



Native Women's Association of Canada
L'Association des femmes autochtones du Canada

POLICY BRIEF

MATERNAL AND CHILD HEALTH



POSITIONS:

For Indigenous people, birth is an emotional, spiritual, physical, and mental experience—an experience that has been interrupted by oppressive and discriminatory colonial health policies. The Native Women’s Association of Canada (NWAC) works continuously to ensure Indigenous life-givers, and their children, have access to culturally-safe services and supports within Canadian healthcare systems.

EXECUTIVE SUMMARY:

For Indigenous life-givers and families, pregnancy, labour, and birth are foundational to cultural and social aspects of life. However, Indigenous life-givers in Canada have faced longstanding social, political, and cultural challenges that have negatively impacted both maternal and child health. As a result, Indigenous babies in Canada have shown higher rates of macrosomia, diabetes, and still births; while Indigenous mothers show higher rates of post-partum depression, gestational diabetes, and other complications related to pregnancy.¹

Today, Western medical practices have taken away traditional birthing customs and have forced Indigenous life-givers to become more dependent on colonial healthcare system. Through the medicalization of childbirth, the role of midwives and doulas has declined, which has resulted in changes to local birthing practices. As a result, remote and northern Indigenous communities have faced barriers in accessing traditional birth practices and knowledge, often forcing Indigenous life-givers to travel long distances to give birth in urban centres. Movement of life-givers to southern hospitals introduces further complications in pregnancy, and can also result in marital strain caused by lengthy separations between couples.

The federal government continues to evacuate Indigenous life-givers living in remote, northern, and on-reserve communities to urban areas when they reach 36 to 38 weeks of pregnancy. This policy is typically applied in situations where local hospitals, or birthing centres, are unavailable. This continues to have negative implications on individuals and community identities.



¹ Mann, Janessa. (2018). Canadian Maternal Healthcare Policies and Indigenous Women: The Systemic, Symbolic, and Individual Oppression of Indigenous Women in Canada. (Ottawa: uOttawa).

BIRTH ALERTS:

A birth alert is a system used to notify hospitals and child welfare agencies that a new parent is deemed high-risk before discharge. Although birth alerts are being reviewed and eliminated in most provinces and territories, birth alerts are ongoing and can result in the apprehension of a newborn child prior to discharge from hospital. In Canada, birth alerts systematically target Indigenous families and contribute to ongoing racism and discrimination experienced by Indigenous Peoples when accessing health services.

The practice has a significant negative impact on both a mother and child. It can lead to pregnant Indigenous mothers avoiding accessing hospitals and medical support, out of fear of having their child apprehended. Additionally, the practice of birth alerts can have lasting impacts on Indigenous families and further contribute to intergenerational trauma and disconnection from Indigenous culture and heritage. As a result of the harmful impacts of this practice, the National Inquiry into Missing and Murdered Indigenous Women, Girls, and Two-Spirit+ (MMIWG2S+) Calls for Justice 12.8 calls for the immediate end of birth alerts.

NWAC’S ROLE:

NWAC engages in national advocacy and culturally-relevant research to identify needs, gaps, and barriers facing Indigenous life-givers. Through research, NWAC collaborates with life-givers who are experts in their healthcare field to improve maternal and child health outcomes. Additionally, NWAC seeks to empower Indigenous life-givers by providing informational resources on sexual and perinatal health.

Through the Health Policy team, NWAC has worked closely with life-givers, Knowledge Keepers, and Elders to garner a deep understanding of Indigenous maternity experiences, midwifery, sexual and reproductive health needs, and priorities. These projects engaged with Indigenous Peoples, communities, healthcare providers, and leaders on complex contexts of Indigenous maternal health. As a result, NWAC recognizes preferred practices to better support First Nation, Inuit, and Métis life-givers, and advocates for these practices in Canada’s health system.

NWAC has also developed a [guide](#) for Indigenous life-givers, with information for those who may not have access to appropriate local health resources, programs, and services.² This guide provides meaningful information for life-givers who are forced to travel long distances to access necessary maternal and child care.



² NWAC, “Journey for Two: A guidebook for when you’re away from your community to give birth,” (Ottawa: NWAC, 2009).



GOVERNMENT OF CANADA'S ROLE:

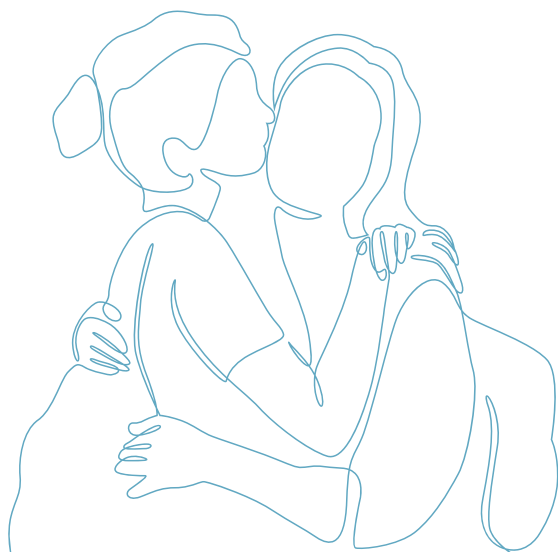
In Canada, health care responsibilities are divided between federal, provincial, and territorial governments. Although the delivery of services is provided by the provinces and territories, Indigenous Services Canada (ISC) provides additional funding to supplement services provided in First Nations and Inuit communities.

Since the publication of the National Inquiry into Missing and Murdered Indigenous Women, Girls, and Two-Spirit+ (MMIWG2S+), the federal government has committed itself to addressing Indigenous maternal and child health issues. With the enactment of An Act respecting First Nations, Inuit, and Métis children, youth and families (2019), the federal government officially recognized the rights of Indigenous Peoples to exercise authority over child and family services. Additionally, the Act established mechanisms to eliminate the use of birth alert systems in Canada, which most provinces and territories have now eliminated.

Most recently, Budget 2021 committed \$126.7 million over three years to foster a health system where Indigenous Peoples are safe and respected. This commitment includes \$33.3 million to improve access to culturally safe services, which supports Indigenous midwifery and doula initiatives, while also bringing birth closer to home.

INTERNATIONAL ROLE:

International organizations, such as the United Nations (UN), offer significant opportunities to raise and address issues, and implement declarations that can institute change among member states. Most notably is the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), which addresses the rights of Indigenous Peoples in areas of individual and collective rights, cultural rights, education, health, and employment. Through articles 21.1, 23, and 24.1 of UNDRIP, the UN calls upon declaration signatories to provide equal rights to Indigenous Peoples to determine their own health; further recognizing Indigenous Peoples' rights to traditional medicines and health practices.



STATISTICS:

- ✋ Infant mortality rates among are 3.9 times higher among Inuit, 2.3 times higher for First Nations, and 1.9 times higher for Métis, when compared with non-Indigenous counterparts.³
- ✋ Indigenous mothers in rural communities were 23.2 percent more likely to travel 200 kilometres or more to give birth, compared to 2.1 percent of non-Indigenous mothers.⁴

RECOMMENDATIONS:

1. The Government of Canada must continue to work with Indigenous communities, and its provincial/territorial counterparts, to eliminate discriminatory practices of birth alerts. The Government of Canada should instead prioritize the integration of culturally-relevant programs and services to support Indigenous families.
2. The Government of Canada must invest in programs and health infrastructure in remote and northern Indigenous communities to ensure Indigenous life-givers can give birth closer to home.
3. Indigenous life-givers must be central in meaningful conversations on maternal and child health to promote the programs and services they feel are necessary to promoting positive health outcomes.



³ Canadian Birth Database–Canadian Mortality Database link database, (2008-2011).

⁴ Smylie, J., et al. (2021), Long-distance travel for birthing among Indigenous and non-Indigenous pregnant people in Canada, Canadian Medical Association Journal, 948-955.



CONSULTED SOURCES:

- **Boulet, V., & Badets, N.** (2017, 12, 01). Early motherhood among off-reserve First Nations, Metis and Inuit Women. Retrieved from Government of Canada: <https://www150.statcan.gc.ca/nl/pub/75-006-x/2017001/article/54877-eng.htm>.
- **Gatto, B. (2010). Taking Action: Thinking out of the Box--An Action Plan on Maternal-Infant Care for Aboriginal Families.** Ottawa: Native Women's Association of Canada.
- **Indigenous Services Canada.** (2022, 05, 05). Minister of Indigenous Services Canada Issues Statement on the International Day of the Midwife. Retrieved from Government of Canada: <https://www.sac-isc.gc.ca/eng/1626810177053/1626810219482>.
- **Indigenous Services Canada.** (2022, 05, 17). The Government of Canada invests in safer health systems through the Saskatchewan Indian Institute of Technologies and Sturgeon Lake First Nation. Retrieved from Government of Canada: <https://www.canada.ca/en/indigenous-services-canada/news/2022/05/the-government-of-canada-invests-in-safer-health-systems-through-the-saskatchewan-indian-institute-of-technologies-and-sturgeon-lake-first-nation.html>.
- **Indigenous Services Canada.** (2021, 10, 29). Indigenous health care in Canada. Retrieved from Government of Canada: <https://www.sac-isc.gc.ca/eng/1626810177053/1626810219482>.
- **Malone, K. G.** (2022, 06, 04). 'Staggering numbers' of babies still being apprehended after Manitoba ended birth alerts, advocate says. Retrieved from CBC News: <https://www.cbc.ca/news/canada/manitoba/birth-alerts-manitoba-data-1.6477872>.
- **Mann, J.** (2018, 08, 27). Canadian Maternal Healthcare Policies and Indigenous Women: The Systemic, Symbolic, and Individual Oppression of Indigenous Women in Canada. Retrieved from uOttawa.ca: https://ruor.uottawa.ca/bitstream/10393/38498/1/Mann_Janessa_2018_researchpaper.pdf#:~:text=Indigenous%20women%20in%20Canada%20experience%20disproportionate%20maternal%20health,them%20systemically%20through%20policies%20like%20the%20Indian%20Act%2C.
- **Marelj, B., & Vikander, T.** (2021, 01, 15). Several Canadian provinces still issue birth alerts, deemed 'unconstitutional and illegal' in B.C. Retrieved from IndigiNews: <https://indiginews.com/vancouver-island/status-of-birth-alerts-across-canada>.
- **Morgan, B.** (2021, 09, 22). Birth alerts follow you 'for the rest of your life' says Indigenous mom who had newborn taken. Retrieved from APTN National News: <https://www.aptnnews.ca/national-news/birth-alerts-follow-you-for-the-rest-of-your-life-says-indigenous-mom-who-had-newborn-taken/>.
- **NWAC.** (2009, March). Journey for Two: A guidebook for when you're away from your community to give birth. Retrieved from Native Women's Association of Canada: <https://nwac.ca/assets-knowledge-centre/2009-NWAC-Journey-for-Two-A-Guidebook-For-When-Your-Away-From-Your-Community-to-Give-Birth.pdf>.
- **NWAC.** (2020). Knowing Your Rights Toolkit: Sexual and Reproductive Health. Retrieved from Native Women's Association of Canada: https://nwac.ca/assets-knowledge-centre/KnowingYourRights-Booklet-EN-Web-_1.pdf.
- **NWAC.** (2022, 04, 08). Anti-Indigenous Systemic Racism in Canadian Health Care Systems. Retrieved from Native Women's Association of Canada: https://nwac.ca/assets-knowledge-centre/FNIHB_Systemic_Racism_in_Healthcare.pdf.
- **NWAC.** (2022). Indigenous Maternity Experiences Project. Retrieved from Native Women's Association of Canada: <https://nwac.ca/policy/indigenous-maternity-experiences-project>.
- **NWAC.** (2022). Infant and Maternal Health. Retrieved from Native Women's Association of Canada: <https://nwac.ca/policy/infant-and-maternal-health>.
- **Public Health Agency of Canada.** (2019, 04, 24). Infographic: Inequalities in infant mortality in Canada. Retrieved from Government of Canada: <https://www.canada.ca/en/public-health/services/publications/science-research-data/inequalities-infant-mortality-infographic.html>.
- **Sheppard, A. J., Shapiro, G. D., Bushnik, T., Wilkins, R., Perry, S., Kaufman, J. S., . . . Yang, S.** (2017, 11, 15). Birth outcomes among First Nations, Inuit and Metis populations. Retrieved from Government of Canada: <https://www150.statcan.gc.ca/nl/pub/82-003-x/2017011/article/54886-eng.htm>.
- **Smylie, J., O'Brien, K., Beaudoin, E., Daoud, N., Bourgeois, C., George, E. H., . . . Ryan, C.** (2021). Long-distance travel for birthing among Indigenous and non-Indigenous pregnant people in Canada. *Canadian Medical Association Journal*, 948-955.
- **The National Inquiry into Missing and Murdered Indigenous Women and Girls.** (2019). Reclaiming Power and Place--The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. Ottawa: Government of Canada. Retrieved from: https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1b.pdf.
- **United Nations.** (2007). United Nations Declaration on the Rights of Indigenous Peoples. Retrieved from: un.org: https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf.
- **United Nations.** (2007). Indigenous Peoples Indigenous Voices Frequently Asked Questions: Declaration on the Rights of Indigenous Peoples. Retrieved from UN.org: https://www.un.org/esa/socdev/unpfii/documents/faq_drips_en.pdf.
- **United Nations Department of Economic and Social Affairs--Indigenous Peoples.** (2022, 08, 03). Health. Retrieved from: un.org: <https://www.un.org/development/desa/indigenouspeoples/mandated-areas/health.html>.



Native Women's Association of Canada

L'Association des femmes autochtones du Canada

POLICY BRIEF

MATERNAL AND CHILD HEALTH

