Restoring Midwifery and Birth WORKBOOK

Created by the National Aboriginal Council of Midwives

INTRODUCTION

Welcome! This workbook is to help you start the path of restoring midwifery and birth to your community or Nation. It is designed to help you understand and work with some of the issues that are likely to arise and to provide ideas and space for your own reflections.

There are six sections:

You will find that each of these topics are interwoven and that sometimes addressing a challenge in one area can also address challenges in other areas.

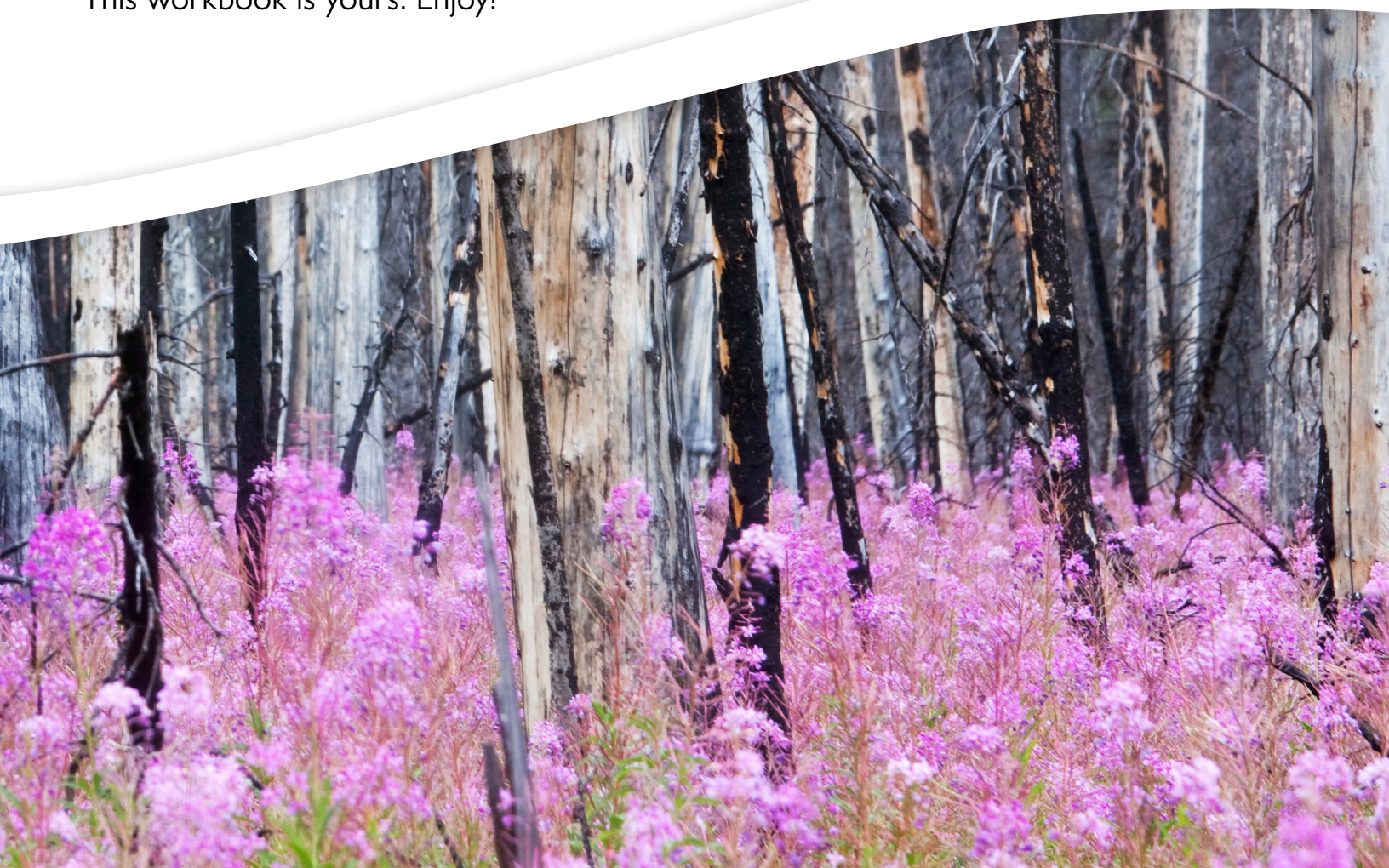
We hope this workbook helps you to place your community within the bigger picture and that you can strategize your approach to restoring midwifery and birth. Every community and Nation has a unique process for returning birth and midwifery, and each midwife has their own path. There is also much that is shared among communities and Nations doing this work. We invite you to use this workbook in any way that is supportive and helpful, and to reach out to NACM as you feel the need.

USING THE WORKBOOK

- **Electronically:** this document is a fillable pdf format that you can complete online or download. Hyperlinks are included for easy navigation to resources that are mentioned. You may like to do some of the activities by hand, in which case you can print out those particular pages.
- **In print:** the workbook is printer-friendly and includes QR codes that you can scan with your smartphone to be directed to the resources that are mentioned. All of these links are listed in Appendix 1.

We have intentionally left out lines in the answer boxes to make room for doodling and scribbling.

This workbook is yours. Enjoy!



A NOTE ON THE TERMS WE USE

Many words describe the various geographic, political and social contexts in which Indigenous people and peoples call home. We have chosen to use the terms community or Nation to capture as many of these as possible and to recognize the rights to self-determination, sovereignty, and nationhood.

We are clear when we discuss issues that are contextually specific, such as Inuit villages, etc.

The term Indigenous includes Métis, Inuit and First Nations, keeping in mind the diverse Indigenous kinship, social and political systems from coast to coast to coast in rural, remote and urban settings.

This workbook has been inspired by the many people we have worked with who are dedicated to the restoration of Indigenous midwifery and birth in their communities and Nations.

Warm thanks to Evelyn Harney George (writer and Community Engagement Lead), Mandy Commonda, Tracy Lovett, Christine Roy, Anthony Johnson, Ellen Blais, Carol Couchie and Jasmine Chatelain (reviewers), Levi George (designer), and Melody Markle (cover page artwork). This publication was made possible through partnership and funding with First Nations and Inuit Health Branch.

NACM
NATIONAL ABORIGINAL COUNCIL OF MIDWIVES

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The National Aboriginal Council of Midwives (NACM) exists to promote excellence in reproductive health care for Inuit, First Nations, and Métis people.

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

Indigenous Midwives enable access to culturally-safe sexual and reproductive health care for Indigenous families, the return of birth to Indigenous communities, and a reduction in the number of medical evacuations for births in remote areas.

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

More information about NACM and what we do can be found at ***indigenousmidwifery.ca.***

ABOUT MIDWIFERY

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Indigenous midwives from coast to coast to coast are returning midwifery and birth to Indigenous communities and building community wellness from pre-conception through to Elderhood.

An Indigenous midwife is a committed primary health care provider who has the knowledge and skills to care for pregnant people, babies, and their families throughout pregnancy and postpartum.

Indigenous Midwives:

- have the clinical skills and knowledge to provide all aspects of women's sexual and reproductive healthcare,
- provide education that helps keep the family and the community healthy,
- promote human milk feeding, nutrition, and parenting skills.

An Indigenous midwife is the keeper of ceremonies, a leader and mentor, and someone who passes on important values about health to the next generation.

Indigenous midwives function within the larger landscape of healthcare in Canada and work alongside health care providers of many disciplines and in various settings, including remote.

Detailed information about the work of Indigenous midwives can be found in the NACM resource ***Indigenous Midwifery Knowledge and Skills: A Framework of Competencies.***

There can be differences in how midwifery is practiced, however the model of midwifery care is largely the same across the country.

WHAT IS A MIDWIFE?

Registered midwives are health professionals who provide primary care to the birthing parent and baby during pregnancy, labour, birth and the postpartum period.

PRENATAL CARE

Midwives provide complete care during pregnancy, including regular visits, diagnostic tests, routine bloodwork, and emotional support. It is possible to call a midwife as soon as a person knows they are pregnant to request care; a referral from a doctor is not needed.

CARE DURING BIRTH

Midwives are present during their client's birth, no matter when, where, or how long it takes. If necessary, midwives access emergency services and collaborate with other health professionals during birth.

POSTNATAL CARE

Midwives visit the birthing parent and their newborn in their own home in the first week after birth. They continue to provide care for at least six weeks after birth.

PRIMARY CARE

Midwives in Canada are autonomous, primary health care providers. They provide comprehensive care to individuals and their newborns during pregnancy, labour, and at least six weeks postpartum.

INFORMED CHOICE

Midwives believe that every person has the right to be the primary decision maker about their own care. Midwives encourage clients to fully participate in the planning of their own care, and care for their newborn. They allow enough time during visits for meaningful discussion and for any questions to be answered.

PARTNERSHIP

Midwives work in partnership with clients and their loved ones. They provide support in a non-authoritarian way that respects the client's needs and experiences.

ON CALL 24 HOURS

Because midwives work in pairs or small teams, there will almost always be a midwife that the client has met who is on call when they have a question, concern, or when labour starts. 24 hours a day, 7 days a week, 365 days a year.

EVIDENCE-BASED CARE

Midwifery practice is informed by research, evidence-based guidelines, clinical experience, and the unique values and needs of those in their care.

CHOICE OF BIRTH PLACE

Midwives provide care to people in their birth setting of choice. Clients can plan to give birth at home, in a hospital, at a birth centre, or in a health clinic, depending on what facilities are available in their area.

1. What aspects of midwifery care do you feel would be especially beneficial for your community or Nation? This will help you to advocate for your vision.

VISION

VISION

The way you envision the return of birth and midwifery will greatly impact the steps you take to get there. Your vision will determine your priorities, who will be involved, what the work of the midwives will look like in the community, and much more.

You may already have a vision for returning birth and Indigenous midwifery. The prompts in this section can help you start to articulate your vision, and see which steps you want to prioritize. Some examples of midwifery practices are provided on page 18.

1. Use the opposite page or a template from Appendix 2 to fill with artwork or words that capture your vision of bringing birth and midwifery back. You may wish to cut any images or words out to arrange them in an order that connects with you.

Some ideas are…

- What did birth used to be like? What did it used to be like to be a midwife?
- What is your community or Nation's creation story? What guidance can you draw from it?
- What is the importance of restoring midwifery and birth?
- What teachings do you carry, or do those in your community carry surrounding midwifery and birth?
- What is the current situation around midwifery and birth?
- What is the vision for restoring birth and midwifery?

2. Who can help you attain this vision?
   Is this process already started in your community? How?

VISIONING BOARD

3. How urgently do people want birth in the control of the community or Nation?

How urgently do people want to revitalize and maintain the teachings for childbearing and parenting?

4. How do you see the role of the midwife in your community or Nation?

What can people expect when they receive the care of the midwife in your community or Nation?

What will the midwife's day to day work look like?

5. What is the role of culture in midwifery care? Is the care culturally-rooted, or is culture an added aspect of care? Is the cultural component looked after by Elders or Knowledge Keepers alongside the midwife, or by the midwives themselves?

Do you know of any birth and midwifery Knowledge Holders in the community or Nation?

What is the community or Nation's living memory of birth?

6. Who is responsible for overseeing the work of midwives? Is it the midwives, or is there an authority or council in the community or Nation?

Who and how do you envision making decisions about how birth is restored?

7. Where do you envision birth taking place?

Who is in this place?

What other things happen in this place?

8. Who does the midwife work with? What are those relationships like?

How is the midwife involved in the reproductive health of non-childbearing people? Will they focus specifically on childbearing people?

9. Do you envision midwives living in the community or Nation? Or do they travel in and out?

Are you comfortable reaching outside of the community or Nation, or do you feel it is important to build everything from within?

Reflect on the answers you have provided so far. Identify the first three steps you feel are important to take.

Here are some suggestions:

- Contact nearby midwives
- Reach out to Elders and Knowledge Keepers
- Find out who is interested in working on this initiative
- Apply for a grant to work on this
- Hold a meeting
- Host an information session about midwifery
- Make room for a clinic and/or birth setting in the community
- Reach out to NACM for guidance
- Ask the local midwives association how they can help
- See if anyone in the community is interested in becoming a midwife
- Talk to existing education programs
- Reach out to nearby communities or health centers to talk about collaboration
- If you have traditional Knowledge Keepers or community archives, reach out to see if they have any historical documents about midwifery and birth
- See if there have been any resolutions created by your band, provincial territorial organization, or rights holder in your area. The AFN has a ***resolution to support midwifery.***

List your three steps:

11. Look at the three steps you have identified as priorities. Consider any protocols, processes or policies in your community or Nation. What foundations need to be laid, if any? Is there anything that MUST come first?

It can be helpful to see some examples. Here are six Indigenous midwifery practice websites which represent diverse contexts and models for returning midwifery and birth. They are presented by location.

Winlaw, BC

Akwesasne, ON/QC/ NY

Toronto, ON

Six Nations of the Grand River, ON

Nipissing First Nation, ON

Hudson Bay Coast, QC

Imagine the conversations you will have about returning midwifery and birth. Using the brainstorming you have done and the prompts provided, make notes to articulate your vision in a brief format. This will be important in advocating for your vision.

12. Articulating my vision, summarizing my thoughts.

- **Top words and images that capture my vision:**
- **What birth looks like:**
- **What midwifery care looks like:**
- **How it touches the lives of the people in the community:**
- **Top priorities:**
- **Next steps:**
- **Important aspects of the chosen process:**

COMMUNITY AND NATION

COMMUNITY AND NATION

All communities and Nations bring many gifts and strengths to the process of returning birth and midwifery. All Indigenous communities and Nations across Turtle Island also live out the impacts of colonization, ongoing colonialism and systemic racism daily. The ripple effects on returning birth and midwifery are many, with the obvious first point being the fact that they need returning in the first place.

Historical and intergenerational trauma, negative and traumatic health care experiences, profound cultural losses, internalized racism, and lateral violence are all realities that need navigating in this process that can sometimes be much harder than ever anticipated. Despite the sacredness of birth, the locally held memories of birth and midwifery can be painful and re-traumatizing because of the heaviness of how we have come to be where we are now. When communities and Nations work to restore midwifery and birth, they often find it uncovers other aspects of community life and health that also need attention. The path to midwifery can become complex and healing in unexpected ways.

1. In the box below or in a template from Appendix 2, express your thoughts on how the impacts of colonization may affect the work of returning birth and midwifery in your community or Nation.

Why might this process be challenging for your community or Nation?

It can be helpful to think about this on various levels such as physical, emotional, mental, spiritual, or other categories that resonate with you. If you like, list the benefits in the same way.

2. Are there people or groups in your community or Nation who might react negatively to this work? How could you address this?

What power relationships are present?

Can you create a bridge of common ground?

Are there values in your work that share common ground with these particular people or groups?

3. Looking ahead at what could be unearthed, what other aspects of community life and health might be brought out by this work that may also require attention? You may decide to come back to this question later.

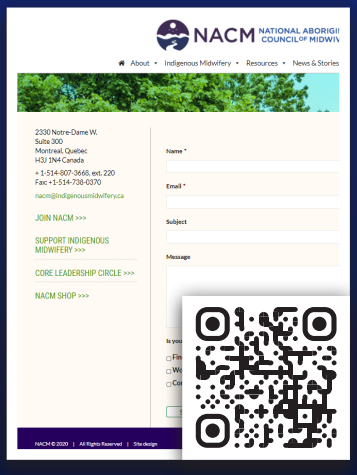
Do birth or midwifery have any capacity to heal some of these effects for your community or Nation long term? What is involved in this? Describe.

Power dynamics in any situation can be problematic and can create barriers. Overcoming certain barriers may require relationship building and gaining buy-in from the people in these common roles:

4. How do these relationships function in your community or Nation? Do you see anyone who might support your vision?

5. Do you see anyone who might present barriers? If you see barriers, now is the time to begin your strategy for building relationships and buy-in.

NACM has many helpful resources and can also be contacted directly for support.



JURISDICTION

JURISDICTION

Jurisdiction refers to the province or territory where the community or Nation is, and where the midwives work. Health care is delivered mostly by the federal government on First Nations and some Inuit villages, and health care outside of an Inuit village or First Nation is provided by the provincial or territorial government unless there are special agreements. The vast majority of midwives, even those who work on-reserve or in Inuit villages, receive their income through provincial or territorial funds.

Jurisdiction impacts how a midwife works, what their clinical limitations are, what jobs are available and how they are paid.

My local jurisdiction (Province/Territory):

Despite their name, **midwifery colleges** are not midwifery education programs. Midwifery colleges are organizations that maintain standards for how midwives work and set limitations to what midwives do clinically. This is referred to as a midwife's **scope of practice**. The college is there to protect the safety of the public. They have standards such as when a midwife should consult or talk to a specialist, which prescriptions a midwife may prescribe, etc. They are also there to receive complaints from the public and discipline a midwife if necessary.

All **Registered Midwives** are registered and licensed with the college of their jurisdiction. Less commonly a jurisdiction may have a **midwifery council** which has the same responsibility as a college. This kind of council is different from the National Aboriginal Council of Midwives, which does not have a jurisdiction and does not regulate midwives, but rather functions as an advocacy organization for Indigenous midwifery.

Importantly, not all midwives are registered with their midwifery college. In Ontario, Aboriginal Midwives have enacted the *Exception for Aboriginal Midwives* in the Ontario midwifery legislation, which is an exemption for Aboriginal Midwives from registration with the Ontario college. More information on this is included later.

1. The midwifery college in my jurisdiction is:

Key contact person:

Contact information:

Notes:

The college determines where midwives attend births. They will also sometimes allow for midwives to obtain extra certificates in skills that are not usually included in the scope of a midwife, such as helping the surgeon in a c-section or placing an intrauterine contraceptive device (IUD).

2. Choose the birth settings that are available with midwives in your jurisdiction:

home ☐ clinic ☐ hospital ☐ birth center ☐

3. Additional skill sets that midwives can have in my jurisdiction:

Midwifery **scope of practice** defines the limits of what midwives are legally permitted to do. For example, ordering and interpreting certain labs or ultrasounds, or conducting an examination of the newborn. Learn about the midwifery scope of practice in your jurisdiction. Most college websites have a section devoted to scope of practice.

4. During the visioning exercise, did you envision midwives doing anything different from the midwifery scope of practice in your jurisdiction? Did you envision a smaller range of skills and duties, with less responsibilities? Or did you envision a larger scope or role with more responsibilities? Make notes about your thoughts on this.

Some jurisdictions have limits on how far a midwife can be from a hospital with c-sections while attending a birth. This can affect the options of birth settings for people who live away from hospitals that do c-sections. The college can tell you about any restrictions like this that are in your jurisdiction.

5. My community or Nation is _____ km and _____ minutes/hours from a hospital with c-sections.

A **midwifery association** promotes and advocates for the profession. An example of a midwifery association is the ***Canadian Association of Midwives (CAM)***. NACM works closely with CAM on shared national goals. Each province and territory (each midwifery jurisdiction) has a midwifery association advancing the profession locally.

7. **The midwifery association in my jurisdiction is:**

Key contact person:

Contact information:

Notes:

Midwifery associations advocate so everyone can access the care of a midwife. They may be able to directly support the return of midwifery and birth to your community or Nation. NACM highly recommends reaching out to the midwifery association in your jurisdiction.

Depending on the jurisdiction, midwives may earn their income as salaried employees or through self-employment. In some jurisdictions both are possible. Where midwives are salaried, midwives may have to wait until a position opens to work in a particular place. The local midwifery association can tell you about the payment model in your local jurisdiction, and about local midwifery generally.

8. Midwives here are (choose) salaried/ self-employed/ can be either.

salaried ☐ **self-employed** ☐ **can be either** ☐

If healthcare funding in your community or Nation comes from the federal government, you may be concerned that this will be a barrier. If you are remote, and particularly if you are fly-in, it may be a barrier. You will want to explore additional resources. Some ideas are provided.

Federal health services almost universally do not include midwifery. Many First Nations that access midwifery do so with midwives who are already working in towns and cities nearby. Those midwives are paid through their province or territory. It can be challenging to find the resources to pay a midwife to work solely for one First Nation or Inuit community. NACM advocates for all Indigenous communities or Nations to have the resources and infrastructure to support a fully functional midwifery service. This is, however, not the current reality for most Indigenous communities and Nations.

9. What is your community or Nation's capacity to access funding beyond government funds?

Sometimes there is an opportunity to combine resources with other communities or Nations nearby. Many First Nations are in a natural cluster, where service providers may work for all communities or Nations.

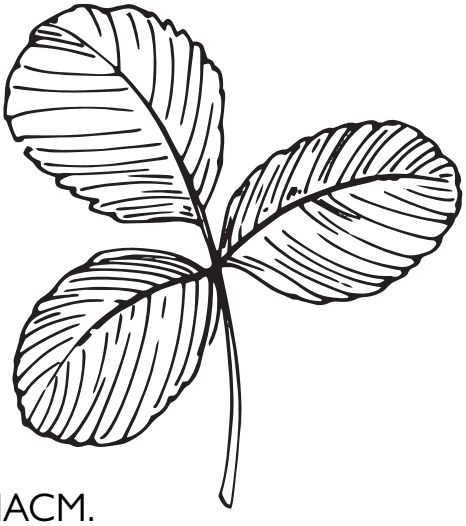
10. Are there any natural partnership opportunities in your area?

Funding opportunities can be combined. It may be necessary to pool provincial/territorial resources with federal resources. Some communities access grant or project funding as well. These are ever-changing and often specific to a region or service type.

11. Note what you find about additional resources and grant opportunities.

MODELS WHICH EXEMPT INDIGENOUS MIDWIVES FROM COLLEGE REGISTRATION

Several jurisdictions have wording in their legislation about Indigenous midwifery. However, at the time of writing, the only jurisdiction in which there has been active use of this kind legislation is Ontario. In Ontario Aboriginal Midwives are exempt from registration with the midwifery college. Instead, they are accountable and held to standards set by their communities or Nations. The role of the midwife, model, scope, and mode of accountability is adapted to each individual community or Nation.



In exemption models, midwives learn through community or Nation-based learning methods such as a local training program or apprenticeship and have a variety of learning experiences over the years of their training. Midwives trained through an exemption pathway may be required to complete additional learning to practice as a Registered Midwife if this is their chosen career path. Like everything, exemption midwifery has its benefits and its challenges. Any community or Nation that is inspired to pursue an exemption model of midwifery is highly encouraged to reach out to midwives who practice in this way. Contact information can be provided by NACM.

MIDWIFERY EDUCATION

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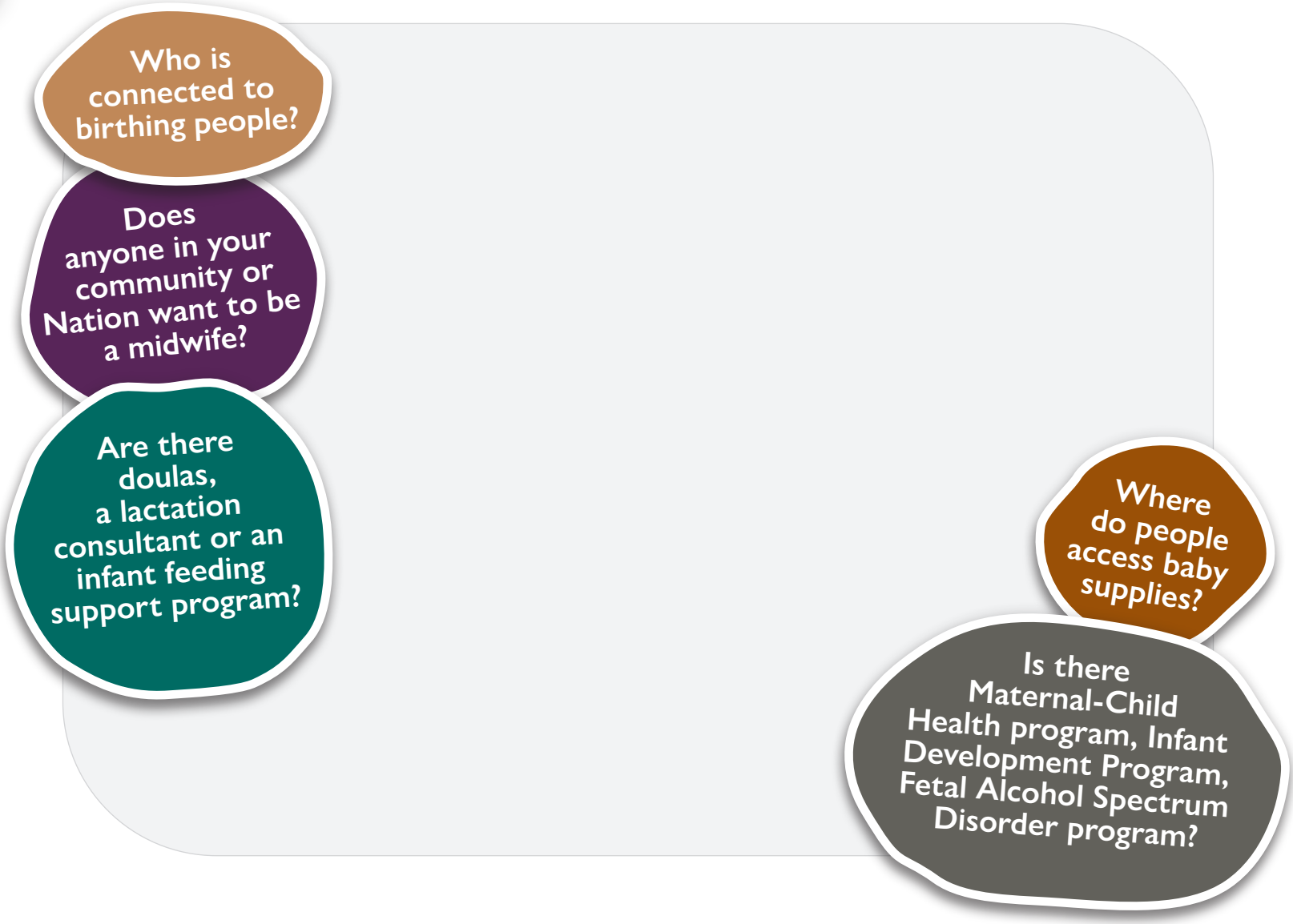
1. It is beneficial to create a long-term education vision for people from the community or Nation to work as midwives. This is the most sustainable way of ensuring ongoing and uninterrupted midwifery care over time. Think about identifying people that may want to become midwives.



2. Maybe you are the person who would like to become a midwife. If this is you, describe why you would like to be a midwife.

3. If you pursue midwifery education, what will be important in your student years?

4. What kind of support is available? Consider financial, and also physical, mental, emotional and spiritual supports.

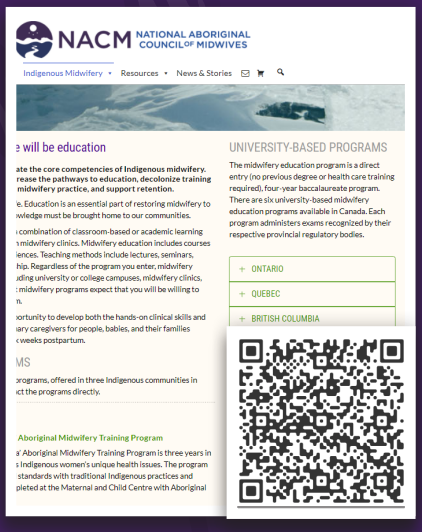
5. All education pathways involve some portion of independent study and/or in-class learning. What is your preference? How do you feel about learning at a distance?

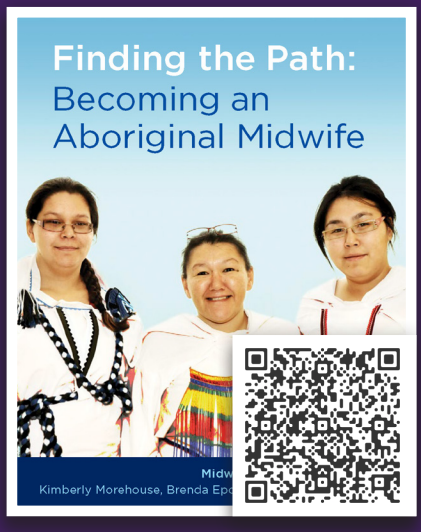
6. All programs involve a larger portion of time that is spent learning directly from midwives. Will relocation be an option for you?

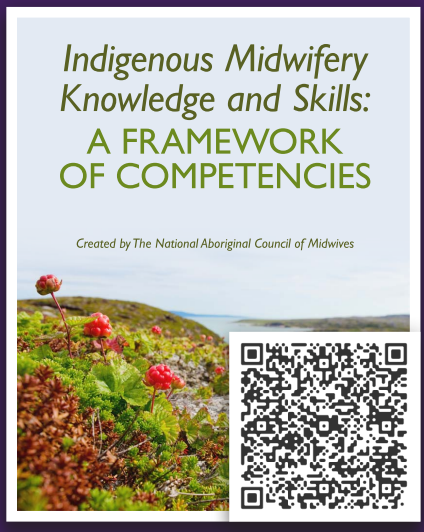
Midwifery education equips future midwives with scientific knowledge, hands-on skills, and caregiving skills. They learn to provide care through the reproductive years, pregnancy, labour, birth and after. Some midwifery students learn skills for the reproductive years beyond pregnancy and birth. They may also learn to care for babies beyond the initial six weeks. Midwives are lifelong learners and are continually expanding professionally. To learn more about what Indigenous midwives learn and what abilities they have, see the NACM document ***Indigenous Midwifery Knowledge and Skills: A Framework of Competencies***

Indigenous midwives are diverse. Their practice can be culturally rooted, and individual Indigenous midwives have varying capacities surrounding cultural knowledge, protocol, and ceremony. As part of being lifelong learners, many Indigenous midwives are active with Elders and Knowledge Keepers in seeking and applying cultural knowledge to broaden and deepen various aspects of their care. All Indigenous midwives know how to support people in accessing cultural knowledge as part of their care when desired.

Relevant NACM resources:







7. Consider that not all midwifery education programs include the learning of cultural knowledge. In your community or Nation, how important is it for midwifery students to learn cultural teachings directly as part of their training?

8. Make note of your thoughts on culture in education and midwifery. Are they connected for you, and if so, how can they be brought together for the midwives in your community?

9. What support exists to ensure birthing families have their cultural needs met? This is important for Indigenous midwives who will be learning this aspect of care beyond their education, and for midwives who are brought in from outside of the community or Nation.

CHALLENGES

Accessing and obtaining a midwifery education is challenging. The few programs are geographically spread out, highly competitive and require significant commitments and resources. Both university-based and community or Nation-based education programs can be difficult to access and complete.

10. Note what you find out about the two nearest education options:

Option 1:

Key contact person:

Contact information:

Notes:

Option 2:

Key contact person:

Contact information:

Notes:

11. If this is a community or Nation-based program, does it accept outside applicants?

Yes ☐ No ☐

12. What are the admissions requirements for the programs?

13. Education support for students in our community or Nation include:

14. Universities have Indigenous student services to facilitate Indigenous student admissions and for support throughout their program years. Jot down anything you learn about the university's Indigenous student resources:

Some communities or Nations will want to explore creating a community or Nation-based education option. One way is to create a laddered education model. This is when an education program provides credentials at various points along the way, versus only at the end. A laddered approach to midwifery education might include credentials for roles such as doula and lactation consultant, or roles created for the community, for example a postpartum worker or midwife assistant. This provides various exit points for students who need to pause or leave the program early. It ensures the employability of the midwifery student who takes an earlier exit point, and it also ensures that the knowledge and skills they gain in school benefit the community.

15. Consider the knowledge and skills of a midwife. What other roles might be useful in your community that could be included in a laddered approach?

FINANCING EDUCATION

Supporting the education of a midwife is an investment in the long-term health of your community or Nation. Some communities can support midwifery students financially to ensure they are able to complete their program and fulfill the role of the midwife.

16. What resources are available to students? Do these resources differ if they stay or leave for education?

It is worthwhile exploring the various pathways and supports available to attain a midwifery education. All have the potential to help restore birth and midwifery to your community or Nation.

WORKFORCE

MIDWIFERY WORKFORCE

Depending on your timeline and sense of urgency, midwifery workforce planning may require short, mid, and long-term approaches.

How will you get midwives in your community or Nation?

EXAMPLE:

You have a vision of community or Nation-based education of local midwives. This plan addresses the sustainability issue of midwifery remaining in the community or Nation and growing over time. Community or Nation-based education also provides the space for cultural knowledge to be foundational to the midwife's knowledge and skills, and/or to be woven in alongside all learning. A plan for community or Nation-based education does not however address the immediate need to relocate birth to the community, or to increase the control that people have over their birth now.

Getting midwives may require layers of visioning, and exploring what is necessary, acceptable, and feasible at various points in time.

SHORT-RANGE PLANNING

What is available now?

Who attends births?

What is possible now?

What needs to be changed about the way birth is happening?

2. Are there midwives working in your area who can start attending births the community or Nation?

3. Are there midwives working in an area nearby who can set up a "satellite clinic" to serve the community or Nation?

4. Are there Elders or Knowledge Keepers who would like to share what they know with birthing people and families?

5. Are there people who want to become midwives and would like to support people through their childbearing journey in ways that are not clinical (like a doula)?

DOULA

A **doula** is a person trained to provide physical, mental, emotional, and spiritual support for birthing people and their families. The care of a doula is supportive rather than clinical. Many doulas go on to become midwives. Having doulas in the community can be a way to improve birth experiences and can be part of short, mid, and long-term plans for restoring birth and midwifery. Since doulas do not provide clinical care there will be a need for clinical care providers until there are midwives. This is true even with a significant doula presence in the community or Nation. NACM encourages communities and Nations that wish to return birth and midwifery to explore doulas as one part of bringing birth back, while keeping the vision of birth fully in the hands of the community or Nation and attended by midwives.

6. Are there doulas in your community or Nation? What are your thoughts on the role of doulas in restoring birth and midwifery?

MID-RANGE PLANNING

For communities or Nations planning community or Nation-based education of midwives, a laddered approach can be considered part of a mid-term plan that grows into a long-term plan. More details on a laddered approach are in the section on education.

Mid-range planning can include an education strategy to address the gap in access to midwifery education. This may include contacting midwifery education programs and connecting with local educational institutions around upgrading and required courses, including online options.

7. Make any notes about mid-range planning here:

LONG-RANGE PLANNING

NACM encourages all midwifery long-term planning to include a sustainable education strategy. For sustainability, it is important to have a strategy to increase and refill midwifery capacity with midwives from within the community or Nation. These midwives

are more likely to remain in the community or Nation through its ups and downs. Local midwives know the community or Nation best, and therefore provide the best care for the best possible outcomes. Having midwives from within the community or Nation is at the center of bringing birth back.

Long-term planning also includes any legislative changes you may wish to advocate for, which is a multi-year process. Legislative changes may include:

- An exemption for Indigenous midwives
- Changes to midwifery scope of practice
- Changes to how midwives work

Changes to legislation involve working with the **midwifery college** (sometimes called midwifery council), since they govern the midwifery profession. Involving the local **midwifery association** will help, since they advocate for change. More information is in the section on jurisdiction.

All communities in the planning stages of restoring birth and midwifery are encouraged to reach out to NACM for support.

8. Make any notes about long-term planning here:

9. When you think about having midwives from within your own community or Nation, what thoughts do you have? Is it exciting? Does it worry you? If you have any negative thoughts about this, where are they coming from? How will you address these issues, recognizing you are likely not the only person to think this way?

Colonialism and systemic racism have created harsh environments of self-doubt, lateral violence, and uncertainty about the capacity of our communities and Nations to innovate and meet challenges. Some gentleness is called for here, and a reminder that our communities and Nations have thrived since time immemorial with the care of our own midwives.

10. Use this space to process your thoughts.

CONCLUSION

Go back to **page 18** and revisit the summary of your vision and the next steps you chose. Now that you have had the chance to learn and reflect on some of the common barriers, has anything changed? Would you revise anything?

All communities and Nations will take a unique path to restoring birth and midwifery and there will also be many commonalities along the way. We are finding ways to restore what should have been there all along. We are realizing visions of midwifery that have cultural integrity and depth along with all the competencies and enablers that will address the ill effects of generations of trauma, colonialism, and systemic racism. To say we are "bringing birth back" captures only part of the reality of how through each interaction and each new life we are shifting the foundation of our communities and Nations to more fertile and loving ground. Everything can and will grow healthier from here.

APPENDIX 1

LINKS:

Page 6

- https://indigenousmidwifery.ca/wp-content/uploads/2019/07/NACM_CompetencyFramework_2019.pdf

Page 16

- https://www.afn.ca/wp-content/uploads/2019/08/19-21-Support-for-a-Greater-Investment-into-the-Reclamation-of-Childbirth.pdfhttps://www.afn.ca/wp-content/uploads/2019/08/19-21-Support-for-a-Greater-Investment-into-the-Reclamation-of-Childbirth.pdf

Page 17

- Winlaw, BC - https://www.colibrimidwifery.com/
- Six Nations of the Grand River, ON - http://www.snhs.ca/BirthingCentre.htm
- Nipissing First Nation, ON - https://ktigaaningmidwives.com/
- Akwesasne, ON/QC/NY - https://onkwehonwemidwives.com/
- Hudson Bay Coast, QC - https://www.inuulitsivik.ca/healthcare-and-services/professional-services/midwives/?lang=en
- Toronto, ON - https://www.sgmt.ca/

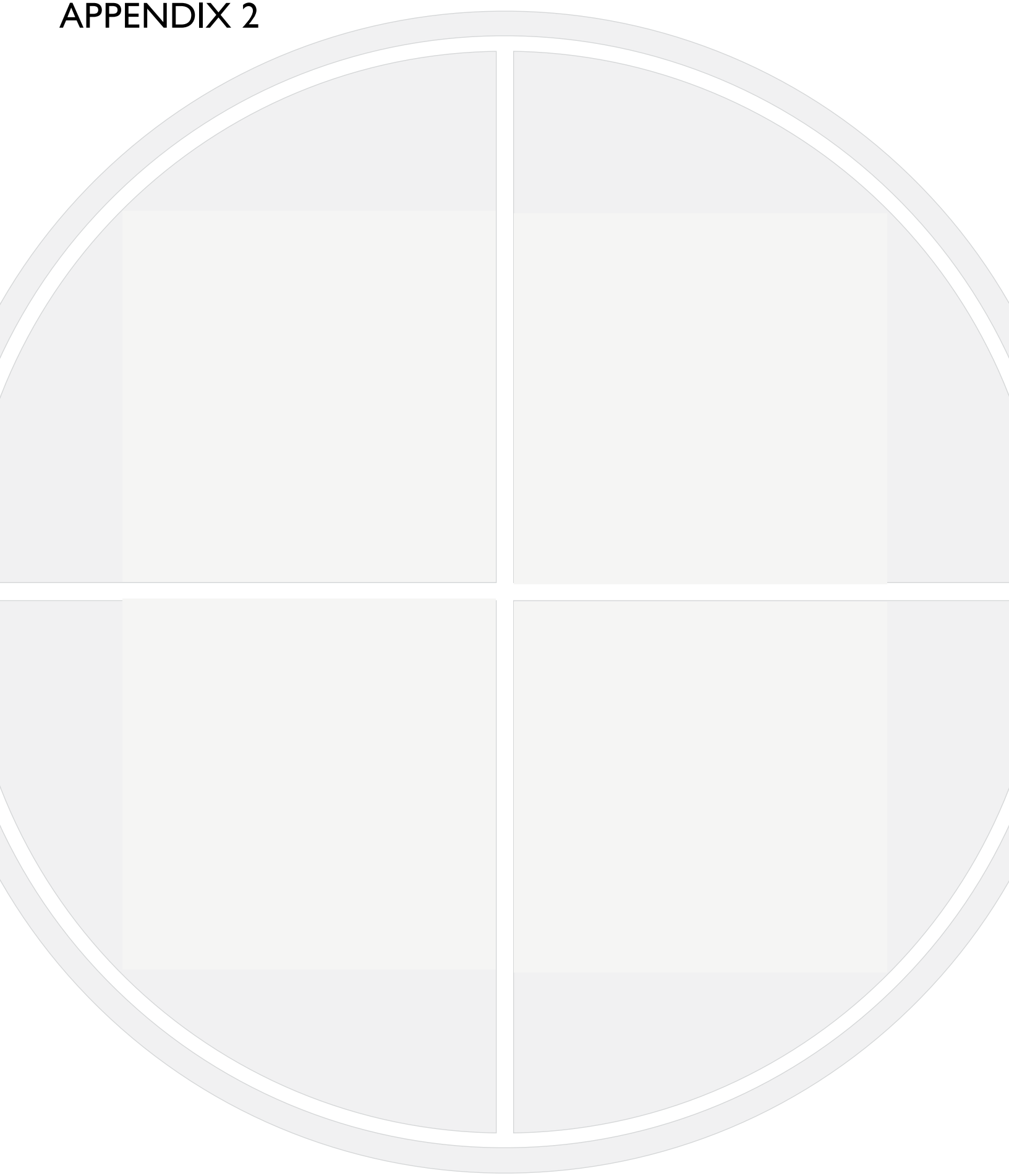
Page 23

- https://indigenousmidwifery.ca/publications/
- https://indigenousmidwifery.ca/contact/

Page 34

- https://indigenousmidwifery.ca/wp-content/uploads/2019/07/NACM_CompetencyFramework_2019.pdf
- https://indigenousmidwifery.ca/become-a-midwife/
- https://indigenousmidwifery.ca/wp-content/uploads/2018/10/Finding-the-Path.pdf

APPENDIX 2



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http://indigenousmidwifery.ca/
returningmidwifery