

✦ BRINGING BIRTH BACK ✦

ABORIGINAL MIDWIFERY TOOLKIT

NATIONAL ABORIGINAL COUNCIL OF MIDWIVES



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SECTION ONE

A Call to Action

This section of the Toolkit includes:

- **CHAPTER 1**

An Introduction to the Toolkit

- **CHAPTER 2**

A general history of Aboriginal Midwifery in Canada and an overview of current Aboriginal Midwifery practices in Canada

- **CHAPTER 3**

Aboriginal Midwifery in a global context including an overview of a rights-based approach to Aboriginal maternal health



Aboriginal midwife Nathalie Pambrun weighing a baby

CHAPTER 1

An Introduction to the Toolkit

Midwives play an essential role in the care of women and their families. In Canada today, very few Aboriginal communities have access to midwives and most women must birth their babies away from their communities. Aboriginal communities continually experience poorer health outcomes than the general populations of their home countries. Maternal and infant outcomes are a fundamental indicator of the health of populations and there are marked differences between Aboriginal and non-Aboriginal outcomes. Aboriginal communities also experience higher birth rates, younger populations, significant barriers to accessing health care, and higher rates of suicide, addiction, incarceration, family violence, and apprehension of children. The health and well-being of Aboriginal mothers and their babies is central to understanding how these disparities can be challenged and overcome (Olson et al, 2012).

According to the United Nations Population Fund (UNFPA), “increasing access to quality midwifery care has become a focus of global efforts to realize the right of every woman to the best possible health care during pregnancy and childbirth.” The National Aboriginal Council of Midwives (NACM) advocates for the increase in access to midwifery care for all Aboriginal communities which is consistent with the UN Declaration on the Rights of Indigenous Peoples.

This Toolkit is also available online and includes videos, podcasts, and various supporting materials. Please visit www.aboriginalmidwives.ca/toolkit for more information.

About NACM

NACM is an organization under the umbrella of the Canadian Association of Midwives (CAM). As an active member of CAM, NACM represents the professional development and practice needs of Aboriginal midwives to their responsible health authorities in Canada and the global community. The mission of NACM is to promote excellence in reproductive health care for Inuit, First Nations, and Métis women.

NACM represents Aboriginal midwives across Canada. Its purpose is to serve as a knowledgeable resource and advocate for Aboriginal Midwifery, Aboriginal women’s health, and maternal and child health care – including birth – in Aboriginal communities. NACM’s mission is:

... to promote excellence in reproductive health care for Inuit, First Nations, and Métis women.

We advocate for the restoration of midwifery education, the provision of midwifery services, and choice of birthplace for all Aboriginal communities consistent with the UN Declaration on the Rights of Indigenous Peoples. As active members of the Canadian Association of Midwives, we represent the professional development and practice needs of Aboriginal midwives to the responsible health authorities in Canada and the global community.

In fulfilment of this mission, NACM has developed the project, the “Campaign to Protect the Future of Aboriginal Communities” in order to promote the profession of midwifery and increase access to midwifery care for all Aboriginal communities. This Toolkit is a part of this ongoing project.

The Toolkit

The Toolkit has been designed to provide information and activities for Aboriginal communities interested in learning more about maternal and infant health and midwifery care. The Toolkit provides both background information and suggested workshops in order to find out information about your particular community and where maternal and infant health could be enhanced.

NACM understands that accessing midwifery care in Aboriginal communities is a complex undertaking. It includes addressing issues of inter-governmental jurisdiction and access to services, midwifery education, and Aboriginal rights and sovereignty.

NACM recognizes the diversity in Aboriginal communities across Canada. It is important to take this diversity into account when developing models of midwifery care for Aboriginal peoples and to address the historical, cultural, and spiritual realities of each community when restoring midwifery care to Aboriginal populations.

The Toolkit is organized into four main sections. These are:

- Introduction: A Call to Action
- Assessing Current Maternal Health Needs
- Midwifery Regulation, Governance, and Models of Care
- Developing Midwifery Services Closer to Home

The sections do not have to be read in order and the Toolkit was designed so that readers can move between sections depending on their needs. Appendix 2 is a glossary of terms common to midwifery and maternal, newborn, and infant health care. These terms are used frequently throughout the Toolkit.

Section One includes:

- **Chapter 1:** an introduction to the Toolkit
- **Chapter 2:** a general history of Aboriginal Midwifery in Canada and an overview of current Aboriginal Midwifery practices in Canada
- **Chapter 3:** a description of Aboriginal Midwifery in a global context including an overview of a rights-based approach to Aboriginal maternal health



Midwives and family members in Inukjuak, Nunavik

CHAPTER 2

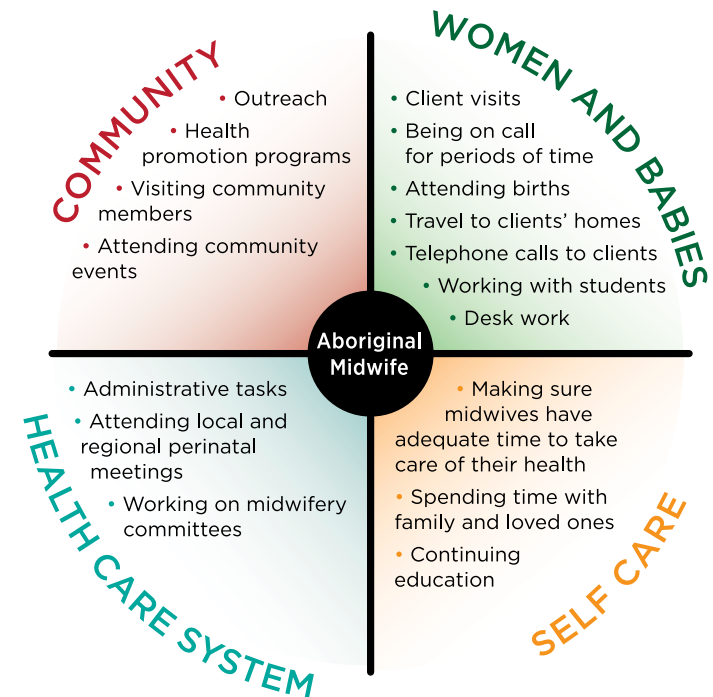
Aboriginal Midwifery in Canada

An Aboriginal midwife is a committed primary health care provider who has the skills to care for pregnant women, babies, and their families throughout pregnancy and after the birth of the baby. She is also knowledgeable in all aspects of women's medicine and provides education that helps keep the family and the community healthy. A midwife promotes breastfeeding, nutrition, and parenting skills. A midwife is the keeper of ceremonies, such as puberty rites for young people. She is a leader and mentor – someone who passes on important values about health to the next generation.

Aboriginal communities across Canada have always had midwives. It has only been in the last hundred years that this practice has been taken away from communities. This occurred for a number of reasons, including colonization and changes in the health care system in Canada. As a result of losing midwifery, many women in rural and remote Aboriginal communities are currently required to deliver their babies and access care outside their communities. In many northern or remote settings, pregnant women have to leave their families and communities for many weeks – or even months – prior to the birth. This means many women often give birth without any family support.

Aboriginal midwives in these communities offer an important option for women and their families: the opportunity to stay at home and to be together to welcome the baby into the family and the community. The vision of these midwives is to one day see “an Aboriginal midwife working in every Aboriginal community.” This Toolkit provides information about the process of creating a maternity care system that works for your community and returning birth closer to home. Understanding Aboriginal Midwifery is an important part of this journey.

The work of an Aboriginal Midwife



Aboriginal midwives are health professionals who provide primary care to women and their babies during pregnancy, labour, birth, and the early parenting period. As a primary care provider, an Aboriginal midwife may be the first and only health professional a pregnant woman sees when she is pregnant. Aboriginal midwives work in partnership with a woman and are fully responsible for clinical decisions and the management of care during the childbearing year.

Midwives also work with health professionals like doctors, pediatricians, or other specialists when necessary and appropriate to provide complete and integrated care. An Aboriginal midwife can work in a variety of settings, depending on the community: from birth centres, to clinics, to hospitals, to the family home.

Aboriginal midwives strive to provide compassionate continuous care. This means a woman gets to know her midwives well, through longer prenatal and postnatal visits, and through continuous support during labour and delivery. Midwives are available to women on a 24-hour on-call basis. This allows for the building of trusting relationships.

Continuity of care is also reflected within a woman's reproductive lifetime as Aboriginal midwives make the connection between birth, puberty, childbearing, and elderhood and provide care for pregnant women within this cycle. Aboriginal Midwifery competencies can also include looking after the woman and her infant outside the childbearing year (well woman and baby care) as well as general reproductive health care for women of all ages.

The diagram on page 1-7 shows how an Aboriginal midwife spends her time. Midwives are not only responsible for taking care of women and babies, their role extends into the community as well as working with the health care systems. Midwives often find themselves very busy, and it is important to try and find balance between all of these areas, including self care.

Core values of Aboriginal Midwifery

Recognizing that the good health and well-being of Aboriginal women and their babies is crucial to the empowerment of Aboriginal families and communities, Aboriginal midwives uphold the following core values:

HEALING

RESPECT

AUTONOMY

COMPASSION

BONDING

BREASTFEEDING

CULTURAL SAFETY

CLINICAL EXCELLENCE

EDUCATION

RESPONSIBILITY

A portrait of Laurie Jacobs, an Aboriginal midwife, smiling and holding a feather. The image is split vertically: the left side is black, and the right side shows her against a green background. She has grey hair and is wearing a dark purple jacket. A large feather is visible in the lower right corner.

Aboriginal Midwifery is... **HEALING**

Aboriginal midwives enhance the capacity of a community to heal from historical and ongoing traumas, addictions, and violences. Aboriginal midwives draw from a rich tradition of language, Indigenous knowledge, and cultural practice as they work with women to restore health to Aboriginal families and communities.

Laurie Jacobs is a midwife at the
Six Nations Birthing Centre, Ontario

A photograph of a woman with long dark hair and glasses, smiling warmly while holding a baby. The baby is wearing a striped shirt and looking towards the camera. The background is a soft, out-of-focus green. The text is overlaid on the bottom right of the image.

Aboriginal Midwifery is... **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.

Cherylee Bourgeois is a midwife with
Seventh Generation Midwives, Toronto, Ontario

A portrait of a young woman with dark hair, smiling slightly, wearing a black top. The background is a soft, out-of-focus green. The image is split vertically, with the left half being black and the right half showing the portrait.

Aboriginal Midwifery is... **EDUCATION**

Aboriginal midwifery education and practice respect diverse ways of knowing and learning, are responsive to Aboriginal women, families and communities and must be accessible to all who choose this pathway.

Aimo Nauyuk is a student midwife at
Arctic College, Cambridge Bay, Nunavut

A portrait of Kristi Shawana, a woman with dark hair tied up, smiling. She is wearing a black top and a necklace with a large feather. The background is a soft, out-of-focus green.

Aboriginal Midwifery is...

CULTURAL SAFETY

Aboriginal 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.

Kristi Shawana is a midwife at the
Six Nations Birthing Centre, Ontario

A portrait of Nathalie Pambrun, a woman with short brown hair and bangs, smiling. She is wearing a dark jacket with a brown collar and large, light-colored earrings. The background is a soft-focus green foliage. The text is overlaid on the bottom right of the image.

Aboriginal Midwifery is...

RESPECT

Aboriginal midwives respect birth as a healthy physiologic process and honour each birth as a spiritual journey.

Nathalie Pambrun is a midwife
in Sackville, New Brunswick

A portrait of a young woman with dark hair, smiling, wearing a black t-shirt and a large circular earring. The background is a blurred green foliage. The text is overlaid on the bottom right of the image.

Aboriginal Midwifery is... **BREASTFEEDING**

Aboriginal midwives uphold breastfeeding as sacred medicine for the mother and baby that connects the bodies of women to the sustaining powers of our mother earth.

Diane Simon is a student midwife at
Ryerson University, Ontario



Aboriginal Midwifery is...

RESPONSIBILITY

Aboriginal midwives are responsible for upholding the values of Aboriginal Midwifery through reciprocal and equal relationships with women, families and their communities.

Evelyn Harney is a midwife in the Okanagan Valley, BC

A portrait of a woman with dark hair, smiling slightly, wearing a brown sweater. The background is a soft-focus green. The image is partially covered by a dark brown overlay on the left and bottom, which contains text.

Aboriginal Midwifery is...

CLINICAL EXCELLENCE

Aboriginal midwives uphold the standards and principles of exemplary clinical care for women and babies throughout the life cycle. This includes reproductive health care, well woman and baby care and the creation of sacred, powerful spaces for Aboriginal girls, women, families, and communities.

Annie Tukulak is a midwife at the
Inuulitsivik Health Centre, Puvirnituk, Quebec

A portrait of Darlene Birch, a woman with long, dark hair with grey streaks, wearing large hoop earrings. She is looking directly at the camera with a slight smile. The background is a soft, out-of-focus green.

Aboriginal Midwifery is...

COMPASSION

Aboriginal midwives act as guides and compassionate caregivers in all Aboriginal communities, rural, urban and remote. The dignity of Aboriginal women is upheld through the provision of kind, considerate and respectful services.

Darlene Birch is a midwife at
Norway House Cree Nation, Manitoba

A portrait of a woman with long, dark, wavy hair, looking directly at the camera. She is wearing a purple and white plaid shirt and a necklace made of dark, round beads. A large, brown and black feather is tucked into her shirt. The background is a soft, out-of-focus green. The left half of the image is a solid black rectangle.

Aboriginal Midwifery is...

AUTONOMY

Aboriginal women, families and communities have the inherent right to choose their caregivers and to be active decision makers in their health care.

Sacheen Seitcham is a midwife at
Snuneymuxw/Ahousaht, BC



Aboriginal Midwifery practices in Canada

While there are Aboriginal midwives currently practicing across Canada, there are specific midwifery practices dedicated to providing care to Aboriginal communities. In this section, these eleven midwifery practices are outlined.

1. Inuulitsivik Health Centre, Nunavik, Quebec:

Since 1986, midwives have been the on-call, primary care providers for maternity care for all women. This program is located in three communities along the Hudson Bay coast. The birth centres are a midwifery-led collaborative model of care that involves effective teamwork between midwives, physicians, and nurses working in remote villages and at regional referral centres. Transfers from the community to the south have been greatly reduced, from 91 percent in 1983 to less than 9 percent in 1998. Midwifery education is a key component of the birth centres, and training community members as midwives has sustained the program and been one of its key elements of success.

2. Tulattavik Health Centre, Nunavik, Quebec:

The situation on the Ungava Coast was different until fairly recently, since maternity services were provided until 2004 by physicians and nurses in Kuujuaq. However, since 2009, midwives have been providing maternity services. Since the introduction of midwives in the community, transfer rates have significantly gone down and satisfaction for women and their families has increased. There are currently four midwives working in Kuujuaq and they are the on-call primary care providers for all women on the Coast. Additionally, a community-based training program just started in August 2013 in Kuujuaq.

3. Rankin Inlet Birthing Centre (RIBC), Nunavut:

RIBC was established in 1993 and provides women with the option of community-based birthing. The need for this service was identified by many community members, political leaders, health care providers, and researchers involved in the region. The midwives provide prenatal care and attend births. A Perinatal Committee conducts weekly reviews involving risk assessments and suitability of women to give birth in the community. A Maternity Care Worker Program and Midwifery Training are currently being offered through Arctic College.

4. Cambridge Bay Birth Centre, Nunavut:

In January 2010, the birth centre in Cambridge Bay was opened and began offering maternity services, including low-risk

deliveries. The midwives working at the centre are also involved in midwifery education and use the same model of training available in Rankin Inlet offered through Nunavut Arctic College in Cambridge Bay.

5. Fort Smith Health and Social Services Midwifery Program, Northwest Territories:

In April 2005, the Fort Smith Health and Social Services Authority (FSHSSA) officially integrated midwifery services into its programming after a three- year developmental project. Midwives had been working in the community for many years in private practice and chose to become a part of the local health care system. A key part of the project was developing a multi-disciplinary approach to maternity care services. This included forming a Maternity Care Committee made up of midwives, physicians, nurses, and clinical care managers. The Committee meets regularly to review clinical care plans and discuss various issues regarding clinical care and risk assessment.

6. Kinosao Sipi Midwifery Clinic Norway House Cree Nation, Manitoba:

This midwifery practice was established in conjunction with the kanaci otinawawasowin Baccalaureate Program (KOBP) at the University College of the North in 2006. The clinic is located in the First Nations and Inuit Health hospital in Norway House and has undergone numerous challenges in its implementation process. Currently, the midwifery clinic serves women both in pre- and postnatal periods, and arranges transportation to the tertiary centre for their clients. The development of a low-risk elective birthing program is still being negotiated.

7. Seventh Generation Midwives Toronto:

This urban Aboriginal Midwifery practice was established by a group of Registered Aboriginal Midwives and Aboriginal midwifery students in 2005 with a focus on serving the urban Aboriginal community in downtown Toronto. SGMT works with the urban community to improve Aboriginal maternal and infant health by supporting women to reclaim control of birth for themselves, including the choice to incorporate traditional

teachings and ceremonies. The midwives provide prenatal care from the beginning of pregnancy to six weeks postpartum and have a special designation from the university-based Midwifery Education Programs in Ontario to prioritize clinical placements for Aboriginal students at their clinic. The Toronto Birth Centre recently opened and SGMt also work out of this centre. They attend births at home, in their clinic, at the Toronto birth centre, and at Sunnybrook hospital.

8. Tsi Non:we Ionnakeratstha Ona:grahsta' Six Nations Maternal and Child Centre, Ontario:

Opened in 1996, the birth centre consists of Aboriginal midwives and support staff and provides a balance of traditional and contemporary midwifery services and programs. The establishment, direction, and ongoing operation of the practice is a community-driven process, supported by an Advisory Committee and a Grandparents Committee. The midwives work under an exemption clause in the *Midwifery Act* that allows them to practice and serve families in southwestern Ontario. The Centre also supports an Aboriginal Midwifery Education Program.

9. Kontinenhanónhnha Tsi Tkaha:nayen Tyendinaga Mohawk Territory, Ontario:

This private practice opened in May 2012 with a focus on returning traditional birthing practices to Tyendinaga. The midwives work under an exemption clause and provide Aboriginal women and families the option of community-based birthing in both rural and urban areas. The Kenhte:ke Birth Advisory Working Group was formed in February 2012 to develop plans for the Kenhte:ke Birthing Centre.

10. Neepeeshowan Midwives, Attawapiskat, Ontario:

'Neepeeshowan' is Cree for a blooming flower. This practice opened in the Fall of 2012 in Attawapiskat, a Cree community of 1,900 people located 500 km north of Timmins. At the moment, there is one midwife but there are plans to have two midwives in Attawapiskat, provide access to midwifery education for Cree women, and eventually expand midwifery services to all coastal

communities. Currently, Neepeeshowan Midwives care for most pregnant women of the community. Planned community births for women experiencing healthy pregnancies are starting to take place. This new practice is the culmination of decades of advocating from women of Attawapiskat. It provides care and services in the Weeneebayko Area Health Authority (WAHA), which includes the communities of Moose Factory, Moosonee, Fort Albany, and Attawapiskat.

11. K'Tigaaning Midwives, Powassan, Ontario:

Two Aboriginal midwives bought in October 2013 a long-established practice in the North Bay region and renamed it K'Tigaaning Midwives in honour of their community in Nipissing. The catchment area includes North Bay, Nipissing First Nation as well as surrounding areas. They are delighted to be able to provide care in their home community.

12. The Ionteksa'tanoronhkwa "child-cherishers" Homebirth Midwives of Akwesasne

Their mission is to revitalize their culture and strengthen their people through a modern Onkwehon:we midwifery practice that uses both traditional knowledge and non-Indigenous midwifery training to ensure the safety of the child and the well-being of the family. The midwives have been quite interested in the prospect of developing a birth centre at Akwesasne. Their hope is that a birth centre would give clients a safe and comfortable place to give birth as a viable alternative to the hospital setting.

13. North Channel Midwifery, Ontario

North Channel Midwifery is a solo practice operated by a registered Aboriginal midwife. She provides midwifery care from Massey to Thessalon First Nations, including communities in between.

The next section of the Toolkit will look deeper at the current maternal health needs of Aboriginal communities and provide suggestions and methods of researching how to find out this information.

Aboriginal Midwifery in a Global Context

Aboriginal Midwifery in Canada is unique in its history and its practice. It is important to look at some of the other ways midwifery is practiced in other countries. While there are various models of midwifery care, it is useful to draw on the philosophies and practices of Indigenous midwives in other places. This knowledge can inform the development of our own vision of midwifery practice in our communities.

The following lists a few organizations and education programs for Indigenous midwives around the world. This list includes organizations from New Zealand, Mexico, Guatemala, and Australia.

Nga Maia O Aotearoa Me Te Wai Pounamu, New Zealand

Nga Maia is a national body that represents Maori birthing. The kaupapa of Nga Maia focuses on Mama, Pepi, Whanau and promoting Maturanga Maori in pregnancy and childbirth. Started in 1993, Nga Maia is the largest collective of Maori midwives in Aotearoa me Te Waipounamu. They “acknowledge the heart and determination of our membership past and present to realize the dreams and desires for Whanau to have birthing knowledge that upholds the significance of creation and the Mana of all involved in the process of birth.” Nga Maia also strives to “develop frameworks for practice that acknowledge the validity and significance of Whanau being offered care that reaffirms Maori epistemology/ knowledge as a birth right of all Maori through whakapapa.” This collective “provides Kaupapa Maori resources for Whanau to access in order to weave the concepts that speak to them into their birthing stories and to provide a space for Maori midwives to generate and debate our ways of knowing and walking beside Whanau.” Visit Nga Maia’s website and resource materials: www.ngamaia.co.nz



Inter-cultural exchange between Aboriginal Midwifery students and Mayan Elders at a traditional medicine camp near Clearwater Lake, Manitoba



Kerry Bebee, Aboriginal midwife, with mom and baby Karyn and Grace Recollet

ACAM Maternity Center: Concepcion Chiquirichapa, Guatemala

ACAM is a birth centre and cultural project founded, owned, and operated by traditional Maya midwives in the Western Highlands of Guatemala. In 2004, ACAM, “Casa Maternal de Nacimiento y la Comienzo de Esperanza”, opened the birth center, educational and community space, clinic and guest quarters. Grown out of a collaboration of Mayan and North American midwives, ACAM’s vision is : 1) the preservation of Maya midwifery by strengthening Maya midwifery as an institution and educating new midwives; 2) traditional healing through the promotion of the physical, emotional, and spiritual health of the community; 3) the addressing of the roots of disease, pregnancy loss, maternal and infant mortality; 4) the health of Mother Earth, the environment; 5) the promotion of community development and civic participation. The role of the midwives goes beyond that of providing prenatal consultations and attending births. The midwives are trusted in the community and many villagers bring their sick children and receive medicines and herbs for upper respiratory infections, skin infections, diarrhea and other primary care issues. The midwives conduct ceremonies and rituals for the relief of trauma and also run workshops for the community led by a psychologist who is Maya and specializes in post-traumatic stress. They have begun weekly radio programs in Mam on various health related topics. For more information, visit their website: www.mayamidwifery-acam-implusa.org

CASA: Center for the Adolescents of San Miguel de Allende, Mexico

Founded in 1981, CASA is a grassroots, youth-driven organization that provides comprehensive education and health services to adolescents and their families, particularly in vulnerable rural communities. Under the framework of social justice, CASA’s nine programs promote family planning, human rights, gender equity, basic health care, professional midwifery, prevention of violence, and childhood development. CASA’s maternity hospital, midwifery school, daycare center, public library, and community outreach programs operate under an integral community-based education model which teaches others to teach. It has enabled generations

of CASA’s staff to transform the lives of thousands in some of the most remote communities of Mexico. The lessons learned have enabled CASA to change public policy and impact the country’s maternal and newborn health system through professional midwifery advocacy efforts.

The CASA Professional Midwifery School opened in 1996 and is still Mexico’s only government-accredited midwifery school. The program is open to all women who have finished at least nine years of formal education and gives preference to women from rural areas who are related to traditional midwives. CASA midwives are experts in primary preventive care, as well as normal pregnancy and birth. They accompany women throughout their reproductive cycle and always promote gender equality. For more information, visit their website: www.empowercasa.org

CATSIN: Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, Australia

CATSIN was founded in 1997 to formally represent Aboriginal and Torres Strait Islander nurses and midwives and is made up of nurses, midwives, students, and retired nurses and midwives. CATSIN’s primary aim is to increase the recruitment and retention of Aboriginal and Torres Strait Islander peoples into nursing and midwifery. CATSIN is also dedicated to ensure all nurses and midwives have meaningful, discrete courses on Aboriginal and Torres Strait Islander health, history, and culture in all courses leading to enrolment, registration or endorsement as a nurse or midwife. CATSIN aims to ensure Aboriginal and Torres Strait Islander nursing and midwifery students have targeted support and assistance to ensure their access to education is equitable. CATSIN represents Aboriginal and Torres Strait Islander nurses and midwives throughout the nursing and midwifery professions, to governments and in Aboriginal and Torres Strait Islander health. For more information, visit their website: catsin.org.au

Understanding a rights-based approach to Maternal Health Care

According to a report by the UN Special Rapporteur on Health, “sexual and reproductive health are integral elements of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.” In the context of Aboriginal communities in Canada, the right to health is connected to the rights of Aboriginal peoples in the Canadian Constitution, as well as the UN Declaration on the Rights of Indigenous Peoples.

When we speak of a rights-based approach we mean that we use a human rights framework in the process of understanding and developing maternal health care services. For example, according to Amnesty International’s Toolkit on maternal health and sexual and reproductive health rights (2012), women have a right to the following services:

- primary health care services throughout a woman’s life
- education and information on sexual and reproductive health
- sexual and reproductive health care services, such as family planning services
- prenatal (before and during pregnancy) and postnatal (after pregnancy) health services
- skilled medical personnel to attend the birth
- emergency obstetric care



In a policy statement by the Society of Gynaecologists and Obstetricians of Canada (SOGC) for Aboriginal peoples in Canada (2011), these rights also include the right to:

- make informed health decisions
- be free from harmful practices, including discrimination against two-spirit people, gender-based and other forms of discrimination, and all forms of violence

In the Toolkit, there are activities to explore the current maternity care practices in your community. Please refer back to these principles when thinking about what is currently happening in your community. It is important to explore ways to address these human rights in the process of developing and improving maternity care for Aboriginal communities.



SECTION TWO

Current Aboriginal Maternal Health Needs

This section of the Toolkit gives information to assess the current situation of maternal, newborn, and infant health in their communities. It is important to gather this information as a community when thinking about returning midwifery and making changes to current childbirth practices. Some of this information will be necessary as the establishment of midwifery services progresses.



This section includes the following information and suggested activities:

- **CHAPTER 4**

What is your community's birth history?

- **CHAPTER 5**

What are the present childbirth practices for your community? A suggested activity of an asset mapping workshop in order to identify the current situation and future visions of maternity care.

- **CHAPTER 6**

Assessing impacts: a suggested activity of a body mapping workshop in order to understand the maternity care experiences in your community and their impacts.

- **CHAPTER 7**

What is the birth rate in your community?

What is your community's birth history?

Understanding the history of birth in your community can inform present-day practices and visions for the future. The story of midwives in Aboriginal communities across Canada is as old as the people that live on the land, regardless of their culture, language or territory. Midwives in Aboriginal communities were respected, and trained through apprenticeship, generally in family groups. Most Elders over 65 will be able to tell you who the midwife in their family was. These women had knowledge of birth and its process. The story on page 2-5 is from an Elder midwife from northern Manitoba. Florence Hamilton shared this story at a gathering of the National Aboriginal Council of Midwives in October 2009 in Winnipeg, Manitoba. She passed away in July 2010 at the age of 94.

EXAMPLES OF ACTIVITIES

The following two examples are small projects that communities have undertaken in order to better understand their communities' birth experiences and the role of midwifery in their community's story. These are projects that can be undertaken in your own community, or adapted to suit your community's needs.

Masset Birth Stories Gaaw Kaaygang Gyaahlangee, Haida Gwaii, British Columbia

The Perinatal Outreach program at the Haida Health Centre, in partnership with Haida Child and Family Services, undertook a project to collect and publish a book of childbirth stories from Old Masset, a community located in the north of Haida Gwaii, British Columbia. The accounts span over the last 70 years, and tell the story of the changes in childbirth practices during this

time. Over the past several generations, women gave birth in many parts of the island, including the hospital and at home. At the time of this project, families were required to leave Old Masset to give birth. This project captures these changes through the voices of Old Masset mothers from multiple generations: from naanii, to mother to daughter. The project not only preserves the stories of the past, but also informs new mothers and the development of midwifery services in the community.

Aboriginal Midwives Historical Photo Project, Fort Smith, Northwest Territories

The Fort Smith Midwifery Program officially integrated into the Fort Smith Health and Social Services Authority (FSHSSA) in 2005. Midwives had been working in the community for many years in a private practice and chose to become a part of the local health care system when midwifery legislation was enacted. When the midwives moved their practice into the health centre, they undertook a historical photo project with the support of the Nike Niya Community Birth Centre society. They researched and found old photographs of the past Aboriginal midwives from the community and region. These photos were then enlarged and framed, and hung along the hallways to the midwifery clinic. When community members would visit the midwifery clinic, they would pass by all of these photographs, some of their own grandmothers and relatives. This project made the direct connection between the past midwives of the community and the current midwifery practice.

THE STORY OF FLORENCE HAMILTON **Elder midwife from Wabowden, Manitoba**



I became a midwife at the age of 16, in the years of 1923 to 1982. I did this for 59 years until I was told not to do it any more by a nurse that came to Wabowden. [I was told] if I did so I would go to jail. I was given this gift by my Aunt Emma Colombe.

When my Aunt Emma was dying she called for me to come and see her. When I went to see her, she took my hand and held it. Emma said, "You have very kind

and nice hands. Keep up the work that we have been doing." Then she took both my hands together and said, "I will give you a blessing. Whenever you're going to deliver a baby – pray, say 'Help me lord to do this work', and she said, "Always remember that. I will be with you always in delivering babies – you will never have any problems."

My good fortune is that I never lost a baby or its mother. I never ran into any kind of problems. The hardest delivery I had to do was my grandson Dennis, he was born breech. The roads were closed and the planes couldn't fly. There was a nurse's aide at the nursing station. She called me to go and help her. My daughter Martha was in labour for three days. I was so tired and I needed sleep. I told my son-in-law, "I'll go and rest for a while."

I lay down and fell asleep, and not long after my son-in-law woke me up. Alex said, "You better come now, Mom. Martha is really sick." I told Alex, "Don't worry, son, you're going to have a red-headed son, he is going to grow to be the size of you." Alex grabbed me and was crying, "Okay. God, I hope you're right, Mom." When we got there the nurse was there watching her, when she had her pain instead of the baby working down it wanted to go up. I told the nurse I would hold her up on top [of her stomach] and you do the delivery and when she had another pain the nurse yelled and said, "I can't stay here! I don't know what to do!"

I let the nurse go and went to check my daughter Martha, and there was one foot sticking out. I told Martha, "Don't push." Then I went to go to the back and I put a lot of Vaseline on my hands and arms. I went inside to guide the other foot to be put together and when she had another pain, I told her, "Okay, push now." And then I felt for the elbows against the body. The elbows were sticking out. I used my fingers and held them to the body. After the next pain, my daughter pushed and the baby came, my son in law asked, "What is it, Mom?" I told him, "I already told you what it was before it was born."

CHAPTER 5

What are the present childbirth practices for your community?

It is important to understand what the current practices around childbirth and maternal health care in your community are. This section will outline community visioning, identifying stakeholders, and asset mapping.

COMMUNITY VISIONING

Understanding your community's vision for childbirth and maternal health is vital to the process of improving childbirth and maternal health care for Aboriginal communities. Visioning is creating an ideal picture of the way your community would like things to be. It should reflect what people want to see happen, and create opportunities for action.

In Akwesasne, Quebec, the community used their Creation Story to inspire their vision for midwifery care. As elder midwife, Katsi Cook, explains:

We used our cultural knowledge that is embedded in our Mohawk language, and we came up with a vision for our community moving forward that we want to share. In English, it is, "We will re-awaken the strength of all mothers to bring forward the love and medicine from the Mother Earth we dance upon because we remember the coming faces."

IDENTIFYING STAKEHOLDERS

Identifying stakeholders in the current system of maternal health care is an important step in order to identify current practices, and who should be involved in envisioning change. Differences of opinions and views of maternity care services is a normal part of the process, and it is important to identify where some of these differences are located. Consider including the following people and/or organizations (but not limited to):

- Elders and interested community members
- Nursing and medical staff (if any) in the community
- Midwifery educator (where available)
- Midwives interested in working in the community
- Community representation (families and parents)
- National Aboriginal Council of Midwives representative
- Provincial College of Midwives or Midwifery Association
- Provincial government representatives
- First Nations and Inuit Health (i.e. Maternal Child Health regional coordinators or appropriate person as identified by FNIH regional offices) representatives
- Other social service agencies (i.e. Child and Family Services)

OFFER AN ASSET MAPPING WORKSHOP

Asset Mapping is an exploratory process that can be used to understand a community's needs, including maternity health care services. It brings community members, and potential partners and contributors together to identify the resources, strengths, available services, care gaps, and priorities of the community (Fuller, 2002).

In Asset Mapping, an Asset is something that is kept, built upon, and sustained for present and future generations. Assets can be

physical, like a midwifery clinic or community centre or they can be spiritual or emotional, such as strong family relationships or the intergenerational transmission of knowledge (Fuller, 2002).

Asset Mapping exercises help identify various opinions and views in a community, all of which are important to the development of something new. While Asset Mapping does not address and solve all challenges, it helps to identify areas that need particular attention.

When organizing an Asset Mapping workshop, include a broad group of people, such as potential partners and contributors in your community.

The workshop space should comfortably accommodate the group to work in large and small groups. Office supplies like overhead, projector flip charts, sticky notes, dots, masking tape, blank cards, and a variety of pens and markers will likely be useful.

ASSET MAPPING AGENDA

Here is an example of an agenda for an Asset Mapping workshop. This example is loosely based on the “whole Assets” mapping approach outlined by Fuller (2002).

Welcome and Introduction

After the facilitator and Elder (if appropriate) welcome and open the workshop, each participant introduces her/himself and her/his interest and role in maternal health care services.

Define the Workshop's Purpose

Outline the purpose of Asset Mapping: to identify, explore, and build upon the current Assets in place for maternal health services.

Here are five examples of categories that can be used:

- **Natural:** environment and water
- **Physical:** infrastructure, existing buildings, schools, community centres
- **Cultural:** intergenerational knowledge, traditional practices, culture camps, and language
- **Social:** Elders, community members, family, and the social aspects of community
- **Services:** health services and programs such as CPNP, Aboriginal Head Start

Brainstorming Session

Make 5 groups – to match the number of Asset categories – and ask participants to come up with six (for example) Assets related to the community's maternal health. This session can last 20 minutes or longer. Each participant presents her/his their Assets to the group. Each Asset is then categorized and taped under an Asset category on a flip chart or wall.

Large Group Discussion

As a group, each category and the Assets are discussed. Why is this Asset important? Were there any surprises in the Assets? It may be helpful to also discuss:

- **Proximity** – how close or far is the community Asset from the community members who would benefit from it?
- **Accessibility** – whether present in the community or available elsewhere, what other considerations facilitate or impede its use?
- **Capacity** – does the community Asset have the ability and stability to fulfill its mission?
- **Quality** – how responsively, adaptably, and/or appropriately does the asset meet community needs? (Social Network of Ontario, 2012)

Dotmocracy

Each participant is given a sheet of large sticky dots. For every category, each person places a dot beside the Asset they believe is most important. The facilitator ranks the Assets according to the number of dots that are accumulated.

Discussion and Wrap-Up

As a large group, discuss all of the Assets in relation to community's visions and goals for maternity health care. To conclude, ask participants how they would like to plan another meeting to build on the identified priorities.

Workshop idea: Understanding impacts through body mapping art workshop

This workshop is one way to understand how women are experiencing maternal and infant health care, childbirth away from their home communities, and becoming mothers. Body mapping is a creative tool that is art-based and focuses on the body as a way to represent experiences lived through the body. Rachel Olson developed this workshop in Manitoba, and conducted this body mapping workshop with mothers from Norway House Cree Nation. The following outlines the workshop format, the tools you need, and some of the questions we explored. This workshop can be adapted to better suit your own community and situation as necessary.





BACKGROUND

Body mapping began with the “Memory Box” project dealing with HIV/AIDS in South Africa by the organization Art2Be¹. The process of body mapping involves “drawing (or having drawn) one’s body outline onto a large surface and using colours, pictures, symbols and words to represent experiences lived through the body.”² Some of the exercises in creating body maps are: body tracing, drawing where you come from, drawing your hopes for the future, and painting your support. Body mapping uses drawing and painting exercises, visualization, group discussions, and individual quiet times for reflection.

¹ This body mapping workshop has been adapted from the method outlined by Art2Be. For more information on this organization and body mapping, visit: www.art2bebodymaps.com

² Art2Be. (2009). Art2Be: Art for Positive Living and Social Change: Welcome to the Body Mapping Project.

Body mapping is a way of telling stories and can be used for multiple purposes. It is up to you and your community to define what the goal of a body mapping workshop will be. Body mapping can be used as a research tool, an advocacy tool, a starting point to begin an inter-generational dialogue, and as a way of recording people’s life stories. In the following example, body maps were used to gain a better understanding of current experiences of childbirth for women living in a community with no birth services, their experiences of becoming mothers, and articulating the goals and priorities of the mothers in the community.

MATERIALS NEEDED

- A space big enough to allow participants to spread out their body maps, and a comfortable space for people to work on the floor with their maps.
- Paper. Large rolls of paper that you can measure according to each person’s height and width.
- Black markers and pens. Enough for each participant.
- Crayons: both pencil and wax. Markers of all colours as well.
- Paints, all colours.
- Paint brushes, cups, and other materials for cleanup.
- Any other supplies to use for the body maps. Be creative!

WORKSHOP EXERCISES

Exercise One: Body Tracing

Working in pairs, each participant will take turns getting their body traced on their paper. Take turns on each person’s body map. Once you have your body traced, trace your partner’s body onto your body map. This will mean that you will have two outlines on your map. One of these is you, and the other we will paint in later to explore your support.

Words to consider reading out³:

Today we are going to do an activity called body tracing. We are going to work with partners because it is impossible to trace around yourself. When you express your own experience, you are the one who knows best. No one else knows how it feels to live inside your body, so don't be scared to make the wrong mark. There is no such thing as a mistake.



Exercise Two: Body Highlighting

Choose a colour and highlight your body tracing. Make sure you only highlight your body tracing, and not your partner's outline. This will be done later in the workshop.

Exercise Three: Drawing where you come from

Along the bottom of your map, draw using a symbol or picture where you come from. You can also write the name of the place you come from beside it.

³ These words to consider come directly from the body mapping guide: Solomon J. (2007). Living with X: a body mapping journal in the time of HIV and AIDS: a facilitator's guide. Some have been adapted for this context, but please refer to this guide for complete text.

Words to consider reading out:

Where do you come from? What comes to mind when you are asked this question? Is it the village or place where you were born? Is it a symbol to show your culture? Or is it both?

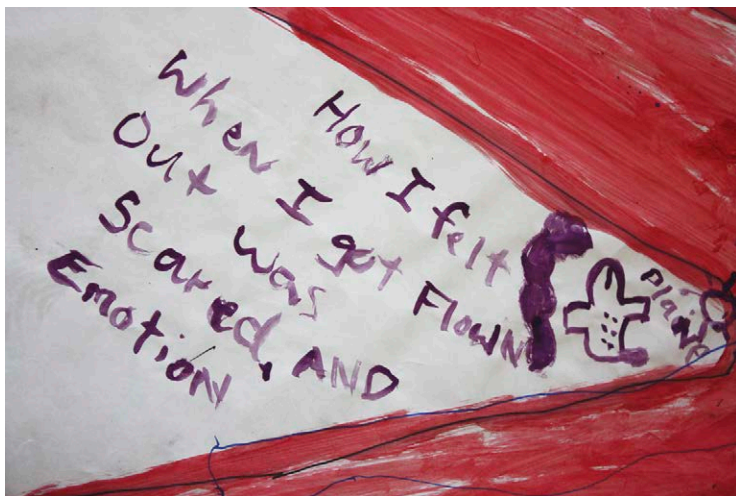


Exercise Four: Drawing what you are moving towards

In the top left hand corner of your map, draw what your goals are and what you are moving towards. Choose a colour that you think represents that goal, and paint around what you have drawn. You can also use arrows or lines to connect where you are from to what you are working towards. These lines can cross your body outline.

Words to consider reading out:

What is your vision, your goal or your dream for yourself and your family? What are you striving towards? It can be something material, physical, emotional or spiritual. You are on a journey. What are you moving towards?



Exercise Five: Painting your Support

Now it is time to paint in your support. Choose a colour and paint the outline of the other body tracing on your map. In this exercise, think of the people who support you, and write their names onto their body maps. This support is very important and can be individuals (either someone living or someone who has passed away), groups, organizations, or belief systems.



CHECK TIME/GROUP DISCUSSION

Ask the participants to share and explain the following to the group.

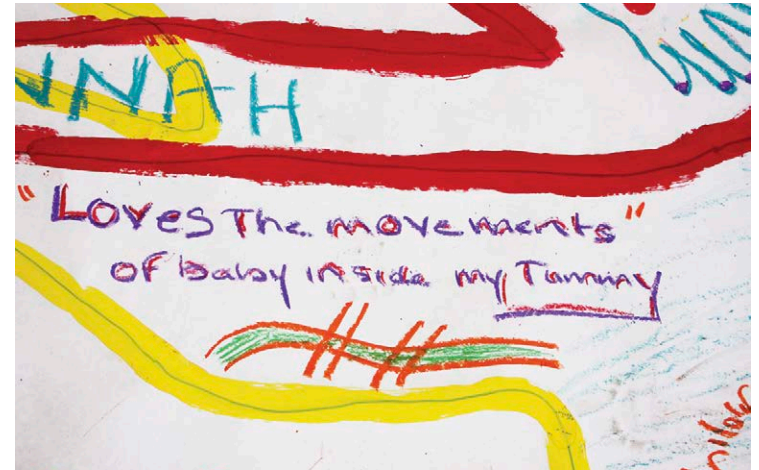
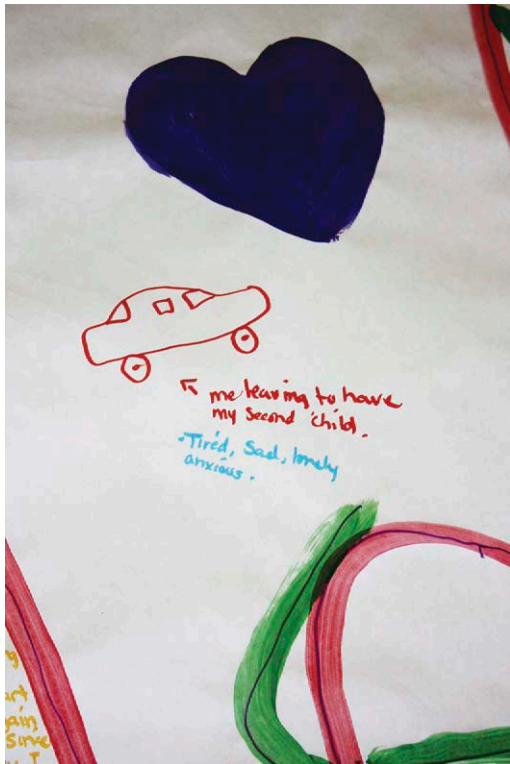
- Explain the symbol or picture you have drawn to show where you come from. Tell us something about the place where you were born.
- Explain how the colour you have chosen for your body map symbolizes how you are feeling.
- Explain the symbol you have drawn to show your vision, goal or dream.
- Say who supports you, how they show their support, and what this means to you.
- Talk about anything else you have felt or experienced during the day's activities so far.



Exercise Six: Journey Map

This exercise gives you the chance to map out the physical journeys you have made.

In this exercise, we want to map out the journey we have made both in our lives, physically moving from place to place, and the journeys we've made to give birth to our babies. We will start with where we were born, and where we grew up, and then map the journeys we took when we had our babies. We can use symbols, maps, and words to express these journeys, and choose a colour that would represent your feelings during these journeys. Draw these wherever you want to on your body map.



Exercise Seven: Drawing under your skin: pregnancy

Read the following or use your own words:

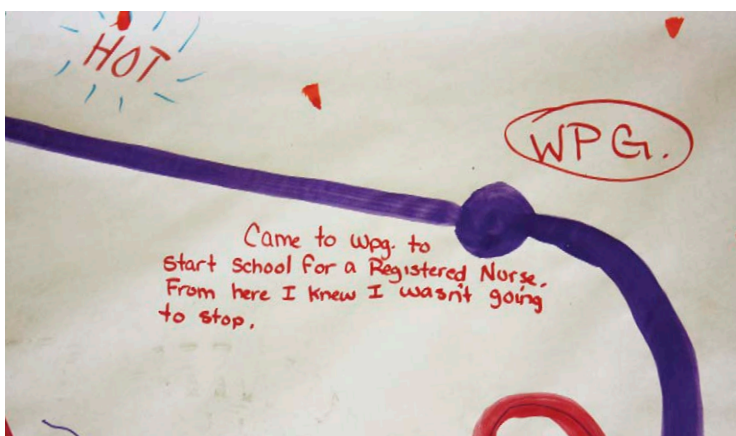
Think about your pregnancy. Imagine your pregnancy inside your body. Think about your body when you were pregnant. How was your pregnancy connected to all the other parts of your body? This does not necessarily have to be scientific, just think about the connections your pregnancy had to other parts of your body, whether it be emotional, spiritual, or physical. Have pregnancies changed how you feel about your body? Use words or symbols or pictures to show internal marks or connections between your pregnancies that are unseen or underneath your skin.

After you are done, think about how your pregnancy is connected to the other parts of your body map from earlier exercises. You can connect your pregnancy to other sections of the body map, including where you come from, your journeys, and your support. Think about what colours you would use to make these connections. You can use words to describe these connections as well.



Exercise Eight: Motherhood

During this exercise, participants are invited to draw their experiences of motherhood on their maps. What is important to them? Where is this located on the map? What has changed since they became mothers? What are the connections between motherhood and the other parts of their maps? Draw these places on the body and connect them to other parts of the map.



Exercise Nine: Care

In this exercise, how women care for themselves while they were pregnant and as mothers is explored. Make connections between how women felt during their care, their support network, and their journeys.

Consider reading out:

You've marked points of your pregnancies in your body. How do you look after yourself? Have you been to the doctor, or do you see a nurse, or a midwife, or another type of healer or health care provider? What kind of care did you have during your pregnancies? Think about what shape and colour could represent the care you had while you were pregnant and as a mother. Did it help you? Also, draw or write about the other things you do to take care of yourself and support your health.



Exercise Ten: Finishing Up

At this point, there are a few things we can do to finish up the body maps. We have not drawn our faces on the maps. If you want, you can also choose to make hand and footprints on your body map.

Decorate your body map with paint, colours, and anything else to make it feel finished for you.

To finish, allow everyone to sit together and tell their story of their body map.



What is the birth rate in your community?

Knowing the number of births in your community is one part of understanding the current maternity needs and planning future services. The birth rate in your community is only one of many elements that will contribute to the development of midwifery services. Therefore, while this information is important to have for your planning needs, it should not be the only factor taken into account when beginning to explore developing services in your community.

There are a number of ways to obtain the birth numbers for your community. It often depends on which province you are in, whether or not your community is located on reserve, and what kind of services are available locally. The first step should always be to speak with your local health centre, or nursing station, to see if they keep records of the number of births in your community.

1. Ask your local health centre or nursing station if they keep records of the number of births in your community.

If your community is located off-reserve, then you could also contact the Vital Statistics Office in your province or territory. The Vital Statistics Offices will often be able to provide information on the number of births in your local health authority (LHA). For a list of contacts for each Vital Statistics Office, see Appendix 3.

2. Contact the provincial or territorial Vital Statistics Office in your region.

If you are living on reserve, you may also contact the regional First Nations and Inuit Health (FNIH) office. For example, if you live in Manitoba, you could contact the regional FNIH office and their data analysts will prepare a report for you. The Manitoba FNIH maintains a database with information from Vital Statistics, Manitoba Health, and Community Birth Reports from nursing stations. They require that you submit a signed letter from the Health Director, Band Health Councillor, or the Chief in order to release the data. They can provide information based on community residence or First Nation (band) affiliation. For a list of FNIH regional offices, see Appendix 4.

3. Contact the regional office of First Nations and Inuit Health

Another avenue for First Nations on reserve communities to find out this information is through the Maternal Child Health programs. If your community has this program, you may request this information from the national office via email. The email address is: cbirt@hc-sc.gc.ca. Please note that if the national office has this information, it would have been submitted by the Maternal Child Health coordinator in your community, so it is best to check at the local level first. However, you can also use the above address to request the data.

4. Contact the First Nations and Inuit Health Branch Maternal Child Health Program: Email: cbirt@hc-sc.gc.ca

SECTION THREE

Midwifery Regulation, Governance, and Models of Care

This section of the Toolkit provides information on how midwifery is organized and regulated in the different provinces and territories across Canada.

• CHAPTER 8

A series of fact sheets that provide information on legislation, registration, and education of midwifery, as well as information regarding Aboriginal Midwifery, or midwifery in Aboriginal communities.

CHAPTER 8

Midwifery Regulatory Frameworks

This section of the Toolkit provides information on how midwifery is organized and regulated in the provinces and territories across Canada. The following fact sheets provide information on legislation, registration, and education of midwifery, as well as information regarding Aboriginal Midwifery, or midwifery in Aboriginal communities.

It is important to take into consideration the possibilities of an alternative form of governance of maternity care and midwifery in Aboriginal communities. Six Nations in Ontario, and the Nunavik midwives in Northern Quebec are excellent examples of how Indigenous governance of midwifery emerged from strong community visions for changing maternal health care. Other communities see the provincial or territorial governance and regulation of midwifery as beneficial routes of establishing midwifery care. Information on the community's goals for midwifery may come from a community visioning session, or an asset mapping workshop as described in Section Two, Chapter 5 of the Toolkit. For more information about the models of care at Six Nations or Nunavik, please refer to Section One, Chapter 2 of the Toolkit.

In Canada, there is a lack of federal recognition of midwives, and for some communities, this is a large barrier to accessing midwifery services. The Canadian Association of Midwives launched a campaign to advocate for the inclusion of midwifery in federal health policy and planning initiatives.

Canadian Model of Midwifery Care

The Canadian model of midwifery care is consistent across the country, even though the legislation, organization, and practice of midwives differ across provinces and territories. This model consists of the following six elements:

Health and Well-being

Midwifery care in Canada is based on a respect for pregnancy and childbirth as normal physiological processes. Midwives promote wellness in women, babies, and families, taking the social, emotional, cultural, and physical aspects of a woman's reproductive experience into consideration.

Informed Choice

Canadian midwives respect the right of women to make informed choices about all aspects of their care. Midwives actively encourage informed decision-making by providing women with complete, relevant, and objective information in a non-authoritarian manner.

Autonomous Care Providers

Canadian midwives are fully responsible for the provision of primary health services within their scope of practice, making autonomous decisions in collaboration with their clients. When midwives identify conditions requiring care that is outside of their scope of practice, they make referrals to other care providers and continue to provide supportive care. Midwives collaborate with other health professionals in order to ensure that their clients receive the best possible care.

Continuity of Care

Canadian midwives are committed to working in partnership with the women in their care. Midwives spend time with their clients in order to build trusting relationships and provide individualized care. Individual or small groups of midwives provide continuity of care to women throughout pregnancy, labour, birth, and up to at least six weeks postpartum. A midwife known to the woman is available on-call throughout her care.

Choice of Birth Setting

Canadian midwives respect the right of each woman to make an informed choice about the setting for her birth. Midwives must be competent and willing to provide care in a variety of settings, including home, birth centres, and hospitals.

Evidence-based Practice

Canadian midwives are expected to stay up-to-date with regard to research on maternity care issues, to critically appraise research, and to incorporate relevant findings into their care. (CMRC, 2010)

All the elements of the basic model of midwifery care in Canada may not always be possible in some Aboriginal communities. For example, in some communities that currently evacuate for birth, returning birth may not be the goal of the community. The wish may be to change their maternity care model without the addition of birth services in the community. Therefore, it is important to keep exploring the role of the midwife within the context of maternity care and other areas of health and healing.

Aboriginal Midwifery and Midwifery Fact Sheet

ONTARIO

Overview

Midwives in Ontario are self-employed autonomous health providers. Midwives work in community, hospital, and home settings. In 2014, there were 681 midwives working across the province. Midwifery services are funded by the Ontario Ministry of Health and Long-Term Care (MOHLTC).

Regulation

In 1994, Ontario became the first province in Canada to regulate midwifery. Midwives must register with the College of Midwives of Ontario in order to practice. There are three routes to registration: the Ontario Midwifery Education Program (MEP); the International Midwifery Pre-Registration Program (IMPP); and registration in another province.

There is an exemption from registration for additional midwifery services,” and states that Aboriginal midwives may continue to practice autonomously using the title “[A]boriginal midwife or any other language.”

Association

The Association of Ontario Midwives (AOM) represents and promotes midwives and the practice of midwifery in Ontario. The AOM works with Aboriginal midwives to honour the restorative and healing work of indigenous midwives, and to secure funding for increased Aboriginal Midwifery services.

Funding

Midwives are autonomous health providers in contract with the MOHLTC. Midwives are paid per course of care plus additional fees for benefits and operating expenses. Aboriginal midwives are not able to access the same funding as registered midwives. In May 2012, the government announced funding for a midwifery practice in Attawapiskat and surrounding communities.

Education

The MEP is a four-year baccalaureate program offered jointly by Laurentian University, McMaster University, and Ryerson University. The program accepts 90 students each year. Each university has an Aboriginal application process. Ryerson also offers the IMPP for internationally educated midwives. Aboriginal midwives may also obtain training through the four-year Tsi Non:we lonnakeratstha Ona:grahsta' Aboriginal Midwifery Training Program on Six Nations.

Contacts and websites to visit for more information:

College of Midwives of Ontario

21 St. Clair Avenue E, Suite 303
Toronto ON M4T 1L9

416-640-2252

admin@cmo.on.ca

www.cmo.on.ca

Association of Ontario Midwives

365 Bloor St E, Suite 301

Toronto ON M4W 3L4

866-418-3773 or 416-425-9974

admin@aom.on.ca

www.aom.on.ca

Ryerson University

416-979-5104

www.ryerson.ca/midwife

Laurentian University

705-675-4822

laurentian.ca/program/midwifery

McMaster University

905-525-9140 ext. 26652

fhs.mcmaster.ca/midwifery

Six Nations

866-446-4922 or 519-445-4922

www.snhs.ca/midBackground.htm

Aboriginal Midwifery and Midwifery Fact Sheet

QUEBEC

Overview

Midwives in Quebec are autonomous healthcare providers contracted through community health clinics (Centres de santé et de services sociaux; CSSS). Midwives work primarily in birth centres, but also in community, hospital, and home settings. In 2014, there were 129 midwives working across the province. Midwifery services are funded through the Régie de l'assurance maladie du Québec (Quebec health insurance).

Regulation

Midwifery in Quebec is regulated under the Midwives Act and a number of other laws. Since 1999, midwives must register with the Ordre des sages-femmes du Québec (OSFQ) in order to practise. There are three routes to registration: the midwifery program at l'Université du Québec à Trois-Rivières (UQTR); reciprocity through being registered in another province; and a bridging program for international midwives, also through the UQTR. There is a French language requirement for midwives educated outside of Quebec and France.

There is an additional route to registration for Inuit midwives.

The Order has recognized the Nunavik midwifery training program, and graduates are registered with the OSFQ. Each graduate receives a license to practice from the Order and the French language requirement is not applied in Nunavik.

Association

Le Regroupement les Sages-Femmes du Québec (RSFQ) works to develop the profession of midwifery in Quebec and defend the interests of its members. Midwives on the Ungava Coast

are included as members of the RSFQ, and the association is examining the possibility of integrating Hudson Bay midwives into its membership. The Nunavik Midwives Association is an association of Inuit midwives.

Funding

Midwives are autonomous healthcare providers who are hired on contract with the Ministère de la Santé et des Services sociaux. Midwives are paid a salary plus benefits. All midwives have contracts with a CSSS, which provides equipment and supplies and shares the cost of liability insurance.

Aboriginal Midwifery

A clause exists in the Midwives Act for Aboriginal communities to negotiate an agreement with the Government for Aboriginal midwives to practise in their communities without being registered with the OSFQ.

Article 12.2 of the Midwives Act states that “an agreement between the Government and a Native nation represented by the band councils of all the communities forming the Native nation, a Native community represented by its band council or by its council in the case of a Northern village, a group of communities so represented or any other Native group, allowing a Native person who is not a member of the Order to perform acts described in section 6 in the territory defined in the agreement, in accordance with the conditions fixed therein and to the extent that the terms of the agreement are observed.” However, no agreement has been signed to this day. Most First Nations mothers have to give birth in hospitals outside their communities. Many women living in remote communities, particularly those living on the Lower Northern Shore, have to be separated from their families for many weeks.

Additionally, there is a separate Act addressing the situation for the Cree Nation. Through the signing of the James Bay and Northern Quebec Agreement in 1975, the Cree Board of Health and

Social Services was created. There has been discussion regarding midwifery services and a training program for a number of years. A midwife worked for several years for the Cree Board of Health and Social Services to open a birthing centre in Mistissini, but this hasn't happened yet. UQTR has been discussing the possibility of having a Cree training program. This program would last 4 years and would mostly take place in Cree communities.

Education

UQTR has a four-year baccalaureate program. The program presently accepts 24 students each year. UQTR also offers a bridging program for internationally trained midwives. This program is offered in French only.

The Inuulitsivik Health Centre offers the Inuulitsiviup Nutarataatsijingita Iisarningata Aulagusinga (INIA), which is a midwifery education program leading to registration with the OSFQ. Thus, Inuit midwives receive their training according to traditional learning methods in the Maternities of Hudson Bay and recently of Ungava Bay.

Contacts and websites to visit for more information:

Ordre des sages-femmes du Québec

204, rue Notre-Dame ouest
bureau 400
Montréal QC H2Y 1T3
877-711-1313 or 514-286-1313
info@osfq.org
www.osfq.org

Le Regroupement des Sages-Femmes du Québec

59 Riverview Street
Lasalle QC H8R 3R9
514-738-8090
info@rsfq.qc.ca
www.rsfq.qc.ca

Nunavik Midwives Association

819-254-0172
brenda.epoo@ssss.gouv.qc.ca

Programme de Baccalauréat en pratique sage-femme, Université du Québec à Trois-Rivières

3351, boul. des Forges
Trois-Rivières QC G9A 5H7
819-376-5011 ext. 4065
sage.femme@uqtr.ca
www.uqtr.ca/sage-femme

NUNAVUT

Overview

Midwives in Nunavut are autonomous health providers employed by the Department of Health. Midwives work in birthing centres and the community. There were 4 indeterminate positions in Rankin Inlet, however, only 3 of these positions were filled in 2014, with locum midwives providing care. Midwifery services are funded through the Nunavut Health Care Plan.

Regulation

Midwives are regulated under the Midwifery Profession Act and regulations. Since 2011, midwives must register with the Nunavut Registration Committee in order to practice. There are three routes to registration: the midwifery program at Nunavut Arctic College (NAC); registration in another province; and a Prior Learning, Education and Assessment (PLEA) program or equivalent.

Traditional Inuit midwifery is recognized in the Midwifery Profession Act, which requires the government to develop educational content based on traditional Inuit midwifery knowledge, skills, and judgement for midwifery programs.

Association

The Midwives Association of Nunavut (NMA) supports traditional Inuit midwifery and registered midwives practicing in Nunavut. At the first gathering of Nunavut midwives in 2007, NMA and the Government of Nunavut both acknowledged and accepted all Inuit midwives by providing them with a Certificate of Recognition.



Midwives from Nunavik, Quebec:
Kimberly Morehouse, Brenda Epoo, Lizzie Sakiagak (student)



Katsi Cook, Aboriginal midwife, with Jan Longboat, Elder

Funding

Midwives are autonomous health providers employed by the Department of Health. They are paid an annual salary and an annual Northern Allowance. The employer pays for expenses and some benefits. All midwives are members of the Nunavut Employees' Union.

Education

In partnership with HSS, NAC offers a midwifery program. This education program blends Western and traditional knowledge: it prepares students to meet standards set by the Canadian Midwifery Regulatory Committee, and introduces students to the cultural, spiritual, and traditional practices of Inuit midwives. NAC has three campuses serving different local communities.

Contacts and websites to visit for more information:

Nunavut Arctic College Midwifery Program

Nunatta Campus

867-979-7222 or 866-979-7222
nunatta@arcticcollege.ca

Kivalliq Campus

867-645-5500 or 866-979-7222
kivalliq@arcticcollege.ca

Kitikmeot Campus

867-983-4111 or 866-383-4533
KitikmeotCampus@gov.nu.ca

www.arcticcollege.ca/en/health-programs/item/4921-midwifery

Aboriginal Midwifery and Midwifery Fact Sheet

BRITISH COLUMBIA

Overview

Midwives in British Columbia (BC) are self-employed autonomous health providers. Midwives work in community, hospital, and home settings. In 2014, there were 222 midwives working across the province. Midwifery services are funded through the BC Medical Plan.

Regulation

Midwives are regulated under the Midwives Regulation, the Health Professions Act, and the College of Midwives of British Columbia (CMBC) Bylaws. Since 1998, midwives must register with the CMBC in order to practice. There are three routes to registration: graduation from an approved education program; registration in another province; and completion of a program for internationally educated midwives (Multi-jurisdictional Midwifery Bridging Project; MMBP).

The Midwives Regulation defines Aboriginal Midwifery to include the blending of both traditional and contemporary practices. There is a registration exemption clause for Aboriginal midwives, which applies only to Aboriginal midwives that were practicing within Aboriginal communities prior to legislation. There are College bylaw provisions for developing an Aboriginal category of registration; however, no such category is currently in place.

Association

The Midwives Association of British Columbia (MABC) promotes the profession of midwifery and represents the interests of midwives in BC. The MABC has an active Aboriginal committee, which has met with Aboriginal health leaders to increase access to midwives and midwifery education for Aboriginal women and their families.

Funding

Midwives are autonomous health providers in contract with the Ministry of Health Services. Midwives are paid per course of care.

Education

The University of British Columbia (UBC) has a four-year baccalaureate program. The program accepts 20 students each year, with select seats reserved for qualifying Aboriginal students. Applicants may self-identify as Aboriginal on their university application or by separate contact.

Contacts and websites to visit for more information:

College of Midwives of British Columbia

Suite 207, 1682 West 7th Avenue
Vancouver BC V6J 4S6
604-742-2230
information@cmbc.bc.ca
www.cmbc.bc.ca

Midwives Association of British Columbia

#204-636 W. Broadway
Vancouver BC V5Z 1G2
604-736-5976
www.bcmidwives.com

University of British Columbia Midwifery Program

B54-2194 Health Services Mall
Vancouver BC V6T 1Z3
604-822-0352
info@midwifery.ubc.ca
www.midwifery.ubc.ca

Aboriginal Midwifery and Midwifery Fact Sheet

ALBERTA

Overview

Midwives in Alberta are self-employed autonomous health providers. Midwives work in community, hospital, and home settings. In 2014, there were 81 midwives working across the province.

Midwifery services are funded by Alberta Health Services.

Regulation

Midwives have been regulated under the Health Disciplines Act since 1998. The Midwifery Regulation sets standards of practice. In 2013, the Health Professions Act established the College of Midwives of Alberta. In order to practice, midwives must register with the College.

There are four routes to registration: graduation from an approved education program; prior learning and experience assessment (PLEA); registration in another province; and completion of a program for internationally educated midwives (Multi-Jurisdictional Midwifery Bridging Project or MMBP).

Association

The Alberta Association of Midwives supports midwives in Alberta and educates the public about the benefits of midwifery care.

Funding

Midwives are autonomous health providers in contract with Alberta Health Services. Midwives are paid per course of care.

Education

Mount Royal University (MRU) has a four-year baccalaureate program, which began in September 2011. Each year, the MRU Midwifery Program reserves 10 percent of seats for Aboriginal applicants. Applicants wanting to be considered for these seats must self-identify as Aboriginal on their application, and are encouraged to apply during early admission.

Contacts and websites to visit for more information:

College of Midwives of Alberta

215, 1935 – 32 Avenue NE
Calgary AB T2E 7C8
403-474-3999
info@college-midwives-ab.ca
www.cmbc.bc.ca

Alberta Association of Midwives

Suite 166, #63, 4307 – 130 Avenue SE
Calgary AB T2Z 3V8
403-214-1882
info@alberta-midwives.com
www.alberta-midwives.com

Mount Royal University Midwifery Program

4825 Mount Royal Gate SW
Calgary AB T3E 6K6
888-240-7201 or 403-440-8574
midwifery@mtroyal.ca
www.mtroyal.ca/ProgramsCourses/FacultiesSchoolsCentres/
HealthCommunityStudies/Programs/BachelorofMidwifery

Aboriginal Midwifery and Midwifery Fact Sheet

MANITOBA

Overview

Midwives in Manitoba are autonomous health providers employed by Regional Health Authorities (RHAs). Midwives work in community, birth center, hospital, and home settings. In 2014, there were 38 midwives working across the province. Midwifery services are funded by Manitoba Health.

Regulation

Midwifery in Manitoba is regulated under the Midwifery Act and the Midwifery Regulation. Since 2000, midwives must register with the College of Midwives of Manitoba (CMM) in order to practice.

There are three routes to registration: graduation from an approved education program; registration in another approved province; and completion of an approved assessment or bridging program for internationally educated midwives.

By mandate, there is a Standing Committee on Issues Related to Midwifery Care to Aboriginal Women that advises the CMM.

Association

The Midwives Association of Manitoba (MAM) is the professional association for midwives in Manitoba. MAM works to grow and support midwifery in Manitoba, including providing a voice for midwives and continuing education opportunities.

Funding

Midwives are employees of RHAs, four of which currently provide midwifery services. All midwives are paid an annual salary and are members of a union, which differ by RHA. The employer pays for expenses and some benefits. It is also possible to set up a private

practice; however, at present there are no registered midwives in private practice in Manitoba. Midwives working privately charge clients directly for services and are responsible for paying all of their own expenses including insurance coverage in order to register with the CMM.

Education

Since 2006, the University College of the North (UCN) had offered the *kanaci otinowawosowin* (Aboriginal Midwifery) Baccalaureate Program (KOBP). KOBP offered an approach to midwifery education that blended Aboriginal teachings with Western midwifery knowledge. However, the future of the program is unclear at the moment, as intakes for 2014 have been cancelled.

For internationally educated midwives who wish to be recognized and be able to practice in Manitoba, UCN offers “Pathways to Midwifery” and funding has been announced for the Multi-Jurisdictional Midwifery Bridging Program (MMBP). These programs are assessment, orientation and bridging processes for qualified midwives educated outside of Canada who wish to practice in Manitoba.

Contacts and websites to visit for more information:

College of Midwives of Manitoba

235-500 Portage Avenue
Winnipeg MB R3C 3X1
204-783-4520
admin@midwives.mb.ca
www.midwives.mb.ca

Midwives Association of Manitoba

Box 3973 Redwood Post Office
Winnipeg MB R2W 5H9
info@midwivesofmanitoba.ca
www.midwivesofmanitoba.ca

University College of the North *kanaci otinowawosowin*

Baccalaureate Program
204-946-0440
midwifery@ucn.ca
www.ucn.ca/sites/academics/
midwifery/Pages/Midwifery.aspx

Aboriginal Midwifery and Midwifery Fact Sheet

SASKATCHEWAN

Overview

Midwives in Saskatchewan are autonomous health providers employed by Regional Health Authorities (RHAs). Midwives work in community, hospital, and home settings. In 2014, there were 14 midwives working in the province. Midwifery services are funded by Saskatchewan Health.

Regulation

Midwives are regulated under The Midwifery Act, The Midwifery Regulations, The Midwifery Administration Bylaws, and The Midwifery Regulatory Bylaws. Since 2008, midwives must register with the Saskatchewan College of Midwives in order to practice. There are five approved routes to registration: graduation from an approved education program; registration in another province; and three programs for internationally educated midwives.

Saskatchewan legislation does not mention Aboriginal Midwifery. However, there is an interest in returning birth to communities by organizations such as the Federation of Saskatchewan Indian Nations and the Prince Alberta Grand Council. The All Nations Healing Hospital in Fort Qu'Appelle employs a midwife and provides care to First Nations communities.

Association

The Midwifery Association of Saskatchewan supports the profession of midwifery, works to expand midwifery services into more areas of the province, and provides information on midwifery services to the public.

Funding

Midwives are employees of RHAs. Currently three RHAs and one First Nations hospital provide midwifery services. Midwives are paid an annual salary. It is also possible to set up a private practice; however, currently there are no registered midwives in private practice in Saskatchewan. Midwives working privately charge clients directly for services.

Education

There is currently no education program located in Saskatchewan.

Contacts and websites to visit for more information:

Saskatchewan College of Midwives

P.O. Box 32097
Regina SK S4N 7L2
306-781-1352
admin@saskmidwives.ca
www.saskmidwives.ca

Midwives Association of Saskatchewan

All Nations' Healing Hospital
P.O. Box 300
Fort Qu'Appelle SK S0G 1S0
306-332-2673 or 306-332-3622
debbie.vey@rqhealth.ca
www.saskatchewanmidwives.com

Aboriginal Midwifery and Midwifery Fact Sheet

NORTHWEST TERRITORIES

Overview

Midwives in the Northwest Territories (NWT) are autonomous health providers employed by Health and Social Services (HSS). Midwives work in community, hospital, and home settings. In 2014, there were three midwives working in the NWT. Midwifery services are funded through the NWT Health Care Plan.

Regulation

Midwifery is regulated under the Midwifery Profession Act and a number of regulations. Since 2005, midwives must register with NWT's Health Professional Licensing Department in order to practice. To register, applicants must be registered or eligible to be registered in a province.

Aboriginal Midwifery is not recognized in NWT regulation. However, the Standards of Practice for Registered Midwives in the NWT mentions honouring "traditional and cultural birth practices," and striving "to understand the wisdom of Elders' teachings and the contributions of traditional midwifery."

Association

The Midwives Association of the NWT provides a framework for communication and support among midwives in the region.

Funding

Midwives are autonomous health providers employed by HSS. They are paid an annual salary and an annual Northern Allowance. The employer pays for expenses and some benefits. Midwives are members of the Union of Northern Workers.

Education

There are currently no midwifery education programs in the NWT.

Contacts and websites to visit for more information:

Northwest Territories' Health Professional Licensing Department

Registrar, Professional Licensing
Department of Health and Social Services
8th Floor Centre Square Tower
P.O. Box 1320
Yellowknife NT X1A 2L9
867-920-8058
professional_licensing@gov.nt.ca
www.hss.gov.nt.ca/professional-licensing/midwifery

Midwives Association of the NWT

P.O. Box 995
Fort Smith NT X0E 0P0
867-872-6253
midwives@gov.nt.ca or midwives.nwt.nu@auroranet.nt.ca

Aboriginal Midwifery and Midwifery Fact Sheet

NOVA SCOTIA

Overview

Midwives in Nova Scotia are autonomous health providers employed by District Health Authorities (DHAs) and the IWK Health Centre. Midwives work in community, hospital, and home settings. In 2014, there were ten midwives working in two locations in the province. Midwifery services are funded through Nova Scotia Medical Services Insurance (MSI).

Regulation

Midwives are regulated under the Midwifery Act and the Midwifery Regulations. Since 2009, midwives must register with the Midwifery Regulatory Council of Nova Scotia in order to practice. There are three routes to registration: graduation from an approved education program; registration in another province; and a bridging program for internationally educated midwives.

There is no separate clause for Aboriginal Midwifery in the Midwifery Act. However, there is a project in development to consult with the Mi'kmaq communities of Cape Breton on culturally appropriate midwifery models.

Association

The Association of Nova Scotia Midwives promotes the growth of the profession of midwifery and supports midwives within the region. The Midwifery Coalition of Nova Scotia is a consumer advocacy group whose goal is for midwifery services to be available to all women and to have these services covered by MSI.

Funding

Midwives are autonomous health providers employed by DHAs and the IWK Health Centre. Midwives are paid an annual salary. The employer pays for expenses and some benefits. It is also possible to set up a private practice; however, at present there are no registered midwives in private practice in Nova Scotia. Midwives working privately charge clients directly for services and are responsible for paying all of their own expenses.

Education

There are currently no midwifery education programs in Nova Scotia or in any of the Atlantic provinces.

Contacts and websites to visit for more information:

Midwifery Regulatory Council of Nova Scotia

P.O. Box 488
1894 Barrington Street
Halifax NS B3J 2A8
902-424-3218
Anne.Jackman@gov.ns.ca
www.mrcns.ca

Association of Nova Scotia Midwives

18 Grimm Road, RR 2
Lunenburg NS B0J 2C0
902-640-3068 or 902-634-7375
info@novascotiamidwives.ca
www.novascotiamidwives.ca

The Midwifery Coalition of Nova Scotia

P.O. Box 33028
Halifax NS B3L 4T6
midwiferycoalitionNS@gmail.com
www.chebucto.ns.ca/health/Midwifery

SECTION FOUR

Building Midwifery Services Closer to Home

In this section, practical information regarding the development of midwifery services will be discussed. The following two chapters outline midwifery education and some elements that may need to be considered when building a new practice.

The chapters are:

- CHAPTER 9

Midwifery Education

- CHAPTER 10

Building a Midwifery Practice

CHAPTER 9

Midwifery Education

There are many paths to becoming a midwife. Education is an essential part of restoring midwifery to Aboriginal peoples across Canada. This chapter provides information on midwifery education across Canada and looks at both the community-based midwifery education programs available in some Aboriginal communities, and university-based education programs.

ELEMENTS OF MIDWIFERY EDUCATION

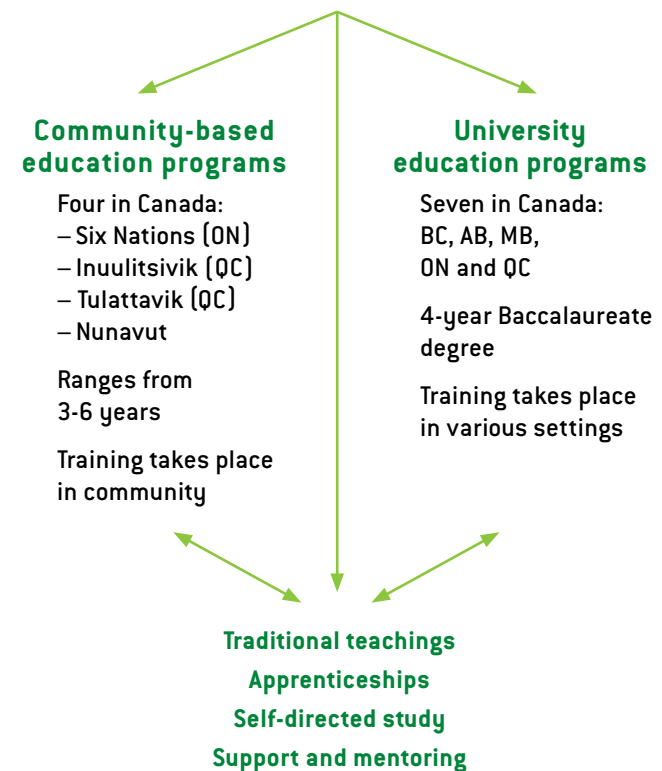
All midwifery education programs provide a combination of classroom-based or academic learning and clinical placements or apprenticeship in midwifery clinics. Midwifery education includes courses from the social sciences, humanities, and sciences. Teaching methods combine lectures, seminars, laboratories, distance learning, and mentorship. Regardless of the program you enter, midwifery education takes place in many settings, including a university or college campus, midwifery clinics, hospitals, and birth centres. Most midwifery programs expect that you will be willing to relocate for parts of your education program.

Midwifery education gives students the opportunity to develop both the hands-on clinical skills and theoretical knowledge necessary to be primary caregivers for women, babies, and their families throughout pregnancy and the first six weeks postpartum.

OVERVIEW OF COMMUNITY-BASED PROGRAMS

There are currently four community-based programs, offered in four Aboriginal communities in Canada. For more information, please contact the programs directly.

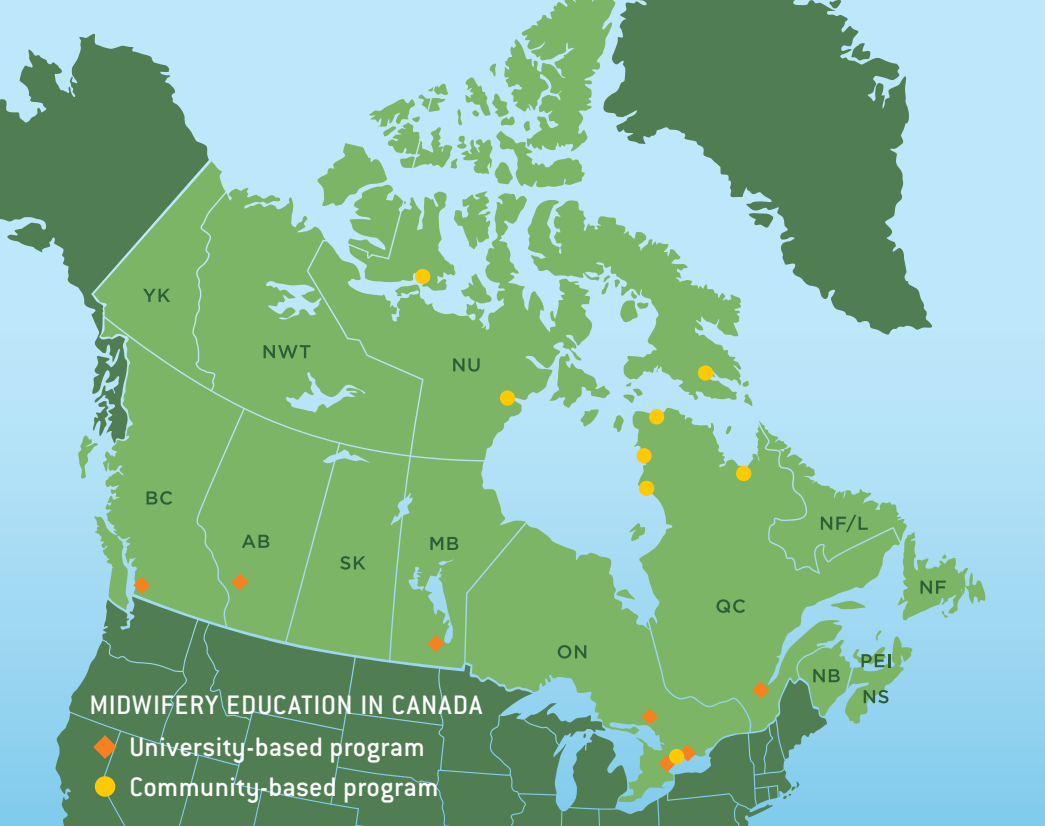
PATHWAYS TO BECOMING A MIDWIFE



Tsi Non:we lonnakeratstha Ona:grahsta' Aboriginal Midwifery Training Program, Ontario

www.snhs.ca/BirthingCentre.htm

The Tsi Non:we lonnakeratstha Ona:grahsta' Aboriginal Midwifery Training Program is four years in length, and consists of tutorials that address Aboriginal women's unique health issues. The program combines western obstetrical practices and standards with traditional Aboriginal practices and standards. All training components are completed at the Maternal and Child Centre with Aboriginal midwife instructors.



Nunavut Midwifery Education Program, Arctic College, Nunavut

www.arcticcollege.ca

The Midwifery Diploma Program is offered in partnership with the Department of Health and Social Services, and prepares graduates to enter into midwifery practice in Nunavut. Prior to the Midwifery Diploma Program, students complete the Maternity Care Certificate Program. The program introduces students to the cultural, spiritual, and traditional practices of Inuit midwives and is also designed to reflect the goals, values, and ethical codes established as territorial and national standards and regulations. It is expected that graduates from the program will be able to meet standards set by the Canadian Midwifery Regulatory Committee (CMRC) and provide care that is culturally appropriate for and acceptable to the residents of Nunavut.

Inuulitsivik Community Midwifery Education Program, Nunavik, Quebec

www.inuulitsivik.ca

The program is an academic and clinical education program for Inuit women working in their own communities on the Hudson Bay Coast of Nunavik (Northern Quebec). The program uses a modular, competency-based curriculum. The program emphasizes learning in ways appropriate to Inuit culture, including learning in the Inuktitut language, and focuses on the role of the midwife in community health, especially in the areas of sexual health and well woman care. This program is offered through maternity programs in three health centres on the Hudson Bay coast in Quebec.

Tulattavik Community Midwifery Education Program, Nunavik, Quebec

www.ungava.info/images/doc_1216957652_5105.pdf

This new program just started in August 2013. It is an academic and clinical education program for Inuit women working on the Ungava Bay Coast of Nunavik (Northern Quebec). Like the Inuulitsivik program, it uses a modular, competency-based curriculum. The program emphasizes learning in ways appropriate to Inuit culture, and focuses on the role of the midwife in community health, especially in the areas of sexual health and well woman care. This program is offered in Kuujjuaq on the Ungava Bay coast in Quebec.

OVERVIEW OF UNIVERSITY-BASED PROGRAMS

The midwifery education program is a direct entry (no previous degree or health care training required), four-year baccalaureate program. There are seven university-based midwifery education programs available in Canada. Most programs administer exams recognized by their respective provincial regulatory bodies. There also exist bridging programs for midwives who have been trained in other countries and other jurisdictions to become registered within Canadian provinces and territories. For a list of university education programs, see Chapter 8.

CONSIDERING MIDWIFERY EDUCATION

Before you choose to apply for a midwifery education program, you may want to consider the following questions:

- Does the program require you to relocate for courses or placements? How often?
- Will the program you choose meet the requirements for registration as a practicing midwife in your province or territory once you are graduated?
- What kind of clinical placements does the program have?
- What birth settings will you be able to experience?
- How much will the program cost, including tuition and living expenses? Will you be eligible for financial support?
- What Aboriginal student support resources are available at the university or college?
- Do you have a strong support system to help you along the way?

Building a Midwifery Practice

A community's vision and a strong foundation are essential to building a midwifery practice. There is a vast diversity of settings for midwifery care in Aboriginal communities, and as such, each community's needs and requirements will be different. In this section, a business plan and evaluation tools are briefly discussed.

DEVELOPING A BUSINESS PLAN

Here are a few of the main parts of a business plan:

Establish Program Needs

- Establish the need for the clinic, including a gap analysis and a strategic plan for services.
- Describe the physical space of the clinic, its size, and its accessibility and proximity to different services.
- Establish the human resources needed, like the number of midwives, registered nurses, and other support staff.
- Provide a description of how many families are anticipated to use the midwifery clinic. To find this information, please refer to Section 2, Chapter 7 (p. 2-23).

Identify Funding Sources

Funding resources are dependent on where the midwifery practice is located. Unfortunately, challenges to establishing midwifery in some settings remain. Here are three examples of Aboriginal midwifery practices and their funding arrangements:

- Registered midwives work in the provincial or territorial model of service delivery and are paid by the province or territory.

- Midwives working under an exemption clause, like in Ontario, may be funded through alternate provincial mechanisms. In Ontario, the Aboriginal Healing and Wellness Strategy has provided funding for Aboriginal midwifery.
- Comprehensive Land Claims Agreements often have sections outlining self-governance over health care services – in Nunavik, for example – which have led to the provision and funding of midwifery services.

Identify Clinic Activities and Organization

- Include activities like external consultations, clinics, and classes for women and their families.
- Clinic rooms, offices, utility rooms, and storage space are required. Waiting areas, space for children, a bathroom, community rooms, and additional office space are also very common in a midwifery practice. Some practices have a living room, kitchen, and birthing rooms.
- Describe how to access midwifery and clinic staff, including office hours, phone and pager systems.

BUDGET

Administrative Costs	
Midwives' salaries	Continuing education
Support staff	Professional insurance
Transportation costs	
Medical Equipment	
Birth bag	Prenatal bag
Birth stool	Blood pressure kit
Doppler	Fetoscope
Ophthalmoscope	Stethoscope – adult and infant
Infant resuscitation kit	Oxygen tank (includes 2 tanks with 2 adjustable regulators and 1 backup tank)
Portable suction	Hanging scale (2 slings)
Small breast pump	Headlamp or flashlight
Tweezers	Thermometer
Speculum	2 sets of birth instruments each having: 2 forceps/clamps, 1 episiotomy scissors, 1 cord scissors, 1 ring forceps
2 sets of suturing instruments each having: 1 needle driver/holder, 1 suture scissors, 1 tissue forceps, 1 mosquito forceps,	1 set of suture removal instruments having: 1 suture removal scissors, 1 mosquito forceps, 1 large needle driver (if suturing instruments have small one)
Reflex hammer	Bag for storing and hanging IV equipment
Bedpan (slipper pan) – autoclavable	Heating source/heating pad
Emesis basin	Instrument tray and cover
Resuscitation equipment: newborn pulse oximeter, flow inflating bag, pressure gauge	Autoclave
Non-Medical Equipment	
Chairs	Coffee tables
Bookshelves	Desks
Books	Educational CDs and DVDs
Computers	Phone system
Cell phones and pagers	IT server
Photocopier	Fax machine
Linens	Bathroom and cleaning supplies
Promotional materials	

MIDWIFERY EVALUATION

Incorporate evaluation measures alongside the start of a midwifery practice. Evaluation measures help guide the direction of a practice so that goals are achieved. Funding agencies will also require this information as part of its reporting requirements.

Here is an example of an evaluation tool that contains quantitative and qualitative information.

Project: NWT Midwifery Practice / Fort Smith

Goal: Women in the community, with their babies and families, have healthy and empowering pregnancy, birthing, and postpartum experiences.

Objectives	Inputs	Activities	Outputs	Outcomes	Final Outcomes
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An **objective** is a specific, measurable description of an intended outcome.¹

Inputs are “the financial, human, and material resources used in a program or intervention.”²

Activities are “actions taken or work performed through which inputs such as funds, technical assistance, and other types of resources are mobilized to produce specific outputs.”³

Outputs are “the immediate effects of program or intervention activities; the direct products or deliverables of program or intervention activities.”⁴

1 http://socrates.berkeley.edu/~pbd/pdfs/Evaluation_Terminology.pdf

2 http://www.unaids.org/en/media/unaids/contentassets/documents/document/2010/7_1-Basic-Terminology-and-Frameworks-MEF.pdf

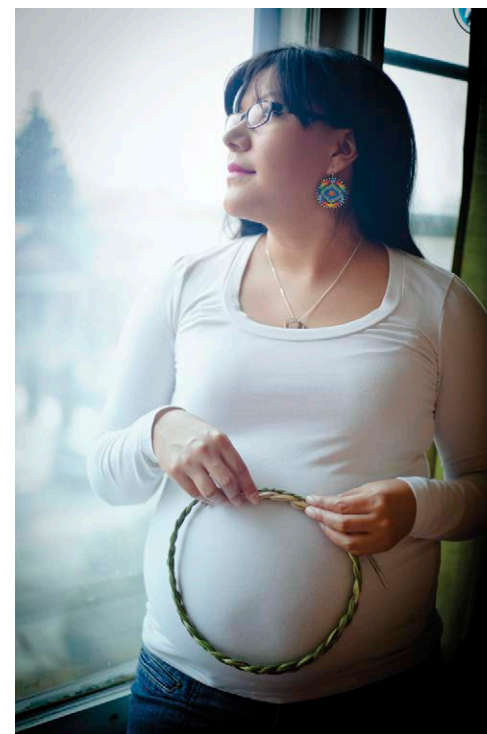
3 *ibid*

4 *ibid*

Outcomes are the results/effects expected by implementing strategies.⁵ Outcomes can be short-medium term outcomes (1-4 years) and long-term outcomes (5-10 years). Long-term outcomes reflect the fundamental changes in a community to take into account broader issues than the midwifery program (OMCEP, 2006).

CONCLUSION

Each community will need to tailor their own business plan and evaluation tools to ensure a community’s vision of a midwifery practice is realized.



5 http://socrates.berkeley.edu/~pbd/pdfs/Evaluation_Terminology.pdf

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Aboriginal Peoples

Section 35(1) of the Constitution Act, 1982 states that the Aboriginal peoples of Canada are the Indian, Inuit, and Métis peoples. These peoples are the descendants of the original inhabitants of North America and they have unique heritages, languages, cultural practices and spiritual beliefs. Their common linkage is their Indigenous ancestry.

Aboriginal Rights

These are rights that some Aboriginal peoples in Canada hold as a result of their ancestors' long-standing use and occupancy of the land. The rights of certain Aboriginal peoples to hunt, trap, and fish on ancestral lands are examples of Aboriginal rights recognized either through treaties or formal agreements. Aboriginal rights vary from group to group depending on the customs, practices and traditions that form part of the group's distinctive culture.

Autonomous Practice

The midwife is responsible for all care she/he provides and decisions she/he makes during the course of pregnancy, labour, delivery, and postpartum. The care and decisions are not delegated from, directed by or supervised by any other care provider.

Client

The woman to whom the midwife provides care. In order to emphasize that women are the primary decision-makers, midwives in Canada have collectively chosen not to use the term "patient".

Clinical Preceptor

A clinical preceptor is an experienced midwife who teaches, monitors, and evaluates the work of a student midwife during a clinical placement as part of a midwifery education program.

College

A professional regulatory authority, or in other words, the organization authorized by law to regulate a specific profession; it ensures that the public is protected against incompetent or unethical practitioners.

Competency

A list of the knowledge, skills, and abilities required of a midwife. Each province and territory has its own competency statement and has endorsed the national document (the Canadian Competencies for Midwives).

Continuity of Care

The practice of ensuring that a woman knows her midwives and receives care from the same midwife, or small group of midwives, throughout pregnancy, labour, birth, and the postpartum period. These midwives

¹ This list has been compiled and modified from a number of glossary of terms, including the Canadian Midwifery Regulators Consortium, the International Confederation of Midwives, and University of Manitoba, Office of University Accessibility.

share a similar approach and philosophy of care, and collaborate together. To facilitate continuity of care, midwives strive to ensure that one of the midwives known to the woman is on-call and available 24 hours a day throughout her course of care.

Course of Care

Midwifery care provided to a woman and her newborn from early pregnancy throughout the antepartum, intrapartum, and postpartum periods, up to six weeks postpartum.

Elder

An Elder is a person, female or male, who is accepted by an Aboriginal community as possessing knowledge of oral sacred traditions, ceremonies, and sacred wisdom. They are the teachers and counsellors of the people and must be treated with respect at all times.

Entry-level midwife

A midwife who has completed her midwifery education and met provincial/territorial requirements to start practicing in Canada, in the full scope of practice, without supervision requirements on her/his registration.

Evidence-based practice

Clinical practice which incorporates careful consideration of current maternity care research, community standards, and the provision of relevant, non-biased, and comprehensive information that includes this research evidence to clients to support their decision-making.

First Nation

In practice, this is the modern term used to refer to a registered or treaty Indian Band established under the authority of the Indian Act (1876).

Health

The World Health Organization's definition is a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Hospital Birth

A birth conducted by a midwife in a hospital setting.

Hospital Privileges

Membership in a hospital staff that is granted to a health professional under the hospital's bylaws allowing that professional (usually a primary caregiver such as a doctor, dentist, or midwife) to treat a patient or client within that specific hospital. Under their hospital privileges midwives can practice midwifery to women and newborns in hospital.

Indigenous Knowledge

Indigenous knowledge refers to the understandings, skills, and philosophies developed by societies with long histories of interaction with their natural surroundings. For rural and indigenous peoples, local knowledge informs decision-making about fundamental aspects of day-to-day life. This knowledge is integral to a cultural complex that also encompasses language, systems of classification, resource use practices, social interactions, ritual and spirituality.

Informed Choice

The woman's right to make informed decisions about her care. For the midwife, this decision-making process involves taking time with the woman, listening to her questions and concerns, providing her with clear evidence-based information about the benefits and disadvantages of each choice she is considering, and supporting her in her decision-making.

Indigenous Peoples

Peoples who have a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, and consider themselves distinct from other sectors of societies now prevailing in those territories, or parts of them. They form at present non-dominant sectors of society and are determined to preserve, develop, and transmit to future generations their ancestral territories, and their ethnic identity, as the basis of their continued existence as peoples, in accordance with their own cultural patterns, social institutions, and legal systems.

Inuit

Northern Canadian Aboriginal peoples who have their homelands in the North West Territories, the Territory of Nunavut, Nunavik in Northern Quebec, and the Yukon Territory.

Métis

People born of, or descended from both European and First Nation parents. A Métis person is one who self-declares as a Métis, who is accepted by the Métis community as a Métis.

Midwifery philosophy

A statement of beliefs about the nature of midwifery education and midwifery practice.

Midwifery program

An organized, systematic, defined course of study that includes didactic and practical learning components needed to prepare competent midwives.

Midwifery stakeholder

Any person(s) or organization who influences or can be influenced by midwifery, the midwifery program's decisions and actions, and the provision of obstetrical care.

Ordre/Order

A professional regulatory authority, or in other words, the organization that regulates a specific profession and ensures that the public is protected against incompetent or unethical practitioners. Used only in Quebec; other provinces use the term College (see above).

Out-of-hospital birth

A birth conducted by a midwife in a setting out of the hospital.

Primary Midwife

The primary (principal) midwife is a midwife with complete, non-delegated, responsibility for the care of a woman and her newborn. The primary midwife is normally responsible for managing the labour and delivery. In cases where complications arise, the primary midwife makes the decision to transfer care, coordinates the transfer, collaborates with the health professional to whom she has referred her client, and provides supportive care after the transfer occurs. Supervised student midwives who act in the role of primary midwife are also included in this definition.

Register

The official list of registered midwives in a given province or territory.

Registered Midwife (RM)

Person who has been assessed and registered by a provincial or territorial midwifery regulatory authority and who has the right to call herself/himself a midwife and to act as a midwife. Also referred to as “Registrant” in some documents.

Registrar

The individual with overall responsibility for maintaining the Register of Midwives, thereby ensuring that all registered midwives are competent and safe practitioners.

Regulatory authority

A professional regulatory authority, or in other words, the organization that regulates a specific profession and ensures that the public is protected against incompetent or unethical practitioners. Also called “regulator.” This may be an independent College or Ordre/Order authorized by law to regulate the profession or a government department or other authority authorized by law.

Reserve

Blocks of land allotted for status/treaty Indians through provisions in the Indian Act (1876). These lands remain federal Crown Lands.

Second Midwife

The midwife who works with and supports the primary midwife at a given birth, particularly during the second stage, the delivery, and immediate postpartum. The second midwife often focuses on the immediate care of the newborn after the birth. Midwives performing the role of “second” also typically have their own clients for whom they are primary midwife. Second midwives are fully qualified midwives.

Self-determination

The right of a cohesive national group (“peoples”) living in a territory to choose for themselves a form of political and legal organization for that territory.

Well-being

A person’s freedom to live and work in an environment that promotes one’s basic human rights.

Vital Statistics Offices

ALBERTA

Alberta Residents:
Apply in person through
the Registry Agent Network
Outside AB: 780-427-7013
Edmonton: 780-427-7013
Toll Free: 310-0000,
then dial 780-427-7013
(Alberta only)
www.servicealberta.gov.ab.ca
VitalStatistics.cfm
Non-residents:
Apply through Registry Connect
202-1003 Ellwood Rd SW
Edmonton AB T6X 0B3
Telephone: 780-415-2225
Fax: 780-415-2226
Email: registry.connect@aaara.ca

BRITISH COLUMBIA

Vital Statistics Agency
P.O. Box 9657 Stn Prov Govt
Victoria BC V8W 9P3
Telephone: 250-952-2681
Fax: 250-952-9074

MANITOBA

Vital Statistics Agency
254 Portage Avenue
Winnipeg MB R3C 0B6
Telephone: 204-945-3701
Toll free: 1-866-949-9296
Fax: 204-948-3128
vitalstats.gov.mb.ca

NEW BRUNSWICK

Service New Brunswick Vital Statistics
P.O. Box 1998
Fredericton NB E3B 5G4
Telephone: 506-453-2385
Toll Free [within N America]:
1-888-762-8600
Fax: 506-444-4139

NEWFOUNDLAND/LABRADOR

Vital Statistics Division
P.O. Box 8700
St. John’s NL A1B 4J6
Telephone: 709-729-3308
Fax: 709-729-0946

NORTHWEST TERRITORIES

Registrar General of Vital Statistics
Bag 9
Inuvik NT X0E 0T0
Telephone: 867-777-7420
Telephone [Toll Free]: 1-800-661-0830
Fax: 867-777-3197

NOVA SCOTIA

Service Nova Scotia Vital Statistics
P.O. Box 157
Halifax NS B3J 2M9
Telephone: 902-424-4381
Telephone [Toll Free within NS]:
1-877-848-2578
Fax: 902-424-0678

NUNAVUT

Nunavut Health and Social Services
Bag 003
Rankin Inlet NU X0C 0G0
Telephone: 867-645-8002
Telephone [Toll Free within NU]:
1-800-661-0833
Fax: 867-645-8092

ONTARIO

Office of the Registrar General
P.O. Box 4600 189 Red River Road
Thunder Bay ON P7B 6L8
Telephone: 416-325-8305
Telephone [Toll Free outside Ontario]:
1-800-461-2156
Fax: 807-343-7459

Vital Statistics Offices *continued*

PRINCE EDWARD ISLAND

Vital Statistics
126 Douses Road
Montague PE C0A 1R0
Telephone: 902-838-0880
Telephone (Toll Free): 1-877-320-1253
Fax: 902-838-0883

QUEBEC

Le Directeur de l'État civil
2535, boulevard Laurier, local RC.01
Québec QC G1V 5C6
Telephone: 418-643-3900
Fax: 418-691-2418 or 418-643-4129

SASKATCHEWAN

Vital Statistics
1301 1st Avenue
Regina SK S4R 8H2
Telephone: 306-798-0641
Telephone (Toll Free): 1-866-275-4721
Fax: 306-787-2288

YUKON TERRITORY

Vital Statistics
P.O. Box 2703
Whitehorse YT Y1A 2C6
Telephone: 867-667-5207
Telephone (Toll Free Yukon only): 1-800-661-0408
Fax: 867-393-6486

First Nations and Inuit Health Regional Offices

NORTHERN REGION

Regional Executive
Health Canada Northern Region
2936 Baseline Road
4th Floor, Tower A, Qualicum
Ottawa ON K1A 0K9
Telephone: 613-946-8081 (Main number for Northern Region – Ottawa)
Toll Free: 1-866-509-1769 (Northern Region)
Toll Free: 1-866-225-0709 (Government of Canada)

PACIFIC REGION

Regional Executive
First Nations and Inuit Health Branch
Health Canada
Federal Building, Suite 540
757 West Hastings Street
Vancouver BC V6C 3E6
Telephone: 604-666-3235
Fax: 604-666-6024
Toll Free: 1-866-225-0709

ALBERTA REGION

Regional Executive
First Nations and Inuit Health Branch
Health Canada
9700 Jasper Avenue, Suite 730
Edmonton AB T5J 4C3
Telephone: 780-495-2703
Fax: 780-495-2687
Toll Free: 1-866-225-0709

SASKATCHEWAN REGION

Regional Executive
First Nations and Inuit Health Branch
Health Canada
2045 Broad Street, 5th Floor
Regina SK S4P 3T7
Telephone: 306-780-5414
Fax: 306-780-7733

First Nations and Inuit Health Regional Offices *continued*

MANITOBA REGION

Regional Executive
First Nations and Inuit Health Branch
Health Canada
391 York Avenue, Suite 300
Winnipeg MB R3C 4W1
Telephone: 204-983-4199
Fax: 204-983-0079
Toll Free: 1-866-225-0709

ONTARIO REGION

Regional Executive
First Nations and Inuit Health Branch
Health Canada
1547 Merivale Road
Nepean ON K1A 0L3
Telephone: 613-952-0087
Fax: 613-952-5748
Toll Free: 1-866-225-0709

QUEBEC REGION

Regional Executive
First Nations and Inuit Health Branch
Health Canada
Guy-Favreau Complex, East Wing, Room 202
200 René-Lévesque Boulevard West
Montreal QC H2Z 1X4
Telephone: 514-283-4774
Fax: 514-283-7392
Toll Free: 1-866-225-0709

ATLANTIC REGION

Regional Executive
First Nations and Inuit Health Branch
Health Canada
Maritime Centre, Suite 1816
1505 Barrington Street
Halifax NS B3J 3Y6
Telephone: 902-426-6201
Fax: 902-426-8675
Toll Free: 1-866-225-0709



www.aboriginalmidwives.ca/toolkit

59 Riverview, Montreal, QC H8R 3R9

514-807-3668

Fax: 514-738-0370

nacm@canadianmidwives.org



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