



NCIM

NATIONAL COUNCIL of
INDIGENOUS MIDWIVES

Working with NCIM
Values, Responsibilities and Ways to Work Together

Context

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the Truth and Reconciliation Commission of Canada (TRC) support Indigenous self-determination and acknowledge the necessity of Indigenous-led health and healing practices. The TRC Calls to Action also urge policymakers to recognize the value of Indigenous healing practices and to increase the number of Indigenous professionals working in the health care field.

Supporting the sustainable return of midwifery-led birth to Indigenous communities is an act of reconciliation. Bringing birth back to Indigenous communities has enormous cultural significance and will have ripple effects in all areas of community health.

It is the right of Indigenous Peoples to reclaim birth. NCIM seeks to engage in relationships that support and uphold this right.

Purpose of this document

NCIM's Vision is to see Indigenous midwives working in every Indigenous community.

To make this Vision a reality, we work with communities, Indigenous and non-Indigenous governing bodies at all levels, partners and allies. Our relationships are our strength.

This document is intended for current and potential collaborators with NCIM. In this document, we present NCIM's goals and directions, ways of working and the principles and processes of healthy, supportive collaboration so that we can create mutually beneficial relationships that center the voices of Indigenous communities to improve health and well-being.

Many overlapping systems both historically and currently impact the well-being of Indigenous babies, parents, families and communities, including health, education, social services, child welfare and justice. Therefore, NCIM welcomes collaboration with a wide range of stakeholders in order to advance our Vision and fulfill our Mission.

National Council of Indigenous Midwives: Who We Are

Vision

Indigenous midwives in every Indigenous community.

Mission

NCIM exists to promote excellence in reproductive health care for Inuit, First Nations, and Métis Peoples. We advocate for the restoration of midwifery education, the provision of midwifery services and choice of birthplace for all Indigenous communities.

The Work of Indigenous Midwives

“We are not just about catching babies. We are nutrition. We are breastfeeding. We are safety in remote areas. We are insurance for our young families.”

Carol Couchie, Indigenous midwife

Indigenous midwives are autonomous primary health care providers responsible for the clinical management and care of Indigenous families throughout pregnancy, labour, birth, postpartum and newborn life. We have sustained relationships with members of our communities, often lasting a lifetime. These long-term relationships build trust between midwives and clients that result in better health outcomes for families. We work collaboratively with health care and service providers who also work in perinatal health, including those people in our communities that provide a cultural context to healing.

Models of midwifery care vary across Canada; all are based on principles of continuity of care provider, informed choice and choice of birthplace. We provide care based on scientific evidence and undergo extensive and ongoing education and training around perinatal care, and the management and stabilization of emergency situations. Midwives are guided by national and jurisdictional professional guidelines. Indigenous Registered Midwives are accountable to the professional college of their jurisdiction. Aboriginal Midwives working under the exemption clause are accountable to their community.

Ultimately, Indigenous midwives play a key role in building healthy and safe Indigenous communities in rural and urban areas. Indigenous midwives enable: the return of birth to communities; a reduction in the number of costly medical evacuations for births in remote areas; and improved health outcomes for pregnant people and babies through culturally safe

midwifery care. We advocate for all Canadians to have universal and equitable access to health care.

Values

Recognizing that the good health and well-being of Indigenous families and their babies is crucial to the empowerment of Indigenous Peoples and communities, Indigenous midwives uphold the following Core Values:

- **HEALING:** Indigenous midwives enhance the capacity of a community to heal from historical and ongoing traumas, addictions, and violences. Indigenous midwives draw from a rich tradition of language, Indigenous knowledge and cultural practice as they work with women to restore health to Indigenous families and communities.
- **RESPECT:** Indigenous midwives respect birth as a healthy physiologic process and honour each birth as a spiritual journey.
- **AUTONOMY:** Indigenous women, families and communities have the inherent right to choose their caregivers and to be active decision makers in their health care.
- **COMPASSION:** Indigenous midwives act as guides and compassionate caregivers in all Indigenous communities, rural, urban and remote. The dignity of Indigenous women is upheld through the provision of kind, considerate and respectful services.
- **BONDING:** Well-being is based on an intact mother and baby bond that must be supported by families, communities and duty bearers in health and social service systems.
- **BREASTFEEDING:** Indigenous midwives uphold breastfeeding as sacred medicine for the mother and baby that connects the bodies of women breastfeeding to the sustaining powers of our mother earth.
- **CULTURAL SAFETY:** Indigenous midwives create and protect the sacred space in which each woman, in her uniqueness, can feel safe to express who she is and what she needs.
- **CLINICAL EXCELLENCE:** Indigenous midwives uphold the standards and principles of exemplary clinical care for Indigenous women and babies throughout the lifecycle. This includes reproductive health care, well woman and baby care and the creation of sacred, powerful spaces for Indigenous girls, women, families and communities.

- **EDUCATION:** Indigenous midwifery education and practice respects diverse ways of knowing and learning, is responsive to Indigenous women, families and communities and must be accessible to all who choose this pathway.
- **RESPONSIBILITY:** Indigenous midwives are responsible for upholding the above values through reciprocal and equal relationships with women, families and their communities.

History

Indigenous midwives were once a cornerstone of every Indigenous community, working collaboratively with healers, Elders and mentoring young community members to become midwives. It has only been in the last hundred years that this practice has been taken away from our communities. Indigenous midwives were silenced and ordered to stop their important work; this occurred because of colonization, the medicalization of birth and systemic racism in the Canadian health care system.

Since 2002, Indigenous midwives from across Canada have come together almost every year. Recognizing the need to establish a collective voice as Indigenous Peoples working in our communities, NCIM was officially established on November 11, 2008 at the third annual Gathering in Quebec City. This was a critical step in uniting our voices across Nations for the restoration and renewal of midwifery in Indigenous communities across Canada.

Membership

NCIM membership consists of approximately 120 Indigenous midwives, midwife Elders and student midwives.

NCIM members include both Registered Midwives who identify as Indigenous and Aboriginal Midwives practicing under the exemption clause of the Ontario Midwifery Act.

Over half of NCIM members are currently practicing midwives. One quarter are student midwives, which highlights the potential for growth of Indigenous midwifery in Canada. Members who are not currently practicing report that they are working in research, education and policy. Members work in many different communities across the country, from small, rural and remote communities to large city centers, the majority of which are in Ontario and Quebec. Our members are committed to the growth of Indigenous midwifery and the well-being of our communities and take an active role in a variety of areas to advance our Vision and mission.

Governance

NCIM is recognized and respected as a lead voice for Indigenous midwives and communities within Canada. NCIM is an autonomously governed organization. NCIM operates within the administrative umbrella of the Canadian Association of Midwives (CAM) to accomplish projects and initiatives. NCIM and CAM work closely in a bi-lateral Association to Association relationship that is mutually beneficial. As an act of reconciliation and in the spirit of midwifery 'sisterhood', CAM has been NCIM's longest and most consistent partnership.

NCIM is governed by a Core Leadership Circle comprising members from across Canada, with a mandate to:

- Provide leadership and accountability to NCIM
- Uphold NCIM policies and guidelines
- Consult with General Membership
- Provide oversight to committees and working groups
- Identify priorities to advance the Mission, Vision and Core Values of NCIM

The Leadership comprises Elder midwives, student midwives and representation from the following demographics:

- Midwives working under exemption clause and Registered Midwives
- Inuit, Métis and First Nations
- Geographic Representation: East/West/Central/North/Prairies
- Urban, Rural and Remote

The Core Leadership meets via teleconference at least one time per month. We also have two in-person meetings per year.

NCIM Leadership includes two Co-Chairs. With the guidance of the Leadership Circle, the Co-Chairs partner as decision-makers for NCIM's work. The Co-Chairs ensure that relationships, external representation and communications are in keeping with NCIM's Vision, Mission and Core Values. The Co-Chairs meet at least one time per week, or as needed.

NCIM's core work is supported by one permanent staff, the NCIM Executive Director, as well as financial, administrative, and communications support provided by CAM staff. Our projects and activities are supported by project staff who are hired on short-term contracts when these are made available to NCIM through project funding. The expertise and time contributed by our Leadership and Members is largely unpaid.

NCIM's Work and our Strategic Priorities

NCIM provides technical expertise, cultural knowledge, advocacy and support for communities wishing to reclaim midwifery and birth. We aim to remove funding barriers to midwifery practice, support retention, increase the pathways to education and decolonize education and training experiences. We advocate for the delivery of midwifery services and midwifery education that is trauma-informed and for services and programs that prioritize Indigenous-led expertise, services and resources.

To this end NCIM is an essential resource for the development and implementation of culturally safer midwifery services.

Our 2017-2020 Strategic Priorities are as follows:

1. Maintain and promote Indigenous knowledges, ceremonies and practices regarding maternal and infant health
2. Expand Indigenous midwifery in Canada
3. Advance Indigenous midwifery as a valued profession
4. Promote Indigenous midwifery globally
5. Build NCIM's strength and sustainability as a Council

Core Partnership Values

NCIM will prioritize partnerships that aim to uphold the following values:

- **Birth and choice of birthplace is a human right:** Birth is a healthy spiritual journey rooted in the wisdom and ceremonies of Indigenous Peoples. Indigenous Peoples have always been and are capable of birthing close to home.
- **Reaffirming Sexual and Reproductive Justice:** All Indigenous Peoples have the right to equitable and accessible sexual and reproductive services close to home. This includes the right to high quality, culturally safe care that incorporates Indigenous and Western knowledges. Indigenous Peoples have the right to make informed decisions based on respectful, healthy interactions with their care provider that offer timely treatment options free of racism, discrimination and harm.
- **Continuity and Trust:** Midwifery offers a continuum of care throughout the lifecycle to Indigenous communities which includes care from preconception to pregnancy, birth, postpartum and beyond.
- **Wholistic Nation building:** Birth and midwifery are integral to the broad, wholistic vision of healthy children, families, communities and Nations.

- **Strong Relationships and Identity:** When babies are born closer to home, there is a positive impact on parent-baby attachment, and attachment to land, place, community and culture. These babies grow into children, adolescents and adults who know who they are and where they come from.
- **Inclusivity:** Approaches to partnership, policy and research that value the diversity of Indigenous Peoples and experiences are critical to reconciliation.
- **Growth:** Building community capacity is essential as we work to establish and sustain Indigenous midwifery practices.
- **Culturally Safe Education:** The principle of self-determination is at the heart of Indigenous midwifery education provision and the regulation of Indigenous midwives. Midwifery education is strongest when it is rooted in community and is as close to home as possible.

Benefits of Working with NCIM

Reconciliation: Respectful collaboration is an act of reconciliation¹ and affirms the value of Indigenous healing practices, the recognized need to increase the number and retention of Indigenous health professionals and the need for cultural safety training for non-Indigenous health professionals.

Indigenous Rights: Partnering with NCIM is one way of acknowledging the recommendations of the United Nations Declaration on the Rights of Indigenous Peoples².

Improved awareness and understanding of Indigenous midwifery: Collaborators have the opportunity to increase their awareness of institutional, structural and policy-level barriers to care experienced by Indigenous Peoples.

Support for the visibility, sustainability and growth of Indigenous health human resources: The visibility, sustainability and growth of the Council, and by extension, of Indigenous midwifery, will help increase access to culturally safe, trauma-informed sexual and reproductive health care BY Indigenous midwives FOR Indigenous communities.

¹ Truth and Reconciliation Commission of Canada: Calls to Action 2015:
http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf

² Recommendation 50 to the UNFPII 17th Session 16-27 April 2018: Despite its critical role, community-regulated indigenous midwifery is often undermined and actively criminalized, to the detriment of the health of indigenous peoples. To close the gap between indigenous and non-indigenous health outcomes, the practice of indigenous midwifery must be supported by state health policy and integration. The right of indigenous peoples to self-determination extends to their reproductive health, and States should put an end to the criminalization of indigenous midwifery and make the necessary legislative and regulatory amendments to legitimize indigenous midwives who are recognized by their communities as health-care providers. States should also support the education of new traditional indigenous midwives via multiple routes of education, including apprenticeships and the oral transmission of knowledge. <https://www.un.org/development/desa/indigenouspeoples/unpfii-sessions-2/2017-2.html>

Access to diverse experiences and knowledge: There is a diverse range of perspectives and experiences around our identities, knowledges and experiences as Indigenous Peoples working to restore and reclaim our rights to sexual and reproductive health and well-being.

Informed and allied advocacy: The opportunity to build relationships as a non-Indigenous or non-midwifery organization will help to increase the development of informed and effective advocacy efforts that affirm, promote and protect the sexual and reproductive health and rights of Indigenous Peoples.

Impact: The development of culturally safer programming, sexual and reproductive health projects, resources and processes that are relevant and beneficial to our communities.

Principles of Partnership

Collaboration should be rooted in the intention to support NCIM's work towards advancing the sexual and reproductive health and well-being of Indigenous communities, and the understanding that this work leads to the healing of communities.

The following principles characterize what healthy and supportive relationships with NCIM look like:

- **Awareness:** Respectful collaboration with NCIM is rooted in an awareness of the history of Indigenous Peoples in Canada, including colonization, the silencing of Indigenous midwifery, removal of birth from our communities, the ongoing medicalization of birth and racism in the health care system. Respectful collaboration values the principle of reciprocity.
- **Recognition:** Respectful collaboration recognizes NCIM as the national voice of Indigenous midwifery and the cultural and technical lead in the restoration and renewal of Indigenous midwifery in Canada. Respectful collaboration will affirm and uplift midwifery knowledge, Indigenous midwifery knowledge and NCIM's Leadership.
- **Approach:** Respectful collaboration exists when non-Indigenous institutions reflect on the historical governance systems currently in place that reinforce hierarchical thinking and translate into unhealthy dynamics that are interpreted as "talking down to" instead of "talking with" NCIM.

- **Intention:** Respectful collaboration illustrates the intention to support and foster NCIM's role as a lead voice of Indigenous midwifery.
- **Commitment:** Respectful collaboration recognizes midwifery as a marginalized profession. A respectful relationship is an act of reconciliation and a commitment to gender equity.
- **Safe Process:** Respectful collaboration means that Indigenous processes may differ remarkably from non-Indigenous processes and that adequate time needs to be allocated for NCIM to work in accordance with NCIM's governance structures and processes around consultation and consensus-building.
- **Inclusion:** Respectful collaboration supports the inclusion of Elders and values the wisdom and knowledge of Elders as a key element in the development of consensus.
- **Integrity:** Respectful collaboration demonstrates integrity and transparency and is mutually beneficial.
- **Support:** Respectful collaboration supports the fact that NCIM Leadership is a working body whose primary responsibility is to pregnant and birthing families.

The Process for Engagement

In preparation for proposed collaboration with NCIM, please be aware of the following:

- NCIM's materials, information and expertise belong to NCIM. NCIM Leadership identifies its own representatives who speak about and on behalf of NCIM and Indigenous midwifery. Informed consent must be given by NCIM Leadership prior to the display, representation or distribution of NCIM's materials, information and expertise.
- Indigenous midwifery traditional knowledge, core competencies and practices must be recognized and protected as the intellectual property of Indigenous midwives and recognized knowledge keepers, NCIM and NCIM members. Each project or activity will require consideration of the appropriate cultural protocols.
- NCIM's participation in projects, working groups or steering committees is contingent on the ability to name NCIM's own representation and have an active voice in decision-making. In most circumstances, NCIM's participation should be in a decision-making capacity and/or advisory capacity, as determined by NCIM Leadership.

- Elders inform the development of strategies to improve Indigenous health and wellness. Similarly, some activities will include the appropriate adherence to specific regional cultural protocols and processes. NCIM can assist in facilitating these activities.
- There should be a commitment to ensure that the space that is taken up by project planning, implementation and reporting occurs in a way that is beneficial to NCIM's work, recognizing and respecting the nature of birth work, as well as NCIM's human resource constraints.
- It is understood that each individual and organization has responsibilities and accountabilities. These should be made clear at the beginning of each project in order to best manage expectations. If changes are happening throughout the project that are not in accordance with what was agreed upon, it is understood that NCIM is informed with enough time to manage these changes.
- Partnerships must be conducted in good faith, beginning at the earliest stage in the development of the work and continuing until completion, respecting NCIM's governance and processes around consultation, validation, approval and dissemination of deliverables, messaging and outcomes. This includes requests for NCIM review of draft materials pertaining to Indigenous midwifery as well as requests for NCIM endorsement.
- Results, deliverables and documents arising from collaborations must be portrayed and communicated about in a manner that is consistent with the way it was shared by NCIM.

When and what to bring to NCIM?

NCIM is committed to advancing Indigenous health through partnerships with other organizations. NCIM strongly encourages government, partners and stakeholders to approach NCIM with relevant projects that have the goal of advancing Indigenous health.

It is crucial for NCIM to be consulted on projects, policy, research and evaluations that involve Indigenous midwifery. Without NCIM's voice, these risk being ineffective and non-representative.

It is also expected that these activities be brought to NCIM's attention at the earliest stages, to ensure consultation that is respectful of NCIM's expertise and leadership. To adequately evaluate the project or activity, NCIM must be provided with all of the relevant materials.

If you would like to work with NCIM, please take the following steps:

1. Submit a clear, written communication requesting NCIM's partnership or consultation to the NCIM Executive Director, including key information about the goals, objectives, timelines, stakeholders and anticipated outcomes or deliverables. Written communications should indicate an awareness of NCIM's Mission and Vision and should articulate how the proposed partnership aligns with NCIM's Core Values and strategic priorities as set out in NCIM's Core Values document and our Strategic Plan 2017-2020.
2. Indicate awareness and understanding of the Values, principles and processes outlined in this document.
3. Provide a timeline that respects NCIM's governance and informed, consensus-based decision-making processes.
4. Indicate what resources are available to support the expertise and collaboration requested. NCIM is not a funding body. NCIM has very limited operational funds and cannot compensate our Leadership for providing consultations on external projects and activities.

If you have any uncertainty about how to proceed respecting our processes, please do not hesitate to contact the NCIM Executive Director.

What to expect when you contact NCIM?

With guidance from the Leadership, the NCIM Executive Director will work to identify what level of engagement is required on the proposed project or partnership. This may vary depending on a number of factors including the extent to which the project meets our identified priorities, whether there are capacity and resources to support involvement and broadly whether the request meets the aforementioned Principles of Partnership.

More specifically:

1. The NCIM Executive Director will review the request, assess the need for additional information and share the request with NCIM Leadership.
2. The request will be reviewed by the Co-Chairs and/or the Core Leadership Circle. The Core Leadership meets once per month and has full and active meetings. It may take time for partner requests to be discussed. Requests will be reviewed in as timely a manner as possible and will depend on the urgency of the request.

3. The NCIM Executive Director will communicate Leadership feedback to the requestor with proposed next steps.
4. A specific MOU, contract or other partnership agreement will be developed.

Who to contact?

All queries should be directed to the NCIM Office:

Email: NCIM@indigenousmidwifery.ca

Phone: 514 807 3668 (220)

NOTE ABOUT OBLIGATION TO CONSULT

The National Council of Indigenous Midwives does not hold either treaty or inherent rights. Therefore, adherence to our Principles of Partnership does not replace any treaty and constitutional obligations to consult and accommodate First Nations, Métis and Inuit communities themselves.