETWEEN 2001 AND
2015, PRETERM
BIRTH RATES WERE
CONSISTENTLY
HIGHER AMONG FIRST
NATIONS FAMILIES
THAN AMONG OTHER
RESIDENTS

Past research has also found preterm birth rates to be higher in urban areas in BC, as compared to rural areas.³²



CONCLUSION

Women's ability to bring life into the world is a sacred gift. Every First Nation has its own teachings and customs for supporting women in their pregnancy journey and for welcoming a new baby. Every woman's experience of pregnancy, childbirth and parenting is also unique; it is a journey shaped by a woman's connections and relationships, historical factors, personal health, and physical environment. This journey is also influenced by the systems that shape those environments and that determine a woman's opportunities and access to basic needs such as education, food and economic security, housing, justice and health care.

The perinatal phase is often a pivotal time in a woman's wellness journey – a time when women may be inspired to improve their habits and reconnect to culture and community. It is also when many women and their families interact with the health system. In reclaiming the First Nations practices and ceremonies around birth and mothering, and ensuring space and respect for these practices within mainstream health system, a growing number of First Nations women and their families are being supported through these experiences. Being supported through this transformative phase can alter the path of a woman's life. It can also determine the wellness path of an infant.

'een'thu wuxwaxtunaat
(I am Wuxwaxtunaat)

yath tsun 'uw' tatul'ut tthu hul'q'umi'num' sqwal.

nu stl'i' kwunus xwte'stuhw nu tatul'ut sqwal.

suw' tatul'ut-s nu me'mun'u.

tl'i 'ul' tthu hul'q'umi'num' sqwal tst.

I teach the Hul'q'umi'num' language.

I love to learn the language.

I teach my children.

I cherish the Hul'q'umi'num' language.

'een'thu wuxwaxtunaat, 'een'thu p'e' ten.

Ihhwelu tthunu me'mun'u, yey'sul'u suw'wuy'qe, 'na'nuts'a' slheni.'

'eli' sul'suli' tthunu me'mun'u.

tl'i'stuhw tst 'ul' tthu hul'q'umi'num' sqwal tst.

I am Wuxwaxtunaat. I am a mother.

I have three children, two boys and one girl.

My good-hearted children.

I love to teach the language to my children.

'uy'stuhw tsun tthu stl'eshun' ni' 'u tthu thi lelum.'

'uy'stuhw tsun kwunus t'it'ulum' ni' 'u tthu thi lelum.'

'uy'stuhw tsun kwunus hwiin'e' 'u tthu q'uwut.

'uy'stuhw tsun kws hwulmuhwquns tthu shqwii'qwal.'

I like to go to big house gatherings.

I like to sing at the big house.

I like to use my drum.

I like to hear them speak Hul'q'umi'num.'



- Gina Salazar, Wuxwaxtunaat1, Cowichan Tribes member from the Lhumilhumuluts' reserve. This poem was included in the Introduction to Gina's Masters of Arts (Linguistic) thesis in which she shares three stories in Hul'q'umi'num'.¹²⁶



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