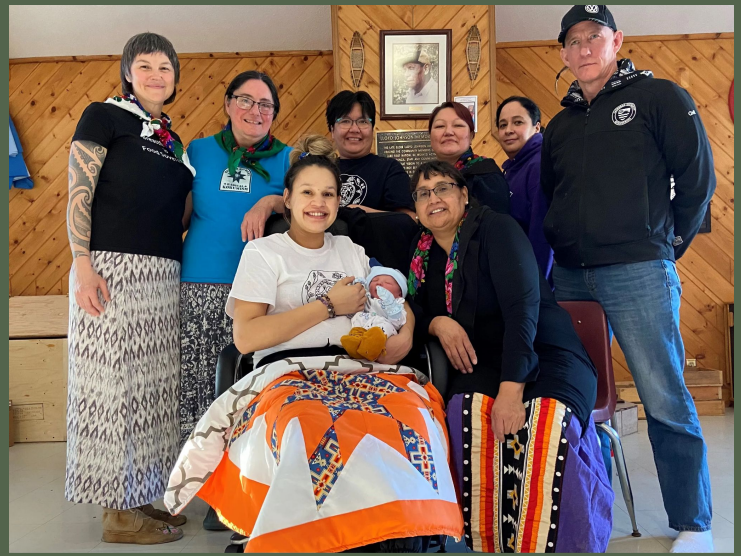
Birth Evacuations & Indigenous Midwifery

Forced birth evacuations:

The practice of relocating pregnant Indigenous women to urban hospitals to give birth. This is done at 36-38 weeks gestation and typically the women travel alone, not by choice, hundreds of kilometres away.

National Council of Indigenous Midwives. (n.d.)



(1)

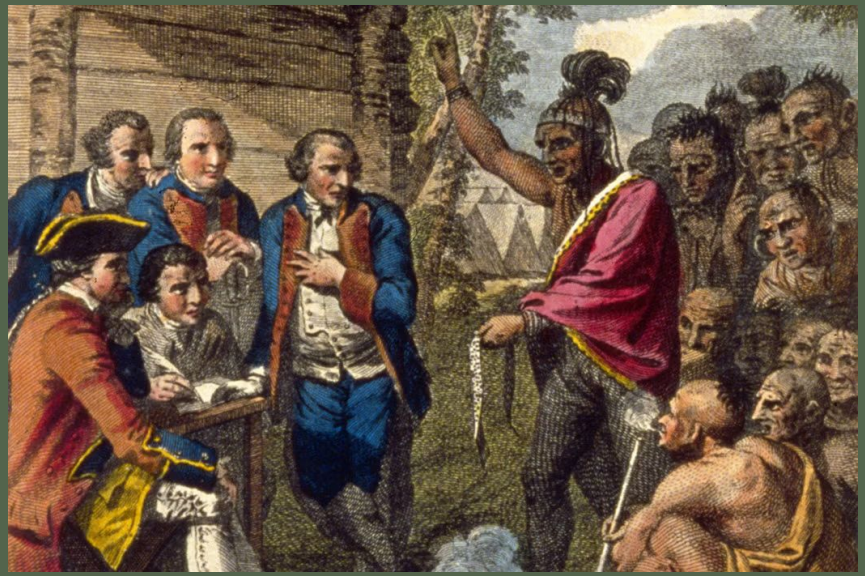
-This practice was born out of colonialism, where Indigenous people's healthcare practices were stripped via residential schools and destruction of language/families.

-In the 1970's, blanket-policy birth evacuations began as an attempt to decrease infant mortality.

-Indigenous women still do not have choice in the healthcare they receive, and often face racism from within the system.

-This subjugation has been discussed as a form of colonialist genocide (Dangerfield, 2023). (Dangerfield, 2023, n.p; Gabriel, 2023, p. 132-43)

Birth Evacuations & COVID-19



(2)

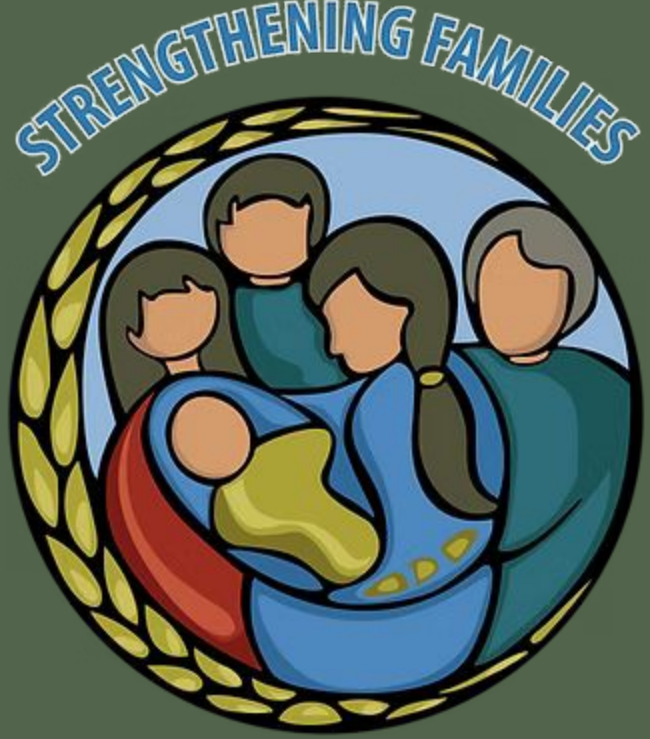
-In 2022, several Indigenous women self-assessed their risk of evacuating for birth during the pandemic.

-Most agreed it was less favourable to travel to cities where outbreaks were much less contained.

-For many, COVID-19 had parallels to the European-introduced diseases that historically devastated Indigenous communities.

-The trauma of biowarfare meant that evacuating to urban hospitals, alone, was uniquely horrific during this time.

(Murdock et al, 2024 n.p; Reading, 2018, p 3-17)



Maternal Child Health Program in First Nations Communities

-Health disparities within Indigenous populations are not genetic.

-Heightened rates of: infant death, low and high birth-weights, gestational diabetes and poverty are caused by the generational trauma of colonialism.

-Medical care is usually several hours south, and Indigenous health practices are underfunded or banned in urban hospitals.

-In recent years, programs which address these concerns have been established, one being the Maternal Child Health program in Opaskwayak Health Authority. (Pauls, 2024)

Indigenous Midwifery & Decolonization

(4)

-Indigenous mothers and babies experience significantly higher death and illness rates. (Benoit, et. al., 2024, n.p)

-the predominant belief is that the stresses of racism within the healthcare system leads to poorer birth outcomes. (Benoit, et. al., 2024, n.p)

-By all accounts, integrating cultural practices improves health outcomes (Turpel & White Hill, 2020, p. 22; Hayward & Cidro, 2021, p. 217)

-the solution to this inequity is widely accepted to be Indigenous midwives, who can provide unique and appropriate care. (Benoit, et. al., 2024, n.p)

-Midwives have historically been pushed aside or outlawed in favour of the medical model, despite the practice operating successfully for thousands of years prior. (Benoit, et. al., 2024, n.p)

Path Forward?

-The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) often regarded as most comprehensive”document on the rights of Indigenous people (Hayward & Cidro, 2021, p. 214)

-recommendations from UNDRIP include, but are not limited to, cultural integration of care in all aspects of medicine (Hayward & Cidro, 2021, p. 214)

-recommendations from “In Plain Sight” report stress the importance of Indigenous healthcare professionals not only to treat, but to represent much needed diversity within the field. (Turpel & White Hill, 2020, p. 36)

-Re-installation of Indigenous midwifery practices, in conjunction with modern medicine, is key to decolonising healthcare (Hayward & Cidro, 2021, p. 214)

Image references:

(1) Derived from: https://globalnews.ca/news/9961516/indigenous-mothers-canada-birth-evacuation-truth-and-reconciliation/

(2) Derived from: https://www.fnhssm.com/mch

(3) Derived from: https://daily.jstor.org/how-commonly-was-smallpox-used-as-a-biological-weapon/

(4) Derived from: https://indigenousmidwifery.ca

National Council of Indigenous Midwives. (n.d.). *Home*. Indigenous Midwifery. https://indigenousmidwifery.ca

Gabriel, Mikaela. 2023. “Strangers in Our Homeland: The Impact of Racism across Healthcare Policy and Delivery for Indigenous Peoples in Canada.” *In Critical Perspectives in Public Health Feminisms*, edited by Renée Monchalin, 132–43. Toronto, ON: Canadian Scholars. In I. Syed (Comp.) *WMST 1220; Women and Health,* Vancouver, BC: Langara College

Dangerfield, K. (2023, September 27). Inside the push to end ‘birth evacuations’ in Indigenous communities. *Global News*. DOI:https://globalnews.ca/news/9961516/indigenous-mothers-canada-birth-evacuation-truth-and-reconciliation/

Pauls, K. (2023, February 25). *How one First Nation hopes to bring birthing back to the community and improve outcomes*. CBC News. DOI:https://www.cbc.ca/news/canada/manitoba/first-nation-births-community-mortality-1.7327276

Dawes, Daniel, Christian Amador, and Nelson Dunlap. 2022. “The Political Determinants of Health: A Global Panacea for Health Inequities.” In *Oxford Research Encyclopedias: Global Public Health*, 1– 21. In I. Syed (Comp.) *WMST 1220; Women and Health,* Vancouver, BC: Langara College

Turpel-Lafond, Mary Ellen, and Eliot White-Hill. 2020. “What We Found.” In *In Plain Sight : Addressing Indigenous-Specific Racism and Discrimination in B.C. Health Care.*, 18–40. Victoria, BC: Legislative Library of British Columbia. In I. Syed (Comp.) *WMST 1220; Women and Health,* Vancouver, BC: Langara College

Hayward, A., & Cidro, J. (2021). Indigenous birth as ceremony and a human right. *Health and Human Rights*, *23*(1), 213–224. https://doi.org/10.12804/ssrn.3654374

Benoit, C., Mellor, A., Pambrun, N., & Mason, M. (2024, June 11). *Indigenous midwifery is stalled*. *Policy Options*. https://policyoptions.irpp.org/magazines/june-2024/indigenous-midwives/

Reading, Charlotte. 2018. “Structural Determinants of Aboriginal Peoples’ Health.” In *Determinants of Indigenous Peoples’ Health : Beyond the Social*, Second edition, p. 3-17, Toronto, ON: Canadian Scholars. In I. Syed (Comp.) *WMST 1220; Women and Health,* Vancouver, BC: Langara College

Murdock, M., Campbell, E., Durant, S. *et al.* Indigenous Peoples’ evaluation of health risks when facing mandatory evacuation for birth during the COVID-19 pandemic: an indigenous feminist analysis. *BMC Health Serv Res* 24, 1174 (2024). https://doi.org/10.1186/s12913-024-11489-9