

## “TO WATCH, TO CARE” STORIES OF ABORIGINAL MIDWIFERY IN CANADA

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### Introduction

An overview of the history and new developments of Aboriginal midwifery in Canada is incomplete unless the story unfolds concomitantly within greater intimate (internal) and universal (external) contexts. These contexts include the place that women hold within the regards of self and others within the community and broader Canadian society; issues of interpersonal safety and cultural freedom; the realm of rights and responsibilities at home and within Canadian politics; interpersonal/intercultural relations, including between Aboriginal culture and ways of knowing with Canadian technological developments; and the reach of health and health-related services and resources for women and their families across the life cycle. This paper summarizes the story of Aboriginal midwifery in Canada through the ages - not as a story of birth in and of itself, but as a story of a way of life.

### Birth and Women's Place in Traditional Cultures

In pre-contact Aboriginal communities, the event of childbirth connected women to their foremothers and families to whole communities, with each of the individuals involved knowing their role and responsibilities to one another. Women, as well as men, learned from their Elders that love and sex were aspects of humanity that entailed obligations and that each step forward in the life cycle would necessitate further obligations for one's self and for others in one's family and community.<sup>1</sup> Expectant mothers understood the essence of the transformation or “awakening” that they would undergo in pregnancy and childbirth. Child guidance and the meaning of one's existence were found, among other places, in the

details of birth stories – stories that mothers knew and shared.<sup>2</sup> Aboriginal Elders across Manitoba northern communities, for example, shared memories of a positive self-image, strength and confidence that was both an expectation and natural ability of childbearing women. The women remembered their own pregnancies and those of their peers and the older generations. The following excerpt is an example of such stories:

*“We women had to work to support our husbands. They had their work and we had ours. But that's how we managed and supported each other. That work we did and the way we did it is why we kept healthy and were able to have the healthy babies” (Ann, 90 years old, great grandmother).<sup>3</sup>*

Duty and interconnectedness within the natural universe was another component of traditional childbearing:

*“To understand the body so well that the woman knows when she conceived and the man knows when he gave life. Teaching about the body and reproduction starts way back in childhood, when the child comes into the world” (Fred, sixty four years old, Elder, Traditional Teacher).<sup>4</sup>*

Other components of tradition in pregnancy and childbirth included the knowledge and support of women, the passing on of the details of birth stories, the role of men as providers and assistants to the women, provision of a living model to families, patience and trust, natural remedies as opposed to artificial means, and spirituality and ceremony.<sup>5</sup> We can understand the role of the Aboriginal midwife not in terms of a “profession” the way it is understood

among Western practitioners, but as the basis of a teaching about healthy living that is accessible to every member of the community, although some individuals embrace an understanding and practice of the birth attendant that positions them for a more exceptional role within the community. Indigenous definitions for the term midwife also varied among different linguistic groups. In the Mohawk language, the word for midwife is *iewirokwas*. The word means that “she is pulling the baby out of the earth,” from the water or a dark place. The term is replete with ecological context connecting the waters of the earth and the waters of the feminine body with the same source.<sup>6</sup> Among the Nuu-chah-nulth people of British Columbia, the word means “she can do everything” and the Coast Salish word for midwife means “to watch, to care.” Whatever the term, the Elders recall that pregnancy and childbirth took place within a closely knit nexus linking the midwife to the birthing woman, to the infant, to the husband/partner, to the family, to the extended family and ultimately, to the entire community.<sup>7</sup>

Things changed, however, and the broader societal shifts of power and authority left their imprints upon the most intimate matters of women's lives. It was a change from a past that held the position of midwife in the highest regard as one whose work was at once central to community living and connected ecologically to the land and water to a not so distant present that overlooked the midwife and her particular expertise ignored.

### **Colonial Disruption and the Demise of Aboriginal Midwifery**

In more modern times, pregnancy and childbirth were largely removed from the ebb and flow of traditional life and came to entail a complicated array of medical assessment and risk intervention.<sup>8</sup> Medical experts including obstetricians, family practitioners and nurses, as well as health support workers and/or paraprofessionals such as community health representatives, social workers and prenatal peer support workers, delivered a web of programming aimed at “providing”, “supporting”, “empowering”, “educating” and “building capacities” of women regarding pregnancy health and particularly proper nutrition and other lifestyle

choices. Pregnancy and childbirth became viewed as risky and in need of intervention by externally-trained professionals proficient in bio-medical approaches to pregnancy and childbirth and, often, skilled in the uses of complex technologies not accessible at remote community levels.<sup>9</sup>

The medicalization of pregnancy and childbirth has received a considerable amount of attention in the medical and social science literature. For Aboriginal women, there was the added obstacle of colonization and a risk discourse that described them as a group of people who shared an inordinate disease burden and required the lion's share of medical intervention. The sum total of all these societal disruptions was to reduce the capacities of Aboriginal women and communities to perform and experience childbirth as they had done so over the ages.

### **Spiritual Revival and New Developments**

This historical disruption is the central point for the recent revival of Aboriginal communities and midwives in particular. As stated by one community member active in her community's women's organizations:

*“We finally realized that our stories were important and that the teachings of our grandparents were important for our survival, our health. I remember it was like I felt I had given myself permission to take back what was mine” (Lorraine, 46 years old, community health representative).<sup>10</sup>*

In reclaiming the power and the right to nurture and to give life, Aboriginal women have become involved in broader issues of community reparation, healing, and taking back the knowledge that was handed down to them from the older generations. The participation of Aboriginal women in political organizations has been steadily increasing. These organizations are vital in representing the strength of Aboriginal women and for helping to create a context for Aboriginal women's voice at different societal levels. A case in point is the National Aboriginal Health Organization (NAHO), where Aboriginal women's voices are beginning to be heard.<sup>11</sup>

Midwifery legislation in Canada, as it affects midwives in the mainstream population, cannot be

generalized to describe midwifery developments in the Aboriginal context. For instance, new developments that may be seen as improvements in midwifery legislation in general may actually contradict Aboriginal midwifery goals. In a 2002 article written for The Canadian Women's Health Network, Michelle Hugli states, "while there is renewed hope for a revival of midwifery and community-based childbirth, in the north, it is threatened by the imposition of standards and accreditation processes that would almost certainly exclude Inuit women and ignore the value of traditional practices."<sup>12</sup> Developing the capacities of Aboriginal midwives is a long and complex process that includes not only areas specifically related to the fields of medicine and health care delivery but equally important the valuation of Aboriginal traditional healing and community development approaches. The process requires "substantial" and "sustained" support from Aboriginal communities and the larger Canadian society.<sup>13</sup>

Through the efforts of individual Aboriginal women, community groups and country-wide organizations such as NAHO, developments over the past 10-15 years have fostered a variety of innovative Aboriginal midwifery initiatives. We review some of these in the final section below.

### Quebec

In Quebec, two clauses contained in the midwifery legislation impact Aboriginal midwives directly. The first recognizes the midwives working at the Inuulitsivik Maternity Centre provided they restrict their practice to the Nunavik Territories. The second states that band and community councils are able to negotiate specific arrangements for the practice of "traditional midwifery" with the Ministry of Health. Quebec formed the Independent Midwifery Act in September 1999. In this province, midwives are licensed via the Ordre des Sages Femmes du Quebec (OSFQ). In 2004, there were 55 midwives practicing in six birthing centres, including two in northern Quebec where Inuit women were being trained.<sup>14</sup> Presently, Quebec's midwifery law recognizes Inuit midwives who are already trained, certified and working in Nunavik, however the law excludes those who are in training now and in the future. Health officials have assisted in lobbying for change to this legislation. Negotiations are proceeding favourably with the Health Ministry for formal recognition of regional midwifery in Nunavik and the recognition of

the Inuulitsivik Midwifery Education Program as a non-degree entry into midwifery practice in Quebec.<sup>15</sup> The Inuulitsivik Health Centre is located in Puvirnituk in northern Quebec and is one of the oldest and most renowned of the Canadian Aboriginal midwifery initiatives. Midwifery in this region continues to expand – Puvirnituk began serving women from the Ungava since the hospital in Kuujjuak has ceased offering obstetric services. A third maternity centre is opening in the northern-most village of Salluit. A third community midwife graduated this spring in Inukjuak and seven new students have started in the three Hudson Bay villages where midwifery services are being offered. Villages on the Ungava coast of Nunavik and several Cree communities in James Bay have begun their plans and negotiations for initiation of midwifery services that are adapted from the Inuulitsivik model. According to the Canadian Association of Midwives:

*"Although the local midwives play an increasingly significant role in the training of student midwives, maintaining a stable teaching and resource team in the villages has become more and more of a challenge. This is partly due to a lack of clarity concerning reciprocity issues for part-time work in the North between the OSFQ, Inuulitsivik Maternity and other Canadian provinces."*<sup>16</sup>

In Quebec, the relationship between midwives of mainstream and Aboriginal backgrounds has been described as one that reaches beyond the bonds of communication and sisterhood towards embracing cultures as well.<sup>17</sup>

### Nunavut

Presently, in Nunavut, midwifery is not legislated. However, the government has employed a team of individuals to work on the issue. Issues in question include drafting legislation, a midwifery act and a separate midwifery association of Nunavut. There are currently only two permanent midwives working in the province. A pilot project is being designed with a curriculum based upon Inuit traditional birthing teachings. The program offers three years of instruction. After year-one of training the students are to become "maternity care workers". After an additional two years they will graduate as midwives. There is an additional internship year where students work under the supervision of a midwife. Currently, there is no midwifery education program for non-Inuit students. Women working as midwives are having a

difficult time accessing education in Nunavut. Challenges include distance from educational opportunities and cost. There have been educational programs offered in Nunavut in the past, however, these programs are difficult to arrange due to distance, cost and considering the small number of midwives employed in the area.

## **Ontario**

Midwives in the province of Ontario are registered health care providers who provide primary care to women with low-risk pregnancies. The Midwifery Act was passed in 1992, making Ontario the first Canadian jurisdiction to register midwives and regulate their profession. Midwives also maintain privacy requirements established through the Health Information Protection Act as of November 2004.

Aboriginal midwives practicing in Aboriginal communities are exempt from legislation under Section 8 (3). The Ontario model of midwifery that has set the tone for regulated midwifery in other Canadian jurisdictions is based on the three principles of continuity of care, informed choice and choice of birthplace. There are more than 250 midwives in the province with approximately 35 new midwives registering each year. Most practice in urban settings, which raises access issues for Aboriginal women. In addition, there is very little comment in terms of culturally appropriate care.<sup>18</sup> Midwives complete a four-year university degree program and are required to register with the College of Midwives of Ontario (CMO), the regulatory body for midwives in the province. Midwives educated in other jurisdictions must undergo an assessment of their previous education and experience to determine the equivalence of their credentials for practice in Ontario. This International Midwives Pre-registration Program is offered through the continuing education division of Ryerson University. Continuing education opportunities are available to registered midwives. Aboriginal midwives choosing to be members of the College are subject to its jurisdiction.<sup>19</sup>

Tsi Non:we Ionnakeratstha Ona:grahsta' Six Nations Maternal and Child Centre is located on Six Nations of the Grand River. The first part of its name is a Mohawk phrase meaning "the place they will be born" and Ona:grahsta is a Cayuga word meaning "a birthing

place."<sup>20</sup> The centre was established in 1996 and is partly funded by The Ontario Ministry of Health. It offers training to Aboriginal midwives from the Six Nations reserve. Aboriginal midwives are able to work under the exemption clause that permits them to practice on- and off-reserve as long as they provide services to Aboriginal families. The Maternal and Child Centre provides pre-conception services, pre and post natal care, and birthing services to women with low risk pregnancies in the southwest Ontario area. Services are provided by traditional Aboriginal midwives, and incorporate traditional midwifery practices. As required, referrals are made to and medical back-up is available from local obstetricians and hospitals.<sup>21</sup>

Another interesting development in the region has been the Toronto Aboriginal Midwifery Initiative (TAMI). TAMI, made up of trained midwives, student midwives, and others who are interested in making culturally sensitive maternity care and midwifery services more accessible to the Aboriginal community of Toronto, was launched in 2002. TAMI is the advisory committee for the new Seventh Generation Midwives Toronto (SGMT), a midwifery practice that opened in January 2006. Largely spearheaded by Sara Wolfe, SGMT currently has five full-time midwives and one part-time midwife (from both Aboriginal and non-Aboriginal backgrounds) who provide culturally sensitive care to Aboriginal women in Toronto by supporting women to incorporate traditional teaching and ceremony into prenatal care, labour and birth, and postpartum care. The women receive care from midwives throughout the pregnancy, labour and delivery and up to six weeks postpartum. Babies are delivered either at home or at Sunnybrook Health Sciences Centre.

## **Manitoba**

Manitoba has an Independent Midwifery Act. Midwifery in this province has been regulated since June 2000 by the College of Midwives of Manitoba. The College is mandated to operate a standing committee to provide advice and direction of issues related to midwifery care to Aboriginal women.<sup>22</sup> The Act included a provision that the College of Midwives of Manitoba establish a committee to provide advice on the provision of midwifery care to Aboriginal women and their families. The Committee is known as

Kagike Danikobidan and is committed to ensuring that traditional midwifery practices are respected and incorporated into care and ensuring that Aboriginal people have opportunities to become registered in Manitoba. Midwifery is provincially funded with services now available in Winnipeg, Brandon, Southeastman, the Pas, Central and Burntwood regions (i.e., meaning that expansion has not occurred since inception). Women in the north, many of whom are Aboriginal, continue to be evacuated to Winnipeg and Thompson to give birth. A provincial goal is to make birthing accessible to all regions across Manitoba, especially for northern Aboriginal women. The Aboriginal Midwifery Education Program (AMEP) was jointly implemented by the Minister of Health and Minister of Advanced Education and Training in December 2004. The Manitoba Ministers were joined by the Minister of Health in Nunavut, signifying a partnership between the two jurisdictions to develop a midwifery education program that would meet both their needs. The overall goal of the program is to develop an educational opportunity that will employ innovative learning strategies designed for adult learners. The curriculum will be based upon Aboriginal cultural teachings. According to a program brochure, "The importance of cultural values and practices will then be blended with western methods of clinical practice. The program will be competency based and incorporated into learning modules which will permit students to learn at their own pace."<sup>23</sup> This degree-based education program will be delivered by the University College of the North. Ten students will be enrolled in the program's first year with five students enrolled in each subsequent year.

### **British Columbia**

Aboriginal women in British Columbia have chosen to seek work within the current midwifery legislation. The by-laws for the College of Midwives of BC, written under the auspices of the Health Professions Act and the Midwives Regulation (released in 2002), have reflected this desire in their inclusion of the requirement of a committee on Aboriginal midwifery. To date, no specific initiatives have been developed in the province, other than the authorization to establish such a committee. The College is looking at defining terms within the legislation and to engage in further community consultations. As of September 2005, there were 88 registered midwives in active practice, as

well as three conditional registrants, one midwife with temporary status and 15 non-practicing midwives. Each midwife is permitted to provide comprehensive care to 40 women per year. With over 40,000 babies born yearly in BC, only a small number of these births are attended by midwives. Access to midwifery as a choice of care is limited both by the small number of midwives and the geographic location of the few midwives that are in the province.<sup>24</sup> These circumstances pose significant access issues for Aboriginal women. A recent provincial conference on maternal health again drew attention to the need for more Aboriginal midwives. In an effort to address this gap, the University of British Columbia's midwifery program has developed strategies to recruit Aboriginal trainees.

### **Newfoundland and Labrador**

Although midwifery legislation was passed in 1920 in the then Dominion of Newfoundland, the midwifery licensing board has since ceased operations (early 1960). Midwifery associations lobbied for midwifery legislation and a Midwifery Implementation Committee was even appointed by the provincial government. This committee recently concluded its work and expected to see the enactment of legislation, however, with a change of health ministers, their efforts failed to materialize. A long-standing agreement between the provincial government, the Newfoundland Medical Board, and the Association of Registered Nurses allows midwives to practice in northern regions, (i.e. places with significant Mi'kmaq, Innu, Inuit and Labrador Métis populations).<sup>25</sup> The midwifery services are funded via the provincial health care system and since midwives work in tertiary care settings, most Aboriginal women are evacuated to coastal Labrador and Goose Bay to deliver their babies.<sup>26</sup>

### **New Brunswick, Nova Scotia, and Prince Edward Island**

Midwifery legislation is currently being pursued in each of these eastern provinces. There are several active groups including coalitions, networks and working groups that are actively engaged in raising the profile of a midwifery option for women. For example, Birth Matters/Naissance-Renaissance is an organization committed to the improvement of

maternity care in New Brunswick. The group is actively pursuing legislation permitting access to regulated, publicly funded midwifery services for all women in New Brunswick, including Aboriginal, Acadian, rural, and immigrant women. The organization is working towards raising public and professional awareness of the numerous benefits of midwifery care through educational and lobbying efforts.<sup>27</sup>

### **Alberta**

Midwives in Alberta are regulated under the Health Disciplines Act. The registering body is called the Midwifery Health Disciplines Committee. It is funded and governed by Alberta Health and Wellness. With the introduction of the Health Professions Act, the Alberta Association of Midwives (AAM) is now undertaking the initial steps to establish a college. The lack of funding and growth of the profession has made this a tenuous process forcing AAM to assess the economic feasibility of establishing and maintaining a college without provincial funding of midwifery. Midwifery services in Alberta are not included under the provincial health care insurance plan. With the exception of the Stony Plain Project, which offers a shared care, hospital-based service, midwives are privately funded by the consumers who use their services. This funding arrangement causes a huge accessibility problem for many Aboriginal women who cannot afford the services of a midwife. In addition, cultural appropriate midwifery care is not formally discussed.<sup>28</sup>

### **Saskatchewan**

Saskatchewan Health intends to work with key stakeholder groups to develop a strategy for integrating midwives as members of multi-disciplinary health care teams. As a primary step, they will work with professional regulatory bodies, Regional Health Authorities and other stakeholders in a consultative process to establish an advisory committee. The committee will work with the department on the introduction of midwives into the provincial health care delivery system. This collaborative approach will allow groups within and without the health care system to identify ways to introduce publicly-funded midwifery services in a responsible manner that protects client safety.<sup>29</sup>

Few Aboriginal and non-Aboriginal women alike currently have access to midwifery care due to the scarcity of midwives, yet, a demand certainly exists.<sup>30</sup> In terms of the broader picture of maternity care, the NAHO report also notes that,

*“maternity wards have been disappearing at an alarming rate, increasing the number of Saskatchewan women who must travel significant distances to give birth... More birth attendants are needed in Saskatchewan as large numbers of family practitioners continue to leave the practice of obstetrics. Now high-risk specialist obstetricians are caring for many low-risk health women.”<sup>31</sup>*

Since a significant proportion of Saskatchewan women are of Aboriginal descent, (i.e., 14% of the total population in 2001), the shortage of midwives has definite implications for Aboriginal women. The provincial Midwifery Council continues to lobby for public funding of midwifery and recently invited Sue Wilson Cheechoo to be their Aboriginal representative.<sup>32</sup>

### **Yukon**

No new midwifery developments have occurred in the Yukon. There are currently two midwives practicing in Whitehorse and the outlying communities. The midwives offer postpartum and extended birth supports to families. Twenty-three percent of Yukon's population is Aboriginal (Statistics Canada, 2001).

### **Northwest Territories**

The Midwifery Profession Act came into force in early 2005. In the Northwest Territories (NWT), midwifery is a regulated, autonomous health profession. Registered midwives practice in accordance with standards consistent with the national Canadian midwifery practice standards.<sup>33</sup> There are three midwives practicing in NWT and who are currently employed at the Fort Smith Health Centre. The Yellowknife Health and Social Services Authority has developed a funding proposal for the Department of Health and Social Services to introduce a midwifery program in Yellowknife. More than half of the NWT population is Aboriginal.

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