

Addendum

## **An Aboriginal Birthing Strategy for Canada**

### **Introduction**

The SOGC is proposing An Aboriginal Birthing Strategy for Canada that would encompass the same core elements as the National Birthing Strategy, with additional considerations and mechanisms in place to address the unique requirements and expectations of First Nations, Inuit and Métis people.

To date, health services at various levels for the Aboriginal population have been primarily developed based on treatment, crisis and response. An effective Aboriginal Birthing Strategy proposed by SOGC will recognize the needs of Aboriginal families and be supported by effective Maternal Child Health (MCH) programs designed to enhance the physical, psychological, cognitive and social development of all family members (including extended family members). By preparing programs to meet the needs and concerns of Canada's Aboriginal families from the beginning, or even prior to conception, will help to diminish and even eliminate the number of complications that are currently facing Aboriginal families.

An Aboriginal Birthing Strategy is needed to generate action to improve the health of Aboriginal children, to address health inequities and create a framework for comprehensive, collaborative partnerships.

### **Partnerships and Collaboration**

SOGC acknowledges that An Aboriginal Birthing Strategy must be coordinated and implemented in a collaborative approach with Aboriginal organizations, communities, provinces, territories, agencies and other key Aboriginal health professionals.

An Aboriginal Birthing Strategy will serve as part of a comprehensive approach and a developmental compliment to existing Health Canada – First Nations and Inuit Health Branch (FNIHB) community programs and services that are currently in place, such as the Canada Prenatal Nutrition Program (CPNP), the Fetal Alcohol Spectrum Disorder (FASD) program, Nursing services, and the Aboriginal Head Start (AHS) Program.

As a pivotal first step, SOGC will develop Memoranda of Understanding with five national organizations to create the partnership foundation on which to begin the development of an authentic Aboriginal Birthing Strategy. These organizations are the Assembly of First Nations (AFN), the Congress of Aboriginal Peoples (CAP), the Inuit Tapiriit Kanatami (ITK), Métis National Council (MNC), and the

National Women's Aboriginal Association of Canada (NWAC). This partnership is essential to ensuring the substance of an Aboriginal Birthing Strategy resonates with grassroots maternity care practitioners and recipients, as well as demonstrating to different levels of government that the partnership and ensuing processes will, in fact, reflect the will and aspirations of aboriginal people vis a vis their maternity care.

### **Cultural Competency/Cultural Safety**

An Aboriginal Birthing Strategy must be cognizant of the culturally appropriate traditional knowledge and the need to return safe birthing closer to communities that have been part of Aboriginal families for many generations. The Strategy must be respectful of these dynamics in order to become the cornerstone of Canadian public health efforts, including the surveillance of births, health promotion, and other programs that provide oversight of community-based program delivery for Aboriginal families. An Aboriginal Birthing Strategy will address such issues as protocols and models of care that would enable aboriginal mothers to stay in their communities for birthing, the delivery of prenatal care in the language of choice, and due respect for traditional prenatal and maternity methods.

### **Financial Commitment/Resources**

To develop and deliver the elements of An Aboriginal Birthing Strategy will require a significant investment from many departments and agencies of government currently tasked with the delivery of health care to First Nations, Inuit and Métis people.

Once a viable partnership is in place, SOGC will be negotiating with these diverse sources to ensure that adequate financial resources are made available to underwrite this essential work. An investment in the order of five million dollars per year over a five year period is proposed.

Thus the cost for A National Birthing Strategy, including a distinct Aboriginal component, would be \$12 million per year, for five years, for a total of \$60 million.

### **Core Elements**

#### **Strategy 1 – *Listen to Women's Voices***

In the aboriginal context, the need to listen must be expanded to include not only the pregnant woman, but also the elders, the family, the community values that will largely define the maternity experience. This element is key to the success of An Aboriginal Birthing Strategy; a multilateral process must be established to ensure these voices guide the ongoing development and implementation of a birthing strategy.

- Strategy 2 – *Facilitate Maternity Care stakeholder engagement, collaboration and networking.*  
It is necessary to create a mechanism by which midwives and other health care practitioners with specific knowledge or interest in health care in aboriginal communities be able to share their experience, and seek support and guidance.
- Strategy 3 – *Establish a process for collection of data and information.*  
There are currently serious inadequacies in the statistical information regarding prenatal, post natal and birthing care in aboriginal communities. Data collection is essential to problem solving and these gaps must be addressed.
- Strategy 4 – *Standardized clinical practice for all maternity care providers.*  
Clinical Practice Guidelines provide health care practitioners -- wherever they are -- to access best practice information. “Standardized” need not rule out traditional methods and culturally sensitive practices that have endured for generations in aboriginal communities.
- Strategy 5 – *Adopt standardized curriculum for post-secondary (pre-licensure) education.*
- Strategy 6 – *Establish inter-professional post-graduate (post-licensure) education to manage risks, to improve patient safety, and to facilitate collaborative woman-centered practice.*
- Strategy 7 – *Establish multidisciplinary collaborative maternal and newborn care models.*  
The need for innovation in the delivery of maternity care in aboriginal communities is urgent. Often these communities are rural and remote; health care providers may feel isolated from their peers and ill-equipped to address emerging issues on their own. Bridging that geographic distance with new technologies and partnerships between north and south must be facilitated if birthing is to be returned to aboriginal communities.