Aboriginal Midwifery in Practice: Understanding the work of an Aboriginal Midwife
A BIRTH IN THE NORTH WITH AN ABORIGINAL MIDWIFE

I had the privilege of being at a beautiful birth. There was this great grandma and grandma and this young girl with her partner. All through the labour they talked about how the grandmothers had not been able to stay in their communities for their births: both of them had been flown out to a city to have their babies. They talked about how wonderful it was that they were going to be able to see their grandbaby born. They were all there in that room, and everyone was sitting around, eating and talking. It was a long labour. The baby stayed up high for a long time and finally it got low enough and the water broke. Then it was born very quickly, after some good contractions. It was a beautiful birth. Everybody came into that room. The whole community came in there, because they went on the radio and announced it. Everyone came and shook the mother’s hand and looked at the baby. Elders came in and cried with happiness. It was unbelievable what they had given themselves. We were able to be there with our knowledge and skills to help this family do this in a good and safe way.

— Carol Couchie, Aboriginal Midwife, Nipissing First Nation

“For women like our mothers who’ve never given birth at home, it’s been very positive for families and couples. But the younger ones think it’s just a natural thing to give birth [in the community].”

— Brenda Epoo, Aboriginal Midwife, Inukjuak, Nunavik
Aboriginal midwives are health professionals who provide primary care to women and their babies during pregnancy, labour, birth and the postpartum period. As primary care providers, Aboriginal midwives may be the first and only health professional a pregnant woman sees when she finds out she is pregnant. Aboriginal midwives work in partnership with women and are fully responsible for clinical decisions and the management of care during the childbearing year.

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

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

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

In many northern or remote settings, pregnant women have to leave their families and communities for many weeks prior to the birth. This means many women often give birth without any family support. Aboriginal midwives in these communities offer an important option for women and their families: the opportunity to stay at home and to be together to welcome the baby into the family and the community.
“We are creating a space that’s non-judgmental. It means creating a space that’s very overt in what we’re doing. We are a practice that serves the Aboriginal community. We have a focus on serving that community and we will make a space for cultured traditions within care or within your birth if that’s something that you want to explore.”

— Cheryllee Bourgeois, Aboriginal Midwife, Seventh Generation Midwives, Toronto

“We practice cultural safety. This means that a woman can be who she is in any way she chooses to be.”

— Carol Couchie, Aboriginal Midwife, Nipissing First Nation

Inter-cultural exchange between Aboriginal midwifery students and Mayan elders at a traditional medicine camp near Clearwater Lake, Manitoba.
ABORIGINAL MIDWIFERY PROVIDES:

- **Personal, individualized care** that respects physical, emotional and cultural diversity. This includes prenatal, birth and postnatal care. It also includes physical examinations, screening and diagnostic tests, and the assessment of risk and abnormal conditions.

- **Collaborative care.** Midwives work in collaboration with other professionals and consult with and refer to specialists as necessary.

- An opportunity to build a strong and trusting relationship between care provider and client.

- **Longer visits.** Visits are often 45 minutes long, to allow midwives to provide personalized care, answer questions, share community resources, and provide information and support.

- **Continuous care.** At the time of birth, midwives are there throughout the whole process and provide one-to-one care during labour and birth.

- **In-home visits.** Midwives provide in-home postpartum visits the first week after delivery and continue to provide care to the mother and child afterwards.

- **Family-centered care** that welcomes partners, family members and siblings into the childbearing process.

- **Evidence-based practice:** care based on the most recent medical research. This allows midwives to provide information so that women and their families can make informed choices about all aspects of their care. Informed choice means that the midwife makes sure the woman is informed and is an active decision-maker in her own health care.

- **Covered care.** Midwifery is funded in nine of the thirteen provinces and territories. This means that women in these areas do not have to pay for midwifery care. Depending on the community, Aboriginal midwives may be employed by the regional health authority, through federal initiatives, by a hospital, or self-employed.
This diagram shows how an Aboriginal midwife spends her time. Midwives are not only responsible for taking care of women and babies, their role extends into the community as well as working with the health care system. Midwives often find themselves very busy, and it is important to try and find balance between all of these areas, including self care.
The Maternity in Inukjuak, Nunavik, Québec

Midwifery student and Aboriginal Midwife Darlene Birch study medicinal plants.
“I think that when you have your first baby, something shifts in you as a person. You are no longer the same person you were before. So if we, as midwives, can help women have their babies in a good way, that shift can carry them forward in such a positive way. When a woman is empowered in her pre-natal care to make decisions and we advocate for her to have a good birth, the shift that happens can be so profound.”

— Aimee Carbonneau, Aboriginal Midwife
NATIONAL ABORIGINAL COUNCIL OF MIDWIVES

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