Responsible Representation and Collaboration in Supporting Indigenous Maternal Health in Canada

by

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Author's Declaration

I hereby declare that I am the sole author of this thesis.

This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

Honouring the sacredness of pregnancy, childbirth, and the early postpartum period has long been held as integral to the strength and celebration of Indigenous families and communities in Canada. Although the impacts of oppressive settler colonial systems have strained the connection to and practice of traditional approaches to these reproductive life stages, there are immense efforts under way by Indigenous midwives and women and birthing parents to restore and reclaim what had been lost. With an awareness of historical and current conditions of Indigenous maternal health, I explored how to best situate myself as a white settler anthropology researcher and maternal health practitioner, and how to support Indigenous maternal health in an anti-racist, anti-oppressive, and culturally safe manner.

Over the course of my research, I had the honour of interviewing a number of highly respected Indigenous scholars, midwives, and community leaders across Canada to seek their guidance and insights about how I can responsibly represent and partner with Indigenous midwives and women and birthing parents, as well as the role and extent of the impact of having shared identity in the provision of culturally safe care. With honest self-knowledge of being a settler Canadian, critical understanding of how settler colonial systems and structures continue to harm and disenfranchise Indigenous women and birthing parents, and a commitment to equal, respectful relationships, there is the potential for robust, healthy partnerships with Indigenous practitioners to champion Indigenous maternal health in Canada.

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Land Acknowledgment

I offer my gratitude to the traditional lands on which I live, work, and raise my children.

I offer my respect to the Indigenous peoples of these lands, the Attawandaron (Neutral), Anishinaabeg, and Haudenosaunee peoples, as well as the Indigenous peoples from other areas who currently reside in the Waterloo region.

As a white settler of Finnish, English and Scottish ancestry, I acknowledge that I am part of and benefit from the settler colonial systems in which we all live and work. I understand that this land acknowledgement is but a small step toward meaningful change. I understand that I have a responsibility to use the knowledge, privileges and resources available to me to make them of benefit to others. I am deeply committed to action and a path toward decolonization. My graduate research project aims to be of benefit to Indigenous individuals, families, and communities.

Table of Contents

Chapter One

1.1 Introduction

With this thesis, it is my intention to contribute meaningfully to the myriad pressing conversations and dedicated efforts taking place to address the systemic inequities, racism and harm faced disproportionately by Indigenous women and birthing parents during their maternal health care experiences in Canada. It is also my hope that the results of my research can provide useful and actionable material for application both within and outside of academia, to increase awareness and understanding of how we can develop sustainable, equitable, and respectful relationships and collaborations, particularly among individuals and communities without shared identity and shared histories.

My research attempts to explore the fraught questions of decolonization and best practices for both situating myself as a white settler researcher and maternal health practitioner as well as the discipline of anthropology (with its past and ongoing problematic practices) in relation to supporting Indigenous maternities. Over the course of my research, I had the honour of interviewing a number of highly respected Indigenous midwives, scholars and community leaders across Canada to seek their guidance and insights about how I can responsibly represent and partner with Indigenous midwives, women and birthing parents, particularly as someone who does not have shared identity, to ensure anti-racist, anti-oppressive, and culturally safe care.

This chapter will include a discussion of public issues anthropology as the valuable lens through which I explore my research questions, followed by an explanation of how my research

project engages with public issues of critical contemporary importance, and concluding with the significance of the results of my research.

1.2 Public Issues Anthropology

Public issues anthropologists are committed to addressing critical contemporary issues by applying their skillful gathering and interpretation of insights from diverse and interwoven contexts, and their sensitive and discerning representation of the publics (individuals and communities) that are at the heart of their studies. Robert Borofsky, who coined the term *public anthropology*, insists that "the focus of public anthropology remains on engaging with broader publics beyond the academy in ways that benefit them not just [anthropologists]," and emphasizes upholding standards of transparency and collaboration (Borofsky 2019, 125). With this perspective in anthropology, Borofsky calls on anthropologists to get out of the ivory tower and make a meaningful effort to create social change through their work. Regna Darnell echoes Borofsky in her assertions that contemporary anthropologists have a professional responsibility to collaborate with individuals and their communities, to accept public policy interventions as being integral to their work, and generally, to make worthwhile contributions to their society (Darnell 2015, 3). Most importantly, public issues anthropologists have the opportunity and responsibility to challenge outdated assumptions and biases, and to make their contributions readily available and directly applicable to the public issues being addressed.

Presently, there is a call for white settler anthropologists (along with other academics) to study themselves, and to "study up" (Nader 1969), to study the systems and structures at the top of imbalanced power relations, and at the root of most, if not all, public issues. Without

either consequential changes to the functioning of our societies through these systems and structures, or through the revolutionary establishment of new and better systems, largescale progress will be slow, and we will likely only chip away marginally at the issues with which we concern ourselves.

1.3 Overview of the research project

Honouring the sacredness of pregnancy, childbirth, and rearing of the youngest community members has long been held as integral to the strength, protection and celebration of Indigenous families and communities in Canada. Although the impacts of oppressive settler colonial systems have strained the connection to and practice of traditional Indigenous approaches to the reproductive stages, there are immense efforts under way by Indigenous midwives and doulas as well as Indigenous women and birthing parents to restore and reclaim what has been lost. Held as inherent experts of themselves and their health, Indigenous women and birthing parents are supported by Indigenous midwives as being capable of determining the ideal setting and support for birthing, as well as their preferred postpartum health care and choice of childrearing.

At this stage, it is important for me to explicitly state that I have chosen to use the term "Indigenous" in my research to reflect shared reproductive and maternal health experiences, which reveal both the continued marginalization by settler colonial systems and structures and the determination of Indigenous women and birthing parents to resist this oppression and restore safety, dignity and freedom of choice to their reproductive and maternal health. It is not my intention to homogenize or minimize the significant diversity of identities and experiences

between and within communities of Indigenous (First Nations, Inuit and Métis) peoples in Canada. Additionally, I wish to acknowledge the intersectional and changing nature of the lived experiences of Indigenous women and birthing parents, as "context matters and is ever-changing, no two oppressions are the same, and for the targeted woman, no axis of oppression stays constant over time" (Ross and Salinger 2017, 93).

Childbirth has traditionally been supported by community midwives and family members in Indigenous communities in Canada. Preparation for and transition into parenthood was celebrated and protected, and grounded in practices infused with warmth, nurturance, safety and empowerment. Under settler colonial systems, concerted efforts have historically been made to disempower, "civilize," assimilate, or erase Indigenous peoples - to disconnect Indigenous women and birthing parents from their home communities. Legislation, such as the Constitution Act and the Indian Act, "[interacted] to significantly and systematically disadvantage First Nations women by legally limiting their identity, a process that substantially restricts their access to health care" (Lawford et al 2018, 481). With the advancement of the biomedical model of birth and prioritization of its authoritative knowledge over that of midwifery, natural reproductive processes have been medicalized, technologized, and institutionalized (Davis-Floyd 1994, Inhorn 2006, Clifford 1993, Irwin and Jordan 1987, Sargent and Bascope 1996, Davis-Floyd and Davis 1996, MacDonald 2006). As such, a loss of connection with traditional birthing knowledge and practices ensued, as well as maternal health care provision that ensured safety and dignity.

Significant harm and mistreatment have occurred in many maternal health care system settings. Obstetric racism, a form of structural racism and structural violence, involves

systematic processes of racialization, dehumanization and devaluation of Indigenous motherhood and parenthood, and frequently manifests as mistreatment, exploitation and abuse in maternal health care systems. It is linked to a historical mistrust of the medical profession among Indigenous communities (Rapp 2019, Farmer 1996, Lawford et al 2018). The medicalization of Indigenous maternities in Canada, especially through the federal government's evacuation policy and discreditation of traditional Indigenous midwives, led to numerous damaging consequences such as the loss of some traditional birthing practices, disconnection from family and community, and increased rates of physical and psychological health difficulties (Olson 2013, Cidro 2020). The biomedical model of birth demands a hospital setting and full reliance on medical technological interventions and medical professionals. From this perspective, the hospital is seen as the birthing setting in which safety and risk management can be maximized. However, by enforcing this biomedical approach, the health and social risks and iatrogenic impacts faced by Indigenous women and birthing parents are overlooked. Having to navigate the biomedical health care system, often without adequate support in childbirth, leaves very little opportunity for these individuals to have any choice or negotiation in their birthing experience.

As acts of resistance and reclamation, Indigenous birth practitioners and community members are advancing the decolonization of Indigenous maternities and pressing for Indigenous self-determination (Simmonds et al 2017, Tait Neufeld and Cidro 2017). Across Canada, there are Indigenous-led projects that aim to restore community birthing practices and Indigenous midwifery trainings and clinics (Lawford et al 2018). Although not necessarily consistent across all circumstances, there is noted value in shared identity and shared

experiential understanding (for example, Indigenous midwives caring for Indigenous women and birthing parents) to potentially have consequential effects in the provision of maternal health care, such as significantly improving maternal and infant survival in childbirth (Greenwood et al 2020). The ways in which women and birthing parents can navigate the reproductive stages within their particular social, cultural, and political circumstances can define the course of their health and wellbeing for years to come, as well as have profound effects on their children and descendants for generations.

Aware of these historical and current conditions, I explored how to best situate myself as a white settler researcher and maternal health practitioner, and how to do my work in an anti-racist, anti-oppressive, and culturally safe manner. I chose to use elements of autoethnography and collaborative ethnography to encourage greater understanding of the interconnectedness and complicated dimensions of identities and relationships. In an effort to educate myself appropriately, I completed a literature review on the topics I addressed in my research interviews. I, then, had the privilege of consulting with a number of prominent Indigenous scholars, community leaders and midwives for their guidance and insights.

1.4 The publics and public issues in the research project

`The publics in focus for my research project include Indigenous women and birthing parents and Indigenous midwives and doulas in Canada, as well as non-Indigenous/settler Canadians who are considering how to responsibly position themselves in relationships with Indigenous individuals and communities. The public issues that I am concentrating on include Indigenous maternal health, Indigenous reproductive justice, culturally safe care, Indigenous

self-determination and sovereignty, and decolonization, as well as anti-Indigenous racism, and structural violence.

1.5 Engagement of the research project with public issues

I chose not to focus my research on the traumas that Indigenous women and birthing parents have historically experienced, and the way in which these harms continue to play out in the present. An abundance of resources is already available to learn about this anti-Indigenous racism and settler colonial violence. Instead, I focused on the continued strength, resilience, and determination demonstrated by Indigenous women and birthing parents, along with Indigenous midwives working to revitalize and protect the health and well-being of Indigenous families and communities. I also chose to address my positionality in this current cultural context of needing to "stay in my own lane" and also "make sure I do the work" in order to understand the boundaries around what work belongs to whom. When it comes to engaging with the concept of decolonization, it is not a clear path for anthropologists who are intent on decolonizing the discipline. Anthropology's historical complicity in settler colonialism and in constructing the idea of the "savage" and the exotic "other," its tendency to have "dealt almost exclusively with Indigenous peoples in an ahistorical and depoliticized sense," as well as its inherently Western epistemology are among its biggest obstacles (Simpson 2014, 11). However, understanding and pressing for decolonization of the discipline is a critical task to undertake, and a key component in my research project.

I am exploring the meaning and extent of the impact of shared identity and its potential role in providing culturally safe care. I am also concentrating on the significance of resistance

against settler colonial systems through reclamation of traditional Indigenous birthing knowledge and practices.

1.6 Significance of the research project

In light of the production of the Truth and Reconciliation Commission's 94 Calls to Action in 2015 and the Murdered and Missing Indigenous Women and Girls Final Report's 231 Calls for Justice in 2019, along with myriad urgent public discussions and demands for meaningful action, it is of critical importance that careful, intelligent investigation of how white settler academics and practitioners of various professions should position themselves so as to prioritize dignity, autonomy, safety and equity in relationship building with Indigenous peoples in Canada. In the current (2020/2021) context of global heightened awareness and critical conversations around anti-Indigenous and anti-Black racism, white saviourism and performative allyship, it is crucial for white anthropologists to better understand these critical contemporary public issues, and what it means to do their ethnographic work in an anti-racist, anti-oppressive, and collaborative manner with individuals and communities with whom they do not have shared identity and shared lived experiences. There is now a renewed urgency to decenter white settler voices, amplify the voices of those who have historically been silenced and oppressed, and create new ways for public issues anthropology to participate in bringing about sustainable change. It is time for public issues anthropologists to engage in the pressing conversations taking place. It is time for us to mobilize our privileges and resources to champion the changes that are needed and called for in our institutions and in our communities. In fact, as academics, we have an insider advantage to our educational

institutions, giving us strong insights as to how these structures and systems function, how they exploit, how they undervalue certain voices, and how they could be re-imagined.

1.7 Conclusion

A tremendous amount of research and thousands of stories have been shared by Indigenous organizations in Canada to provide us with the objectives and actions necessary to support Indigenous health and self-determination. To fully realize the reclamation of Indigenous maternities, the voices of Indigenous women and birthing parents must not only be included, but also must be at the forefront of all decision-making, policy and program development relevant to their reproductive and maternal health. From my research project, it is my hope to clearly reiterate the importance of appropriate accompaniment for Indigenous women and birthing parents to ensure culturally safe care, to have the opportunity to help develop program and policy recommendations in collaboration with Indigenous midwives and community leaders, and to create substantive change in my community work after graduate school.

1.8 Venue for Publication

I am planning to submit chapter two of my master's thesis for publication in *Women and Birth*, the official journal of the Australian College of Midwives. With its global perspective and readership, this midwifery journal welcomes submissions from around the world and from all relevant professional disciplines related to pregnancy, childbirth, and the early postpartum period. *Women and Birth* has a woman-centred focus, and prioritizes scholarly papers

addressing numerous topics, including all aspects of midwifery, respectful maternity and primary health care provision, as well as relevant aspect of the social sciences, human rights and health economics. This journal is an appropriate venue for my submission given that the focus of my research is addressing the historical and contemporary maternal health experiences of Indigenous women and birthing parents in Canada. In addition, my exploration of the role and extent of the impact of shared identity in ensuring the provision of culturally safe care is a relevant topic of discussion for midwives, doulas, obstetricians and other maternity care practitioners as well as the various communities they serve.

Chapter 2

2.1 Introduction

Welcoming and raising babies in our communities with safety and dignity are freedoms that should be afforded to all parents. Settler colonialism and the medicalization of birth have resulted in the disruption and loss of these freedoms for Indigenous[1] peoples in Canada. As key leaders in Indigenous maternal health, Indigenous midwives continue to resist these oppressive forces and strive to reclaim traditional Indigenous birth knowledge and practices in communities across Canada, and ultimately uphold Indigenous self-determination and sovereignty. This thesis has two main threads: providing background of the historical and contemporary contexts of Indigenous maternal health in Canada and addressing the indispensable role of Indigenous midwifery; and exploring how to situate myself as a white settler researcher and maternal health practitioner in order to responsibly represent and collaborate with Indigenous maternal health practitioners and Indigenous women and birthing parents[2] to promote anti-racist, anti-oppressive culturally safe care.

1 I use the term "Indigenous" throughout my thesis to reflect shared maternal health experiences, which reveal the continued marginalization of Indigenous women and birthing parents by settler colonial systems in Canada, the resistance against this oppression, and the efforts to restore safety and autonomy in Indigenous maternal health. In addition, I capitalize "Indigenous" as used by the National Aboriginal Council of Midwives (NACM). It is not my intention to homogenize or minimize the significant diversity of identities and experiences between and within communities of Indigenous (First Nations, Inuit, and Métis) peoples in Canada.

2 I use the phrase "women and birthing parents" throughout my thesis to represent all those individuals capable of giving birth, while also acknowledging the diversity of 2SLGBTQIA+ parents in Canada.

2.2 Methods

This work is informed by critical medical anthropology, autoethnography, collaboration and Indigenous research methodologies (Kovach 2021), and committed to using an anti-racist, anti-oppressive lens from the choice of research question, literature and methodologies to analysis, interpretation and dissemination. My literature review addressed settler colonialism in Canada, medicalization of childbirth, Indigenous midwifery, structural violence, white settler identity, reproductive justice, intersectionality, culturally safe care, and decolonization, with attention to systemic and structural inequalities, historical and current (Appendix 1).

To prioritize accessibility, transparency, humility, and authenticity, I use complementary elements of autoethnography and collaboration. Autoethnography enables consideration of the impact of my presence as a white settler. Collaboration aims for mutually beneficial partnerships with the Indigenous consultants who inform this project. Both support my core intention to hold with great care and respect the generous contributions of my expert consultants.

2.2.1 Autoethnography

Autoethnography combines autobiography and ethnography to provide a way to situate oneself in the research and use the analysis of personal experience to comprehend the nature of a larger phenomenon (Ellis et al 2011, 273). The praxis of autoethnography, as both theory and method, assisted me in addressing central concerns around representation and ethnographic authority typically assumed by a researcher in the production of texts (Clifford 1993, Field 2008). As Sonya Atalay asserts, “fundamental questions must be raised about what

knowledge is produced, by whom, for whose interests, and toward what ends" (Atalay 2012, 59). Autoethnography supports the necessary shift away from the historical practice of making the writer's presence invisible and speaking *about* individuals and communities.

Autoethnography is criticized for being not academic or objective enough; however, there is growing recognition that anthropologists would be well served by turning their critical gaze onto their own societies and discipline (Kuznar 2008, 102). Autoethnography encourages humility and self-reflection, thus supporting identification of implicit bias and racism, which are deeply rooted in the white supremacist systems in which we all live and work. Jeannette Schmid argues that autoethnography "consciously advocates for the disruption and disturbance of power as expressed in assumed norms, practices and relations of power" (Schmid 2019, 268). Researcher positionality, along with an awareness of complicity in inequitable systems contribute to an understanding of how equitable, respectful partnerships can be created in the pursuit and sharing of knowledge.

2.2.2 Collaboration

A deferral to other ways of knowing, as done in collaboration or collaborative ethnography, is critical for anthropologists partnering with communities (Holmes and Marcus 2008, 82). Turning to our collaborators for insights, strategies, and interpretations will assist in the discipline's move toward a breakdown of historically unequal dynamics borne of settler colonialism. Additionally, collaboration extends the relationship, as researchers and participants are co-creators and co-researchers. Collaborative ethnography is "meant to limit the ravages of anthropological writing-over of Indigenous lives and worlds, by granting joint

authorship and recognition of dialogue and co-production of knowledge" (Noble 2015, 414). The power inherent in knowledge production is acknowledged and shared equally from the outset.

2.2.3 Indigenous Research Methodologies

While I did not directly use Indigenous research methodologies (IRM), they nonetheless underpin the project. My research is informed by the wisdom and guidance of Indigenous scholars, midwives and community leaders provided in our interviews. These experiences have led to a personal transformation, affecting my thoughts, my words, my engagement with others, and even with my research material. I am grateful. Furthermore, I recognize the responsibility I now have to share the knowledge that has been given to me, and to use the privileges and resources available to me to make it of benefit to others.

My research is also informed by Indigenous scholarship, especially Margaret Kovach's Indigenous Methodologies. I was inspired by her emphasis on relationality; one's research is always connected to and must be of benefit to others. As she writes, "from an Indigenous point of view, research is relationship" (Kovach 2021, 242). The importance of careful reflection on one's positionality, personal motivation, and purpose of the research are also emphasized in IRM. Kovach asserts that, "through promoting awareness of the extractive nature of research, self-locating acts as a decolonizing strategy" (Kovach 2021, 146). I also personally appreciate and relate to the reverence with which Indigenous researchers treat academic research; it is seen as more than just an intellectual exercise, and it allows all our endeavours to be anchored in sacredness.

2.2.4 Consultations

I had the privilege of receiving guidance from an advisory consultant at the start and the conclusion of my research. My interview questions were developed in response to our preliminary conversation in which the advisory consultant encouraged me to emphasize acts of resistance and reclamation in Indigenous communities. I then conducted individual semi-structured interviews virtually with five expert consultants. Using thematic open-ended questions left room for the consultants to articulate what they consider to be the most significant elements of the research. I transcribed each interview and derived themes based on the interviews, adhering closely to what consultants stated. Finally, I shared the individual interview transcripts and a draft of this thesis with the consultants, providing the opportunity to ensure accurate representation.

2.3 Historical Background

Pregnancy and childbirth and the powerful role of women and birthing parents have historically been revered in cultures around the world. In the last century, with the rise of the biomedical professions, these reproductive processes are increasingly viewed as potentially dangerous *medical* events, driving a shift to medicalized birthing. Midwifery – the work of supporting women and birthing parents in their reproductive stages – has long been practiced even if not by this name. The mid-20th century widespread discreditation of midwives by Euro-Canadian physicians, followed by the hard-fought resurgence of midwifery, are relatively recent events in a long history of accompanied maternity care by traditional midwives. The history of

midwifery in Canada, "largely resembles the history of colonialism," and Indigenous midwifery was significantly repressed by settler colonial policies (NACM 2018 cited by Neiterman et al in Bourgeault 2021, 2). Much of this history has been silenced, but Indigenous scholars and midwives in Canada are giving voice to and raising awareness of the longstanding presence of Indigenous midwifery.

Traditionally, women and birthing parents in Indigenous communities in Canada are seen as powerful life givers, and pregnancy and childbirth are seen as natural, sacred processes celebrated communitywide (Anderson 2011, 163). These stages of an Indigenous woman's or birthing parent's life are also valuable opportunities for sharing cultural knowledge about birth, and for nurturing relationships within families and communities and with the land (NWAC 2007, 3). Traditional Indigenous maternities integrally involve Indigenous midwives; "old lady" midwives' expert care reflected "a uniquely feminine power; a power that allowed women to be a conduit between the spirit and earthly worlds" (Anderson 2011, 163). Traditional Indigenous midwives are highly respected leaders, intergenerational educators, and treasured keepers of important cultural knowledge.

2.3.1 European Colonial Settlement

In the late 1800s, European settlers claimed sovereignty over the land and forced the displacement of Indigenous peoples from their traditional lands (AFN 2018, 3). The Indian Act and later amendments intensified the purposeful disenfranchisement, oppression, and attempted erasure of Indigenous peoples. Considered a threat to settler colonial agendas as

keepers of traditional lands, Indigenous women were stripped of their community rights and roles, and traditional kinship systems were torn apart (Anderson 2000, 68). (Appendix 1)

For a period of time, Indigenous midwives were in significant demand by both settler communities and the families of missionaries, Indian agents and North West Mounted Police officers, due to their specialized skills and knowledge of childbirth and healing (Burnett in Carter and McCormack 2011, 158 & 170). Indeed, the survival of settler babies and communities often relied on the expertise of Indigenous midwives, as the severe conditions in which most settlers lived frequently created the critical need for them "to seek help from the very people they were trying to dispossess" (Burnett 2010, 9). The care of Indigenous midwives was sometimes even preferred over western obstetrical care due to their woman-centred approach (Burnett in Carter and McCormack 2011, 168). The lack of historical recognition of these notable relationships between Indigenous midwives and the families of settler colonial authorities points to the requirement of settler colonial doctrine to denigrate and silence Indigenous women.

2.3.2 Medicalization of Indigenous Maternities

From the mid-19th to mid-20th century, Euro-Canadian medical doctors initiated a discreditation campaign against "traditional, women-centred, home-based midwifery birth culture" in an attempt to bolster their own profession (MacDonald 2006, 236). The "technocratic" or biomedical model of birth that subsequently developed technologized and medicalized childbirth, rendering the female body inherently dysfunctional and needing technological assistance (Davis-Floyd 1994, 1125). The resulting supremacy of this biomedical

model over traditional midwifery led to a lengthy absence of an official midwifery profession in Canada (MacDonald 2006, 237). The harmful idea that a woman or birthing parent could not trust their own body's capability was also promulgated as medicalization continued.

The biomedicalization of birth was extended into Indigenous communities as well, with federally employed obstetricians and nurses moving into reserve communities, dismissing traditional "[Indigenous] midwives, their medicines, and ceremonies as superstition and senseless," and pressuring Indigenous women and birthing parents to birth in hospitals (Lawford et al 2018, 480). Traditional Indigenous midwives soon became prohibited from practicing. The disruption of intergenerational knowledge sharing about pregnancy and birth was among the many devastating consequences of the forcible removal of Indigenous children from their families and communities to attend residential schools, further contributing to the loss of traditional Indigenous midwifery (Burnett 2010, 158; Tabobondung in Tait Neufeld and Cidro 2017, 130 & 132). The Sterilization Act in 1928 and its 1937 amendment exacerbated the harm inflicted upon Indigenous women; their parenting was considered inadequate through enforcement of their children's attendance at residential schools, and the ensuing involuntary sterilization occurred in staggering numbers (Shahram in Tait Neufeld and Cidro 2017, 19). Amendments to the Indian Act in the mid-1950s led to largescale apprehension of Indigenous children through the "Sixties Scoop" and ongoing overrepresentation of Indigenous children in the child welfare system. Through federal and provincial settler colonial laws, the "powerful role of mother and the position of woman in the family came under attack" (Anderson 2000, 83). This targeting of Indigenous women by settler colonial institutions persists.

Nursing stations were established in many Indigenous communities in the 1960s, and medicalization escalated resulting in the full implementation of birth evacuation by the 1980s (Olson and Couchie 2013, 982; Cidro et al 2020, 175). Indigenous women and birthing parents living in rural and remote communities are evacuated in the late stages of pregnancy and must navigate the complexity of multiple government systems, often without accompaniment (Lawford et al 2018, 482; Olson and Couchie, 2013, 981). The disconnection from family and community support and the anti-Indigenous racism experienced in many hospital settings frequently lead to stressful and traumatic consequences, such as emotional and psychological distress, postpartum depression and attachment difficulties, and financial stress (Cidro et al in Cidro and Tait Neufeld 2017, 77). The burden of the fragmented healthcare system falls heavily on Indigenous birthing clients and their families. Through the enforcement of the federal government's evacuation policy, Indigenous communities have also "lost knowledge transmission from Elders, [Indigenous] midwives, traditional knowledges and practices, collective caring, reproductive health and sexuality teachings, positive perspectives of sexuality, and ceremonies" (Lawford et al 2018, 481). Efforts to return traditional birth practices to Indigenous communities aim to address several key factors, including the restoration of Indigenous midwifery care and the protection of Indigenous women and birthing parents.

Midwifery did not regain legitimate status until the 1970s, when second wave feminism ushered in greater emphasis on women's rights, and contemporary midwifery emerged (MacDonald, 2006, 237). Although public support for midwifery services in Canada is increasing, the mainstream midwifery care model remains largely incompatible with traditional Indigenous midwifery (Burnett 2010, 155). To circumvent these incompatibilities and through a partnership

between Indigenous and settler midwives, an exemption to the Midwifery Act of 1991 was created, whereby Indigenous midwives are "exempt from midwifery regulations for reasons of culture and self-determination – for individuals, families, and communities" and are free to practice traditional Indigenous midwifery (NAHO 2008, 42). Through community-based midwifery education programs and Indigenous-led midwifery practices, Indigenous midwives are reclaiming traditional birth practices to improve options for women and birthing parents and help restore health and well-being for Indigenous families and communities.

2.4 Resistance and Reclamation

Early on, my advisory consultant urged me to prioritize the ways in which Indigenous people have resisted settler colonial oppression. Thus, I ground my discussion in the strength and resilience of Indigenous women and birthing parents despite systemic efforts to disempower and control them through the course of their reproductive stages. As a symbolic representation of the enduring continuity of Indigenous lifeways, Indigenous maternities became a key site of both colonization and medicalization (Finestone and Stirbys in Cidro and Tait Neufeld 2017, 190; Lawford and Giles 2012, 332). Colonial objectives to "civilize" and assimilate Indigenous women and birthing parents have been echoed by efforts to technologize and institutionalize Indigenous pregnancy and childbirth. As those most directly impacted, "Indigenous women need not only be part of the solution; [they] *are* the solution to restoring balance in [their] families and communities" (ONWA 2020, 3).

2.4.1 Indigenous Reproductive Justice

The movement to restore choice and autonomy in Indigenous maternities is also a striving for Indigenous reproductive justice. Reproductive justice calls for "the complete physical, mental, spiritual, political, social and economic well-being of women and girls, based on the full achievement and protection of women's human rights" (Ross 2006, 14). A reproductive justice perspective condemns the structural inequalities that restrict reproductive liberty, and rests on three central principles, "1) the right *not* to have a child; 2) the right to *have* a child; and 3) the right to *parent* children in safe and healthy environments" and "demands sexual autonomy and gender freedom for every human being" along with crucial resources and living conditions to carry out these reproductive rights with safety and dignity (Ross and Solinger 2017, 9). Indigenous midwives play critical roles in the fight for reproductive justice.

The National Aboriginal Council of Midwives (NACM) not only seeks to advance accessibility and quality of care and the expansion of opportunities for midwifery education and services, but also emphasizes the "spectrum of care" that midwives provide beyond the birthing stage (Olson and Couchie 2013, 984 & 986). NACM put forward recommendations for prioritization and expansion of the roles of Indigenous midwives through the development of a federal occupational classification, along with support for increased Indigenous doula training (NACM 2016, 17 & 21). With greater availability of Indigenous midwifery, more Indigenous women and birthing parents will have the opportunity to make culturally based informed decisions. The drive for Indigenous reproductive justice is a decolonization movement. It represents "a struggle to reclaim Indigenous birth practices and sovereignty over the family; a

demand for customary rights and emerging forms of matriarchy; and a movement toward self-determination and community resurgence" (Finestone and Stirbys in Cidro and Tait Neufeld 2017, 177). Reproductive justice supports individual and collective acts of reclamation of Indigenous maternities.

2.4.2 Reclaiming Indigenous Maternities

A reclamation of Indigenous maternities is also a reclamation of the celebration of Indigenous life: those who are born, carry family names and community identities, and those who bring life, nurture and educate these young family and community members. It is held "in [Indigenous] ideology [that] producing life and raising children are understood as the creation of a people, a nation and a future" (Anderson 2000, 170). In addition, the symbolic role of women as life givers is an integral element of this reclamation, as it provides the opportunity for Indigenous women to "reclaim a vital sense of [their] power" (Anderson 2000, 164). Given the critical part Indigenous midwives play in these reclamation efforts, their work is considered "nation-building" and instrumental in "'bringing birth home' to communities" (NACM 2016, 3; NACM 2017, 4). Culturally safe care is a concept originally developed in 2002 by Māori nurse and educator Irihapeti Ramsden to propose a consequential redefinition of nursing care for Māori clients in New Zealand (Brascoupé and Waters 2009, 11). Culturally safe care exposes and disrupts the power imbalance in health care by requiring providers to: acknowledge the existence of, and their complicity in, these power relations; understand and prioritize the personal and cultural needs and preferences of their clients; and defer to the client's determination of whether care received was culturally safe. Culturally safe care requires a

respectful and equal partnership between provider and client, and must be initiated with the provider's acknowledgment of "how settler colonialism and racism have impacted and continue to impact the services they and others provide" (Churchill et al 2020, 2). Indigenous midwives are considered leaders in providing culturally safe care as their model of care and shared understanding of Indigenous clients' experiences create a strong sense of safety in their relationships.

Efforts to 'bring back birth' to Indigenous communities are being led by Indigenous midwives who are establishing and operating community birthing services in various communities in Canada. These Indigenous-led midwifery practices offer the opportunity for clients to stay in – or much closer to – their home community for the birth of their children, thereby ideally preventing the risk of being evacuated. Substantial challenges exist, however, in these efforts to expand the accessibility of Indigenous midwifery. Government funding is limited, and provincial legislation is inconsistent across Canada. (Appendix 1)

Indigenous doulas are becoming a growing force for high-quality support and culturally safe care. Doulas provide continuous emotional, physical and advocative support throughout pregnancy, birth, and postpartum. Although their work complements that of midwives, doulas have a different scope of practice; doulas do not provide the professional clinical care provided by trained midwives. Indigenous doulas do, however, play an equally important role in reclamation efforts; they "are not solely about providing improved birth experiences for women and families, but also about rejecting the dominant, often medicalized reproductive health practices" (Cidro et al 2018, 3). Indigenous doulas are critically and increasingly needed, especially in the face of ongoing anti-Indigenous racism in healthcare settings.

The reclamation of Indigenous maternities, the expansion of Indigenous midwifery and doula care, and the freedom of choice of birth place all serve the greater movement of decolonization. Together, these practices support the recognition that "the act of Indigenous birth is, at its core, an act of radical love – an affirmation of Indigenous family resilience, of Indigenous peoples' continued presence on these lands, and of Indigenous peoples' strength and futurity" (Finestone and Stirbys in Cidro and Tait Neufeld 2017, 192). This reclamation and the provision of culturally safe care move communities away from historical harms and toward health, healing, and sovereignty.

2.5 Key Findings: The Central Importance of Relationships

Indigenous consultants emphasized the central importance of the relationships in reclaiming traditional birth practices and providing culturally safe care, as well as the indispensable role of Indigenous midwives in these processes. The consultants also stressed the critical need for non-Indigenous settler maternal health practitioners to meaningfully acknowledge and understand the complex and interconnected, historical and contemporary elements that contribute to lived experiences of Indigenous women and birthing parents, their families and communities. The primary objective of restoring traditional Indigenous birth practices is Indigenous self-determination and sovereignty; it is centering the futurity of Indigenous peoples and lifeways.

Indigenous women and birthing parents are the central figures in all the relationships examined in this project. The colonization and medicalization of Indigenous maternities continue to strain or sever relationships for Indigenous women and birthing parents: with

themselves and their bodies, with their families and communities, and with their traditions and lands. Relationships with maternal health care providers are also impacted. They are shaped by the presence or absence of factors, including cultural safety, shared identity, mutual understanding, awareness of how settler colonialism and systemic racism harm Indigenous women and birthing parents, understanding of settler complicity in existing systems, and readiness to build equitable, anti-racist relationships.

In this section, I address the key findings of my research interviews and how they impact the experiences and relationships of Indigenous women and birthing parents. Central topics are: the role of Indigenous midwifery in the reclamation of traditional Indigenous knowledge in birthing and beyond; the role of shared identity and mutual understanding; culturally safe care; necessary structural changes and visions for future generations; and guidance for non-Indigenous settler maternal health practitioners, individuals and communities. All of the quotations are from my expert consultants (academics and midwives), but none are attributed as per their requests to remain unidentified.

2.5.1 Indigenous Midwifery in the Reclamation of Traditional Indigenous Knowledge in Birthing and Beyond

Indigenous midwives are educators, mentors, advocates, and leaders. They carry traditional and professional knowledge, along with an understanding of the lived and multi-generational impacts of colonial harms. The significance of their contribution to reclamation efforts and their prioritization of building compassionate and empowering relationships with clients were continually emphasized throughout my research. Further, their leadership in

resistance and reclamation extends beyond birthing and into larger processes of Indigenous self-determination and sovereignty.

> *I think in all of the things that we do; we really need to put self-determination at the forefront because for so long we've been told what to do, and [had] other people telling our stories,…being experts …doing the care.... [W]e need to put Indigenous people in those positions of leadership, practice,…wherever possible.*

A crucial part of the reclamation work carried out by Indigenous midwives involves rebuilding Indigenous life course knowledge systems.

> *As we develop these Indigenous midwifery practices, there's a knowledge reconstruction that goes along with that. If you look at some of these practices like the one in Six Nations or the one in Toronto,…what they're doing is reclaiming birthing knowledge, birthing practices that really belong to them. So, only they can do that. And those are the things that are really needed…for our young moms because they're hungry for this kind of knowledge that really makes an impact in terms of their own life course. Beyond birthing, it really makes an impact in terms of…how they can begin to reclaim those things that were stripped from us. So, it's much bigger than a midwifery practice perhaps.*

While the restoration of traditional Indigenous birth knowledge is an important site of relationship building and intervention, it is also interwoven with larger processes of Indigenous cultural identity reclamation that entail extensive re-learning about traditions and cultural knowledge. Knowledge reclamation also contributes to the restoration of intergenerational knowledge sharing.

> *The significance [of resistance and reclamation] is rebuilding…a positive cultural identity. The main goal in Canada [was] and continues to be to assimilate, to basically get rid of Indigenous people… They did that in so many ways, the residential schools, the language, taking away food security, and access to the traditional lands… Even our cultural identity was severely silenced and replaced with a Western identity. There's so much for Indigenous people in communities to learn about themselves. [It's a] rebuilding of…who we are, our whole understanding of ourselves in the universe really… A lifetime of learning… The significance [is] that we are able to maintain and rebuild and pass on cultural knowledge to our next generations, to our families, and to the world really… I*

> *think it's a great benefit…to think of new, different approaches around gender,…parenting, aging, education, and law. Everything!*

There is an opportunity for a broadening and reimagining of Indigenous life and knowledge which, in turn, could also positively impact non-Indigenous populations. Notwithstanding, the fundamental importance of knowledge reclamation remains in its value for Indigenous communities, a yearning to which Indigenous midwives and elders skillfully tend.

> *A lot of that knowledge had obviously been severed by colonization or had been silenced by the residential schools and the separation of mother and child. But a lot had also gone underground… I've met many other Indigenous midwives and elders and have learned so much and continue to see the value of this knowledge. Because whenever it's shared in the Indigenous communities, it's just so powerful, like people have a real pull towards it… They want to connect to it in their communities and they want to re-engage those ceremonies.*

Through their involvement in the reconstruction of cultural knowledge and reclamation of traditional birth practices, Indigenous midwives are helping reconstruct Indigenous identities, communities, and nations.

> *There's obviously a large movement happening across Canada and…beyond bringing birth back to communities, and just recovering from that separation of mother and child, and child and community. Just a real value and resurgence and re-engaging with midwifery and those cultural ceremonies and knowledge. There's a lot of real negative experiences around birth that people in the Indigenous community still face. There's a huge lack of access to that knowledge as well, and I feel like if women and families and communities have access to it, they [can] have a more positive birth experience when they re-engage culture and it just builds a stronger identity. It builds stronger communities. The midwives would say it's nation building. They consider themselves to be nation builders in that way and providing compassionate and quality health care.*

The processes of resistance and reclamation are complex and individual and community engagement vary greatly. Indigenous midwives also facilitate awareness and acts of resistance and reclamation.

It's a process, this resistance and reclamation. It's very big and it's really variable between individual women and families and communities …Some people are consciously engaged in the reclamation… Their choices around birthing, parenting, breastfeeding, and caring for the children are part of that. Other folks may be doing those things and make those choices, but it's not necessarily a conscious act of resistance or reclamation. It's kind of an awareness… There are other folks who are still in a place where they're perhaps in the pre-contemplation stage of resistance and reclamation. In some cases, they're just kind of in survival mode, and just doing the best they can… And there's so many reasons for that. People have been subjected to and beaten down by institutional approaches to health and education…and then that becomes a multi-generational thing. People have given over their power, or their power was taken from them forcibly, and as a result, they have not found a way yet to reclaim it. So, people are at different places with that.

I guess I see that as part of the role of Indigenous midwives, to create that space where it's even possible to contemplate resistance and reclamation.

Echoing the crucial importance of Indigenous midwives as well as the assertion of variability in engagement with resistance and reclamation, equivalent recognition and valuation of less conspicuous forms of resistance and reclamation is necessary. Giving birth and raising children is itself an act of resistance.

There are different levels of visibility of resistance… Indigenous midwives, of course, are these amazing women who have authoritative knowledge to make decisions that change how people experience growing their families and birth. And the fact that they're still here, they want to grow their knowledge, they're fighting systems, it's amazing, it's beautiful…

[However,] I think it's a little bit dangerous to always focus on those…presenting as resisting something in a more activist way. Really, just Indigenous families having babies and raising their children…, even if they got sent to the city and had their kid in the hospital, that's still an act of resistance to me. Parenting is an act of resistance. [tearful pause] Sorry I work with midwives, and we always cry… I would love to see those things being acknowledged as part of resistance [and] reclamation, because I think that it's almost too easy to be like, "Yeah, we're bringing birth back!" But what about the mom who has never even thought about that, but she still has seven kids, and she takes them out on the land, and she is a mom and a grandma and a parent and she's not articulating herself in that resistance but her just being there is…part of it.

When birthing is returned to the community, the impacts extend into various aspects of community health and well-being (Van Wagner et al 2007, 390). Unfortunately, the time and resources required, and especially the bureaucracy to be navigated, in order to successfully establish and maintain community-based Indigenous midwifery practices are substantial.

> *For the people that do have Indigenous midwives back in their communities, the statistics are amazing, their birth outcomes are amazing. If you look at the Nunavut communities, I think is the most sustainable form of Indigenous midwifery in the world. They have amazing outcomes, and things like suicide prevention, all of these different outcomes that you wouldn't tie specifically to birth outcomes. All of these socio-economic indicators have all improved from midwifery in the community…*
>
> *There's really substantial evidence that across the board, the impact of returning birthing practices to communities is nothing but a positive thing. An important thing and a far-reaching thing… But it's also really really freakin hard to get birth back in a community, it takes forever.*

As I discuss below, there are significant structural changes needed to bring birth back to Indigenous communities in sustainable ways, and greater access to Indigenous midwifery will positively impact the birthing realm and beyond.

2.5.2 The Role of Shared Identity and Mutual Understanding

While Indigenous midwives share an aspect of identity and experiential understanding that underpins a strong likelihood of common ground inherent in their relationships with Indigenous clients, some consultants cautioned that shared identity has multiple meanings. The diversity both within and between Indigenous communities suggests that shared identity cannot guarantee shared understanding or even the provision of safety. Through my interviews, it became clear that the meaning of shared identity is fluid and dynamic, sometimes carrying consequential significance and other times nearly irrelevant. Sometimes having mutual

understanding, shared experiences, or shared history could provide an immediate closeness. This type of instantaneous connection could come from an unspoken familiarity of potentially shared understanding, leading to a sense of companionship or camaraderie. Having elements of shared identity may contribute to a sense of safety and connection in the relationship between an Indigenous woman or birthing parent and their midwife.

> *When you have another Indigenous person, it doesn't even really matter what nation they're from if you feel like you make a connection to that person… It's just that mutual understanding of shared experiences. So, [an] understanding of our communities, how our communities work, the issues in our community. For example, it could be like trauma and poverty, those are [the] kind of large issues that so many of our communities face. When we are dealing with those types of issues, we're not judged. We expect to have an understanding of colonialism and the impacts and how that leads to trauma and poverty, and whatever serious issues that we're facing. We know why we face them, and we don't blame ourselves for it because we understand those are systemic issues, and we don't need that history lesson, you know?*

The presence of Indigenous health care providers offers a protective element especially given the prevalence of anti-Indigenous discrimination experienced in many healthcare situations.

> *Some non-Indigenous [people in the health care system]…can look at us with judgment and they are in a position of absolute power… So, those people are a threat to you. You cannot tell them the truth. You cannot be who you are… A lot of Indigenous health care providers are usually like protectors, almost like they're related to you… They see themselves as an auntie and they will protect you in so much as possible against institutional forces that are working to sever that connection [to community and tradition].*

Some salient aspect of shared identity may be subtle, discerned through an unspoken recognition and often positions the midwife as a cultural or experiential translator.

> *I was in the hospital with Indigenous women who had been flown down from the North to have their babies. I really reflected on my position as an Indigenous person, but I look white. How was I able to go into that room and create a space that was comfortable? And it was like clearly right away… I could just understand what she was trying to communicate, and the [settler] nurse clearly couldn't. But right away…she recognized that I knew what she was talking about. So, I almost instantly became like this translator*

between what she was saying versus what the nurse was saying and I would repeat it in a way that she would understand. But how did she recognize that in me as someone who's white presenting coming into the room? It's really subtle, and I don't know what it is,… I don't know how people just knew, you know, that rapport was instant.

In the absence of obvious shared identity, as it varies significantly in meaning, common ground can also be developed mindfully through mutual understanding and rapport.

I'm not originally of this community, nor am I, actually, of these people. So, when you talk about shared identity, you know, Indigenous midwife, Indigenous clients, it's a very general way of painting it. Whereas, on the one hand, [some] clients don't care where you're from…other people may say, "No matter how long you've been here you're not actually from here. You're still an outsider. [We] don't care whether you're Indigenous or not, you're not actually from here." And then, because I could pass for a non-Indigenous, many people who don't know me in the community may not even realize that I'm Indigenous… [However], if I sense that that's partly what they're looking for in order to feel safe, I'll share with them to the extent that it's appropriate who I am… Sometimes, I know that clients…choose me rather than somebody else because they know that I'm Indigenous and that's important to them, and that's fine… I feel like we do have a certain common ground. And yet…because I'm not from here I don't presume that I have that shared identity. Maybe I have more of a background and understanding and can intuitively grasp those things, maybe more so than a non-Indigenous midwife could. But I still try to be really careful not to presume that my identity is their identity, even though we're Indigenous.

Midwifery care, particularly community-based midwifery care, is widely known to improve the health and well-being of individuals and communities (NACM 2017, 6). Over and above the clinical care they provide, midwives consciously work to build trusting and caring relationships with their clients. It is integral to their model of care. Moreover, Indigenous midwives have important cultural knowledge and a vital understanding of anti-Indigenous systemic racism frequently experienced by their clients in health care settings.

A lot of the benefits of midwifery care come from the relationships that we build. And because midwives strive to build relationships, not just provide care for people, we get to know our clients… We share about our lives too… Being able to find things to relate to people on is really fundamental to building trusting relationships… You can better meet their needs in terms of prenatal education,…birthing options,…feeding babies, all those

kinds of things… So, the relationships are really important. Indigenous midwives…have the teachings [that best serve] the community, [they] can relate to experiencing systemic racism, and all of that is a buffer and an antidote to racism.

2.5.3 Culturally Safe Care

Culturally safe care was identified by all my consultants are integral to Indigenous midwifery. With their unique model of care, Indigenous midwives are more likely to be intuitive providers of culturally safe care for Indigenous clients (NACM 2019, 6). Non-Indigenous practitioners can also provide culturally safe care; they must prioritize critical factors such as recognizing the power imbalances in mainstream provider and client relationships, ensuring their client's freedom of choice and bodily autonomy, and treating their Indigenous clients as equal partners.

It's the client who defines what culturally safe care is, not the practitioner… There's just so much history for Indigenous people in North America as well as in New Zealand and Australia and other parts of the world…of how those healthcare interactions were scenarios where that power could be abused and was abused… And cultural safety is about just taking the lid off that… Cultural safety is about trying to just reimagine the whole thing… I think midwifery care…is ahead of the game in terms of cultural safety because those principles around respecting and working in partnership are fundamental to the midwifery model of care… For Indigenous midwives, it [is] about helping to restore health and balance again in communities that had historically been subjected to so much that had undermined health and had destroyed families, that had destroyed the strength of communities. That's what I think cultural safety is about, too. It's about helping to restore those strengths and those capacities within families and communities to care for themselves.

Culturally safe care is both the process and the outcome and is a crucial framework for providing care to Indigenous women and birthing parents. The health care system in Canada largely operates on power differentials, with the provider determining the success of the care

provided. Culturally safe care upends that dynamic and centers the client as the one making the determination of safe and successful care suited to their needs.

> W*hy we even talk about [cultural safety] is because of this power differential and…this historical oppression, where the healthcare system has been an agent of oppression. It's really important that midwives don't get co-opted by that and become agents of oppression, either by trying to persuade everybody to leave the community or by trying to coerce people into staying…That's just another form of dominance, like "I know better than you." We're saying [that] clients know themselves and their bodies and we encourage them to explore that and make their own decisions.*

While shared identity has the capacity to provide elements of cultural safety, this consultant explains that both Indigenous and non-Indigenous midwives bear the responsibility of approaching their clients with openness, genuine curiosity, humility, and willingness to meet them where they are.

> *I think that shared identity is important…but I also think that it's how you enter the room and how you actually create a culturally safe space,…what you bring to the situation and how you approach it. It can come down to really basic things like really good communication pathways, so really understanding what someone's trying to communicate and taking the time for that. Coming in in a non-judgmental way, seeing people as full people not just their identity or the situation that they happen to be in, especially if you know they're struggling in a number of ways… I think that those things for me are really really key and I don't think that they're limited to a shared identity. Even though, of course, it would be great to have Indigenous midwives providing care to communities… But that doesn't mean that every Indigenous midwife or every Indigenous care provider can also create that sense of cultural safety in the room. I don't think that you can assume that because I think it's more nuanced than that.*

With clear communication, consistent respectful presence, and attentiveness to the client's personal needs and preferences, non-Indigenous settler practitioners can intentionally decenter themselves, and cultivate trusting, culturally safe relationships with Indigenous clients.

> *The whole key to cultural safety is that it's about [the client being] able to access care in a way that feels safe for them… I think that the ones who felt comfortable…with non-*

> *Indigenous midwives, it's because…they've sussed out that midwife long enough to…see who they are. But it's more about [the client asking], "How are they creating that safe space for me? Do they respect who I am as an Indigenous person?" …Clients will be safe with a practitioner who clearly communicates their respect for and willingness to provide care in whatever way makes it safe and comfortable, and to admit when they don't know much and need to know more and learn more from the client. It's about respecting the client…and trying to figure out how to offer them what they need…And kind of getting yourself out of the way.*

Considerable efforts are being made to promote and expand culturally safe care for Indigenous women and birthing parents, led predominantly by Indigenous midwives and doulas. Broader changes will necessitate changes on larger scales.

2.5.4 Necessary Structural Changes and Visions for Future Generations

All consultants expressed clear visions for the future, including: growing Indigenous midwifery; improving the maternal health care system; improving birth experiences; and care for younger generations. Resistance and reclamation require continuous effort, resources and support. The health care system is driven by system needs and is fragmented, making it poorly suited to Indigenous needs.

> *I would like to see more Indigenous community involvement and ownership of the whole process… The healthcare system is still very much largely driven as a kind of machine unto itself… Right now, there's still a lot of fragmentation. It's just symptomatic of things still very much being driven by system,…rather than the family's needs or the birthing person's needs. So, trying to reinvent the system so that it's truly focused around the birthing person and their needs is a great goal, but how [do we] move systems in that direction?*

To keep the health care system functioning as it does, often to protect the professional interests of powerful actors in the system, barriers are established and maintained preventing alternative options such as midwifery.

> *I would like to see women and families have their human rights respected in childbirth, and really, to have that informed choice. If they choose to fly and go to a hospital because that's where they feel safe, then that is where they should be able to go… The option of having a midwife, even if it's a hospital birth, home birth, or at the birth center just doesn't exist for the majority of communities… So, I 100% would love to see every Indigenous community have the option of midwifery.*

Bringing greater awareness and understanding about the practice of Indigenous midwifery as well as increased accessibility to Indigenous midwifery education, were stressed as top priorities throughout my interviews. Midwifery should be understood as a time-honoured practice, and that "*that knowledge has existed within us and with our ancestors forever."* Additionally, there needs to be increased awareness of Indigenous midwifery care among Indigenous women and birthing parents, as "*probably a lot of people don't even know that there's such a thing as Aboriginal midwives, or that they might have access to one, or in the absence of that doulas, or in the absence of that Indigenous culturally based healthcare."* Community-based Indigenous midwifery education programs will best serve Indigenous communities, as those who wish to become midwives will be able to stay closer to home while they are in training because "*if [they] have to go to Toronto or Vancouver to get [their] education, which means relocating,…it's not sustainable."* Indigenous cultural knowledge offers Indigenous women and birthing parents fundamental understanding about themselves, the reproductive processes, and the world around them. As future parents and community leaders, young Indigenous people are also in need of this anchoring in traditional Indigenous knowledge.

> *I would like to see like the next generation to have a real grounding in their communities, and in the lands that they're born on. And…wherever they are, urban or rural, like everything is Indigenous land. I feel like so many Indigenous young people are always taught that they don't belong, and they absolutely do belong. So, they should have access to those types of important identity building ceremonies and practices wherever*

they happen to be, and access to culture based knowledge… They should be celebrated and feel very grounded wherever they happen to be born.

As we reflect on necessary structural changes and future visions for Indigenous women and birthing parents and their communities, there is critical awareness and work for non-Indigenous settlers.

2.5.5 Guidance for Non-Indigenous Settler Maternal Health Practitioners, Individuals and Communities

The "imagined yet never fully accomplished possession of Indigenous lands runs to the very heart of settler identities, cultures, and social and political formations"

(Hiller 2017, 3).

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Non-Indigenous settler maternal health practitioners must gain a clear understanding of ongoing systemic violence and regularly do honest self-reflection into their biases and assumptions in order to establish and maintain equitable, anti-racist relationships with both Indigenous midwives and Indigenous clients. As Indigenous scholar Susan D. Dion asserted, "the 'transformation' of inter-racial relationships places an obligation on White people to confront and understand their own racial identity and the way their dominant White culture shapes all society and the norms by which people live" (Dion cited by Brascoupe and Waters 2009, 14). Language plays a pivotal role in this critical self-awareness especially regarding understandings of structural forces such as settler colonialism and systemic racism and complicity in them. For example, the use of the term 'settler' may stir up discomfort, defensiveness, and resentment

(Schick 2012), but the term reveals a necessary understanding that 'non-Indigenous' does not. Using the term 'settler' "can help us see ourselves for who we are, not just who we claim to be…[and it] shifts the frame of reference away from our nation, our claimed territory, and onto our relationships with systems of power, land, and the peoples on whose territory our country exists" (Battell Lowman and Barker 2015, 1; Carlson-Manathara and Rowe 2021, 38).

Being truly uncomfortable is inherent in maneuvering through critical self-awareness, as "settler colonialism and its decolonization implicates and unsettles everyone" (Tuck and Yang 2012, 7). Decolonization requires a complete reshaping of how society functions and must be understood solely as "the repatriation of Indigenous land and life; it is not a metaphor for other things we want to do to improve our societies and schools" (Tuck and Yang 2012, 1). When decolonizing language is used to represent social justice activity, for example, it leads to 'settler moves to innocence', "which problematically attempt to reconcile settler guilt and complicity, and rescue settler futurity,…[and which] ultimately represent settler fantasies of easier paths to reconciliation" (Tuck and Yang 2012, 3-4). Personal relationships are often the prompt settlers need to engage in anti-colonialism because these more intimate connections tend to "provoke a deep sense of responsibility and accountability, demanding a cyclical return to analyze and dismantle colonizing structures" (Hiller 2017, 13). Settler practitioners can best support Indigenous maternal health by fully understanding the historical and ongoing harms of settler colonialism, addressing anti-Indigenous racism, and recognizing their own entanglement in these systems. It is important for settler Canadians to recognize that they, too, have been shaped by settler colonial norms and ideas.

> *It's critical for [non-Indigenous practitioners] to have a knowledge of colonization and its impacts, especially within the health care system, the impacts of the residential school system, and the impact of colonization [on] land. I find that a lot of non-Indigenous people will have knowledge of one aspect but maybe still not see the bigger picture. So, they might talk about reconciliation and want to include Indigenous knowledge in a curriculum or what not, but what hasn't been addressed on a larger level is broken treaties, the land, and the reservation system…There is no proper allocation of resources, so right off the bat, [there is] just already so much against [Indigenous people] in terms of place, identity... There needs to be a fulsome understanding.*

Settlers' failure to genuinely understand the circumstances of Indigenous women and birthing parents may cause real and lasting harm. Taking the responsibility to become fully informed and to treat Indigenous clients with dignity and respect will help in building anti-racist and culturally safe relationships.

> *The majority of Indigenous women are giving birth in the hospital, in an environment where the people have no understanding of where they're coming from or what's important to them. So, we absolutely need settler allies in those environments who actually know what some of the needs might be, some of the barriers or fears, and the Indigenous histories that we've come through. I think that having people educated on all of those things [is important], so that when you see a young Indigenous woman come into the hospital, you're not judging them… It's not your job when the Indigenous person comes in to pull out all your cultural things, but it's to be informed in a way that you can actually listen to what it is they're saying. That's really important. And then you can make space for them and remove barriers or intervene, if necessary, if there's racist activity going on… Of course, always respecting the fact that everybody's an individual… You're not going to pull out the sweet grass braid, you know, and offer it, right. But if you have all that background knowledge, that's just critical.*

Systemic racism courses through health care and Indigenous women and birthing parents are amongst the most vulnerable to its harmful impact.

> *I think the undercurrent in all of it is racism. Like, just don't be racist. Seriously. It's really, really important to see how that system marginalizes women and families further and creates these really risky situations, and the system is really trying to control a particular kind of risk. And it's leaving families to deal with everything else on their own. Then there's layers of judgment for how those other kinds of risks are dealt with at the individual or community level, which leads to a lot of racist assumptions and approaches… It's really about power; power over women who [the health care system]*

think are going to make bad choices for whatever reason, so [they] need to control them....

How the system works for moving women from rural and remote areas to urban centers isn't really a good way of the system meeting their needs, because the system is constantly just trying to control them and control their jurisdictions as well. There's the federal jurisdiction on reserve, and then the provincial jurisdiction and the health authority they're in. So, there's layers of people…fighting over who's responsible for…and who can make decisions in those spaces. They're often competing against each other to the detriment of the people trying to have…safe birth. It's a very fragmented system and…it ceases to be about safety… It becomes about money and about jurisdiction.

Respectful, anti-racist, anti-oppressive partnerships between Indigenous and settler maternal health providers, individuals and communities, are possible; however, relationships must defer to Indigenous actors and knowledge, and require humility and openness. There is no room for white saviourism and arrogance.

It's really important that people who are coming to work in Indigenous communities don't come with that saviour complex, where they feel they're coming to save people, or they have an answer. They need to come as partners, and respect the local knowledge, whether that's…the clinical knowledge that Indigenous midwives have, or the traditional knowledge Indigenous midwives and other community members have. And [that knowledge should be] respected as equal to what they have, at least, if not better in some cases because it is. It's what's appropriate to the community and be able to put your own shit aside, your own beliefs about what's best and what's right. [Have a] humbleness that maybe you don't have all or even any answers…

In the context of the way that Canada has treated Indigenous people, there are certainly some key things that you do need to know. Go read the Truth and Reconciliation Commission [reports]. You don't need to be an expert. You need to be humble. You need to be open to learning… and just have an open mind.

This consultant proceeds to offer crucial guidance for settlers to investigate layers of racism and bias they may carry, along with an exploration of their own heritage and personal history, in order to better understand how to build and maintain anti-racist, anti-oppressive relationships.

We all live in this inherently racist white supremacist society, and it's something we all need to work on unpacking every single day… I think we all have racism and bias that is

> *entrenched within the society that we've all been raised in in Canada. Until recently, it doesn't feel like there was a widespread conversation about that. It was just like, "Oh no we're not racist. I'm so glad we're not like the States with all their racism." The insidious racism is almost more damaging in some ways than the overt racism. So, [be] open to the fact that you're probably racist and reframing that to not be pejorative. We can't do better until we identify the things that we need to do better in. It's so important to be treating people right, and not examining that does cause damage. So, people who are wanting to engage with any population that is marginalized need to unpack some of that, and really examine if they're ready to do it, if they're ready to treat people as equals.*

Following an acknowledgement of the positive and wide-ranging positive impacts of the reclamation efforts and how they would extend beyond Indigenous communities, this consultant offered a caution to settlers about the potential of recentering settler benefits or agendas. The objective of reclaiming traditional Indigenous knowledge is to serve Indigenous self-determination and sovereignty; ultimately, it is about racial justice and Indigenous futurity.

> *That line of thinking about how we all benefit is helpful because it gets people to move. But…this isn't about us and the sexy traditional knowledge or the medicines or whatever. It's really about justice, rectifying social and racial justice in this country, and making space for that to happen, whether we benefit or not… You have to be careful because people who aren't informed just …[feel they] get to suck up all that knowledge from Indigenous people. No, actually, we're just trying to make sure that Indigenous people aren't the poorest, most dispossessed people in the country. That's the goal.*
>
> *Yeah, people really did benefit, like Indigenous midwives saved people's lives in recent history. So, how can we show respect for that and gratitude, and then how do we give something back in terms of making space for that to happen. But now we're trying to put our own people closest to the fire, because so many have been dispossessed of that. So how do we create space so those people can come in, and the ones that have the knowledge are able to share around that.*

While there are significant elements of identity, experiences and histories that are not shared between settlers and Indigenous peoples in Canada, there is space for building good relationships based on being educated, self-aware, accountable, and respectful.

2.6 Conclusion

The integral role of Indigenous midwives and doulas in the reclamation of Indigenous maternities and the provision of culturally safe care for Indigenous women and birthing parents were emphasized repeatedly by my consultants. Additionally, reclamation of Indigenous maternities is symbolic of larger movements of Indigenous self-determination and sovereignty. To build equitable, anti-racist relationships with Indigenous women and birthing parents and Indigenous midwives and doulas, settler Canadians must be informed, self-aware, and humble. This kind of relationship is essential in supporting Indigenous maternal health, in Indigenous-settler partnerships, and in working toward a decolonialized future in Canada. As Kim Anderson states, "we exist because of and for the relationships we hold with everything around us. Knowledge is therefore of no use if it does not serve relationships" (Anderson 2000, 46). It is essential that we take opportunities to keep learning about ourselves, each other, and how we can build strong, lasting relationships together.

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Appendix 1 – Additional Historical Background and Literature Review

Additional Historical Background

Settler colonialism in Canada

The Dominion of Canada became self-governing in 1867 and, in its objective to advance settlement, acquired an enormous expanse of land encompassing a quarter of North America, from the Hudson's Bay Company in 1869; this was known as Rupert's Land (Burnett 2010, 28). Through the promotion of the Dominion Lands Act of 1872, Europeans were encouraged to migrate and join the settlement efforts across this stretch of land. The North West Mounted Police (NWMP), later to be known as the Royal Canadian Mounted Police (RCMP), was established in 1873 to control the settlement process (Burnett 2010, 28). This settlement by Europeans was predicated on the principle of *terra nullius*, the idea that the land was unowned before the Europeans claimed sovereignty, and which consequently required the displacement of the Indigenous peoples of those lands (AFN 2018, 3). The dispossession of traditional lands from Indigenous peoples was compounded by further federal legislation. In 1876 with the passing of the Indian Act and later amendments, the purposeful disenfranchisement, oppression, and attempted erasure of Indigenous peoples intensified. Considered a threat to settler colonial plans for land acquisition due to their central role as keepers of traditional lands, Indigenous women were systematically stripped of their community roles and authority, and traditional kinship systems were torn apart. Under the Gradual Enfranchisement Act of 1869, for example, Indigenous women lost their 'Indian' status if they married non-Indigenous men and lost their community rights if they married Indigenous men from outside their community (Anderson 2000, 68). The familial and political roles and rights of Indigenous

women were further cut through the Indian Act, creating drastic disruptions of gender dynamics, family structures, and social order in Indigenous communities.

Reclamation of Indigenous midwifery and challenges

Efforts to 'bring back birth' to Indigenous communities are being led by Indigenous midwives who are establishing and operating community birthing services in various communities in Canada. These Indigenous-led midwifery practices offer the opportunity to Indigenous women and birthing parents to stay in – or much closer to – their home community for the birth of their children, thereby ideally preventing the risk of being evacuated to larger urban centres in the late stages of their pregnancy. The midwifery practices and sites include:

- Inuulitsivik Health Centre (Nunavik, Québec)
- Tulattavik Health Centre (Nunavik, Québec)
- *Rankin Inlet Birthing Centre (Nunavut) – **CLOSED 2020*
- Cambridge Bay Birth Centre (Nunavut)
- Fort Smith Health and Social Services Midwifery Program (Northwest Territories)
- Kinosao Sipi Midwifery Clinic, Norway House Cree Nation (Manitoba)
- Seventh Generation Midwives of Toronto (Ontario)
- Tsi Non:we Ionnakeratstha Ona:grahsta' Six Nations Maternal and Child Centre (Ontario)
- Kenhte:ke Midwives – Kontinenhanónhnha Tsi Tkaha:nayen (Tyendinaga Mowawk Territory, Ontario)
- Neepeeshowan Midwives (Attawapiskat, Ontario)
- K'Tigaaning Midwives (Powassan, Ontario)
- Ionteksa'tanoronhkwa "child-cherishers" Homebirth Midwives (Akwesasne, Ontario)
- Dilico Family Health Team Clinic in Fort William First Nation (Ontario)
- Shkagamik-Kwe Health Centre (Sudbury, Ontario)
- Southwest Ontario Aboriginal Health Access Centre (London, Ontario)
- North Channel Midwifery in Elliot Lake (Ontario)

(Lawford et al 2018; Neiterman et al, 2-3 in Bourgeault 2021; AOM 2019, 4)

Substantial challenges exist, however, in these efforts to expand the quantity and accessibility of Indigenous midwifery in Canada. Government funding is limited, and provincial

legislation is inconsistent across Canada. These Indigenous-led midwifery practices are not typically able to offer strictly Indigenous midwifery services, but rather offer a combination of these practices and mainstream midwifery care. Despite the tireless efforts of Indigenous midwives to offer their distinct and culturally safe model of care, "the tendency to position Indigenous birth practices as antiquated in relation to modern midwifery styles remains problematic" (Finestone and Stirbys in Cidro and Tait Neufeld 2017, 189). An important case to note is the movement to restore traditional Inuit birthing care in Nunavut, as it has been held in high regard among Indigenous midwives and set a quality of service for other Indigenous midwifery services to emulate across Canada.

The first Indigenous midwifery service program in Nunavut was initiated in the late-1980s and into the early-1990s at the Rankin Inlet Health Centre, followed by a transition in management of the program to Nunavut Arctic College (NAC), thereby offering the program more stability (James et al 2010, 3). Despite significant successful outcomes in restoring the provision of traditional midwifery care to an area with the highest birthrate in Canada, the Rankin Inlet midwifery clinic was forced to close in 2020 due to the departure of its two longstanding Inuit midwives after "years of mistreatment, [anti-Inuit] racism, and a lack of support from [the Nunavut] government" (Tranter 2021).

Another critical effort to increase the availability of Indigenous midwives in Nunavut was pursued through the NAC midwifery education program in Cambridge Bay, through which midwifery students had multiple options for program completion, with each exit enabling the midwifery graduate to "be an integral part of returning birth to family and community in Nunavut" (James et al 2010, 5). Unfortunately, the program is no longer offered due to a loss of

funding. Before its closure, the NAC midwifery program had been in a partnership with Laurentian University (LU) in Sudbury, Ontario, whereby midwifery graduates of the NAC diploma program had the opportunity to complete a midwifery degree at LU (James et al 2010, 8). The midwifery degree program at LU was significant in that it was the only midwifery program in Canada to offer both an Indigenous stream and a bilingual stream and provided uniquely trained midwives for Northern and remote communities. Quite controversially, the Laurentian midwifery program was closed in 2021 "as part of court-monitored restructuring because of [LU's] dire financial situation" (Rushowy 2021). This closure was met with great uproar among Laurentian midwifery faculty, Indigenous and non-Indigenous midwives across Canada, and the general population. In particular, the decision drew heavy criticism as the program closure was said to be due to alleged low enrolment, whereas the program, in fact, had a registration cap and was funded by the Ontario government. Additionally, it is noteworthy that 100% of graduates from the LU midwifery program were employed and graduates make up 30% of all midwives in the province and in the country (Rushowy 2021). It remains to be seen if the LU midwifery program will be rehoused at another university. The other two university-based midwifery programs in Ontario, Ryerson University in Toronto and McMaster University in Hamilton, accepted the transfer of LU midwifery students. Presently, NACM is in the process of developing a community-based Indigenous midwifery education program, with a laddered approach providing diverse options for valuable birth work at any exit point. They are currently exploring community involvement, followed by the training of Indigenous midwifery students (NACM 2021).

Additionally, there is a growing number of Indigenous doula practices in Canada, including the Northern Birthwork Collective (Yellowknife, NWT), the Manitoba Indigenous Doula Initiative (MIDI) Wiijii'idiwag Ikewewag (Winnipeg, MB), ekw'í7tl doula collective (Vancouver, BC), and the Urban Indigenous Doulas Project (Winnipeg, MB).

Literature Review

Decolonization, academia, and the need for accompliceship

Decolonization has become a popular buzzword in many contemporary circles, and certainly among 'woke' academics. But do we really understand what it means and whether we should be using this term? Medical anthropologist Nayantara Sheoran Appleton strongly urges her fellow academics to reconsider the use of 'decolonizing' in their vocabulary, and instead suggests alternative and more accurate language to use instead. Appleton asserts that negligently using the term 'decolonizing' "does a disservice to the amazing Indigenous scholarship and activist work that is targeting power structures to shake and reshape them to accommodate indigeneity" (Appleton 2019, 3).

In seeking better ways to frame what it is that we are attempting to do through our scholarly activism and in hopes of doing this work well, it is essential for academia to move past its historically patriarchal narrow-mindedness, and "take seriously the critical thinking produced from other genealogies of thought that have been historically subalternized and considered inferior" (Grosfugel 2012, 101). To truly participate in decolonization, we are required to act in a manner beyond allyship, beyond acknowledgments; rather, to become accomplices, to use our resources to strategize with Indigenous communities in repatriation of land and life. Due to the recent popularization and commodification of allyship, being an ally "has become an identity, disembodied from any real mutual understanding of support, …it has been rendered ineffective and meaningless" (Indigenous Action Media 2014, 2). There is much work to be done, both within and outside of academia, and we must get uncomfortable, unsettled even. The work starts now.

In this exploration of the meaning and use of decolonization in and out of academia, it is important to consider the work of sociologist Ramon Grosfugel through which he discusses the process of decolonizing Western universalism. Grosfugel details the development of Western male-centered philosophical traditions, and notably points out the persistent Cartesian influence of a detached "faceless, zero-point philosophy," ultimately leading to the much-favoured "Western abstract universalism" which forms "an intrinsic part of epistemological racism" (Grosfugel 2012, 94). Without including, situating and valorizing the contributions of particular voices from specifically non-Western origins (i.e., those which are not white, male, and settler colonial), Western abstract universalism erases important distinctions in knowledge production, upholds hierarchical and racist philosophical traditions, and prevents the necessary contemporary shift toward diverse, multivocal epistemologies. Grosfugel insists that "the philosophy of liberation can only come from the critical thinkers of each culture in dialogue with other cultures" (Grosfugel 2012, 97). Putting this in the context of the larger discussion of understanding decolonization in this paper, Grosfugel's points emphasize the need to decenter the voices of white intellectuals and amplify those of Indigenous intellectuals, activists and other community members, in order to better comprehend the task ahead of us as white settler academics committed to meaningful change.

Appleton's urging of academics to rethink their use of the term 'decolonizing' in their work comes from her observation of "academic structures and powers [co-opting] struggles as their own – but [contributing] little to [those causes]" (Appleton 2019, 2). These rather oppressive actions ultimately hold everyone back and further reinforce hierarchical, settler colonial dynamics. Alternatively, academics can and should more accurately reframe what they

are trying to do presently within their institutions. Appleton recommends reconceiving efforts in other ways, such as, "[diversifying their] syllabus and curriculum," "[digressing] from the cannon," "[decentering] knowledge and knowledge production," and "[devaluing] hierarchies" (Appleton 2019, 4). Academics possess privileges, especially access to valuable resources, that can be used for the benefit of others who currently do not share those same advantages, and furthermore, these privileges can be unsettled, so to speak, in order to reimagine and re-design a more egalitarian, accessible vision for academia.

Tuck and Yang echo the kind of criticism expressed by Appleton about academia co-opting the language of decolonization, thereby "supplanting prior ways of talking about social justice, critical methodologies, or approaches which decenter settler perspectives" (Tuck and Yang 2012, 2). They expand this critical discussion further with an in-depth exposition of what is essential to understand about how settler colonialism functions, as well as the ways in which settlers attempt to underestimate what is required of them in the processes of reconciliation and decolonization. Tuck and Yang emphasize the need to comprehend what sets settler colonialism apart from other forms of colonialism, explaining that "settlers come with the intention of making a new home on the land, a homemaking that insists on settler sovereignty over all things in their new domain" (Tuck and Yang 2012, 5). In order to achieve this sovereignty, settler colonialism demanded an insidious and complete erasure of Indigenous peoples. Tuck and Yang assert that, now, "indigeneity prompts multiple forms of settler anxiety, even if only because the presence of Indigenous peoples…is a constant reminder that the settler colonial project is incomplete" (Tuck and Yang 2012, 9).

The discomfort felt by settlers in understanding that they benefit knowingly or unknowingly from settler colonialism and its erasure efforts of Indigenous peoples prompt a "series of moves to innocence, which problematically attempt to reconcile settler guilt and complicity, and rescue settler futurity" (Tuck and Yang 2012, 4). These moves to innocence are designed to make settlers feel they are taking meaningful action of some sort, but without relinquishing any power, privilege or land. Tuck and Yang identify the key moves to innocence as being: 1) "settler nativism," through which settlers claim to have a distant Indigenous relative and are thus free of any blame; 2) "fantasizing adoption," in which settlers imagine Indigenous peoples have bestowed on them a duty to care for the land; 3) "colonial equivocation," through which settler colonialism is amalgamated with other forms of colonialism, erasing its critical distinctions; 4) "conscientization," in which an intellectualization of decolonization replaces action; 5) "at-risking/asterisk-ing Indigenous peoples," as a way of quantitatively representing them in academic research devoid of their humanity; and 6) "re-occupation and urban homesteading," through which settlers cry for a redistribution of wealth and land, which ultimately belongs to Indigenous peoples (Tuck and Yang 2012, 10).

The systems, structures and belief systems of settler colonialism created the circumstances which perpetuate settler anxiety, instigating these moves to innocence. Countering these detrimental patterns must be done through concerted engagement in Indigenous struggles against these very systems and structures – as accomplices, not driven by settler guilt or anxiety, and unafraid "to engage in uncomfortable, unsettling, challenging debates or discussions" (Indigenous Action Media 2014, 5). To actually unsettle or decolonize requires of settlers a high level of detachment, beyond what we have ever known, significant

action to dismantle the systems and structures that continue to cause harm, and a commitment to a complete reorganization of life and society. Decolonization "must involve the repatriation of land simultaneous to the recognition of how land and relations to land have always already been differently understood and enacted" (Tuck and Yang 2012, 7). Simply put, decolonization requires an elimination of settler sovereignty and restoration of Indigenous sovereignty. "Decolonization is not an 'and.' It is an elsewhere" (Tuck and Yang 2012, 36). For settler academics, we must be ever cognizant of the distinctions of decolonization, actively engage in decolonization efforts with Indigenous communities, and be intentional in our language as we reimagine an inclusive, diverse future for academia.

Reproductive Justice and Intersectionality

Reproductive justice and intersectionality are crucial frameworks to understand and consider in the process of addressing reproductive and maternal health issues and supporting reproductive and maternal autonomy. The concept of intersectionality was developed by critical legal scholar Kimberlé Williams Crenshaw in 1989 to describe the complex interaction of racial and gender oppression experienced by Black women in the United States. This consequential concept "powerfully addresses human rights violations and helps us move away from single-issue and top-down approaches [and facilitates the way] to achieve systemic, institutional changes because systems of oppression overlap and interact with each other" (Ross and Solinger 2017, 75). The history of the laws, policies, practices, and beliefs around reproduction lies in settler colonialism, enslavement, and white supremacist structures and systems. Presently, the political-economic systems of neoliberalism perpetuate these same

structural forces (Ross and Solinger 2017, 97). Without the invaluable expository tools of reproductive justice and intersectionality, oppressive dynamics of power continue largely unchecked, voices go unheard, and complete reproductive liberty for all remains elusive.

For a more comprehensive approach to addressing these power and opportunity inequalities, reproductive justice activist and scholar Loretta J. Ross stressed the need to draw attention to "*reproductive oppression* – the control and exploitation of women, girls and individuals through [their] bodies, sexuality, labour and reproduction," and the application of the concepts of reproductive health, reproductive rights, and reproductive justice to effectively attend to particular aspects of reproductive oppression (Ross 2006, 14). Ross and historian Rickie Solinger have discussed at length the historical and contemporary aspects of the fight for reproductive justice, extending back to the reproductive violence and coercion of enslaved Black women, the genocidal and forced sterilization of Indigenous women, and the demand for equal access to contraception and abortion services. Ross and Solinger explain that "the absence of reproductive dignity and safety were key to definitions and mechanisms of degradation, enslavement, and white supremacy" (Ross and Solinger 2017, 19). Through these settler colonial injustices, the lives of Black, Indigenous, and other racialized women and birthing parents have been impacted in devastating ways. In contrast, white women were given advantages and freedoms, and portrayed as emblematic of the perfect mother, with their children holding higher societal value than non-white children. Due to this indoctrination and privileging of white mothers, deeper understanding and concerted effort is required for white women and birthing parents to fully appreciate the dynamics and tensions of current Black feminist dialogue, in particular, related to reproductive liberty.

Intersectionality ultimately gives shape, voice and power to women's lived experiences. This is of particular importance for those women and birthing people who have been oppressed, racialized, minoritized, and silenced. Our attention to the intersectional nature of these women's lived experiences matters deeply. Ross and Salinger emphasize that "context matters and is every-changing, no two oppressions are the same, and for the targeted woman, no axis of oppression stays constant over time" (Ross and Solinger 2017, 93). Legal scholars Sumi Cho and Kimberlé Williams Crenshaw, along with sociologist and political scientist Leslie McCall discuss how the development of the concept of intersectionality and its "insistence on examining the dynamics of difference and sameness" succeeded in exposing "how single-axis thinking undermines legal thinking, disciplinary knowledge production, and struggles for social justice" (Cho et al 2013, 787). Intersectionality has also expanded the lenses used within feminism and many other disciplines striving to address social justice issues. Intersectionality plays a critical role in and is at the heart of reproductive justice, in that reproductive justice holds the fundamental "understanding that the impacts of race, class, gender, and sexual identity oppressions are not additive but integrative [and these impacts share] characteristics of intersectionality: universality, simultaneity, and interdependence" (Ross and Solinger 2017, 74-75).

As theoretical and practical steps are contemplated to meaningfully address reproductive and maternal health issues, it is essential to acknowledge the revolutionary work of Black activists and feminists in the development of the frameworks of reproductive justice and intersectionality, as well as the significant historical contexts of settler colonialism, enslavement, and white supremacy from which these acts of resistance originated. As white

scholars and activists committed to finding common ground and working together equitably, explicit care must be taken to uphold the true intents and purposes of these frameworks. For these frameworks offer "the chance to explore whether a conversation created by women of colour can be recentered around white women without re-privileging whiteness… Can radical and mainstream white women appreciate the elasticity and inclusiveness of reproductive justice without reinscribing white supremacy?" (Ross and Solinger 2017, 113) The empowerment and autonomy of all women and birthing parents to make their own choices for their body, reproduction and motherhood is paramount.

Reclamation of Indigenous maternities

In their compelling paper on Canada's evacuation policy, Indigenous midwife and Gender and Indigenous studies scholar Karen M. Lawford, applied cultural anthropologist Audrey R. Giles, and anthropologist and sociologist Ivy L. Bourgeault discuss the nature and impacts of the policy's forced relocation of pregnant Indigenous women and birthing parents living in rural and remote communities to larger urban settings to birth in hospitals, traveling on their own and often losing connection with their families and community, and struggling with postpartum depression (Lawford et al 2018, 480). Additionally, with the removal of birthing from communities, there is a potential loss of traditional birthing and maternity practices and knowledges. These concerted efforts to disconnect Indigenous women and birthing parents from their home communities, along with outright discrediting of Indigenous midwives, are seen as further examples of settler colonial intents of civilization and assimilation of Indigenous peoples. Legislation, such as the Constitution Act and the Indian Act have had the devastating

impact of “significantly and systematically [disadvantaging Indigenous] women by legally limiting their identity, a process that substantially restricts their access to health care” (Lawford et al 2018, 481). The authors share the poignant words of Ellen Blais, former co-chair of the National Aboriginal Council of Midwives, “when birth leaves a community, you take away something that brings joy and happiness” (Lawford et al 2018, 481). In resistance to the Canadian federal government’s evacuation policy, a growing number of Indigenous-led midwifery practices are emerging across Canada, with the objective of restoring community and home birthing in rural and remote communities. Lawford et al emphasize the “importance of restoring choice to women and honouring the roles they have to bring about changes to improve their own health and for generations to come” (Lawford et al 2018, 487).

As supporters of the reclamation of Indigenous maternities, it is critical to “look at the broader systems and structures that make up maternal evacuation to fully understand the broad range of factors that influence this practice” (Olson 2017, 107), to have a strong understanding of these shared experiences of Indigenous women and birthing parents in Canada, and to use the privilege we hold to share our access to resources and opportunities to facilitate further advancement of their goals. Indigenous social anthropologist Rachel Olson explores the question of risk in the maternal evacuation policy, and states that it “takes on multiple meanings situated in specific times and spaces from particular historical, social, and cultural contexts” (Olson 2017, 93). The biomedical model of birth demands a hospital setting and full reliance on medical technological interventions and medical professionals. From this perspective, the hospital is seen as the birthing setting in which safety and risk management can be maximized. However, by prioritizing this biomedical approach and evacuation, the

health and social risks and iatrogenic impacts faced by Indigenous women and birthing parents are overlooked. Having to navigate the biomedical health care system, often without any support in childbirth, there is very little opportunity for these individuals to have any choice or negotiation in how the birthing process will unfold. These "risks are now being addressed by the growing support for Indigenous midwifery and the return of birth to communities" (Olson 2017, 108). The power and freedom of choice in birth setting and support is of vital importance in a birthing person's autonomy and postpartum health.

Health equity researcher Sana Z. Shahram asserts that insufficient "attention has been paid to understanding the complex intersections between colonial processes and Indigenous women's experiences with pregnancy and mothering" (Shahram 2017, 13). Laws and policies of settler colonialism have gravely impacted the lives of Indigenous peoples in Canada, and disproportionately the lives of Indigenous women. Before settler colonialism, Indigenous women generally held positions of significant power and influence in their communities, being "givers of life" and "chief proprietors of land" (Shahram 2017, 14). It is for these reasons that they were viewed as a threat to settler colonial goals of gaining land sovereignty. By destabilizing gender roles and family and community structures, settler colonial forces removed Indigenous women from their positions of power. Notably, the Canadian settler colonial state's "interference in Indigenous pregnancies and births, beginning with colonization, stole the autonomy of Indigenous women" (Shahram 2017, 20). Since that time, Indigenous mothers have carried false characterizations as being unfit and incompetent. These damaging narratives are also linked to the historical forced removal of Indigenous children from their families and communities, as well as the overrepresentation of Indigenous children in the child welfare

system in Canada. The restoration of status, respect and reverence for Indigenous mothers is an integral part of the reclamation of Indigenous maternities.

Social cultural anthropologist Erika Finestone and Indigenous health researcher Cynthia Stirbys stress the necessity to be cognizant of the historical, political, and social (settler colonial) context of current Indigenous maternities, and that in discussions of Indigenous reproductive justice, “it is important to remember that the ability of a woman to determine her reproductive destiny is in many cases directly tied to conditions in her community” (Finestone and Stirbys 2017, 184). In addition, there has been much focus on the historical violence and traumas experienced by Indigenous peoples in Canada. Although it is critical for settler Canadians to understand this history, there are more crucial steps to be taken now to meaningfully support Indigenous health and futures. For reproductive and maternal health, it is important for researchers to carry out “assessments of the different barriers (financial, emotional, familial, and geographic) preventing Indigenous birthmothers from accessing safe birth options” (Finestone and Stirbys 2017, 189). Additionally, the involvement of Indigenous women and birthing parents must be given precedence in the decision-making and policymaking processes regarding their own reproductive and maternal care, with the ultimate objective of full autonomy and freedom. All the authors discussed in this paper urge that the trend of focusing on Indigenous struggles and traumas must necessarily and respectfully shift to focusing on Indigenous strength, resistance, resilience, and joy.

Appendix 2 – Positionality Statement

Over the course of my initial literature review for my anthropology graduate research on reproductive and maternal health disparities in Canada, I intentionally sought out the works of scholars who spoke from a place of knowing/knowledge based not only on their education and scholarship, but also (and most importantly) based on their shared experiences and/or shared understanding with those whom they represented in their writing. I sought out the voices of Indigenous scholars who wrote about Indigenous maternities, Black scholars who wrote about Black maternities, and so on. After a certain point, however, I found myself questioning the direction and intent of my research, specifically as a white settler researcher, asking myself, "So, what am I doing in this space? What is my role? How can I do my work well and responsibly?" Going into this project, I felt that I had a reasonable understanding of the historical and contemporary racialized harms and imbalanced power dynamics in Canada, gleaned through my personal connections and more formal study. I paid close attention to the ongoing public dialogues taking place online and offline, particularly after the murder of George Floyd and the global awakening of sorts that occurred thereafter. I was aware that I needed to 'stay in my own lane' while also ensuring that I 'help do the work.' But I felt it was imperative to get more clarity and understanding on what work belonged to whom, how to hold space for work that was not mine to do, and how I was to do my work responsibly and meaningfully, both during my time as a graduate student researcher and once I returned to my work in women's reproductive wellness post-grad.

It was at this stage that I saw the need to situate myself in my research, to make the researcher visible in the research, so to speak. I had the privilege of receiving guidance from a

highly respected Indigenous community leader about my research project. The pivotal guidance I received was to study myself as a settler Canadian and to study the settler colonial systems that continue to harm and disenfranchise Indigenous women and birthing parents. My redirection to a more autoethnographic approach was affirmed and part of this reorientation included gaining a better understanding of my settler heritage. I knew that my family roots were in Finland, Scotland and England, but I needed to know *why* my ancestors came to Canada when they did, to better understand how I came to be where I am. Living in desperate circumstances in their home countries, without opportunities for education or class advancement, my great-great-grandparents were drawn to migration to Canada during the promotion of the 1872 campaigns of the Dominion Lands Act in Canada and the Homesteading Act in the United States, under which Europeans were invited to help with the "settlement" of the prairies and with promises of "free land." It should not have taken me until my 40s to learn about my settler colonial heritage, but there it was; and it was very uncomfortable. Even though I now understood the motivations of my ancestors for migrating to Canada all those years ago, I also knew that the dark flipside of those campaigns was the often violent dispossession and forced removal of Indigenous peoples from their traditional lands. Knowing this truth of my family history was critical as it gave me a deeper understanding of myself and how I was to begin situating myself in my research.

I come to this graduate research both as a student of anthropology and as a practitioner of women's reproductive wellness. I am trained in labour, postpartum and loss doula care, as well as yoga instruction specialized in pregnancy, postpartum recovery and pelvic health. My personal experiences of midwifery care for the births of my own children contribute

significantly to my strong support and advocacy for midwifery in general. I have a personal and professional belief that all women and birthing parents should have access to the exceptional care provided by midwives and doulas, in particular, to avoid traumatic birth experiences, to trust in their inherent wisdom and power, and to understand and experience the transformative potential in the stages of pregnancy, childbirth, postpartum recovery, and parenthood. I understand that not all women and birthing parents experience these stages in such an empowered and supportive way. More so, I understand there are historical and ongoing mistreatments, abuses, and traumas faced disproportionately by minoritized and racialized women and birthing parents in Canada (and beyond). It is my intention, through all my work, to raise awareness of midwifery and doula care, to champion autonomy, safety, and equity in maternal health and wellness services, and to elevate and celebrate the profoundly important work of women and birthing parents.

Before my graduate research term began, it was essential for me to educate myself sufficiently in preparation for the interviews that I had the privilege of conducting with a number of Indigenous midwives, scholars, faculty members, and community leaders. I felt the need to be able to demonstrate in these invaluable meetings that I had done my homework; that I had a growing understanding of the settler colonial systems, structures and contexts that create the inequitable and harmful circumstances in which Indigenous women and birthing parents in Canada may face anti-Indigenous racism and discrimination as well as, how Indigenous women and birthing parents and maternal health practitioners resist these oppressive systems in Canada, and work to reclaim and restore traditional Indigenous birthing and parenting practices. I am learning precisely what I was advised months ago by my special

consultant: the more discomfort I feel, the more I can trust that I am on the right track, and the more I must press forward in that direction. Although I felt confident about my preparations (intellectually and emotionally) for my interviews, I was humbled each time by the generosity and frankness of each consultant. I may have gotten some things right and other things wrong, but it is all ok. I feel that I have more questions than answers, and that feels ok, too.

The work of learning and unlearning is not a box-checking exercise, and I am not sure that it is ever complete. I now understand that I have been socialized as white, that I live and operate within a powerful system that supports and protects this construct of whiteness, and that I must continue to work out how I can help change the way things are and/or create something different altogether. I continue to explore the question of how to do my work responsibly and ethically, and in collaboration with Indigenous women and birthing parents and maternal health practitioners. I continue to explore how we can champion the rights and opportunities for all women and birthing parents, partners and families.

Appendix 3 – Interview Guide

OPENING

- Thank you for taking the time to meet with me today. I'm interested in learning more about you and your work in your community.
- I would like to ask you some questions about birthing and mothering/parenting experiences of Indigenous women and birthing parents in Canada.
- I think it will be so helpful to have your insights and guidance, as a leader [scholar/midwife] on how they have navigated these incredibly important experiences with strength, resilience, and determination, and what can be learned as a result, and for the process of gaining a clear understanding of how working with and supporting Indigenous birth and mothering/parenting can be done thoughtfully and responsibly.
- I expect this interview will take about one hour. Shall we get started?

Transition: Great. I would love to start by getting to know more about you and your current work.

Topic 1: *About them, their current work and community involvement*

Question 1: Can you please tell me a bit about yourself, and about the work you currently do in your community?

- **Additional questions:** How did you come to do this work? What do you enjoy most about this work?

Question 2: Are there any other activities that you participate in, such as volunteer work?

- **Additional questions:** How do these different roles complement your primary work? What is the most rewarding aspect of this(ese) activity(ies) for you?

Transition to next topic: Before my research term began, I had the privilege of speaking with a highly respected Indigenous faculty member at UW, and what she shared with me was pivotal to the focus of my research. She insisted that it is critical for white settler researchers, such as myself, to first and foremost, understand myself as a settler, the history and ongoing impacts of settler colonialism, and how the systems continue to harm Indigenous women and birthing parents when they require reproductive and maternal health care services in Canada. With this understanding, along with reading I did about the potential for shared identity (e.g., Indigenous midwives supporting Indigenous women and birthing parents) to have a consequential role, such as significantly improving the experiences of childbirth, I would like to get your insights on the role of shared identity and its impact on providing culturally safe care.

Topic 2: *Role of shared identity in ensuring safety and autonomy in Indigenous maternities*

Question 1: Can you share your thoughts about the importance of Indigenous women and birthing parents in Canada having access to Indigenous midwives and doulas?

- **Additional questions:** What is the role and extent of the impact of shared identity (and shared lived experiences) on ensuring culturally safe maternal care?

Question 2: Along with an understanding of the historical and current impacts of settler

colonialism, what are critical requirements or qualities of non-Indigenous practitioners in supporting Indigenous women and birthing parents to ensure a sense of safety and autonomy?

Transition to next topic: Another important piece of advice that the Indigenous faculty member offered was that there has been enough focus on the harm and trauma of Indigenous women and birthing parents, and it's critical to focus on the strength and resilience and historical resistance to the settler colonial systems that Indigenous women and birthing parents have demonstrated. Also, current initiatives across the country to reclaim and restore Indigenous traditional birthing and parenting practices are providing opportunities for a powerful and autonomous way to move through pregnancy, childbirth and postpartum recovery.

Topic 3: *Indigenous women and birthing parents' resistance to settler colonial practices in birth and mothering/parenting & Restoration of Indigenous traditional birthing and parenting practices*
Question 1: Given that Indigenous women and birthing parents are the experts on their own health and well-being, can you speak to the significance of their resistance and resilience, as well as their reclamation of traditional practices?
Question 2: What kinds of ripple effects are likely for their families and communities as birthing and parenting are supported in the home communities?

Transition to next topic: There is, clearly, much work left to do, and hopefully we will see significant changes as we move forward in the coming years. I would love to end our interview by looking at the possibilities for future generations.

Topic 4: *Thoughts on future generations of Indigenous women and birthing parents*
Question 1: What is your ideal vision for future generations of Indigenous women and birthing parents in Canada as they navigate pregnancy, childbirth and postpartum recovery?
Question 2: What is your ideal vision for how communities and wider networks of support would function to best support Indigenous birthing and parenting?

Transition to closing: Thank you so much for this time together. I'm confident that your insights are going to be instrumental in this research project.

CLOSING

- So, I understand that… *[summarize main takeaways from interview]*
- I appreciate all that you've shared with me today. Is there anything else that you think would be helpful for me to know about these topics that we haven't discussed?
- If I have any more questions, would it be alright for me to contact you again?
- Thank you again for your time and your valuable insights.