Aboriginal Midwifery

Above: Stephanie Courtney holds her one-week-old son, Oren, outside Tsi Non:we Ionnakeratstha Ona:grahsta’, the Maternal and Child Centre at Six Nations of the Grand River. Courtney’s home birth was attended by Aboriginal midwives who work at the centre.
AOM welcomes new members

This list includes new members from June 1, 2012 to September 20, 2012:

Elodie Barbut, Midwifery Collective of Ottawa
Melanie Beaudoin, Community Care Midwives
Erin Beckett, Midwives Collective of Toronto
Stephanie Biswell, Burlington and Area Midwives
Helen Bone, Community Care Midwives
Tanja Bos, Community Midwives of Brantford
Aoife Chamberlaine, West End Midwives
Dana Cooper, Community Midwives of Halton
Melissa Coubrough, Womancare Midwives
Nicole Del Vecchio, New Life Midwives
Emily Eby, Midwifery Care-North Don River Valley
Katie Fisher, St. Jacobs Midwives
Adriana Fontaine, Kitchener Waterloo Midwifery Associates
Jennifer Gagnon, Cambridge Midwives
Nicole Geerlinks, Midwifery Care of Peel and Halton Hills - Georgetown Site
Karey Goheen, Barrie Midwives
Gemma Greenberg, Midwifery Care-North Don River Valley
Katrín Hassanzadeh, The Hamilton Midwives
Sarah Heikoop, Huron Community Midwifery Services
Heather Heinrichs, Seventh Generation Midwives Toronto
Rebecca Johnston, Midwifery Care of Peel and Halton Hills - Georgetown Site
Les Kelly, Quinte Midwives
Leah Klein, Midwives Collective of Toronto
Otis Kryzanaukas, Community Midwives of Hamilton
Mianh Lamson, Countryside Midwifery Services - Milverton Clinic
Natalie Leduc, Midwives Grey Bruce
Megan Lehman, Family Midwifery Care
Bianca Marlatt, Community Midwives of Toronto
Heidi Mayr, Midwives Grey Bruce
Leanne McInlay, Thames Valley Midwives
Carrey Murphy, Maternity Care Midwives
Alexandra Nikitakis-Candea, The Midwives’ Clinic of East York Don Mills
Megan Olson, Niagara Midwifery Practice
Wendy Pearle, Cambridge Midwives
Jenny Pizzale, Community Midwife of Hamilton
Moijgan Ramezanpour, Diversity Midwives
Meghanne Reburn, Midwifery Care of Peel and Halton Hills
Alicia Robinson, Kensington Midwives
Julie Serrador, Talbot Creek Midwives
Jessa Lynn Sheehan, Genesis Midwives
Emilia Tilson, Midwives of Headwater Hills
Ruthann Topolovec, Midwives of Windsor
Laurence Tsroba, Midwifery Group of Ottawa
Emily Vrabac, Quinte Midwives
Alison Walker, Midwives of Sudbury / Sages-femmes de Sudbury
Lauren Wattam, New Life Midwives
Kristen Wilkinson, Ottawa Valley Midwives
Julia Wykes, Midwifery Group of Ottawa
Stephanie Zaheer, Midwifery Services of Durham

Regional meetings

The AOM’s fall regional meetings are being held Oct. 23-25 and Oct. 30 – Nov. 1.

Members will hear updates on the work the AOM has been doing over the last six months to achieve the association’s five strategic goals. In addition, members will participate in consultations regarding contract negotiations, a values-based approach to the model of care and the next iteration of the strategic plan.

Regional meetings also provide members with the opportunity to voice their concerns or ask questions. Call in via teleconference or attend in person. This year’s regional meetings are being held in the following cities:

October 23
East Regional Meeting: Strathmere, North Gower (south west of Ottawa)

October 24
South East Regional Meeting Travelodge, Oshawa

October 25
South West Regional Meeting Royal Botanical Gardens, Burlington

October 30
West Regional Meeting Four Points by Sheraton, Cambridge

October 31
North Regional Meeting Teleconference only

November 1
South Central Regional Meeting Best Western Primrose, Toronto

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We welcome feedback. Please contact comms-manager@aom.on.ca, or 416-425-9974 x2261 or 866-418-3773 x2261.

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Aboriginal midwifery: transforming care and tackling inequities

Across Ontario, there are close to thirty Aboriginal women working as midwives. They are engaged in the profound work of reviving Indigenous knowledge and returning birth to their people. You’ll read about their deep transformational work in this issue.

According to the National Aboriginal Health Organization (NAHO), Aboriginal women experience considerably poorer health compared to women in the general population. Key issues affecting the health of Aboriginal women include a lack of accessible and culturally appropriate prenatal care, and family and social breakdown – inequities which are being overcome with the return of midwifery.

Since 1994, the title of "midwife" has been protected in Ontario through legislation. At the time, Sylvia Maracle, Executive Director of the Ontario Federation of Indian Friendship Centres, knew of an Aboriginal midwife who feared her work would be illegal following regulation. So Maracle, along with others, fought for recognition of "Aboriginal midwives". It recognizes the right of Indigenous people to autonomously practice midwifery.

Tsi Non:we Ionnakeratstha Ona:grahsta' Maternal and Child Centre on Six Nations of the Grand River territory, a birth centre and education program led by Aboriginal midwives, is testament to the dignity and deep healing that Aboriginal midwives bring to their communities (see article, page 4).

Dorothy Green, a graduate of Tsi Non:we Ionnakeratstha Ona:grahsta', is working to return midwifery to her Mohawk community in Tyendinaga. Greene believes the return of midwifery is nothing short of sustaining "who we are as a people" (see article, page 12).

Like Green, Naomi Wolfe graduated from Tsi Non:we Ionnakeratstha Ona:grahsta' but in addition completed the one-year bridging program at Ryerson University and now practices in Sudbury as a registered midwife.

Ellen Blais completed a Bachelor of Midwifery Sciences from Ryerson University. In her role as the High Risk Prenatal and Infant Specialist at Native Child and Family Services, she works to keep Aboriginal women and their babies together. Her work, which often intersects with Seventh Generation Midwives Toronto (SGMT), has had nothing short of a life-changing impact on Aboriginal women, including Sara Luay, who following the apprehension of her first four children has been mothering her youngest son. (Video: ontariomidwives.ca/care/aboriginal)

Blais, together with Aboriginal registered midwives Carol Couchie and Kerry Bebee, recognized the need for Aboriginal midwifery in urban settings. Their early efforts to establish a practice met with funding challenges, but the work gained traction and over several years, with additional involvement from Aboriginal midwifery professionals, midwife Sara Wolfe and Cherrylee Bourgeois, and registered midwife Sara Booth, Seventh Generation Midwives Toronto was established to care for Indigenous women living in the city (see article, page 8).

Registered midwife Christine Roy is currently establishing a practice in the Cree community of Attawapiskat First Nation in an effort to prevent unnecessary evacuations of pregnant women, keeping women and families together and close to home during birth (see article, page 14).

At the Midwifery Education Program at Ryerson University, Bourgeois, a sessional lecturer as well as a registered Aboriginal midwife, is shaping the way Ryerson University reflects Indigenous knowledge in its curriculum (see article, page 11).

These are some of the stories of deep healing and transformation Aboriginal midwives are at the centre of. Yet there are many hurdles to overcome to ensure Aboriginal women and their communities can access, and benefit from, midwifery care.
For one-week old Oren and one-month old Isaac, the big purple house at the end of a long driveway on Sour Springs Road is a place to sleep, eat and be cuddled by their loving parents and grandparents and the adoring midwives who welcomed them into the world. It will be years before the two babies understand the significance of being caught by Aboriginal midwives, members of their own community who recognize birth as a sacred ceremony and provide prenatal, labour and delivery and postpartum care by blending expert clinical skills and First Nations’ knowledge and traditions. For the babies’ parents and the staff who work at the Maternal and Child Centre in Hagersville, a village on the Six Nations of the Grand River reserve, near Brantford, Ontario, Oren and Isaac symbolize the return of birth to the community and the health, healing and pride that come with it.

Before the centre opened in May 1996, giving birth in hospital with non-Aboriginal health care professionals was the only option for most Six Nations families. There were only a few midwives left in the community and, due to their advancing ages, they were only able to deliver the babies of their relatives.

“We were losing our midwifery traditions around birth so this centre was a revival,” says Julie Wilson, an Aboriginal midwife who is the supervisor of both the Maternal and Child Centre and the Aboriginal Midwifery Training Program at Six Nations. “The purpose was to bring birth back and to embrace all the knowledge and traditions and celebrate our uniqueness and how we birth. It also came out of a need and an importance we placed on having our babies on our territory so that they’re true citizens of our territory.”

Six Nations is the largest First Nation in Canada and the only territory in North America where the Six Iroquois nations — Mohawk, Cayuga, Onondaga, Oneida, Seneca and Tuscarora — live together. Of the total 24,000 band members, about half live in the territory. The sign outside the Birthing Centre reflects the honour and responsibility of bringing new life into the world in two Indigenous languages. TSI NON: WE IONNAKERTSTHA means “The Place They Will Be Born” in Mohawk. ONA: GRAHSTA is Cayuga for ‘A Birthing Place.’

The Birthing Centre has all the medical equipment you would find in a small community hospital, but it looks and feels like a spacious family home. The three comfortable birthing rooms have four poster pine beds, cozy comforters and private bathrooms. A bulletin board features photos of babies whose births the midwives have attended. Prints by Indigenous artists decorate the other walls. There is a basket of toys in the family room, and the welcoming kitchen is the perfect place to drink tea while waiting for babies to arrive. If you look closely, you will notice that there’s a small room with an examination table, speculums and a blood pressure meter; and the storage room is filled with oxygen canisters, gauze and other medical supplies. However, it’s the building’s warm, homey feeling that is most striking.

Last year, the midwives at Six Nations would like to make the community aware of the importance of birthing places and the role that midwives play. They are planning a community event to celebrate this important aspect of their culture.

(From left to right) Midwives Sharon Smoke; Julie Wilson, supervisor of the Birthing Centre and Aboriginal Midwifery Training Program at Six Nations; Kristi Shawana; Phyllis Hill and student Melodie Smith. (Not pictured: midwife Laurie Jacobs)
attended 100 births. Half the babies were born in the three spacious and comfortable birthing rooms in the Birthing Centre. The others were born in their own homes. Eighty per cent of the midwives’ clients are from Six Nations and surrounding area, but the other 20 per cent live in the Niagara region or cities like Hamilton, Fort Erie and London. Wilson says London is the farthest south that the midwives will travel for a home birth and, due to the distance, clients from that city need to travel to the centre for their postpartum visits.

Midwife Sharon Smoke understands why women are willing to drive from London to Six Nations to have appointments with an Aboriginal midwife. As part of her midwifery education, she spent a year at Maternidad La Luz, a community-based birth centre and midwifery school in El Paso, Texas that serves mostly Mexican and Mexican-American clients. While she enjoyed caring for the Spanish-speaking women she regretted that she couldn’t provide culturally-appropriate care in their own language.

“I could identify with how they must have felt being in that position of not having their own people look after them,” says Smoke. “And that’s how it is for us when we have other people looking after our health needs.”

Today Smoke delights in working with her own people and says being connected to her clients through culture enables her to provide the kind of midwifery care that she couldn’t in El Paso. Some of her clients at Six Nations are aware of their families’ traditions around pregnancy and birth, but for others it may be their first opportunity to learn about them. She says she’s happy to share her own beliefs with couples, but thinks it’s more important to encourage them to ask their parents and grandparents about family history and knowledge.

Baby Oren’s mother, Six Nations client Stephanie Courtney, learned about traditional medicines from her family and experienced the benefits of drinking traditional teas when she was pregnant with Ezrah (now almost 2) and Oren. She had gestational diabetes while carrying her first child, Elijah (6), who was born under the care of an obstetrician, but drank the teas during the other two pregnancies and didn’t have any symptoms.

Courtney and her husband Chris noticed other marked differences between midwifery and obstetrical care. After having two miscarriages, she says she came to the Birthing Centre because she wanted a stress-free situation where she could make her own choices.

“I didn’t feel like I had much of a voice with my other pregnancies and I was really happy to have that back,” she says. When Elijah was born in hospital, Chris remembers being told to leave when visiting hours were over. In contrast, Oren was born at home and his mom had the support of her partner and her entire family. Stephanie’s mother and Chris were her labour coaches and her sisters came into the room when she was pushing. Nine other relatives waited in the living room for the baby to arrive.

“It was awesome,” says Chris. “It was so convenient, so relaxing and so peaceful. Everything’s right there and you’re in the comfort of your own home.”

The Vyse family is also grateful that the midwives at Six Nations ensured that the arrival of their newest member was a ceremony and celebration for the whole family. Baby Isaac’s grandmother Debra Vyse says seeing her grandson being born gave her an opportunity to witness the miracle of birth in a way that wasn’t possible when she had her own children.

“It was one of the most wonderful experiences I’ve had in my life,” Vyse says of watching her daughter-in-law Carly give birth. “It was a totally amazing feeling to see Carly do it. Right after she had him, I said ‘Carly, you’re my new hero.’ It seemed like we were all part of bringing him here. I wish every grandparent could have that experience.”

Carly Vyse is currently on maternity leave from the centre where she is the Fetal Alcohol Spectrum Disorder and Child Nutrition Coordinator. She says she appreciated the support and
feedback on her progress. Six months regular written tests and all the births. Her skills are evaluated through prenatal and post partum visits and preceptor and time spent observing self study, weekly tutorials with her education program that includes fetal circulation through an intensive tension, gestational diabetes and abnormal birth, and topics like hyperanatomy and physiology, normal and Smith has learned about reproductive attending births.

One of the people who helped alleviate any fears Vyse may have had was her student midwife Melodie Smith, a colleague at the centre and a student in the Aboriginal Midwifery Training Program. Smith, one of the birthing centre’s early clients, says that when midwives caught her son Ashton at home in 1997 she knew that she wanted to become one of them. But she had to put her dream on hold while she raised her sons. Three years ago when her boys were 8, 9 and 11, the single mom started the educational program as a full-time student. Since then she’s spent four years mastering, she’s now just eight births away from the 60 she needs to attend in order to complete the program. She plans to graduate in December. Unlike registered midwives who complete one of the province’s three MEP programs, Smith is unlikely to find a funded midwifery position when she graduates. In order to use the skills she’s spent four years mastering, she will need to wait for a colleague at the centre to go on maternity leave or for an Aboriginal midwife in another community to set up a practice.

Smith has learned about reproductive anatomy and physiology, normal and abnormal birth, and topics like hypertension, gestational diabetes and fetal circulation through an intensive education program that includes self study, weekly tutorials with her preceptor and time spent observing prenatal and post partum visits and births. Her skills are evaluated through regular written tests and all the midwives at the centre provide verbal feedback on her progress. Six months into the program when she began attending clinics, it was only a short walk from her desk to the centre’s examination room. When she needs to practice drawing blood or inserting an IV, the midwives are happy to let her practice on them. Smith says she appreciates the individualized education she’s receiving at the birthing centre and the support of all the midwives who’ve become like sisters to her.

After years of being the first person to arrive at the centre every morning and the last one to leave each night, she’s now just eight births away from the 60 she needs to attend in order to complete the program. She plans to graduate in December. Unlike registered midwives who complete one of the province’s three MEP programs, Smith is unlikely to find a funded midwifery position when she graduates. In order to use the skills she’s spent four years mastering, she will need to wait for a colleague at the centre to go on maternity leave or for an Aboriginal midwife in another community to set up a practice.

The program has been intense but Smith says the rewards make her hard work worthwhile. She remembers the thrill she felt the first time someone called her their midwife and says she smiles whenever she sees toddlers in the centre’s Mom and Tots program whose births she attended. “The biggest reward is seeing the numbers (of births) grow at Six Nations and hearing people brag about their midwives, their Aboriginal midwives. We touch so many families’ lives,” says Smith.

Smith admits that being a full-time midwifery student while raising a family requires a strong support system. When her boys were younger she couldn’t have balanced being on call 24/7 with her school work and spending time with her kids without assistance from her mom and her sisters and the understanding of her children. Her youngest son has always taken a great interest in her work. During her first year of study, every time she came home from a birth he asked her ‘Was it a boy or a girl? Is everything okay? Did she have to go to the hospital?’ These days he tells her that when he gets married, he wants her to deliver his children.

Six Nations’ clients are very appreciative of the postpartum care the midwives provide to newborns and mothers. Women who give birth at the centre, or in their homes on the reserve, are also pleased to get an additional postpartum home visit from maternity care worker Janet Homer on Day 2. Homer’s goal is to ensure that new mothers get the same kind of support that Melodie Smith’s family has given her. She usually brings lactation consultant Stephanie MacDonald with her to answer any questions women have about breastfeeding. It’s not the first time the moms have met Homer, who
Initially introduces herself to them around the 36th week of pregnancy. During her postpartum visit, she checks the baby’s vital signs, makes an impression of his or her footprints (that the parents will later receive in a bag filled with other gifts) and generally makes sure that mom and baby are doing well.

If the new mom doesn’t have her mother, sister, grandmother or aunts around to help, Homer will lend a hand anyway she can. If she notices that dirty dishes are piled up in the sink, she’ll offer to wash them while they chat. She’ll also give the mom an opportunity to take a shower if she’s comfortable having Homer watch her baby. Building relationships with clients and encouraging them to be the best parents they can be are among the most important and most rewarding aspects of her role. She says one of the highlights of her work is “seeing the love in that mom’s face and knowing that she’s discovering who she is.”

Homer also makes sure parents know that they aren’t alone; if they need help, she and the midwives and the other staff at the centre are there to support them. In addition to assisting new parents at home, Homer plans and runs a dynamic Moms and Tots group at the centre that features guest speakers, parenting ideas and advice.

Solving some child rearing dilemmas requires the wisdom of an elder. That’s why on some occasions Homer invites member of the centre’s Grandparents Committee to chat with the moms. “Some women don’t have an elder to talk to so I bring in a couple of grandparents to share their experiences,” says Homer. “It’s very casual. We make a pot of tea and they can ask questions.”

Sakoieta’ (He Wakes Them Up Early) Widrick is a highly-respected Mohawk elder who shares traditional knowledge related to pregnancy and parenting during prenatal classes at Six Nations. The father of six, grandfather of 21 and great-grandfather of one is devoted to family life.

“I was taught that when you have children, for the next 25 years your responsibility is those children. When they choose a partner, you can take a step back; you’ve been relieved from the responsibility of being the primary care giver and now you become like a counsellor,” says Widrick.

Among the wisdom Widrick imparts during classes are teachings that help young men prepare to be good partners. One of his important messages is that women are sacred because they have a life giving ability that men don’t.

“And because of that we can never strike her physically, mentally or emotionally, with words or objects, our hands or anything. When we touch a woman our hands are meant to be stroking, an extension of our heart,” says Widrick.

Rediscovering traditions and values makes clients proud to be Indigenous people in Canada, says Julie Wilson; and bringing birth back to the community has reunited families and given them a strong connection.

“Having babies born in the community helps the community heal as a whole. You can’t take an important element such as birth out of the community and expect the community to be healthy. Birth is such a sacred ceremony; it needs to be held and embraced within the community,” she says.

Wilson hopes that in the future the Aboriginal Midwifery Training Program will be able to graduate more midwives who will start similar centres in their own communities. “I would like this to become a model of excellence in the native community — a model of how you can incorporate tradition and Western (medicine) in a way that’s safe and effective and useful and works for our people.”

She would like to see other communities — especially small, fly-in ones — reap the tremendous benefits of having their own midwives. With their skills and knowledge, Aboriginal midwives provide care that includes breastfeeding support, running well-woman clinics, doing Pap smears, and educating families about fertility and birth control. If Wilson gets her wish, midwifery programs will be in place in other Aboriginal communities long before the Orens and Isaacs who live there are ready to start their own families.
Aboriginal Midwifery

Seventh Generation Midwives Toronto: 
Serving urban Aboriginal clients

When Jennifer Johnson became pregnant six years ago, her mother-in-law told her about Seventh Generation Midwives Toronto (SGMT) and made the phone call to set up her first appointment with an Aboriginal midwife. Johnson, who is proud to be the practice’s ninth client, says having her son with Aboriginal midwives was a great experience.

“I felt so much more comfortable at Seventh Generation because it’s an Aboriginal-focused practice and they were so supportive of all my birth plans,” says Johnson.

While she wasn’t able to have the home birth the SGMT midwives helped her plan, her whole family attended her hospital birth. In addition to her partner, Johnson’s sisters, cousin, grandparents, mother and mother-in-law were with her at the hospital and her mother-in-law sang songs to welcome the baby into the world.

Johnson says the postpartum care she received from the midwives was “phenomenal.” At the time, she was living a one hour and forty minute drive from Toronto and the midwives drove to her home several times during a snowy February to allay her concerns about breastfeeding.

Today Johnson is the office manager at the practice and she is thrilled to see other Aboriginal women receive the same culturally-appropriate midwifery care that she had. She says one of the unique features of SGMT is the fact that clients are offered a smudging ceremony at visits.

Midwives at SGMT have been providing culturally-sensitive care to Indigenous families and guiding them on the sacred, healing journey of birth since 2006. The practice, which is located on a quiet, tree-lined street in downtown Toronto, provides care for families of all kinds, but gives priority to Aboriginal clients. Each year, 25 to 30% of the practice’s clients are Indigenous families. The midwives cared for a total of 65 Aboriginal families in 2011 and will exceed that number this year, as they’ve cared for 75 Indigenous clients in the first six months of 2012.

Sara Wolfe, the registered Aboriginal midwife who co-founded the practice, says SGMT will never be too full for an Aboriginal client. “Sometimes it’s been tricky and there’s been some shuffling and we worked harder than expected that month, but we’ve always made that space available for Aboriginal families,” says Wolfe.

The odds are high that an Aboriginal client who comes to SGMT will receive care from an Aboriginal midwife. Five of the thirteen midwives in the practice identify as Aboriginal (and another grew up in an Aboriginal family), as do all of the administrative staff.

A number of paths lead Indigenous women and their families to SGMT. Families may be referred to the practice by former clients or may learn about it while attending a prenatal class being conducted by Wolfe or one of her colleagues at Anishinabe Health Toronto, Toronto Council Fire Native Cultural Centre or the Native Women’s Resource Centre. Some families are referred by frontline workers at community organizations such as Native Child and Family Services of Toronto (NCFST). Wolfe says that by working closely with NCFST to ensure that referred clients have the support and resources they need to care for their children, they have prevented many babies from being removed from their families.

Establishing and nurturing strong ties with members of Toronto’s Aboriginal community has always been important for Wolfe and her colleagues. When she was starting the practice, Wolfe laid a strong foundation for these important relationships by seeking advice from Cree elder Joanne Dallaire and Aboriginal midwives Katsi Cook and Carol Couchie. Over the years, a number of elders have helped the midwives gain a greater understanding of cultural teachings related to the significance of the childbearing year and have attended practice picnics so they could meet and socialize with clients.

In order to gain the trust of community members – especially the mothers, aunts and grandmothers whose advice young women respect – Wolfe says it’s important for the midwives to be visible in the Aboriginal community.

“People listen to their grannies in our community so they need to see us at the pow-wows, at births and in women’s homes. They need to get to trust us,” says Wolfe. She and her
Family regularly attend a weekly drum social at Toronto’s Native Canadian Centre where it’s common for her to see five or six clients.

“As Aboriginal midwives, we’re part of the Aboriginal community in an intimate way,” says Wolfe. “We see these families, these women, when we’re out there with our families in the community. We see their stumblings and achievements. It’s really quite phenomenal.”

The staff at Seventh Generation Midwives Toronto believe that every birth is a ceremony, a sacred journey in which a baby travels from the spirit world into the physical world. Wolfe says that when an Aboriginal baby is born, the event is also a journey of healing for the mother, the family, the community and, ultimately, their nation. “Every time a baby is born, that’s an opportunity for us to reclaim our rightful place in the world,” says Wolfe.

Some of the clients who make their way to SGMT are in need of more healing than others. They may be transient or marginally housed because they are fleeing unsafe domestic situations or have moved to the city to make a better life for their children. Due to the complexity of some clients’ lives, they may not come to SGMT until late in their pregnancy.

“There’s so much going on in their lives that getting prenatal care may not be a top priority,” says Wolfe. She says more pressing concerns for these clients include: finding good housing, making sure their children have enough to eat, scraping together enough money to take the bus to their appointment, and keeping themselves and their children safe.

Wolfe says providing care for these clients involves much more than taking a blood pressure, having a discussion about informed choice and making sure mom and baby are physically healthy. The midwives at SGMT spend time learning about each client’s emotional, spiritual and mental health so they can link them up with programs and resources that will help improve the quality of their lives and health. As is common for many midwifery practices, SGMT collects and distributes donations of diapers, baby gear and clothing to families who need them, and money donated to a discretionary fund helps pay for everything from transit tokens to ultrasounds for women who don’t have OHIP.

Clients who are experiencing other challenges in their lives can talk with Dr. Janet Smylie, an Aboriginal family physician who comes to SGMT two half-days a month to provide clinical support as well as brief psychotherapy and counselling. Her services are funded by the Inner City Health Associates.

SGMT midwife Alanna Kibbe, an ally of the Aboriginal community, believes midwifery is a form of social justice activism because it creates an environment where health care is in the hands of the person receiving it, instead of being in the hands of the person providing it. She says that an important part of her work is to “do enough learning that I can contribute to an environment of self empowerment, self determination and de-colonisation.”

“It’s pretty amazing and it’s also very humbling to be invited to learn about so many cultural teachings from the other midwives and from elders in the Aboriginal community,” says Kibbe.

Midwives at the practice also play an important role in interprofessional education by teaching health care providers at Sunnybrook Hospital (where the midwives have privileges) about what’s involved in providing culturally-sensitive care to Aboriginal families. In addition to developing an information manual for all units at the hospital to refer to, the midwives participate in hospital rounds and orientation sessions for new physicians where they talk about their work and the barriers and challenges Indigenous people face when using the health care system. For a period of time, all the medical clerks at the hospital did half-day rotations at SGMT so they would have an opportunity to learn more about the practice and meet Aboriginal clients.

“From my perspective, what’s significant is that we’re planting the seed of considering multicultural issues as a necessary part of health care,” says Kibbe.

Sara Wolfe believes that Aboriginal midwives are also an essential part of the health care system. She says the National Aboriginal Council of Midwives’ vision of having an Aboriginal midwife for every Aboriginal community is “brilliant” and looks forward to the day that all Indigenous women will have access to the kind of midwifery care that Jennifer Johnson received.

“I would like to see Aboriginal midwifery become more than a tokenized service, but rather one where we are seen as an integral part of the health care system, honoured and respected by our peers, and by the broader health care system,” says Wolfe. She also wants people to “recognize that we have something to teach, as well.”
Aboriginal midwives have been coming together annually for over a decade, usually in conjunction with the Canadian Association of Midwives (CAM) conference, for support, networking, and strategizing to strengthen Aboriginal midwifery and return birth to Aboriginal communities. In November 2008, Aboriginal midwives made the decision to establish a collective voice and created the National Aboriginal Council of Midwives (NACM), which has the same status as other Provincial and Territorial Midwifery Associations within CAM. NACM is fully autonomous, but receives support from its umbrella organization, CAM.

Although NACM’s membership has grown substantially in recent years, its core values and mode of operating remains similar, as members draw strength from each other during in-person meetings at least once a year.

“Observing ceremonies is very important to everyone involved,” says Kerry Bebee, an Aboriginal registered midwife and Co-Chair of NACM who practices in Ontario at Midwives of Lindsay and the Lakes. “Our structure is consensus-based, based on a talking circle. Sometimes it takes a bit longer to reach a consensus, but we want to ensure that everyone has a chance to be heard.”

There are about 60 members of NACM, including Aboriginal midwives, midwife Elders, and students, from all across the country including First Nations, Inuit and Métis communities. Membership is open to both registered midwives and Aboriginal midwives who are practicing on their own territories.

“We are very diverse, in every way,” says Bebee. “But we have a lot to learn from each other, despite the fact we come from different traditions.”

When the NACM logo was created, Bebee recalls, it was difficult to find an image that could represent everyone while not using the symbols of any one tribe or group, “but I think we managed it,” she says, about the distinctive blue, white and purple NACM logo.

The past twelve months have been full of intense activity for NACM. In the fall of 2011, NACM secured funding through the Aboriginal Health Human Resources Initiative (AHHRI) of Health Canada to promote Aboriginal midwifery to Aboriginal communities. In the spring of 2012, NACM released three videos: two about the practice of Aboriginal midwifery and a third about Aboriginal Midwifery education (bit.ly/UhcNNi). NACM also recently launched a new website, aboriginalmidwives.ca, which is a hub for members and the public, and contains news, press releases, resources, and birth stories.

Part of the new website includes a statement of NACM’s 10 Core Values, which are designed to educate communities about Aboriginal midwifery and interest young people in a career as a midwife.

In addition to promoting midwifery, NACM also consulted with seven Aboriginal communities across Canada which want to revive midwifery and bring birth back to their communities. Midwives visited Mohawk communities Tyendinaga and Akwesasne in Ontario, Haida communities Skidegate and Old Massett in BC, and Black Lake, Fond du Lac and Stony Rapids in Northern Saskatchewan. The results of these discussions and workshops will be incorporated into a toolkit created by NACM which will address the needs of communities wanting to strengthen and grow Aboriginal midwifery.

The year has also brought some challenges, including the loss of Federal funding for one of NACM’s partners, the National Aboriginal Health Organization (NAHO).

“The loss of NAHO funding was very disheartening,” says Bebee. “But in general we are feeling optimistic about what NACM has achieved this year and the work that we will be continuing. Although each community faces different challenges and barriers, NACM gives a national voice to Aboriginal midwives, and a place to come together for this important work.”

Be sure to check out NACM’s new website: aboriginalmidwives.ca
The Midwifery Education Program (MEP) at Ryerson University will introduce a new course called “Aboriginal Childbearing” in January 2013. Students in the course will have an opportunity to discuss issues related to health and identity and explore the ways midwives can support the health of Indigenous people.

“Indigenous communities in Canada have always had strong and meaningful midwifery and birthing cultures from which all students and midwives have much to learn,” says Mary Sharpe, Director of the Midwifery Education Program at Ryerson. “The Ryerson MEP is thrilled to be able to offer the new course to our students and to the Ryerson community.”

Registered midwife Cheryllee Bourgeois, a sessional lecturer and member of the MEP’s Aboriginal Sub-committee, has spent the past year developing the Aboriginal Childbearing course and looks forward to teaching it. She says the course will examine the impact that history has had on the relationships between care providers and Indigenous people and the resurgence of Indigenous pride.

One of Bourgeois’ goals for the course is to dispel common stereotypes about Indigenous people. Partway through her course, when the students have a good context of who Indigenous people are, she will introduce the topic of “rebels, resisters and resilience” and ask students to tell the class about an Indigenous person who fits one of those profiles. She says this assignment will help students learn about the diversity that exists among Aboriginal people and make them more aware of the numerous contributions that Indigenous people are making in cities and on reserve communities.

For non-Indigenous students, Bourgeois hopes a key takeaway from the course will be the ability to acknowledge that they live and work on Indigenous land. Her goal is to prompt students and midwives to get to know whose traditional territory they are living and working on. She says that, ideally, this self-reflection will lead to questions like: What do I need to do in my personal practice in order to make a connection with that community and support them more effectively?

In addition to introducing the new course, the MEP program is also demonstrating its commitment to Aboriginal midwifery by encouraging and supporting its faculty members to increase the amount of Indigenous content in existing courses. Bourgeois and fellow members of the MEP’s Aboriginal Sub-committee have met with MEP course coordinators and instructors to review the topics covered in their courses and offer suggestions for including Indigenous content.

Supporting non-Indigenous faculty to feel comfortable discussing Aboriginal topics and issues is an essential part of the curriculum review process, says Bourgeois.

“During conversations with instructors, their concern wasn’t content, but ‘How do I teach this and what language do I use? Is it okay for me to talk about this?’” Bourgeois says these are important discussions because the terminology an instructor uses may unintentionally exclude students or put them on the spot.

“Even a word like ‘tradition’ can be really loaded for Aboriginal people. It’s important to present material appropriately and in a way that’s going to support everyone’s learning.”

Cheryllee Bourgeois, RM

Registered midwife and sessional lecturer Cheryllee Bourgeois is looking forward to teaching “Aboriginal Childbearing”, a new course she developed for Ryerson MEP students.
Women living in dozens of communities across Ontario are able to access midwifery care through midwifery practices funded by the Ontario Ministry of Health and Long-Term Care (MOHLTC). Aboriginal women living on reservations do not have the same access to midwives. Six Nations of the Grand River is the only reserve community that has a midwifery practice. While the MOHLTC is committed to growing midwifery, it doesn't create positions for Aboriginal midwives practicing under the exemption clause in the Midwifery Act (as it does for registered midwives), and there is no mechanism in place to pay these midwives for their skills and expertise.

In spite of these significant barriers to practicing, some Aboriginal midwives are so committed to caring for their own people that they are leading campaigns to bring midwifery back to their communities. For these midwives, advocating for changes to the health care system involves research, community education, government relations, and the ability to develop business plans and feasibility studies.

Dorothy Green and Jasmine Benedict didn’t learn their advocacy skills in midwifery school, but they’re so committed to caring for their own people that they are leading campaigns to bring midwifery back to their communities. For these midwives, advocating for changes to the health care system involves research, community education, government relations, and the ability to develop business plans and feasibility studies.

When Dorothy Green graduated from the four-year Aboriginal Midwifery Training Program at Six Nations in August 2011, there wasn’t a job waiting for her. So she went to the employment office in her reserve community of Tyendinaga, located on the Bay of Quinte in southeastern Ontario, and secured funding to work at Six Nations for six months as an apprentice midwife. When the contract ended, Green returned to Tyendinaga to continue leading the campaign for an Aboriginal birthing centre that she started in 2010.

Green firmly believes that babies should be born on their territory. A few years ago she uncovered an ancestral link to that belief when she discovered that both her great-grandmothers had been midwives. Her passion for returning birth to the Tyendinaga Mohawk Territory led her to leave a 22-year career with the Federal government to study at Six Nations. During the intensive program, Green only had three days off a month (and one month’s vacation each summer), but spent most of her time off in Tyendinaga, conducting prenatal classes and attending community events so she could talk to people about bringing birth back to the community.

When she surveyed citizens to get their opinions on having a birthing centre in Tyendinaga, 100% of the men who responded and 98% of the women were in favour of the plan.

“It’s spiritual and it’s a community event when these little ones come into the world and you want to share that and celebrate it,” says Green.

“…”It’s to sustain who we are as a people. To bring these teachings back and to not lose track of who we are and why we’re here.”

Dorothy Green, Aboriginal Midwife

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“It’s spiritual and it’s a community event when these little ones come into the world and you want to share that and celebrate it,” says Green.

She says her desire to bring birth back to Tyendinaga is being fuelled by an even higher purpose than spirituality and celebration. “It’s to sustain who we are as a people. To bring these teachings back and to not lose track of who we are and why we’re here,” says Green.

Aboriginal midwife Jasmine Benedict grew up in Akwesasne, a Mohawk Nation that is unique because the territory straddles borders internationally (Canada and United States) and provincially (Ontario and Quebec) on both banks of the Saint Lawrence River. Benedict graduated from the Birthwise Midwifery School, an accredited institution in Bridgton, Maine, in 2007, and discovered there was no funding for her to practice midwifery in Akwesasne. Since she graduated, she has attended the births of Maori babies in New Zealand and Amish and Mennonite babies in the United States, but finding a way to provide care to her own people has been much more challenging.

“I came home to practice with my people here, and there are so many barriers to doing that,” says Benedict. “It’s sad and it’s discouraging and I get really frustrated...There’s a barrier in terms of funding and it’s like we’re set up to fail…It’s not fair. It’s an inequity.”

Benedict wants to establish an Aboriginal birthing centre to serve...
all the residents of Akwesasne so her people can be born on their own land and be true citizens of Mohawk Territory, instead of having to declare citizenship to Canada or the US.

Both Green and Benedict are home in their territories now, working individually and with their local governments and health boards to move their plans ahead. The two women are in regular contact and often share information and strategies with one another.

Under Green’s leadership, and with the assistance of a consultant, the members of the Kenh:te:ke Birth Advisory Working Group she formed recently completed a feasibility study and a business plan for establishing a birthing centre and an Aboriginal midwifery training program in Tyendinaga. Green and the working group have the full support of the community and Tyendinaga Mohawk Council, which hired the consultant and included the establishment of the birthing centre in the community’s 2007 Strategic Health Care Plan. This summer, the Council authorized land in Tyendinaga’s central core for a freestanding birthing centre.

Green hopes construction of the building will begin in 2013 but acknowledges that finding funding for the project may be the community’s biggest challenge. In a year when the Federal government made major funding cuts to Aboriginal programs and services, Green was disappointed to learn that their project wouldn’t qualify for the Ontario Ministry of Health and Long-Term Care’s birth centres pilot project. However, she says Tyendinaga submitted a proposal to the Ministry anyway because “we want them to know that we’re serious. We want the same access to services and we want to be included in the decision-making. This (project) is only going to benefit the health-care system,” says Green.

Green has opened a practice called Kontinenhanonnha Tsi Tka:ha:nayen in Tyendinaga Mohawk Territory. It consists of a fully-equipped birthing room in her own home, but she hasn’t advertised for midwifery clients because there is currently no funding mechanism in place.

“Being an Onkwe:honwe Midwife is a gift and a responsibility given to me to share with others, so I cannot charge a private fee. I also don’t want to set up a two-tiered system where some people could afford my service and some could not,” says Green.

For this reason she and her team are currently volunteering their skills to support the women in the community, while working part-time or full-time in other jobs.

She wishes the government would make funding for Aboriginal health a priority. “I think it’s great that the government can go outside the country and help other people. But look in your own backyard,” says Green.

The hurdles the community may need to clear before it has its own birthing centre haven’t discouraged Green, who says she’s determined to explore every possible option for securing funding.

Jasmine Benedict’s campaign to bring birth back to her community has the support of her nation’s chiefs, council and health board. The mother of four, who owns and operates a publishing company, spends her free time researching funding options and working on a business plan for a birthing centre and Aboriginal midwifery education program.

Last spring, the National Aboriginal Council of Midwives (NACM) offered to help midwives like Benedict in their quests to bring birth home by holding community consultations to give midwives, citizens and stakeholders opportunities to explore opportunities and barriers. One of the consultations was held in Akwesasne and Benedict attended with Joyce Leaf, a Six Nations-trained midwife who lives in the community and would like to practice with Benedict when the birthing centre is established. Dorothy Green also attended.

“It’s not that midwifery is gone from the community because we still have memories of midwives and home birth — and we’re very fortunate to have them. But we’re not going to have them much longer if there’s no one to practice,” says Benedict.

She currently provides free prenatal care, breastfeeding support and labour coaching to women on the territory, but doesn’t accompany them to the hospitals where non-Aboriginal health-care providers attend their births. She says she practices midwifery as a volunteer because she doesn’t believe in charging for care because all Mohawk women should have equal access.

In September, Benedict will be meeting with the territory’s health board to present her vision for midwifery in the community. Following that meeting, members of the health board will visit Six Nations birthing centre to learn more about their birthing centre and education program. When they return, Benedict looks forward to working closely with them to develop a business plan for the health board to present to chiefs and council.

Benedict is confident that with the support of the community members, chiefs and council and the health portfolio, Akwesasne will have a birthing centre in the near future.

“It’s just a matter of ‘Is there funding?’ That’s really what is comes down to,” she says. “As Aboriginal midwives who are not regulated through the College of Midwives of Ontario, we don’t have access to [billing and] fees through the Ministry of Health,” says Benedict.
Watch for the AOM at CAM

Members of the AOM Clinical Practice Guidelines (CPG) team will be showcasing work in two concurrent sessions at the October Canadian Association of Midwives conference in St. John’s, Newfoundland.

AOM staff, and members of the Vaginal Birth After Caesarean (VBAC) work group, will be highlighting key points from the AOM VBAC CPG during the Vaginal Birth After Caesarean and Vaginal Birth After Multiple Caesarean: Trends and Choices session. This fun, hands-on session will guide participants through scenarios dealing with VBAC.

In addition, the session CPGs in Action: New Tools to Help Midwives and Clients Make Evidence-based Decisions will introduce midwives to new resources to make accessing CPG information easier than ever. Members will be able to access CPGs on the go thanks to new mobile apps which will be launched at the conference.

New midwifery practice brings birth back to Attawapiskat

When Neepeeshowan Midwives opens later this fall, women in Attawapiskat with low-risk pregnancies will no longer have to be evacuated from the community at 38 weeks. Soon every pregnant woman in Attawapiskat will receive midwifery care from midwife Christine Roy and low-risk women who want to have their babies in the community will be able to do so.

Roy says she is thrilled that her new practice will return birth to the community. “Women tell me ‘we want to have our babies in the community because we want to be surrounded by our whole family,’” she says.

The new midwifery practice is the culmination of a dream Roy has had since the late 1980s when she worked as a nurse in Attawapiskat and fell in love with the community. Her practice will provide care and services in the Weeneebayko Area Health Authority (WAHA), which includes the communities of Moose Factory, Moosonee, Fort Albany and Attawapiskat.

Roy arrived in Moose Factory at the beginning of October and is working on putting the necessary protocols and guidelines in place and getting admitting privileges at Weeneebayko General Hospital. Once she has laid the groundwork for the practice, she will begin seeing clients in Attawapiskat. Neepeeshowan Midwives is currently recruiting for an additional midwife.

HUB Contest Winners

Congratulations to the following members who won a Pinard charm bracelet through HUB International’s recent contest:

Rebecca Carson, Sherene Furnell, Leah Klein, Suzan Lorenz and Alusha Morris.

Members who called HUB for a free insurance quote were entered to win one of five bracelets. For every quote completed, HUB donated $5 to the Canadian Association of Midwives’ trust fund, which will help bring midwives from around the world to the 31st Triennial Congress of the International Confederation of Midwives in Toronto in 2017.

Support CAM and purchase a bracelet today! (bit.ly/PQPd3A)

2013 Conference dates announced!

The AOM Annual Conference will take place from May 6 to May 8, 2013. Details coming soon. This is one event you don’t want to miss! 

Keynote speaker Catherine Porter addresses midwives and guests at the 2012 annual conference.
Emergency Skills Workshops

The Association of Ontario Midwives reminds members that all registered midwives in Ontario are required to recertify in emergency skills every two years in order to maintain their registration with the College of Midwives of Ontario.

Register early because space is limited and sessions sell out.

The AOM is pleased to offer the following courses:

**November 16, 2012 — Toronto**
Association of Ontario Midwives
365 Bloor Street E, Suite 301

**February 8, 2013 — Guelph**
Fairfield Inn and Suites, Guelph Room
35 Cowan Place

**March 8, 2013 — Barrie**
Hampton Inn and Suites Barrie, Opal/Topaz Room
74 Bryne Drive

**March 22, 2013 — Sudbury**
Travelodge Hotel Sudbury, Brookview Room
1401 Paris Street

Fees:
AOM Member - $325
ESW Workbook (2009 version) — $45

Session Times:
8:30 a.m. - 12:30 p.m. or 1:30 p.m. - 5:00 p.m.

Visit the AOM member site to register online or to print the registration form and mail or fax it back to the address provided.

If you require any additional information please contact events@aom.on.ca or call (416) 425-9974 x2255.

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Important changes to the AOM Professional Development Fund

AOM members are eligible for up to $700 per year as reimbursement for professional development activities if they lived or practiced in Ontario during the funding year and were members at the time of the event. Full eligibility requirements and updated forms can be found on the member's only website at bit.ly/Q9jB2f.

The AOM has made changes to the PD Fund for the 2012-13 funding year. Here is what you need to know:

**New deadlines!**
March 1, 2013 – the deadline to submit claims for any professional development activities completed between April 1, 2012 and March 1, 2013.

March 31, 2013 – the deadline to submit claims for any professional development activities completed in March 2013.

**New travel rules!**
Free Event Travel: Members who travel at least 100 kilometres one way to free AOM events can claim a maximum of $250 in travel and accommodation expenses.

Northern Travel Subsidy: The $250 subsidy previously available only to rural and remote practices is now also available to practices in the MOH North Region. This subsidy can be claimed for each event and is in addition to the amount available for professional development.

**Attend CAM and Claim an Additional $300!**
This year, to support collaboration and the unique professional development opportunities offered at the CAM conference, the AOM is offering a one-time additional $300 over the yearly maximum of $700 to support attendance at CAM in Newfoundland. The additional funds can be used for travel or registration. In addition, the normal limit of 30% of registration costs towards travel and accommodation maximum is being waived for CAM. This means that members can claim any amount for travel and accommodation, regardless of registration costs.

If you wish to use your entire professional 2012-13 development fund allotment, you will receive $1000 back on your eligible costs to attend CAM.

For more information about the PD fund, contact cpcoordinator@aom.on.ca or 416-425-9974 x2244 or 866-418-3773 x2244

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Events and Webinars

**Putting the Evidence into Practice: Reducing C-sections in Ontario**
Hear about the latest research surrounding c-sections and explore how community standards, clinical practice and ethics affect both primary and secondary c-section rates. Discuss local challenges and possible solutions.

Date: November 15, 2012
Time: 9:00 a.m. - 5:00 p.m.
Location: Kitchener, ON

**Human Rights in a Midwifery Practice: New Requirements Under the Code**
Learn about new requirements in the Ontario Human Rights Code and the responsibilities of each midwife in their relationship with clients, clinic employees, students and fellow midwives. Hear about new insurance available for human rights complaints. Practice partners are encouraged to attend.

Date: December 19, 2012
Time: 12:00 p.m. - 1:00 p.m.
Webinar

To register, visit www.aom.on.ca/Continuing_Education
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

www.aboriginalmidwives.ca