NCIM
NATIONAL COUNCIL of INDIGENOUS MIDWIVES

Position Statement on Evacuation for Birth

The National Council of Indigenous Midwives (NCIM) strongly condemns the routine and blanket evacuation of pregnant people for birth and demands the return of birthing services to all Indigenous communities. It is unacceptable that people must leave their communities and travel to large and usually southern centres to access maternity care services.[1]

NCIM strongly advocates for the return of birth to all Indigenous, remote, and rural communities in Canada. It is vital that Indigenous Peoples are surrounded with all the love and support possible, which includes their families, community members, and the land.[2] Giving birth in community is safe; communities under the care of a community midwifery program with careful risk screening can have better health outcomes than communities which have a blanket evacuation policy.[3]

NCIM recognizes that some people will need to leave their community to give birth. However, the routine and blanket evacuation for all births is one factor that contributes to poorer birth outcomes for Indigenous Peoples. Evacuation for birth exposes Indigenous Peoples to the systemic bias, racism, and trauma that is part of Canadian health care systems and continues the trauma of colonization.[4,5,6]

NCIM affirms that Indigenous Peoples have an inherent right to birth in our communities and on the land. As Indigenous midwives, it is our right and responsibility to revitalize Indigenous birth ceremonies, knowledges, and languages to counter Canada's colonial path of purposeful and aggressive erasure of our Peoples. We actively assert our inherent rights as Indigenous Peoples and as Indigenous midwives.

NCIM strongly asserts Indigenous midwives are key to the restoration of community birth. We are visibly present and engaged in health care systems across the country and provide clinically excellent care to our community members. We advocate for reproductive care that builds strong Indigenous families and communities and develops relationality. We work towards respectful, inclusive, and reciprocal relationships with Indigenous families, Indigenous care providers, and other health care providers so that Indigenous Peoples, families, and communities can achieve optimum health and wellness.

RECOMMENDATIONS

1. NCIM calls for the immediate return of reproductive care and birth to Indigenous lands and communities as quickly and safely as possible. Having a trained and qualified professional provide reproductive care in the community creates better health outcomes.
2. NCIM calls on all levels of government, health care organizations, and educational institutions to engage and provide equitable funds to Indigenous midwives. Increasing the number of Indigenous midwives and midwifery-led practices will bring birth back to as many communities as possible.
3. NCIM calls on all Midwifery Education Programs (MEP) to establish and recognize Indigenous core competencies for Indigenous students and educators for the development of community-based education programs for Indigenous midwives.
4. NCIM calls on national, provincial, and territorial midwifery associations and colleges to continue their support of expanding Indigenous midwifery in their jurisdictions.
5. NCIM recognizes that some people will need to leave their community to give birth and that, with optimal support, communities will self-determine their individual needs and readiness. In the interim period of restoration of community birthing services, NCIM supports Indigenous midwives who engage with medical referral centres and advocates for the recognition of barriers to equitable health services and systemic changes needed to achieve optimum health and wellness.

NCIM calls for immediate actions to create the following conditions for evacuated families:

- Establish and maintain communication links between caregivers in the home community and referral centre;
- Create linkages to a complete range of support services in the referral centres including legal, financial, spiritual, informational and system navigation, advocacy, education, and counselling;
- Establish medical housing facilities in the referral centres that are safe, comfortable, culturally reflective, and can accommodate family needs. Complete support services must be accessible at or through the housing facility in a variety of Indigenous languages;
- Provide an assigned companion in the referral centres available to each person and family to provide information and emotional and physical support during the period of transition to parenthood. An ideal companion is an Indigenous doula;
- Provide financial support for hardship incurred by travelling for birth, such as childcare expenses, family visitation in cases of extended absence, and escort costs, including employment compensation, meals, transportation, and communication costs. Breastfeeding babies and young children or children with special needs must have funded accommodation and travel;
- Maintain the client as an active participant in planning for place of birth, primary caregiver, and travel arrangements. This includes scheduling travel according to individual postpartum needs and adjustments, such as prioritizing the establishment and support of breastfeeding and
- Ensure the referral centre staff who care for evacuated parents and families are trained in cultural safety, evacuation procedures, and know the services available to evacuated clients and their families.

REFERENCES

1. Lawford, K. (2016). Locating invisible policies: Health Canada's evacuation policy as a case study. *Atlantis: Critical Studies in Gender, Culture & Social Justice, 37, 2*(2), 147-160.

2. Lawford, K., & Giles, A.R. (2012). An analysis of the evacuation policy for pregnant First Nations women in Canada. *AlterNative, 8(*3), 329-342.

3. Van Wagner, V., & Epoo, B. (2019, April 27). Perinatal outcomes for the Innulitsivik Midwifery Service in Nuanvik, 2000-2015. Presented at Maternal and Paediatric Challenges in the Arctic Conference, Iqaluit, Nunavut

4. Kornelsen, J., Kotaska, A., Waterfall, P., Willie, L., & Wilson, D. (2010). The geography of belonging: The experience of birthing at home for First Nations women. *Health & Place, 16(*4), 638-645.

5. Varcoe, C., Brown, H., Calam, B., Harvey, T., & Tallio, M. (2013). Help bring back the celebration of life: A community-based participatory study of rural Aboriginal women's maternity experiences and outcomes. *BMC Pregnancy and Childbirth, 13*(1), 1.

6. Olson, R. (2013). *Relocating childbirth: The politics of birth place and Aboriginal midwifery in Manitoba, Canada* (Unpublished doctoral dissertation). University of Sussex, Brighton, U.K.

ADDITIONAL RESOURCES

Darling, L., Lawford, K., Wilson, K., Kryzanauskas, M., & Bourgeault, I. (2018). Distance from homebirth to emergency obstetrical services and neonatal outcomes: A cohort study. *Journal of Midwifery & Women's Health, 64*(2), 170-178. doi: 10.1111/jmwh.12896

Grzybowski, S., Stoll, K., & Kornelsen, J. (2011). Distance matters: A population-based study examining access to maternity services for rural women. *BMC Health Services Research, 11*(1), 147.

Lawford, K.M., Giles, A.R., & Bourgeault, I.L. (2018). Canada's evacuation policy for pregnant First Nations women: Resignation, resilience, and resistance. *Women and Birth 31*(6), 479-488. doi: 10.1016/j.wombi.2018.01.009

Lawford, K., & Giles, A.R. (2012). Marginalization and coercion: Canada's evacuation policy for pregnant First Nations women who live on reserves in rural and remote regions. *Pimatisiwin, 10*(3), 327-340.