

Supporting the Sacred Journey

From Preconception
to Parenting for First Nations
Families in Ontario

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From Preconception to Parenting for First Nations Families in Ontario

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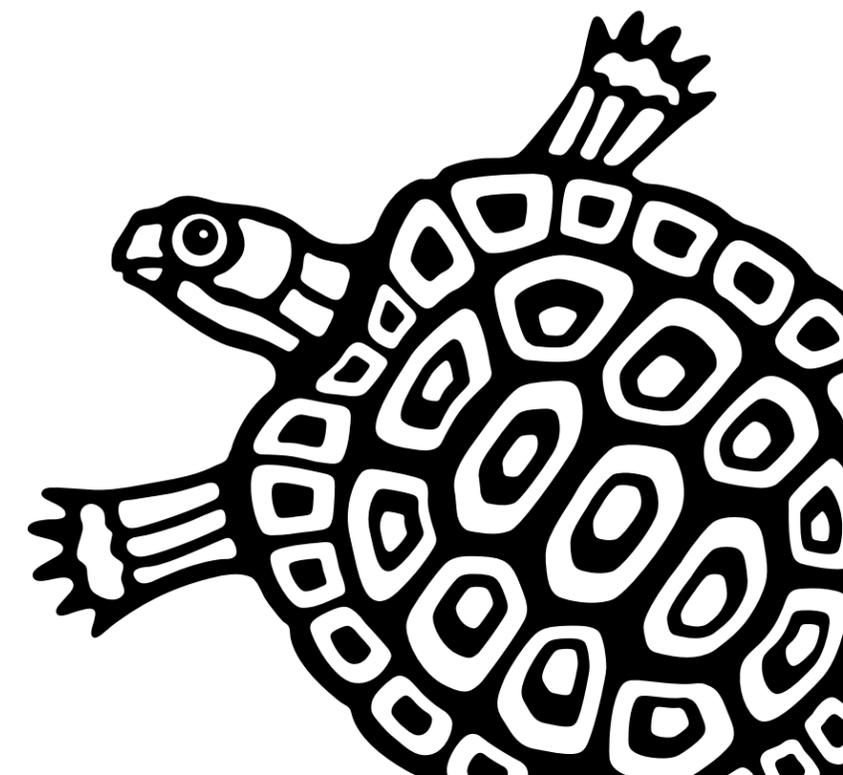
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Note: The information in this book is not intended to replace the information from a health care provider.

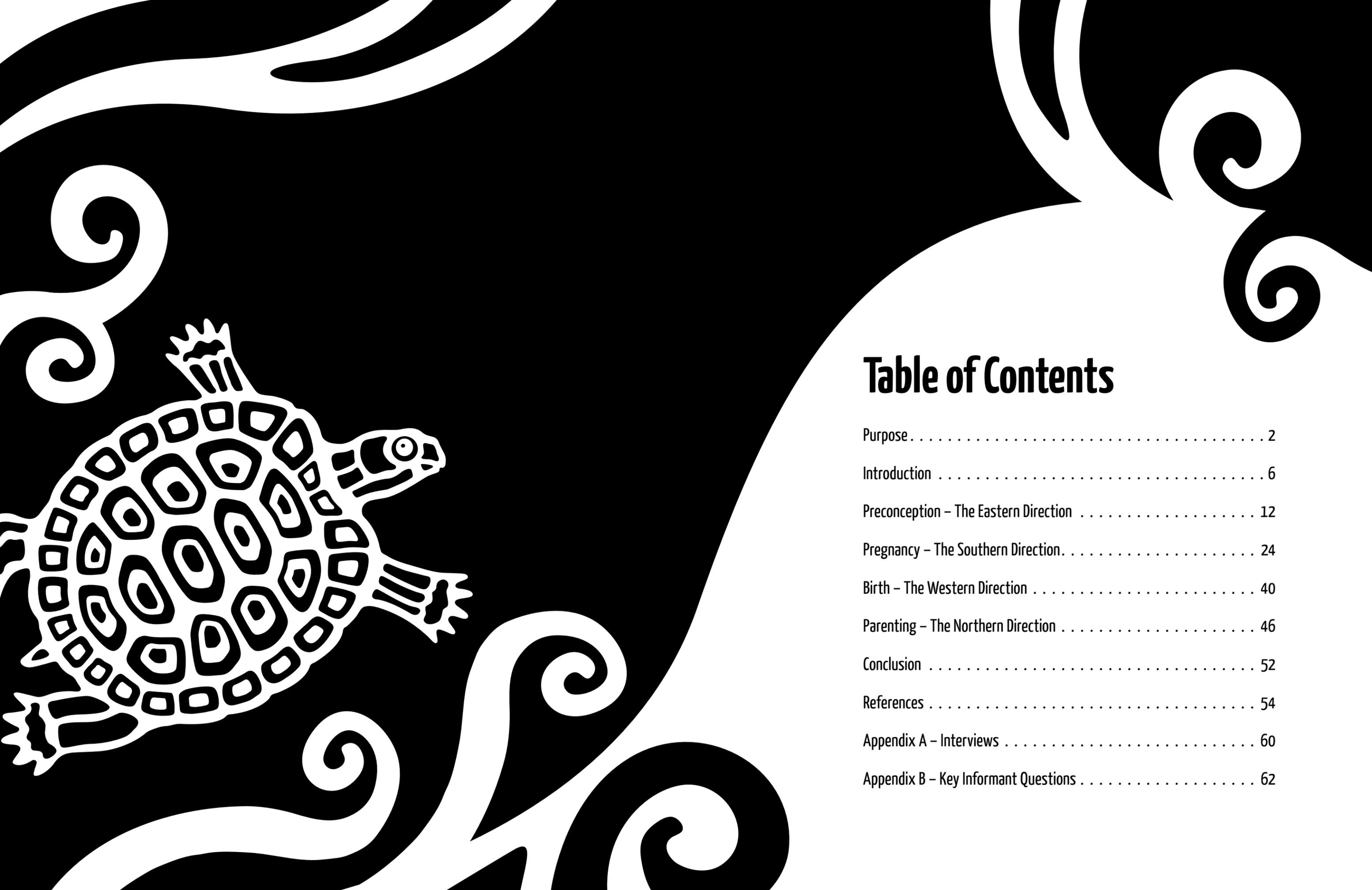


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Purpose

This resource was developed to help service providers who work with First Nations families understand some of the traditional teachings, barriers to practice and challenges facing First Nations people. The information can be used to ensure that evidenced-based practice is sensitive to cultural needs and practices. This resource is meant to help strengthen services and foster service coordination to improve service outcomes. It recognises the key roles of diversity, access and equity in health. This resource is not meant to be a comprehensive guide to prenatal health or to Aboriginal teachings on prenatal health. It provides a starting point for learning, engaging and acknowledging the history and teachings of First Nations people as they begin their parenting journey.

In order to address the historical and current realities, this resource was developed in collaboration with key informants, advisors, Elders, traditional people and the staff at Best Start Resource Centre. It provides the cultural and historical foundation needed to work effectively with First Nations people. It creates a cultural bridge by sharing the protocols for referrals to Elders, traditional people or medicine people. It can also reconnect Aboriginal people with lost teachings.

This resource also identifies challenges experienced at each of phase of the journey and includes practical tips and resources for practitioners to support First Nations families.



I would like for traditions and cultural beliefs around birth to be incorporated so women who are disconnected from their community can start making those first connections... if you live off reserve or live with a family who had been stolen; it's incredibly hard to find those songs, prayers, beliefs, like burying your placenta, stories... all the things that would be there if our culture had been un-interrupted... the risk is that our Elders are really getting elderly. Is this knowledge being passed on? And what is going to happen to the youth if there isn't a way to preserve this?

— Aboriginal midwife, Aimee Carbonneau

Words We Use

Some words we use in this book include:

Aboriginal

This is a word to describe First Nations, Inuit, and Métis people. These are the first peoples of Canada.

Healing

For many Aboriginal people, healing is related to occurrences such as residential schools, foster care, the sixties scoop, etc. For some people, healing happens when they get in touch with their cultural identity by exploring things such as ceremonies and teachings.

Elder

A respected person in an Aboriginal community who is valued for their wisdom and life experience.

Indian

These are Aboriginal people under section 35 of the Constitution Act. These people are now mainly called First Nations people. The Government of Canada sometimes uses the term “Indian” for legal reasons, as set out in the Indian Act and Constitution Act. As long as the term “Indian” stays in these two acts, it will be used when referring to Indian people in a legal context.

Status Indian

A person who is registered as an Indian under the Indian Act. The act sets out rules about who is an Indian for the purposes of the Indian Act.

Non-Status Indian

An Indian person who is not registered as an Indian under the Indian Act.

Indian Act

Canadian federal law, first passed in 1876, and changed several times since. It sets out certain federal government obligations and regulates the management of Indian reserve lands, Indian moneys, and other resources. The Indian Act requires the Minister of Indian Affairs and Northern Development to manage certain moneys belonging to First Nations and Indian lands and to approve or disallow First Nations by-laws.

Introduction

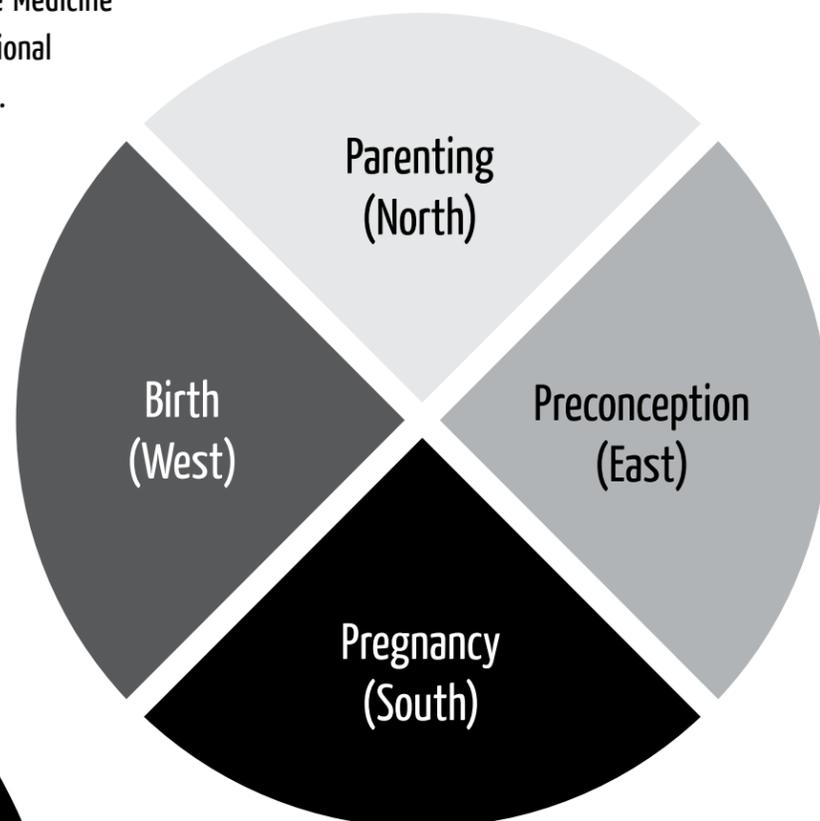
The sacred journey is the cycle of life. It begins before conception as young people begin to learn about their changing bodies, their roles and responsibilities as young adults and the teachings to help them understand their sacred place in the universe. The medicine wheel is the foundation for many teachings. Some cultures recognize the four directions (North, East, South and West) and others; seven directions (North, East, South, West, Above, Below and Here). First Nations culture is based on connection and cycles of life. There is a medicine wheel for the aspects of self: physical, emotional, spiritual and mental. There is a medicine wheel for the stages of life, from baby to Elder. There are circles to represent one's place in community. At the core is the understanding of balance, connection and relationship.

The medicine wheel forms the basis for the organization of the teachings presented here. The arrangement of the colours depends on the First Nation's specific teachings or on specific Elders teachings. The medicine wheel represents the aspects of self: spiritual, physical, mental and emotional. In this book, it is also used to represent the cycle of creating and nurturing life.

Throughout our lives, we are on a learning journey. In traditional First Nations cultures, we begin learning about our ways of being within the world from the moment we are conceived. Teachings come from all of those around us and in many ways, such as through stories, humour and guidance. Sometimes, we do not understand the lesson that Elders are trying to teach us. In time, the purpose is revealed through our experience and growth. This type of learning requires reflection and patience.

6 **The Medicine Wheel is a central expression of Aboriginal culture today. The wheel, as a circle, expresses a unifying force of life. The Medicine Wheel is a representation of traditional theology, philosophy, and psychology. For Aboriginal people it represents the teachings of the Creator about all aspects of life.**

— (Kulchyski, McCaskill, and Newhouse, 1999, page XIX)



It is important to be respectful and mindful of teachings when working with First Nations women and their families. Due to the many years of colonization and assimilation policies, there are teachings that have been blended. The central goal is always health and wellbeing. It is important to connect interested women and their families to Elders and services that can provide culturally appropriate support.

History

Prior to colonization, sacred teachings were ways of life, passed along orally and through lived experience. Each day, people shared their knowledge of the plants, water and animals and how to care for and respect them. Elders taught people about their place and relationship to the universe and to each other.

Each stage of life was filled with teachings. As children grew, there were more responsibilities. The concepts of discipline, respect and responsibility were quite different than the European concepts. For example, European childrearing practice focused on control: spare the rod, spoil the child; children should be seen and not heard, and that learning takes place sitting.

First Nations people believed that children were sacred gifts to be cherished. Children were joy and to be enjoyed. They were free to learn and explore, taught by example. There was no such thing as spoiling a child. Babies were nursed when they were hungry, changed when they were dirty and a part of all aspects of daily life. The cradleboard or tikanagan was used to keep babies safe. It helped them to

learn about watching, not wanting. Young children were taught about their role in the community and their responsibility to the community. Discipline was a sharing of this knowledge in a story or by example. Voices were not to be raised or unkind words spoken, for the spirit of the child required gentleness.

Disease, dislocation and forced assimilation programs disrupted all aspects of Aboriginal culture and identity. In some communities, disease killed 85% of the population, hitting the young and old the hardest (Royal Commission on Aboriginal Peoples, [RCAP] 1996). Relocation programs took a toll on Aboriginal life by eliminating natural sources of food and creating a dependence on non-traditional foods like flour and sugar. This laid the foundation for the current health issues faced by Aboriginal people today, such as diabetes, high blood pressure and obesity.

The residential school system disrupted all aspects of Aboriginal life and culture. In some schools, 50% of the children died from starvation and disease, with more dying within six months of leaving school (Milloy, 2001). They also endured physical, sexual, spiritual and emotional abuse. Those who survived were impacted by the traumas resulting from their own victimization, the witnessing of victimization, the loss of parenting and attachment, disconnection to the land, loss of traditional teachings, loss of language and loss of identity.

As parents stood helpless to protect their children, many turned to alcohol and drugs to numb their pain and shame. The result of these multiple traumas provides the foundation for current Aboriginal experience, identity and relationships.

We listen to our Elders as much as we can, some of them have a lot of knowledge... we have to be careful who we choose to work with and be careful what we choose to work with.

— Mohawk Elder,
Sakoietta' Widrick

Our people are so traumatized by the boarding school and all that happened there. A lot of us don't have the parenting skills and I would just like something established so that we have the resources to go and learn about parenting and bringing back the families together, understanding the whole process. But none of us are trained parents; we have to learn through life too! It's a life skill that you have to learn even if you are taught by your parents; you still have to learn it on your own.

— Ojibwe Elder, Freda MacDonald

The eugenics movement began in the mid-1800s and gained momentum in the early part of the last century. The basis for the movement was to breed better people by eliminating unwanted traits from the gene pool. This led to the creation of forced sterilization programs in the United States and Canada. At four Indian hospitals in the United States from 1976-1979, 42% of American Indians admitted were sterilized (Boyer, 2006). In Canada, two provinces, Alberta and

Saskatchewan, had sterilization policies. Aboriginal people were overrepresented in both. Although a forced sterilization policy for Aboriginal women in Ontario did not exist, the impact of these programs has influenced First Nations maternal health. Even today, First Nations women in Ontario tell of having hysterectomies without their consent. These types of experiences add an additional barrier for First Nations women in accessing appropriate medical care and in trusting medical personnel.

The current situation

The reality for many First Nations people is that they live in remote areas, have less access to health care services, may not have access to services such as food banks and children's programs, and may not have access to formal education or jobs where they live. Even in urban areas, First Nations people are more likely to be poor, making it hard to access adequate food and safe housing, as compared to the general population. These all have a direct impact on conception, prenatal and postnatal health, which will be discussed in more depth in later chapters.



I went to Lake St. Marten, which was an ultra-religious community. Throughout the day, I had people aggressively come up to me with their Bibles in the classroom and say they didn't want to hear anything about culture. I was able to pick out Biblical passages and explain it to them, we ended up with a Medicine Wheel, the four directions, and by the end of the day I had one of the old women come up to me and tell me that in this community, "I would be considered an Elder."

In that way, we were able to get through the barrier that a lot of the missionaries put there, that Aboriginal culture is evil. It was a start and they carried it from there. If you look at the original Biblical scriptural teachings, they actually support Aboriginal culture.

— Mohawk Elder, Sakoietta' Widrick

Population

According to the 2006 Census, there were approximately 242,495 Aboriginal people living in Ontario, which is about 2% of the general population. The majority of First Nations people lived in urban communities with the largest urban population residing in the Toronto Census Metropolitan Area.

Almost half (45%) of the First Nations population was 24 years old or younger (Ministry of Aboriginal Affairs, 2011). In comparison, the average age for non-Native residents in Ontario was 39 years old (Ontario Ministry of Finance, 2011). The First Nations population is growing faster and consists of younger families as compared to the general population. The majority of pregnancies occurred in the under 24 year old range with the highest rate in the 15-19 age range. Forty-nine percent of Aboriginal children under six living off reserve resided in low income families, and in large cities the rate was as high as 57% (Canadian Council of Provincial Child and Youth Advocates, 2010). According to the 2006 Census, children and youth made up the largest percentage (35.7%) of the Aboriginal population, with younger families the poorest group (Statistics Canada, 2008).

Practice

The historical factors discussed have a direct impact on service delivery. Developing trust is a key component of successful prevention, intervention and care. Key informants repeatedly stated that they felt it was crucial for service providers to move slowly and respectfully. Knowledge of First Nations history is important for understanding the challenges in service provision and in trust building. Many Aboriginal parents are afraid to ask for help because of the high numbers of Aboriginal children who are removed into care.

- Develop trust by being honest about what you can and can't do
- Keep promises
- Do not make promises that you cannot keep
- Focus on strengths

In many cultures, it is important to accept invitations for a cup of tea or a visit to an event. Aboriginal culture places a high value on sharing. Although the families you visit may be poor, they still have things to share and offer. They will share what they have with people they trust. Invitations to ceremonies or events usually indicate that a good relationship exists and the worker is respected. Attendance at events is an excellent way of strengthening the helping relationship. It shows an investment and commitment to the family.

Empathy is also important for developing trust. Racism and prejudice are judgments against a people for belonging to a group or appearing a certain way. Aboriginal people are familiar with racism on a national, regional, community and individual level. Trying to understand what it feels like to be an Aboriginal person in Canada is a good starting point.

Questions to help foster understanding:

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- What are the challenges this person or family faces daily, such as racism, sexism or poverty?
- Is this family vulnerable or at risk of exploitation? How can I find out?
- How can I learn more about and support this family?

These types of questions can help foster understanding and help build relationship by focusing on empathy and non-judgmental support. They can also help identify where services are most needed or critical.

Resources

A Guide for Health Professionals Working with Aboriginal People's: Cross Cultural Understanding. Society of Obstetricians and Gynecologists Guideline for Practice

www.sogc.org

Cultural competency and safety in First Nations, Inuit and Métis health care. Available online at:

www.naho.ca/documents/naho/english/factSheets/culturalCompetency.pdf



A woman needs positive support. When a woman comes to a program, she is seeking support and if made to feel welcomed without judgment she will come back. The more you work with an individual, the better the outcome. The women I work with enjoy a hot meal, social time, and learning. They need assistance sometimes with housing and food. A woman needs to be happy to be healthy otherwise her ability to cope is impacted.

— Ojibwe nurse, Sherry Pelletier

Preconception: The Eastern Direction

The sun rises in the east. It is a new beginning, a new day. It is a time to get ready for a new life by taking care of oneself. The medicine wheel for the individual is based upon balance of spirit, mind, emotion and physical aspects of self. In order to prepare for bringing a new life into the world, the life of the woman and those supporting her, need to be in balance.



It's actually the baby that's up there in the spirit world talking to Creator and the four sacred beings, "I want to go to the earth for a while." The four sacred beings will go down there and start to put things in that couple's path so that the couple will eventually meet.

We make sure they are not of the same clan. They should not be of the same clan. My wife is a Turtle and I am a Wolf. If she was a Wolf, even though we are not biologically related, it would be seen as incest.

For matching these two we look at how these two were when they were growing up? Were they taught the things they need to be taught about a good mind, a good heart, a good way of thinking? It's a long process to get people ready for having a baby, and it begins even before they were conceived!

There are all these little things that we have looked after and I teach to these young kids and try to get them to understand that they are involved in something extremely, extremely sacred. All of creation has worked together to bring that couple together. Their responsibility is to take care of each other.

— Mohawk Elder, Sakoieta' Widrick

Each person in the community has a role and responsibility for raising a child. This means ensuring safety, providing teachings and supporting the parents to make sure that they are given good guidance through their journey. The traditional way is a way of life based upon connection to extended family, clan and community. All are responsible for ensuring that the young person feels valued, loved, cared for and for keeping her or him safe from harm.

The time between adolescence and conception is preconception. The preconception period is an opportunity for healing and balance. It is a time when people discover who they are and explore the world around them.

Rights of Passage

Traditionally, there are rites of passage for adolescents. These are opportunities for youth to receive teachings about their bodies, to learn about their roles and responsibilities in adulthood and in relationships, and to obtain spiritual grounding.

Based upon specific cultural teachings and tradition, rites of passage were guided by Elders, medicine people or clan mothers. These rites could include fasting, seclusion, feasts, sweat lodges and other teachings. In some communities, the entire community participates in the rite of passage. In others it is just the people directly involved and some members of the family. For girls, it is at the start of menstruation or moontime. The moon is our grandmother. She guides all life on the planet including the tides. That is why menstruation is called moontime. Babies are often born during a full moon and menstruation is often synchronized with the moon.

Anishnawbe Health Toronto shares moontime teachings at www.aht.ca/circle-of-life/teachings. Teachings about the fullmoon ceremony, water, women, and how we are connected to Grandmother Moon can be found here.

I was at a workshop once... an Elder talked about family to a bunch of social work students. We were just talking about our work. He was talking about what makes up a family: the man's roles, the women's roles—those are traditional teachings that people do. Men's teachings, women's teachings, and our roles. I'm sitting there as a two-spirit woman thinking, that kind of fits but when it was my turn to speak I said I was a two-spirit woman, and I am going to have a baby. And I said, "My partner is a woman and she is not going to fit what you said. There is no man, here."

The Elder did say, "There are two-spirit roles and we are learning them now" and then he told a story about the Ghost Dance and there was a separate Ghost Dance being done by a group of Two-Spirit people who were found and slaughtered. But because of traditional expectations, mostly what

he only talks about are the roles of the men and the women and doesn't even think to tell these stories that he knows.

So I think that as part of an introduction something could be said to that. Traditionally there have been two-spirit families and we need to acknowledge that we have so many different kinds of families and we do exist and we are here. How many of our sisters have babies and are raising the children alone because the men are not there anyways?

Once we bring back two-spirited teachings then healing will come between men and women and between gay, straight, bisexual, transgendered... I don't think the imbalance that comes between men and women will not disappear until the homophobia goes away. It doesn't belong here. The homophobia does not belong here, it came with colonialism.

— Swampy Cree mom Doe O'Brien-Teengs

Young men also had rites of passage that helped them to learn about their roles, responsibilities and place in creation. Fasts and sweat lodges helped ground them spiritually. Hunting and fishing taught young men how to respect the lives sacrificed to feed the community, while learning how to take care of the people.

Cultural assimilation and institutionalization have disrupted these roles and rites. Young people have had to create families based on friendships and service provision. Unfortunately for some, gang membership and substance abuse have been the result of disconnection. By creating an environment that supports young First Nations people to feel valued, cared for and safe, youth may be able to make healthier choices for themselves and for those to come.

Two-spirit

For some people, the term two-spirit means carrying both the spirit of man and woman, but may have different meanings for different people. It is used to describe lesbian, bisexual, gay and transgendered people in Aboriginal communities. Historically, each nation had their own terms and concepts for two spirit people. The role of the two spirit people was teachers, caregivers, medicine people and helpers. They were highly respected for their understanding of both man and woman. They were also seen as having special spiritual gifts.

Forced assimilation and religious indoctrination destroyed this role for two spirit people, leaving in its wake, hate and animosity. Adolescence is particularly difficult for some two-spirit people as they begin to explore their sexual identity and may experience homophobia. As youth experience homophobia, some will engage in heterosexual relationships to prove their sexual orientation to their peers. They may become pregnant or father children during this time. Connecting youth with two-spirited Elders and resource people to support them is crucial. It is important to recognize that preconception and pregnancy are not limited to heterosexual individuals.

Pregnancy Planning

In order to get ready for pregnancy, it is important for First Nations families to prepare mentally, emotionally, physically and spiritually. Mental preparation can include learning about all aspects of getting ready to have a healthy baby from changing one's lifestyle to learning about child development and parenting. Gaining knowledge and understanding about each aspect of the developing person can help guide better choices.

Emotional preparation is about releasing the negative experiences of a person's own parenting, embracing the good experiences and developing new emotional experiences. For example, as a result of the residential school experience, many First Nations parents have not been able to hug their children or tell them they love them. They may be critical and rigid. In order to change the parenting experience, people thinking about becoming parents need to consciously develop new emotional experiences. This can be accomplished by holding hands, hugging, touching, saying kind words, accepting kind words and believing kind words. People can begin to recognize old responses and change them into new positive ones.

At least one to three months prior to conception, alcohol and tobacco use should be eliminated to ensure that the developing fetus will not be compromised before the pregnancy is confirmed. Other physical preparations include eating a healthy diet and getting physically fit. Health Canada also recommends taking a multivitamin with folic acid (2009a).

Spiritual preparation can be guided by an Elder or another spiritual leader. The following section provides a foundation for understanding First Nations traditional teachings. Teachings are provided to help foster the development of culturally appropriate practices and programs.

Foundation for Understanding

This section provides a brief overview of some of the aspects of traditional First Nations culture. There are some traditional people who don't believe that this information should be shared or should be written. There are some who believe that it should only be taught by Elders in person. There are many First Nations organizations that have begun sharing in written form with the understanding that, without this sharing, people may not receive culturally appropriate services.

The following information is not meant to be comprehensive, nor is it meant to replace teachings provided by Elders. It is important to connect with local Elders and teachings. An Elder is a person who is knowledgeable about traditional teachings, protocols and the use of traditional medicines. Their way of life is founded in culture. An Elder is not judgmental, and has a kind and gentle way of being and teaching. Elders are often described as humble. Age is not what makes someone an Elder. It is wisdom.

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Prayer

Prayer is a way of life for traditional people. It is a way to greet the day and to be thankful. Prayers can be in many forms. Singing, drumming, burning tobacco or putting tobacco on the earth are ways people pray. Smoking a pipe or putting tobacco in the fire is a way of sending prayers upward to Creator. The smoke carries the prayer.



Being thankful

Our connection and reliance on each other and all in creation is recognized through giving thanks. It is the expression of respect, responsibility and recognition. We know our sacred place in creation through our thankfulness. We thank the medicines we use by our offer of tobacco.

Each of the four sacred medicines was given to the First Nations people as a means of communicating with the Creator. Tobacco was the first plant to be received, and is therefore considered to be the most powerful of all the medicines. Tobacco is followed by sage, cedar, and sweetgrass. It is sometimes thought that tobacco sits in the eastern door, sweetgrass in the southern door, sage in the west and cedar in the north; however, these assigned directions differ from First Nation to First Nation. Together, this quartet works to establish a potent connection to the Creator and the Spirit World. Various nations have different teachings regarding these medicines.

— Anishnawbe Health Toronto retrieved from www.aht.ca/circle-of-life/teachings

Having a good mind

A good mind comes from the teachings of the Peacemaker in the Iroquois or Haudenosaunee history. A good mind is able to think clearly, has an excellent memory, and is peaceful and just. The oral culture of the Haudenosaunee people is conveyed through ceremonies, some lasting over the course of several days in which the speaker recites from memory all of the ceremonial words passed down through time. It is also a logical and reasonable mind. A peaceful mind is one without jealousy, want or selfishness. It is a mind connected to body, spirit and the universe. Understanding one's place in relationship to the universe; connection, reliance and equity is the foundation for the just mind. The just mind is able to look at the

past and into the future with the same thought and care given to the present.

Traditional Medicines

There are many First Nations in Ontario with different language bases and traditional teachings. Medicines have many uses, depending on individual experiences and teachings. It is helpful to look to the client for direction on their teachings or direction they are seeking. Talking to a traditional healer or Elder can help guide the process. Friendship Centres and other First Nations organizations are usually knowledgeable about traditional healers and Elders in the area.

Many First Nations have teachings about the four sacred medicines of tobacco, sage, cedar, and sweetgrass along with teachings about other traditional medicines. Other First Nations use other sacred medicines depending on their specific cultural teachings.

There are many more traditional medicines than these four. Various roots and plants were used for healing different ailments. Today, these medicines are often called weeds as people have lost the teachings of each plant. Many Elders and healers use traditional medicines to help heal people physically, spiritually, emotionally and mentally. Learning about these medicines from Elders and beginning to heal before one becomes pregnant, can help to clear the path to a good mental and physical space for a healthy lifestyle.

Tobacco

Tobacco is a sacred medicine used for prayer and to present when asking for help, such as when a service provider asks an Elder to conduct a ceremony, provide a teaching or refers a client for counseling. It is given to Elders and to medicine plants to thank them for giving of themselves to help. In some nations, tobacco is supposed to be given with the left hand because the left hand is closest to the heart. Smoking is considered abuse and misuse of this sacred medicine, if it is done out of habit and without prayer. In a pipe ceremony, the smoke is not always inhaled depending on specific cultural teachings.

With the young people I always encourage them in courtship to give tobacco to each other to make the commitment, because tobacco is sacred to us and we give thanks by putting it on the ground for the things that we learn. I encourage people, if you want to go out on a date with this young girl and you want to respect and honour her, then you give her that tobacco.

And if she takes that tobacco then she is making that commitment, and in a couple of days she'll give you the tobacco to say she is agreeing; and you are going to honour each other as boyfriend and girlfriend.

— Ojibwe-Cree Elder, Walter Cooke

Sage

Sage is for purification and cleansing negative energy. It is often used for smudging. It is also used in ceremonial foods.

Sweetgrass

Some First Nations will burn a sweetgrass braid and smudge with it. For others, it is placed on a wall or above a doorway to provide protection and clarity.

Cedar

There are many uses for cedar. Cedar is used for baths, in teas and burned. It is used for purification and protection. Cedar can be placed around people to provide an energy barrier during times when people feel spiritually vulnerable or especially spiritually powerful, like during moontime.

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When I was younger I used to talk about how my family had lost that culture, but the reality is that my identity was stolen, it didn't just come spontaneously from my family. That stuff was instilled, and it's been instilled in many Aboriginal people in Canada. It was a systemic attempt to whitewash Aboriginal families. It's really sad.

— Aboriginal midwife, Aimee Carbonneau

Learning about the pipe

The pipe is used in many ceremonies by different nations. The teachings of the pipe are shared by Elders.

www.aht.ca/images/stories/TEACHINGS/SacredItemsandBundles.pdf

Water

There are ceremonies for water. Water is life and tied to the cycle of life through menstruation, pregnancy and birth. We are connected to the water and water is a large part of our physical body. Water is sacred. Teachings on water can be found in this document, "Aboriginal Traditional Knowledge and Source Water Protection" online at: [chiefs-of-ontario.org/Assets/atk final report-r1.pdf](http://chiefs-of-ontario.org/Assets/atk%20final%20report-r1.pdf)

Practice

The role of the helper

Helpers are people who are there to support a person along their sacred life journey, such as Elders, clanmothers, midwives, doctors, doulas, social service workers, and others. The helper needs to understand their place in the process, to be honoured by the sacredness of sharing in the journey of another person, whether it is through hearing, witnessing or supporting. The helper guides the process through what they share, what they have learned along their journey and from what the person has shared with them. The core of helping is a belief in the person as inherently good and valuable regardless of life circumstances. The focus of the work is the restoration of the spirit to its original essence or ensuring that the current experience is a nurturing one.

Wellness Wheel

One tool that was developed for people working with First Nations individuals to help understand and restore balance is the Wellness Wheel, conceived by Margot Loiselle and Loretta McKenzie (2006). It guides the process of understanding balance within the individual and provides a framework for restoring balance. Available online at: www.reseaudialog.qc.ca/Docspdf/LoiselleMcKenzie.pdf

Healing or talking circles

Healing or talking circles are a good way of approaching work with First Nations people. The talking circle reflects the teachings from the Medicine Wheel that everything in life is connected and cyclical. Talking circles are set up in a way that promotes balance, trust, and reciprocity. They are free from hierarchy and each person has an equal opportunity to speak. A talking circle guide is available online at: www.firstnationspedagogy.ca/circletalks.html

Resources to Help

These resources are a starting point for learning about services for Aboriginal people.

The Aboriginal Healing and Wellness Strategy provides a comprehensive list for services to Aboriginal people on their website. It has links for government services, Aboriginal organizations, how to obtain identification cards and how to obtain status cards. mcss.gov.on.ca/en/mcss/programs/community/ahws/links.aspx

Engaging and Empowering Aboriginal Youth: A Toolkit for Service Providers

This resource provides information on how to create programs that work to build self-esteem and reconnect youth to traditional teachings. It is available online at: youthrelationships.org/documents/EngagingandEmpoweringAboriginalYouth-ToolkitforServiceProviders.pdf

Challenges

There are many challenges affecting the health of First Nations people. These challenges impact all areas of health and all aspects of the life cycle, especially on the ability to conceive and have a healthy pregnancy. In spite of challenges, people often have incredible strength and resilience. Focus on strengths in the person and in the community. There are resources to help individuals address different challenges.

Reproductive Health

In traditional societies, children received education about sexuality from their families and community members. In residential school, children were not allowed to talk about sex, but experienced or witnessed sexual abuse. Boys and girls were kept in separate quarters, not allowed to talk to one another or show any affection towards siblings of the opposite sex. This sexual repression and oppression has disrupted traditional teachings around sexuality.

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.

— (Benoit, Carroll & Eni, 2006, p. 11)



A 2002 study on urban Aboriginal youth sexual health conducted by the Ontario Association of Indian Friendship Centres found that only 38% of youth always used condoms, although the majority had had some sex education. Sixty-two percent of the youth were sexually active by the time they were 16, with some becoming sexually active as early as age 11. The highest risk factor for lack of condom use was the use of drugs and alcohol (OFIFC, 2002).

Another study that examined condom use among Aboriginal people found that only 8% of Aboriginal people in Ontario always use condoms with 61% stating that they never use condoms. The group always using condoms was older and more knowledgeable about sexually transmitted diseases and more concerned about pregnancy (Calzavara et al., 1998)

I am quite concerned about the isolation of the rest of sexual and reproductive health to pregnancy and birthing. It's almost as if pregnancy and birthing gets treated like it's a separate issue—disconnected from other issues like sexual self-esteem and pleasure, and it is typically approached with a very heteronormative, monogamous lens (as in it's an identified “woman” who is pregnant with an identified “man” and they have a monogamous relationship). This does not allow any resources, support, or dialogue for Two Spirit, transgender, or gender non-conforming persons, alternative families, surrogacy, or single mothers to be.

— Mohawk youth, Jessica Yee

HIV/AIDS has been increasing in the Aboriginal population and increasing even faster among Aboriginal women. According to the Canadian Aboriginal AIDS Network, out of all youth tested for HIV/AIDS, one in four who test positive were Aboriginal, of those testing positive, almost half were women and one-third were youth. Intravenous drug use was the primary factor in approximately 66% of the new infection rates (Public Health Agency of Canada, 2008).

Rates for sexually transmitted infections (STIs) were also higher overall for Aboriginal people. Aboriginal people had almost six times the risk of being infected with the hepatitis C virus. They also had higher infection rates for chlamydia, gonorrhoea and syphilis (Health Canada, 2005). STIs can have an impact on the developing baby during pregnancy, the birthing process and breastfeeding. It is important for service providers to be knowledgeable about the risks and to share the information.

Resources

Aboriginal Sexual Health Website

www.aboriginalsexualhealth.ca/index_e.aspx

Native Youth Sexual Health Network

www.nativeyouthsexualhealth.com/resources.html

Canadian Aboriginal AIDS Network

www.caan.ca/?lang=en

Sexual Health Toolkit, Part 2

www.naho.ca/documents/fnc/english/2011_Sexual_Health_sexuality_relationships.pdf

Substance Abuse: Tobacco, Alcohol and Drugs

The impact of intergenerational trauma from disease, forced relocation, religious indoctrination, the residential school system and racism have left a “soul wound” in the heart of First Nations communities (Duran, Duran, 1995). Extensive research has been conducted on the rates of substance abuse by people who have experienced traumatic events. The rates of substance abuse are higher for both men and women who have post-traumatic stress disorder than for those in the general public (Ouimette & Brown, 2003). When addressing substance use, keep in mind that information and advice may not be enough. Understanding and addressing underlying factors such as poverty, stress, abuse, mental health concerns etc., may be particularly important in setting the stage to address substance use.

Alcohol consumption was actually lower among First Nations people living on reserve than among the general public. However, the binge drinking

rates were twice as high for First Nations men and more than three times as high among First Nations women, than the general public (Health Canada, 2009a). Binge drinking is linked to lower rates of condom use, unintended pregnancy and FASD.

The rates of smoking for First Nations people living on reserve were almost 60% with the majority starting between the ages of 13 and 16 (Health Canada, 2009b). This has several implications throughout all aspects of the life cycle. Smoking affects fertility, and can cause low birth weights, miscarriage, premature births and sudden infant death syndrome (Health Canada, 2011a).

Prescription drug abuse is a growing problem in First Nations communities. The prescription drug epidemic is sweeping through Ontario First Nations communities declaring a state of emergency as a result. In a special report by the Chiefs of Ontario, the effects of the epidemic are increases in violence, theft, family dysfunction and divorce (2010).

Practice

In order to prepare for conception, substance abuse needs to be addressed. Refer to counseling and treatment centres for help. Be prepared to address disclosures. Elders can provide information on traditional tobacco use.

- ✓ Add questions to the intake form that specifically ask about substance use, for example: What are they using? How often? How much? Is it interfering with relationships, work or school? Have they tried to quit before? What happened?
- ✓ Provide information on substance use and the effects on conception and prenatal health
- ✓ Harm reduction models may be helpful for people unable to quit
- ✓ Identify the people in this person's circle who can support a healthy lifestyle

Resources

Toolkit for providers to help women quit smoking

www.pregnets.org

Harm Reduction Policies and Programs for People of Aboriginal Descent

www.addictionresearchchair.ca/wp-content/uploads/Harm-Reduction-Policies-and-Programs-for-Persons-of-Aboriginal-Descent.pdf

A Resource Guide to Address Non-Traditional Tobacco Use Prepared for First Nations and Inuit Health Branch, Health Canada Prepared by: J. Boomer, Consultant, IDB Technologies Inc., October 2003

http://sd20health.wikispaces.com/file/views/2003_sust-maint-part-eng.pdf



Mental Health

Rates for mental illness in First Nations have been shown to be at least comparable and at most twice as high than for the general Canadian public (Kirmayer, Brass & Tait, 2000). A study on First Nations women's mental health in Ontario found that rates of depression were twice as high as those of Canadian women in the general public. Further, that about 15% felt like dying or taking their life in the past year with suicide rates four times higher (MacMillan, et al., 2008). This study also found that the more remote the community, the higher the incidence of mental health issues.

Practice

- ✓ Include mental health screening questions as part of all intake assessments
- ✓ Provide information on various types of mental illness, such as brochures or handouts in waiting areas or keep handy if home visiting
- ✓ Post hotlines and local mental health contact information or keep on hand if home visiting
- ✓ Establish protocols for dealing with various mental health issues in collaboration with mental health service providers

Resources

Canadian Mental Health Association, Ontario

✓ www.ontario.cmha.ca/

Centre for Addiction and Mental Health

✓ www.camh.net





Pregnancy: The Southern Direction

One becomes two and two become one as creation begins. Each second the fireworks of life spark new growth. The mother is the safe haven for this initial sacred journey holding dear the new life. Her partner becomes tied eternally to her, connected by the life carried within. Those around her keep her safe, protect her and nurture her. She is protected from seeing, hearing or feeling any negativity, stress or hurt. This is the time when her woman's medicine is most powerful; a time when she is closest to Creator.

A woman needs to speak with Elders and other women that have had the gift of children. Their experiences will nourish and nurture a pregnant woman with cultural and spiritual guidance. They become a support system that a woman can turn to.

— *Algonquin academic, Angela Mashford-Pringle*

She is not alone on this sacred journey. Her partner is also pregnant. All of the teachings apply to the partner in much the same way as for the pregnant woman. The partner's responsibilities also include protecting, nurturing and comforting.

I talk with young boys about their role in the whole thing. When a young man impregnates a woman, they are both pregnant but he is going to be her cushion or pillow against anything that might harm her or them or cause them difficulties. He is going to be her gopher for anything she wants, even if it is 3am and he has to go many miles, uphill both ways, through 20 feet of snow, whatever is happening outside... to fix her any type of food she wants put together, even if it is an awful mess of food. If she changes her mind he is not going to get mad, he is going to turn around and say, 'That's okay sweetie, what else would you like?'

— *Mohawk Elder, Sakoieta' Widrick*

Promoting men's roles in pregnancy and birth

Traditionally, men were very involved in all aspects of supporting the health and wellbeing of the community. Gender stereotypes were much more fluid in traditional First Nations culture with men being accepted for who they were. Their lives and traditional roles were displaced by cultural assimilation policies such as the Indian Act and residential schools. Violence against First Nations men and boys has led to high rates of substance abuse, violence and suicide. There are very few resources to help restore men to their original place in society and to help them heal. Services for men are often tied to violence against women, crime or substance abuse. Fortunately, there is a movement towards helping First Nations men reconnect with fatherhood.

My father played an important role in our family. He was a father, grandfather, husband, and mentor to our young men. He transferred cultural knowledge; he was the keeper of family stories, a hunter, a fisherman, a scientist who knew the plants harvest cycle, spiritual teacher, and life coach. One of my fondest memories of my father, Red Arrow, was at the birth of children in our family. He would lovingly take the newborn outside as soon as the child entered our home for the first time. He would introduce himself and lovingly talk about our family. He would thank the child for picking our family to be their guide in the physical world. He then would carefully place the baby's foot upon Mother Earth. He would tell them about our first mother, Mother Earth. He would

encourage them to be brave. He would encourage the infant to connect with her and our family. He would vow to do his best to guide the little spirit on its life path. He would then bring the infant back into the house and we would have a huge feast to welcome the little spirit into the physical realm and our family.

— Ojibwe Elder, Judy Pamp (*Waabanoqua*)

Practice

Create spaces that welcome First Nations fathers and don't be surprised when they show up. Sometimes fathers do not get involved with their children because they feel inadequate. Engaging fathers in traditional teachings and activities can provide an opportunity for fathers to learn about their role, participate in parenting and build confidence.

When I was pregnant, my partner was working away. I was craving potatoes and chicken so bad. One night my partner called and I asked him what he was doing. He said he was peeling potatoes. He was going to have potatoes and chicken for dinner. For some reason, he just felt compelled to cook that and kept peeling potatoes the whole time we talked. I told him about my craving and how badly I wished I was there, eating the meal with him.

Later on in the evening, I suddenly noticed that the baby seemed relaxed and my craving went away. I called my partner and he said that he just finished eating.

Growing up, I heard stories about the baby's spirit travelling while the woman is pregnant. Sometimes the baby's spirit will be with the father or other family members. The baby's spirit is connected to those around him or her and can relay messages. This showed me how strong that connection is.

— Algonquin mom, Lesley Firman

Resources

Indigenous Fatherhood - resources for understanding and supporting Indigenous fathers and be found at:

www.ecdip.org/fathers/index.htm

Native American Fatherhood and Families Association

<http://nativeamericanfathers.org/>

Ganohkwasra Family Assault Centre has programs for healing families.

www.ganohkwasra.ca/

Aboriginal midwifery practices

Midwives traditionally helped First Nations women to have babies. They were women and men in the community that had been taught the traditions around giving birth. Midwifery training began when a girl was young. She was chosen to be a helper for a midwife and was slowly taught all of the duties involved with midwifery care. Midwifery care continued throughout the pregnancy and parenting journey.

Midwives were displaced by the medicalization of the birthing process during the middle of the last century. Infant mortality rates peaked early in the 20th century (NAHO, 2009) and started to decline in the 1980s. Currently, First Nations women in remote communities do not have the same access to medical providers and hospitals due to distance and/or lack of providers. Many key informants recognize the connection between access to an Aboriginal midwife and having a healthy and empowered birthing experience.

Resources

Birthing Through First Nations Midwifery Care provides information and challenges on traditional and contemporary approaches to birth and delivery.

www.naho.ca/documents/fnc/english/Midwifery.pdf

Seventh Generation Midwives Toronto

www.sgmt.ca/

Tsi non:we Ionnakeraststha - The place where they will be born. Six Nations Birthing Centre, Oshwekon, ON

www.snhs.ca/BirthingCentre.htm

Meno ya win - Sioux Lookout Health Centre. Excellent resources on culturally appropriate care, delivery and follow-up

www.slmhc.on.ca/home

The Baby Center: Creating a Birth Plan

www.babycenter.com/calculators-birthplan

Canadian Association of Midwives - Aboriginal

www.canadianmidwives.org/main.cfm?l=en&p=04_200



My dad delivered me, I was the last to be born at home, the government set up an Indian hospital that we had to go to by law; it did away with all our medicines. My great grandmother couldn't make it because the river was breaking up.

That was when he sang to me my birth song and then he gave me my birth Anishnawbe name and I always answered to it. I won't tell you what it is because I don't want everyone calling to me! Yes, I still remember that song. My great grandmother was a Midewewin, the Medi were the medicine keepers. You had to be born into that society, they were midwives, they were healers, they were medicine people, they did plant studies and stuff like that. They kept all that knowledge and used it to heal the people. When the hospital was set up by the government we couldn't do it anymore. There was the threat of jail. That's how we lost all our medicine, or most of the knowledge anyway, we weren't allowed.

— Ojibwe Elder, Freda MacDonald

Map of Aboriginal midwives in Canada

maps.google.ca/maps/ms?msa=0&msid=215553637719073945945.0004b244fa0401b8e6d13&hl=en&ie=UTF8&t=m&vpsrc=1&ll=55.578796,-96.946204&spn=27.058945,69.933277&source=embed&mid=1323182683

Preparing for Baby

Baby's medicine bundle

A medicine bundle is a place where important items such as sacred medicines, sacred stones, an eagle feather, and other things are held. These items can be wrapped in cloth or put into a leather pouch made out of deer, moose or elk.

As the child grows, other important things can be placed into the medicine bundle, such as a drum or a rattle, or anything else that the child receives as a gift that is a sacred item.

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There is a reason why we use a big snapping turtle rattle, because up in the Sky World when the Creator is creating, the sound he is making is very similar to the sound of a rattle. The closest we can get to it on earth is when we replicate it on earth in the shaking of a rattle. So we shake it in front of the baby to let them know they heard this in the sky world with the Creator and four sacred spirits and up there it was a good place to live. We're telling them by shaking this rattle that this is also a good place to be here on the earth.

And those babies when they get to the point when they can grab that rattle, they let us know how much they appreciate it, they don't just shake it! They bang it, throw it around, suck on it, and it's telling them that this is a nice place to be. And the little babies love that!

— Mohawk Elder, Sakoieta' Widrick

Telling stories

First Nations people were oral storytellers who passed on their teachings through speaking rather than writing. Storytelling plays an important part in raising healthy children. Many Elders and other traditional people remind us of the importance of passing stories onto our children.

Well I believe that the child, each and every child, is a gift from the Creator and it's your responsibility to take care of that gift. It's your responsibility not to mislead them. I believe in telling a child their birth story, that's what I do, because that sets them into the family.

When you know your birth story and your birth song, you want to hear that. I sing to my grandchildren and I sang to my children. They know that they belong to the family and they know, no matter how small they are, they know their song and they'll ask for it when they're feeling insecure, they'll run to you to hear their song.

And at nighttime is usually when they really enjoy the story, and you don't change it, it's THEIR story. They'll correct you if you miss something. They know their story, that's how you know they are listening.

You do those things for their security, so they know they are wanted and they belong to a family.

— Ojibwe Elder, Freda MacDonald

Using a cradleboard or moss bag

There are many teachings about using cradleboards (tikanagans) and moss bags. Some older First Nations people can remember hanging from trees in their cradleboards while they watched their parents working on the land. It is said that moss bags and cradleboards help babies to feel safe and secure, similar to the way that babies would feel when they are swaddled in their blankets.

If you put a little child in a cradleboard and wrap that child up, that child learns very quickly if he needs to get any information he needs to get it from his eyes and ears. It is not going to come from grabbing anything. It teaches children right from the start, the best way is to look and listen.

— Mohawk Elder, Sakoieta' Widrick

The cradleboard is made by the partner, close male friend and/or male family member in preparation for the baby and the moss bag is made by the pregnant woman, aunties and grandmother. The balance and contribution of male and female energy embraces and protects the baby. This time was used to mentor the expectant parents on their role as parents and on the many changes they would soon encounter. Today's parents may not be aware of the teachings and may have heard misinformation on how to use a tikanagan. They may have even heard that the cradleboard can be harmful. An Elder can help provide teachings and answers to these types of questions.

There are classes in some communities, such as health or cultural centres, on making a cradleboard or moss bag.

The doctors wondered why native babies never had diaper rash when they were first brought in for child care; they did some research on it and found that the moss had anti-bacterial properties that prevented diaper rash and odour.

— Ojibwe Elder, Freda MacDonald



The centering pregnancy model has been adapted for use in First Nations by the St. Regis Mohawk medical clinic in Akwesasne. Pregnant women attend group sessions focused on different teachings around pregnancy at each step of the process. Medical staff facilitate the discussion and get to know the women at a deeper level. The women also get to know providers better and develop a more trusting relationship. It also creates an instant support group for the women in attendance as they form bonds that will last well into their lives as parents (Cook, 2011).



Promoting self-care for pregnant First Nations women

Many women do not truly understand what self-care is and how important it is during pregnancy. Many First Nation women have not experienced being cared for in a kind and loving way due to the legacy of the residential schools and historical trauma. These negative experiences have taught them that they have no value and worse, that they are here to be used. Teaching a woman about self-care is about teaching her to care about herself. What does honouring, loving and accepting oneself look like? What does it feel like? What are the things that she can do every day to love and respect her body, mind and spirit? What can the people in her life do to support that? Sometimes, families and partners will sabotage her efforts, because they benefit from her low self-worth. What can you do to support the woman and to extend her circle of positive care?

In our culture we believe everything that the woman thinks, feels, eats... the baby is going to experience as well. It's very important then, that the woman needs to take care of herself.

— Mohawk Elder, Sakoieta' Widrick

Practice

Support pregnant mothers to attend programs by considering the needs of the whole family. This is an opportunity to provide information and services to her partner, family and extended family.

Questions to help guide the process:

- Can I or my organization accommodate multiple children? Do we have toys and books available for a range of children in our space?
- Is there enough of everything for everyone? For example, if we are serving food or giving out tobacco ties, do we have enough for everyone?
- Is our space open to the noise that children make?
- What can we do to involve the grandparents and other support people to foster a healthy pregnancy and nurturing family?
- Can we accommodate concurrent activities for partners, family and extended family?
- What resources can we access for expectant fathers or other family members?
- Do they have transportation?

Consider the diversity of First Nations women and families when developing programs and services. They have differences in education, life experiences and cultural identity. They have divergent religious backgrounds, from Christian to Muslim to a traditional Native way of life. They may be two-spirit. There are as many stories as there are people.

Resources

For children living off reserve, the Community Action Program for Children program focuses on strengthening Aboriginal families through a collaborative approach.

Challenges

Health

The health of Aboriginal people was excellent prior to colonization (RCAP, 1996). Forced relocation and assimilation policies changed diets and lifestyles and had a devastating impact on First Nations health. Currently, Aboriginal people have shorter life spans than other Canadians, are at increased risk for diabetes, high blood pressure and other chronic diseases. Also concerning are higher levels of gestational diabetes, leading to higher birth weight babies, higher infant mortality rates (RCAP, 1996) and higher accidental death rates (Shaw, 2005).

Practice

Universal screening and assessment for risk throughout the pregnancy and early childhood is recommended. Link families to services as early as possible, addressing issues in pregnancy, as well as preparation for parenting.

Resources

Healthy Babies Healthy Children and Aboriginal Healthy Babies Healthy Children (HBHC) are free and voluntary programs funded by the Ministry of Children and Youth Services. Learn more about HBHC online at: www.children.gov.on.ca/htdocs/English/earlychildhood/health/index.aspx

HBHC provides universal postpartum screening. Referrals (with consent) are accepted during pregnancy through to early childhood to support healthy child development. A referral during pregnancy provides the opportunity for assistance in preparing for parenthood. This program is designed to support parents and provide resources and referrals to other providers. For a listing of sites that serve Aboriginal families and individuals, go to: www.mcscs.gov.on.ca/en/mcscs/programs/community/ahws/individuals/healthy_babies_locations.aspx

Food, Water and Housing

Access to healthy fresh foods, uncontaminated traditional foods and potable water is of particular concern to pregnant First Nations women. In remote First Nations communities, the cost of fruit and vegetables is much higher than chips and soda. For some, access to fresh foods requires leaving the community. Aboriginal people who live in northern communities serviced by food programs have a wide variety of medical conditions linked to poor nutrition. People living in remote communities consume large amounts of convenience foods that tend to be high in fat, sodium, and/or sugar and low in nutritional value (Canadian Institute for Child Health, 2000). Obesity rates are much higher for First Nations people, as well as type 2 diabetes (Shah, 2005). This has a direct impact on the health of the baby and the mother. High risk pregnancies add an additional strain for mothers in remote communities. They may have to be flown out of the community early in the pregnancy in order to access medical care.

Industrial pollution carried to our region from the south has led to high cadmium levels in the livers of moose and deer, and hunters have been warned not to eat them.

— Nurse, Shelly Archibald

Traditional foods may no longer be an option as environmental toxins may have contaminated fish and wildlife. "Contaminants in Sport Fish", a brochure from the Province of Ontario (2011), states that pregnant women and young children are particularly sensitive to contaminants in some fish. Furthermore, women of childbearing age and youth under 15 should limit or eliminate any intake of certain types of fish. In addition to toxins, there are also invasive species devastating traditional medicines and habitats.

As of January 31, 2011, there were 116 First Nations across Canada under a drinking water advisory (Health Canada, 2011b). Several communities in Ontario have not had safe drinking water for over ten years. Water has been polluted by gasoline and other chemicals making it unsafe to drink. In a national assessment of water quality in First Nations in 2001/2002, Indian and Northern Affairs Canada found that 30% of First Nations communities had water that was potentially harmful.

Access to safe affordable housing is an issue both on and off reserve. Housing impacts vulnerability to health conditions, sudden infant death syndrome (SIDS), exploitation and safety. Overcrowding, homes in need of repair, inadequate and unsafe housing and the high cost of housing put tremendous strain on families to survive and thrive. According to the 2006 census, 28% of First Nation women and girls were living in housing that was in need of major repairs.

Poor housing is related to poor child health outcomes including higher infant mortality rates, sudden infant death syndrome (SIDS) and respiratory disease (UNICEF, 2009).

Practice

Women and their families need to understand how the issues of food, water and housing affect their pregnancy. Providing information on each topic to the family is not helpful unless changes can be made to keep the family safe.

- What are the things that you can do to help this family have nutritious food, safe drinking water and adequate housing?
- How can you find out what their situation is?
- Can you identify programs in the community to help?

Community kitchens, nutrition classes, gardening, and community feasts are recommended in order to help build relationships, teach skills on meal preparation on a limited budget and ensure that people have a healthy meal. The Canada Prenatal Nutrition Program, a long-running program funded by the federal government has been found to have positive effects for both on and off reserve Aboriginal communities (Anderson, et al., 2003). Any service provider looking to develop effective programs should consider the complexity and importance of nutrition in addressing the overall health of First Nations families.

I would address the issue of how we CAN eat healthy on a limited income. By teaching families how to shop and cook, they can save a lot of money and feel confident that they and their family are closer to meeting their nutritional requirements. Many of my clients grew up in single parent environments, or are residential school survivors or survivors of survivors. In the case of residential school, children did not see their parents, hunt, gather, purchase, and prepare foods, therefore, there is a large disconnect, and many of my clients were never taught how to cook, as perhaps their parents never learned either. It is about re-skilling our younger generations, teaching them how to grow, gather, hunt, and buy healthy foods and then how to cook them.

— Mohawk dietitian, Kelly Gordon

I decided I needed to have a garden... bought some nutrient-rich soil and we actually planted a garden where we grow vegetables: cherry tomatoes, peppers, the best harvest was cucumbers. So, for the month of August and half of September we had one or two cucumbers a day. My children they would eat those every day. We had cute little carrots, I probably should have let them grow longer. I felt like it was important to show the children where food comes from, where vegetables come from and we can make our own food.

So I also started composting so that we can recycle nutrients and so we'll be benefitting from that in the spring. I tried growing corn, I had a three sisters garden... Ani planted almost all the seeds in both gardens, she pretty much put every seed in the ground and that's a good thing. And we still have lots of seeds.

— Swampy Cree mom, Doe O'Brien-Teengs

Resources

Canada Prenatal Nutrition Programs (CPNP)

- Program locations can be found by searching: www.cpnpcpnphac-aspc.gc.ca/provinciale-provinciale-eng.php?province=4

Aboriginal Peer Nutrition Program at the City of Toronto's Public Health Unit provides free nutrition education and support. There are three Aboriginal support sites, providing culturally appropriate nutrition education; community support; consultations on issues such as food security; and referrals for health services. Phone: 416.338.8395

Eat Right Ontario is a free service which provides access to a registered dietician in both official languages, including many Aboriginal languages and Inuktitut by phone or email. Phone: 1.877.510.5102 (toll free). An email form is included on the website at: www.eatrightontario.ca

The CPNPs help women access resources to find out where they can access the food, how to fill out the government forms after the baby is born, anything that can help... help with finding that kind of money for the forms, getting to prenatal and well baby visits, providing prenatal classes and postnatal classes, craft programs, baby moccasin workshops, beading. Where I work we can order cribs for people for safe sleeping. Breastfeeding support, because it is so much cheaper and healthier than formula feeding... and just figuring out what the ceremonies are before and after the baby is born.

— Aboriginal midwife, Ellen Blais

Health Canada Aboriginal food guide may be accessed at:

- www.hc-sc.gc.ca/fn-an/food-guide-aliment/fnim-pnim/index-eng.php

Nutrition Resource Centre – focuses on building capacity in practitioners by providing information, resources and programming

- www.opha.on.ca/Nutrition-Resource-Centre/Home.aspx

Teen Pregnancy

The stigma usually associated with teenage pregnancy is not as prevalent in Aboriginal communities as in the general Canadian population. Teenage pregnancies are often seen as healthy for baby and for mother in First Nations. Younger mothers are seen as having more energy to tend the baby's needs. Age isn't seen as a prerequisite for being a good parent. However, teenage pregnancy puts the mother and baby at increased risk for health,

When I believe in my clients I really go to bat for them, you know? I mean, I've met 17 year olds who are better parents than 35 year olds!

— Aboriginal midwife, Aimee Carboneau

poverty and housing issues (UNICEF, 2009).

The advisors for this book noted that most women attending their prenatal programs are youth under 20 years old. In Ontario, nearly 25% of all First Nations births involved young teenage mothers, aged 15 to 19 years. This age group had a birth rate almost five times higher than their Canadian counterparts. First Nations women aged 20 to 24 had a birth rate of twice that of Canadian women in the child-bearing age (Shah, 2005).

Some teens see pregnancy as a way to get away from partying and to get their lives in order (OFIFC, 2002). Unfortunately, pregnancy and parenting puts them at high risk for poverty and vulnerability. Mediating these risks can help teen parents succeed and their children to thrive.

Practice

Working with pregnant First Nations youth, it is important to look at strengths and where support is needed.

- Does this teen have a support system?
- Is the partner, family, or extended family involved?
- What are their cultural wants and

needs?

What level of care would be most helpful at home and out of home?

Programs such as Healthy Babies, Healthy Children are available from various Aboriginal health organizations and Friendship Centres. There are also alternative high schools that can support pregnant and parenting teens.

Resources

First Nations Teen: Adapting to Adversity, strength based tips to promote resilience

www.aboutkidshealth.ca/En/News/NewsAndFeatures/Pages/First-Nations-teens-adapting-to-adversity.aspx

Abortion, Miscarriage and Stillbirth

There are differing views on the historical and current views of abortion. Traditionally, there are medicines that could be used to induce miscarriage with the recognition that not every woman is capable or able to carry or birth a baby. In some communities abortion was not allowed.

The rate of miscarriages in First Nations women is not fully known due to the lack of reporting. The stillbirth rate in First Nations is two to three times higher than in non-Native communities (RCAP, 1996).

The loss of a baby due to abortion, miscarriage or stillbirth is very difficult for the woman and her family. There are different First Nations traditional teachings for the handling of the body and different protocols depending on the situation. The placenta may also need to be returned and buried. Traditional ceremonies can help the woman or family cope with the loss, such as condolence ceremonies. There can be guilt, blame and a myriad of other feelings associated with the loss. Elders, midwives and clanmothers may be able to help guide

t h i s

process.

Access to Healthcare in Remote Communities

Distance, cost of travel, and accommodation are real issues for women who cannot get prenatal care where they live, for example, women from rural and remote areas. Women living in non-urban areas often have to deal with a lack of access to basic and specialized health care services and supports, especially women living on reserve in northern Ontario. Women in these areas are often required to fly out and travel long distances to get prenatal and post natal care.

While Status First Nations people have certain health benefits that are covered under the Non-Insured Health Benefits Program run by Health Canada, these benefits can often be difficult to access. Sometimes women are required to pay for services first, and then wait for reimbursement. This can be a challenge for women who do not have the money to pay up front. There is no funding to bring a support person, such as a partner or husband, on the long journey to the place where a woman will give birth. Childcare becomes an issue while the mother is away giving birth. This makes it nearly impossible to practice birthing ceremonies such as having the family feast at a birth. One woman recounted needing a caesarean section. She asked the medical staff to allow her to speak to her baby first since she wanted the baby to hear her Native language first. During the procedure, she could hear the staff ridiculing her and putting down Native people. Birthing close to home may have ensured that she could have had a family member or Elder close by or present.

Resources

Journey for Two: A Guidebook for When You're Away from Your Community to Give Birth. Native Women's Association of Canada. It helps Aboriginal women prepare to leave their community to give birth.

www.nwac.ca/wp-content/uploads/2015/05/2009-NWAC-Journey-for-Two-A-Guidebook-For-When-Your-Away-From-Your-Community-to-Give-Birth.pdf

Society of Obstetricians and Gynecologists: Returning Birth to Aboriginal, Rural and Remote Communities.

www.sogc.org

Fetal Alcohol

Spectrum Disorder (FASD)

Exposure to alcohol can have devastating effects on the unborn baby. The rate of FASD in the general population in Canada is estimated at 9 in 1000 births; higher rates have been reported in some First Nations communities. In some northern communities, rates of FASD have been estimated at 25 to 200 in 1000 births (Public Health Agency of Canada, 2006). Binge drinking is particularly harmful and is closely linked to FASD.

Practice

Service providers need to share a clear message that there is no safe time and no safe amount of alcohol consumption during pregnancy. Some women can't stop drinking on their own. It may be difficult for a woman to remain substance free during pregnancy. Treatment centres that accept pregnant women may be the best option as well as using a harm reduction model. The key to working with vulnerable women is non-judgmental positive support.

Some women may abuse alcohol thinking that it will cause them to lose the baby. They may know others who drank during

pregnancy and believe those babies are unaffected. Many of the women at highest risk have never known safety, or a life without drugs or alcohol, or may have FASD. If a woman is unable to value or protect herself, she may be unable to value and support the baby she is carrying. Work with vulnerable women needs to begin with learning about their history and understanding differing abilities and factors that make it difficult to change behaviour, such as

Honestly I don't see that [teen pregnancy] as an issue... teens themselves can be quite brilliant in terms of their pregnancies.

— Aboriginal midwife, Ellen Blais

poverty, isolation, stress, mental health concerns etc. Support strengths and healthy choices while providing non-judgmental health information.

Prenatal classes are effective in helping to impact smoking, drug use and drinking in First Nations women (Anderson, et al., 2003). According to the Assembly of First Nations-Canada Prenatal Nutrition Program evaluation final report, there are several ways to engage First Nations families:

- Encourage the support of the partner
- Show families you care
- Catch families early in the pregnancy
- Provide transportation and childcare
- Provide food coupons and nutrition

- Link with medical staff to encourage patient program attendance

Resources

Health Canada Directory of Treatment Centres

- hc-sc.gc.ca/fniah-spnia/substan/ads/nnadap-pnlaada_dir-rep-eng.php#on

Motherisk – Help for pregnant and nursing mothers. The Alcohol and Substance Use Helpline - 1-877-327-4636

- www.motherisk.org/women/alcohol.jsp

Maternal Mental Health

In Ontario, 4 out of 5 women get postpartum depression and 1 in 5 suffers from a postpartum mood disorder (Best Start Resource Centre, 2011). There are a range of mental health issues that can occur during pregnancy and after delivery, including depression, anxiety, mood disorders and for very few, psychosis. For about 30% of women, onset occurs during pregnancy with

40% re-experiencing it with subsequent pregnancies and another 25% suffering with another episode unrelated to pregnancy (Motherfirst, 2010).

Aboriginal women are particularly at risk due to poverty, violence, abuse, racism, assimilation policies and removal from their home communities to give birth (Motherfirst, 2010). Maternal mental health issues can impact all areas of caregiving and attachment. Breastfeeding has been shown to mediate some of the effects of depression (Kendall-Tackett, 2007).

Practice

- Train all staff about maternal mental health: identification, assessment and intervention
- Develop a referral protocol
- Create awareness campaigns for pregnant women and their families so that they can recognize the signs

Resources

The Best Start Resource Centre has a number of brochures, videos and handbooks to help service providers and families learn about postpartum mood disorders. These resources can be accessed online at:

beststart.org/resources/ppmd/index.html

Centre for Addiction and Mental Health –

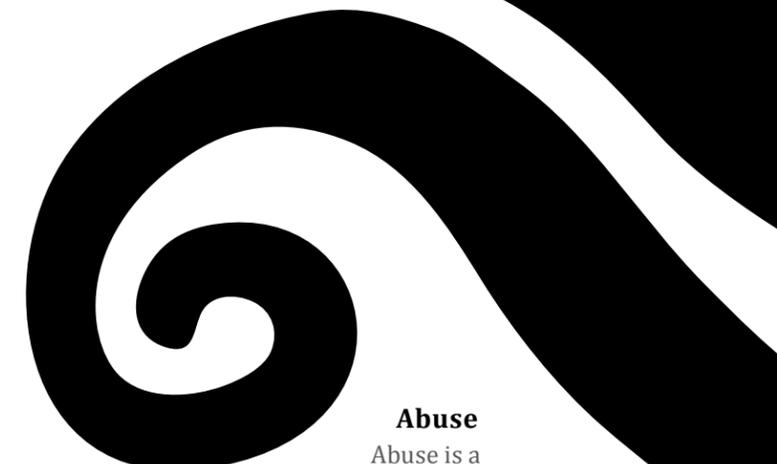
www.camh.net/Care_Treatment/index.html

Mental Health Services Information Ontario:

www.mentalhealthhelpline.ca

Postpartum Support International:

www.postpartum.net



Abuse

Abuse is a

term that includes physical violence and other

types of harm, such as sexual or verbal abuse. Due to the lasting impacts of the residential school system, many First Nations adults find it difficult to have healthy positive relationships. Abuse of First Nations women has a significant impact on pregnancy, childbirth, and childrearing. Aboriginal women under 30 had the highest risk of experiencing violence and were at higher risk for more severe violence which can lead to death. Violence also increased the risk of substance use and smoking (Huth-Bocks, Levendosky & Bogat, 2002).

Of the Aboriginal women assaulted by their partners, 68% sustained an injury, 48% reported life threatening violence, which may have involved a weapon and/or sexual assault and 52% feared for their life (Statistics Canada, 2009). The impact on prenatal health included high blood pressure, infections, sexually transmitted diseases and an increased risk of miscarriage (Huth-Bocks, et al., 2002).



Overall, 21% of Aboriginal people (24% of Aboriginal women and 18% of Aboriginal men) said that they had suffered violence from a current or previous spouse or common-law partner in the 5-year period up to 2004. The rate for non-Aboriginal people was 7% in the same period (Department of Justice, 2010). Aboriginal people were twice as likely to be victims of violent crimes, with the gap between sexual assaults even higher (Statistics Canada, 2009).

Aboriginal people overall were at higher risk of homicide, particularly Aboriginal women. The rate for Aboriginal women was seven times higher than for the general Canadian population (Statistics Canada, 2009).

Abuse also has an impact on developing brain architecture and chemistry for the fetus (National Scientific Council on the Developing Child, 2005). Abuse during pregnancy can cause miscarriage, premature labour and a longer hospital stay after birth (Huth-Bocks, et al.,

2002). The children of women who experience abuse are more fearful and more reactive to stressful situations. They may have impaired learning, lower ability to self-regulate, memory deficits and cognitive difficulties (National Scientific Council on the Developing Child, 2005).

Practice

Aboriginal women may be afraid to disclose or report abuse due to fear of being reported to child protection agencies. It is important to proceed with caution when working with families where abuse is suspected. Some Aboriginal women may not want help from within their community when dealing with abuse. They may be afraid that confidentiality will be broken, that another woman will see them and report back to the abuser, or that they will be seen entering or leaving the building.

Be especially careful about making promises or assumptions. The police and child protection agencies have protocols and procedures that are

out of your realm of control. Even though you may have dealt with women experiencing violence in the past, each case is different. Maintaining trust and remaining supportive are crucial to working with women who have or are experiencing abuse.

- Include questions that pertain to abuse on intake forms.
- Provide information on resources in the community for support.
- Make referrals for both the woman and her partner.
- Ask about creating a safe place or safety plan.
- Be aware that definitions of abuse for the woman change depending on what is taking place in the relationship. Minimizing what happened is a way for people to cope.
- Provide in-service training to all staff about abuse with help from organizations in your community.

Resources

Taking care of each other's spirit: A program to address violence against women in First Nations in Ontario.

· www.kanawayhitowin.ca/index.php

Ontario Network of Sexual Assault / Domestic Violence Treatment Centres

· www.satontario.com

National Aboriginal Circle Against Family Violence

· www.nacafv.ca

Assaulted Women's Helpline - 1.866.863.0511. This website has information on safety planning and provides translation services in various Aboriginal languages including Cree and Ojibwe.

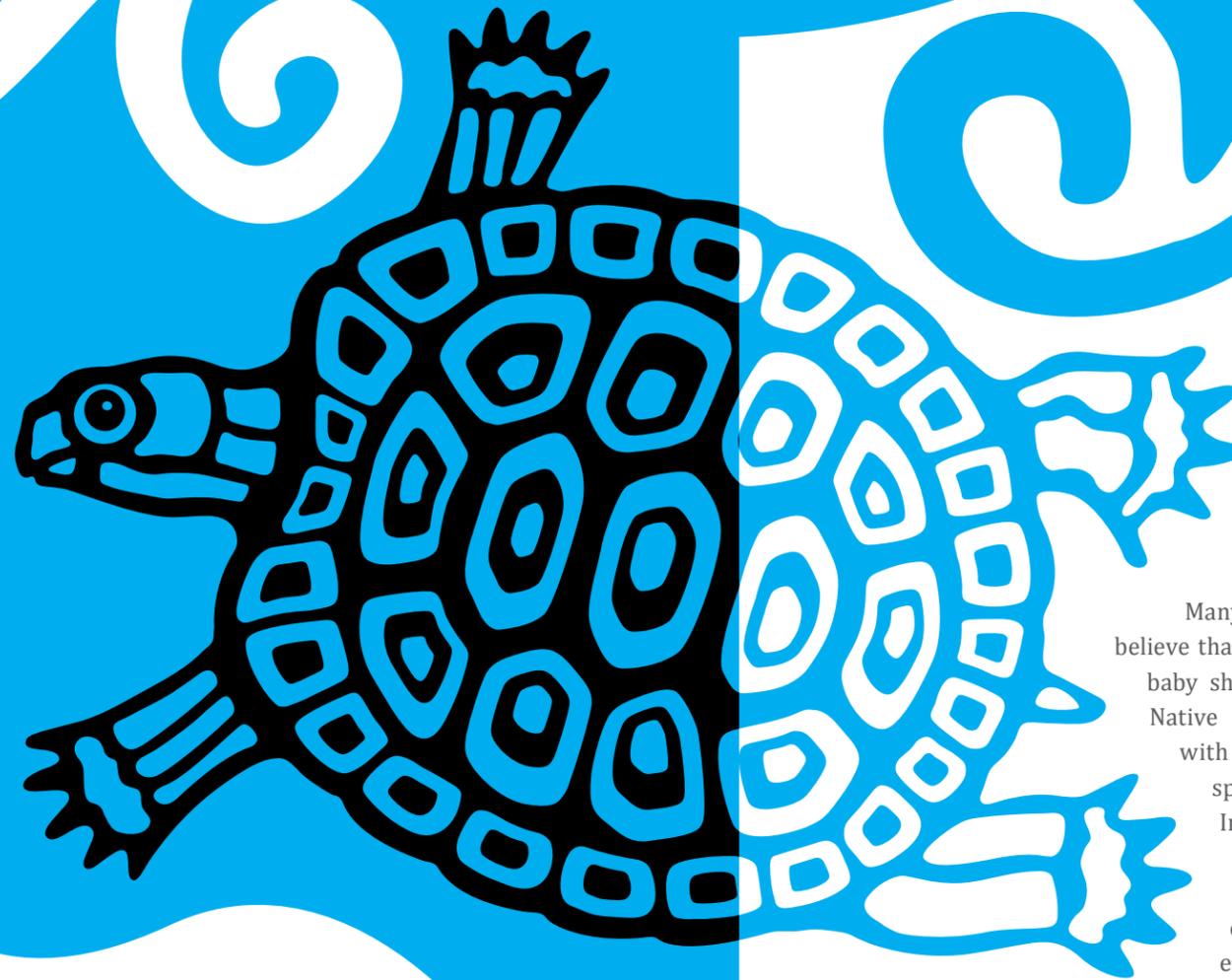
· www.awhl.org

Ending Violence in Aboriginal Communities; Best Practices in Aboriginal Shelters and Communities:

· 54.186.211.6/wp-content/uploads/2014/03/NACAFV-EN-Best-Practices.pdf

Birth: The Western Direction

The new little person arrives into the foreign world of air and light, not understanding or comprehending the birth experience, reliant entirely on those surrounding him. This first experience can be filled with poking, prodding, and crying or it can be filled with gentle and loving touches, warm milk and the safety of a mother's arms. The traditional way is the loving way. The healthiest way is the traditional way with breastfeeding and attachment beginning immediately after delivery.



Many First Nations people believe that the first words that a baby should hear are in their Native language. This helps with the transition from the spirit world to this world. In traditional teachings, the child is new from the spirit world and care must be taken to ensure that the child does not want to go back.

There are teachings about how to care for the placenta and for the umbilical cord. There are also ceremonies to welcome the baby. Some hospitals are not aware of these sacred teachings and may not want to cooperate with the family. It is helpful to prepare the doctor or midwife who will be delivering the baby with this information prior to delivery to ensure that the birthing process is culturally appropriate for the family. Identify who will be attending the birth and what their role will be. It is also helpful to have an alternative plan if a challenge arises and plans need to change.

One Elder told me that you are to keep the umbilical cord stump and plant it underneath a sapling. The tree's growth will eternally be connected to that tree and the different branches represent the various paths that a child can grow and the unseen roots are all the different influences that help a child to grow and experience life. They told me that if I planted the cord, regardless of what happened to the tree, the child would continue to grow. However if there was a need to move or the tree gets diseased, you are to take a lock of the child's hair and plant it and a tooth under a new sapling and this new tree would take on the rest of the journey for the child.

— Algonquin scholar, Angela Mashford-Pringle

Preparing baby's cedar bath

Many Elders say that the baby's first bath should be with cedar water. Cedar is one of the four sacred medicines. Since it stays green all winter, traditional people believed it was a strong plant with many medicinal properties. Elders believe that giving baby a cedar bath will help it to get strong and healthy very quickly.

You can prepare the cedar water beforehand simply by boiling a bunch of fresh cedar in some water. Keep it in a mason jar before you give birth. Then once you give birth you can put some of that cedar water onto a cloth and wipe it over your baby.

— Ojibwe/Sioux mom, Melanie Ferris

Promote breastfeeding from the start

Breastfeeding was discouraged for all mothers in the early part of the last century. By the mid-1950s, over half of all babies were formula fed. In addition, First Nations mothers continued to be discouraged to breastfeed well into the early 80s. In many First Nations communities, doctors still prescribe formula to new mothers in order for them to obtain it at no cost, without any medical reason (Union of Ontario Indians, 2009). Today, as a result, First Nations mothers are less likely to initiate breastfeeding compared to other mothers.

This poses extra risks to the baby in terms of water safety, sanitary conditions and costs (UNICEF, 2011). Additionally, formula-fed babies have higher infant mortality rates, diarrhea, are at higher risk for diabetes, bronchial infections and ear infections. A report from the American Association of Family Physicians confirms the risks to babies, and identifies additional risks of not breastfeeding for the mother, such as increased risk for cervical and breast cancers, and type 2 diabetes (2011).

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A study by Grassley and Eschiti states that grandmothers influence whether or not a woman will breastfeed or continue to breastfeed, depending on whether or not the grandmother breastfed (2008). Grandmothers often did not have accurate information regarding breastfeeding and sometimes promoted myths. Grandmothers may also be concerned with the dependence of the infant on the mother. In First Nations, many grandmothers are survivors of the residential school era and were taught to be ashamed of their bodies and not to breastfeed.

Fathers and partners also share an equally important role in supporting breastfeeding. If the mother perceives that her partner doesn't support breastfeeding, she is less likely to breastfeed (American Association of Family Physicians, 2011).

However, First Nations moms who breastfeed are more likely than other mothers to breastfeed for six months or more (Canadian Institute for Child Health, 2000). UNICEF encourages initiating breastfeeding right after birth, then, exclusively for the first six months and continuing with complimentary solid food through age two and beyond (2011).

Practice

Information and breastfeeding support is needed well before birth and in early parenting. Include grandmothers, influential women and partners as breastfeeding supporters to encourage and sustain breastfeeding. Providing a breastfeeding friendly office environment is also helpful.

Helpful questions:

- Did you breastfeed?
- What messages have you received or are still receiving about breastfeeding?
- Are those messages influencing the information that you provide to new mothers?
- What are some of the breastfeeding myths that First Nations mothers are getting?
- What can fathers and grandmothers do to connect with the baby, while still supporting breastfeeding?

Resources

Breastfeeding Matters is a Best Start Resource Centre booklet on breastfeeding. It can be downloaded at:

- beststart.org/resources/breastfeeding/breastfeeding-matters_EN_LR.pdf

Native Breastfeeding Council

- www.nativebreastfeeding.org/jml/index.php?option=com_content&view=frontpage&Itemid=1

Easy Guide to Breastfeeding for American Indian/Alaska Native Families can be downloaded at:

- www.womenshealth.gov/publications/our-publications/breastfeeding-guide/BreastfeedingGuide-NativeAmerican-English.pdf

A baby's welcoming ceremony shared by Mohawk Elder Sakoietá' Widrick

We welcome the baby and invite the baby to stay with us, let the baby know there are a lot of people waiting for it to come and we are happy the baby is here and we are committed to giving it a good life when the baby is here on earth.

One of the reasons I believe in this is because there were times in the Health Sciences Centre, when I got called to the ICU, where there were babies who they said were going to die. There was one specific instance where the baby was Cree. I got a Cree Elder friend of mine and I told him, "We got a baby in the hospital who is ready to pass away. They got in the priest to do the last rites."

When we were looking at the baby, I asked John, "What are you feeling?"

He said, "This baby doesn't want to go."

I said, "This is the same thing I am feeling here."

We asked them, "Has anyone done a welcoming ceremony with this baby here?"

They said they didn't know what we were talking about because they are Christians. I told him (John) to do it in Cree because it's a Cree baby.

They thought all this time that we did an end-of-life ceremony in the Cree language.

I told the mother, "If you need anything more call me at any time."

And we left.

About three months later I got a call from this woman.

She called me and said, "Will you come and see my baby and pray over my baby?"

I thought when I heard her on the phone, boy her voice sure sounds familiar. Sure, that is my job and I will come right away, otherwise I'll get called out to another hospital. As soon as I walked into the hospital room I looked at this little baby boy and I thought, man, I know this baby from somewhere! Then the mother walked in and then I knew right away who she was.

She said, "Can I ask you something?"

I said, "Yeah, go ahead."

She said, "What did you guys do that day you and that blind man came to see my baby?"

"Why?" I asked.

"Well, look at him, as soon as you left that baby flipped. Instead of passing away like the nurses said, he got better," responded the mother.

I gave her a demonstration. I told her I would knock on the door of the baby's hospital room and not to answer. So I knocked on the door then turned around, walked away, then I would come back again a few moments later and I motioned for her to open the door and she welcomed me inside.

"That's exactly what was wrong with your baby. When your baby came here, nobody welcomed him, nobody told him this is a good place to live, so your baby is looking around and saw all the negativity of the earth and he wanted to go back home. You see how you welcomed me? What did I do? I came in. That's exactly what we did. We told him we were sorry that nobody welcomed him the way they should have and then we left."

We both sat there in tears.

That's why I believe in doing the welcoming ceremony for these babies. It would be the same if someone came to your house and wants to talk to you, you see them and you don't answer the door. Eventually, that person will leave.

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Challenges in Birth

High birth weight/ Macrosomia

Aboriginal babies are more likely to be born at a higher birth weight than other babies. High birth weight puts the baby at risk for type 2 diabetes and childhood obesity. It can also cause complications during pregnancy and delivery. Diabetes is a contributing factor to high birth weights.

Practice

People who work with and support First Nations expectant mothers should encourage ongoing screening for diabetes with ongoing monitoring of blood glucose levels, promote healthy eating, physical activity and encourage breastfeeding (Young et al., 2002). Eating twice as healthy, not twice as much, is a helpful way to guide pregnant women.

Infant mortality

Infant mortality rates are over one and a half times higher in First Nations babies as compared to non-Native babies (Shah, 2005). The leading cause of infant death is Sudden Infant Death Syndrome. The risk factors of SIDS include smoking during pregnancy

and after birth, baby sleeping on his or her stomach, low birth weight or premature birth and formula feeding (Public Health Agency of Canada, 2011).

There is also a concern about unintentional suffocation caused by unsafe sleep environments. Sleeping with parents, other children or on soft surfaces puts babies at risk of suffocation.

Smoking puts babies at risk as does sleeping position. In order to protect their babies, First Nations parents should smoke away from the baby, outdoors. The baby should be put to sleep on her/his back, on a firm surface without pillows or toys. The cradleboard or tikanagan is a safe place for baby to sleep.

Practice

Helpers can make sure that the baby's crib is free of bumper pads, pillows and toys. Inform parents of safe sleeping habits. Support the parents to not smoke and if they continue, to smoke away from their baby. Talk about how to keep the baby safe when parents are smoking. Let breastfeeding mothers know that if they consume alcohol and many drugs, that it will be passed on through the breastmilk. For more information, breastfeeding mothers should discuss substance use and medications with their health care provider.

Resources

Healthy Babies Healthy Children and Aboriginal Healthy Babies Healthy Children (HBHC) are free and voluntary programs funded by the Ministry of Children and Youth Services. Learn more about HBHC online at:

www.children.gov.on.ca/htdocs/English/earlychildhood/health/index.aspx

HBHC provides universal postpartum screening. Referrals (with consent) are accepted during pregnancy through to early childhood to support healthy child development. This program is designed to support parents and provide resources and referrals to other providers. For a listing of sites that serve Aboriginal families and individuals, go to:

www.mcsc.gov.on.ca/en/mcsc/programs/community/ahws/individuals/healthy_babies_locations.aspx

Health Canada, Family Centered Maternity and Newborn Care: National Guidelines, Chapter Eight, Loss and Grief

www.phac-aspc.gc.ca/hp-ps/dca-dea/publications/fcm-smp/index-eng.php

Health Canada: Help to Quit Smoking

www.hc-sc.gc.ca/fniah-spnia/substan/tobac-tabac/help-aide-eng.php

Society of Obstetricians and Gynaecologists of Canada has information on breastfeeding and drugs at:

www.sogc.org/publications/medications-and-drugs-while-breastfeeding/

Other Helpful Information

Applying for a Birth Certificate in Ontario

Applying for baby's birth certificate can be completed online at:

www.ontario.ca/page/frequently-asked-questions-birth-marriage-and-death-certificates

It can take 6-8 weeks to get a birth certificate in Ontario. The cost for the first birth certificate is \$35 for the long form, \$25 for the short form. When applying for Indian status, it is recommended to order the long form since it includes parent information.

Applying for Indian Status

Applications for Indian Status can be completed online at:

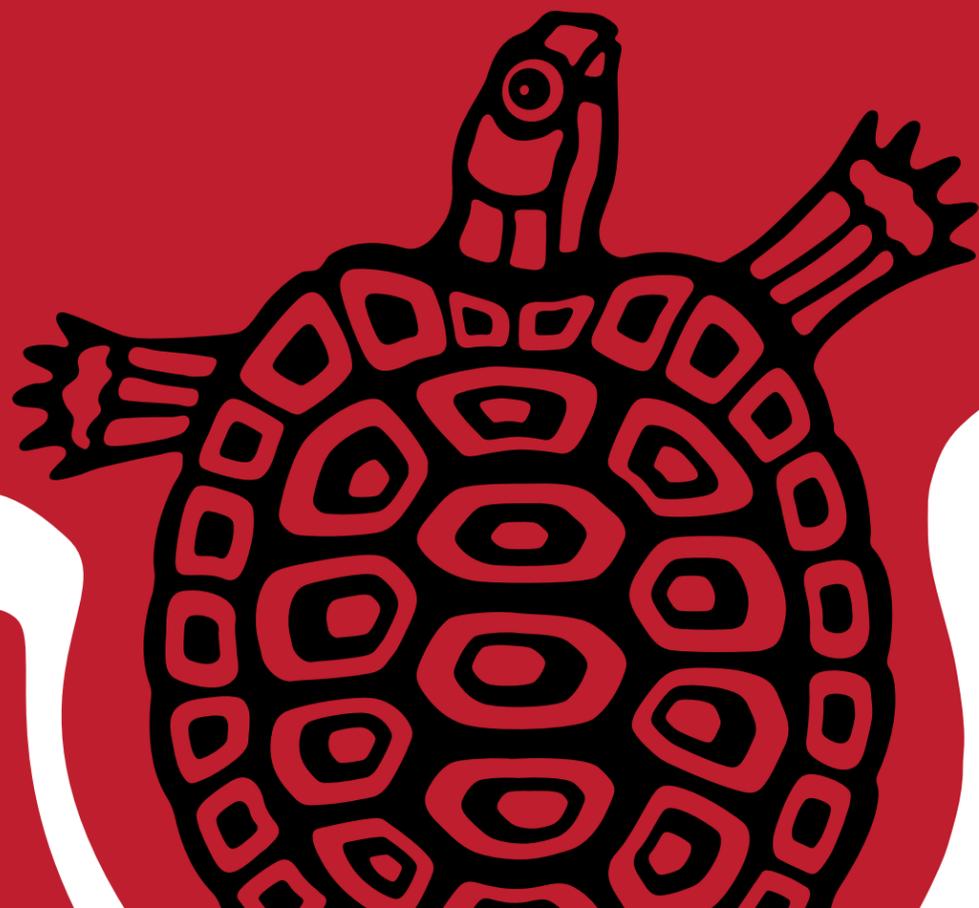
www.aadnc-aandc.gc.ca/eng/1100100032374/1100100032378

The band membership office where the parent is registered can also provide direction on obtaining Indian status. Friendship Centres and Aboriginal Health Centres can also provide information on where to go to obtain Indian Status.



Parenthood: The Northern Direction

The parents were chosen by the spirit of the little person, although they may or may not be connected biologically. They are the caretakers of the child's spirit and are entrusted with caring for the child's wellbeing and safety. The child is entrusted to the people, the community, and the nation. As such, it is the community's responsibility to ensure that the child is never hungry, always safe and cared for.



In the traditional way, the parents were never alone in parenting. There is still a remnant of that community trust when Aboriginal parents let the children go outside to play and don't watch them in the same way as parents in the general population do. All members of the clan are seen as relatives, brothers and sisters, aunties and uncles. Each has a role and responsibility in raising the child.

They could have an Elder come in and just sit with the children and tell them stories, keep them calm, and teach them little things—just confirming their roots. That's what an Elder was; my mother used an Elder for that when we were children.

— Ojibwe Elder, Freda MacDonald

The concepts of discipline and of scheduling were very different for First Nations parents. The joy of babies and unconditional love were at the heart of parenting. There was no discipline as defined by the Europeans. The babies and children were free to learn, grow and explore. Babies were kept close and kept in a cradleboard/tikanagan or a swing/wewebizon. They were not allowed to cry, so would be attended to immediately. Breastfeeding took place when the baby was hungry.

Discipline was guidance and helping the child to understand their responsibility to the community. Children were highly praised when they shared with others, were helpful, kind or respectful (Anderson, 2011). As they grew up, they were given more ways to

contribute to the community and more responsibility. The concept of discipline as hitting or yelling came after contact. The perceived lack of discipline in First Nations families laid the foundation for the removal of First Nations children into residential schools and later for neglect (Anderson, 2011).

Current research supports traditional First Nations parenting techniques. Studies in the areas of attachment, learning and the emerging research on brain development confirm that traditional First Nations parenting techniques were effective and appropriate.

I drum and sing, I teach our drum group to sing in Ojibwe and I am trying to keep up our language in that way. A lot of them don't know their language. I write down the songs and teach them to pronounce them so that they know what they are singing.

— Ojibwe Elder, Freda MacDonald

Challenges

Unfortunately, the impact of poverty and residential schools has negatively impacted parenting, leading to challenges for First Nations parents.

Poverty

Poverty has a tremendous impact on all aspects of health and wellbeing. Rates of poverty are much higher in First Nations overall, worse for families with young children, single parent families and those living in urban areas (Statistics Canada, 2008). Poverty increases parental stress and vulnerability.

Access to affordable and safe housing is limited for poor families. Overcrowding, increased risk of communicable disease, exposure to environmental toxins such as lead poisoning and unsafe drinking water, mould and chemical pesticides, all put families and especially young children at risk for accidental death and chronic health issues (Union of Ontario Indians, 2009).

Practice

Create programs that support all family members. Encourage father involvement by providing activities that build parenting skills, increase safety, address poverty and isolation. Provide safety devices that the family may not be able to buy, such as smoke alarms and safety gates. It is ideal to offer a program that is founded in culture, provides a meal, offers childcare, assists with transportation, addresses the challenges that many people face, and provides information for the family to take home.

One program teaches cradleboard making, including teachings on parenting and relationships. The participants are also provided with a community meal. Providing a nutritious low cost dinner with recipe cards helps people take home what they have learned. In this example:

- How many programs within your organization could be included?
- Do you have the support of programs within your agency/organization?
- Are there other agencies/organizations you can partner with to fill program gaps, such as housing, environment and traditional helpers?

Childcare and transportation are often cited as barriers to participation. Providing for both fosters attendance. With greater participation, people are able to build support networks and learn about various programs within organizations.

There are many benefits to participating organizations. Programs can contribute funding and have program participants that they may not have accessed otherwise. Childcare can be segmented for certain populations, such as older children. Having concurrent programs running attends to the needs of the entire family and extended family, lowering program costs and increasing participation. Organizations become the hub for supporting and developing community. This also provides an excellent opportunity to identify family strengths and unmet needs.

Resources

Wabano Centre for Aboriginal Health has a parenting program based upon the sacred medicine bundle. The Parenting Bundle may be accessed online at:

www.wabano.com/store/products/parenting-bundle-information-manual/

Healthy Babies Healthy Children and Aboriginal Healthy Babies Healthy Children (HBHC) are free and voluntary programs funded by the Ministry of Children and Youth Services. Learn more about HBHC online at:

www.children.gov.on.ca/htdocs/English/topics/earlychildhood/health/index.aspx

HBHC provides universal postpartum screening. Referrals (with consent) are accepted during pregnancy through to early childhood to support healthy child development. This program is designed to support parents and provide resources and referrals to other providers. For a listing of sites that serve Aboriginal families and individuals, go to:

www.mcass.gov.on.ca/en/mcass/programs/community/ahws/individuals/healthy_babies_locations.aspx

Maternal Mental Health

According to Motherfirst, a report on the maternal mental health strategy in Saskatchewan, symptoms of depression can range from an over concern with baby safety to delusions, with a very small percentage of mothers experiencing postpartum psychosis (2010). Postpartum psychosis is the most severe and most dangerous which can lead to infanticide, self-harm and suicide (Motherfirst, 2010).

Practice

- Train all staff about maternal mental health: identification, assessment and intervention
- Develop a referral protocol
- Create awareness campaigns for pregnant women and their families so that they can recognize the signs
- Provide healthcare professionals with the “Life with a new baby is not always what you expect” desk reference by the Best Start Resource Centre

My grandson was born with ceremony, had a naming ceremony and welcoming ceremony at one month, and a walk-out ceremony at one year. He attends full moon ceremonies, smudges on a regular basis and even asks for the smudge, drums, sings and has danced as a traditional dancer. He is three years old.

— Cree Elder,
Joanne Dallaire

We used to have these potluck dinners and the two-spirit community in Toronto, they really appreciated having those because then everyone got together. Most people who are two-spirited around here in Ontario are from northern Ontario, Manitoba, northern Saskatchewan, the east coast, so most of them are away from family. So we've kind of created a sense of family with each other. When I brought my kids to these events, the people were so happy to see kids because most of these people have grown up with children around them. It made them feel this really was a family environment again. The two-spirit community very much appreciates kids in a good way.

— Swampy Cree mom, Doe O'Brien-Teengs



Resources

The Best Start Resource Centre has a number of brochures, videos and handbooks to help service providers and families learn about postpartum mood disorders. These resources can be accessed online at:

• beststart.org/resources/ppmd/index.html

Centre for Addiction and Mental Health

• Available online at: www.camh.ca

Mental Health Services Information Ontario:

• www.mentalhealthhelpline.ca

Criminal Justice System

Aboriginal women are significantly over-represented in the criminal justice system. According to the Council of Elizabeth Fry Societies of Ontario, Aboriginal women make up almost 30% of the prison population. The majority of women in prison are parents (71%) and about 10% are pregnant at the time of their incarceration. Aboriginal women are not only over represented but also the fastest growing population sentenced to federal prisons (Native Women's Association of Canada, 2007).

Aboriginal women often end up in prison due to crimes that they commit because of poverty, abuse or exploitation. FASD compounds the risk of engaging in illegal activities, substance use and violence (Totten, 2009).

Practice

Attachment and parenting are huge issues for women in the criminal justice system. Children are the unwilling victims of a parent's incarceration. Finding or developing programs that support attachment and prevent re-offending are critical to helping these families recover from incarceration. There are very few reintegration programs and fewer programs geared for nursing mothers or parents of very young children.

- Create programs that foster maternal bonding between recently released mothers and their babies
- Support Elder involvement in programs
- Advocate for new mothers to serve at home so that they can breastfeed or for breastfeeding access in prisons
- Develop support materials for extended family members on the importance of attachment

Resources

Community Justice Initiative – Stride is a program to help women reintegrate into the community. They provide support services, counseling and help build bridges into the community. They may be found online at:

• www.cjiwr.com/stride

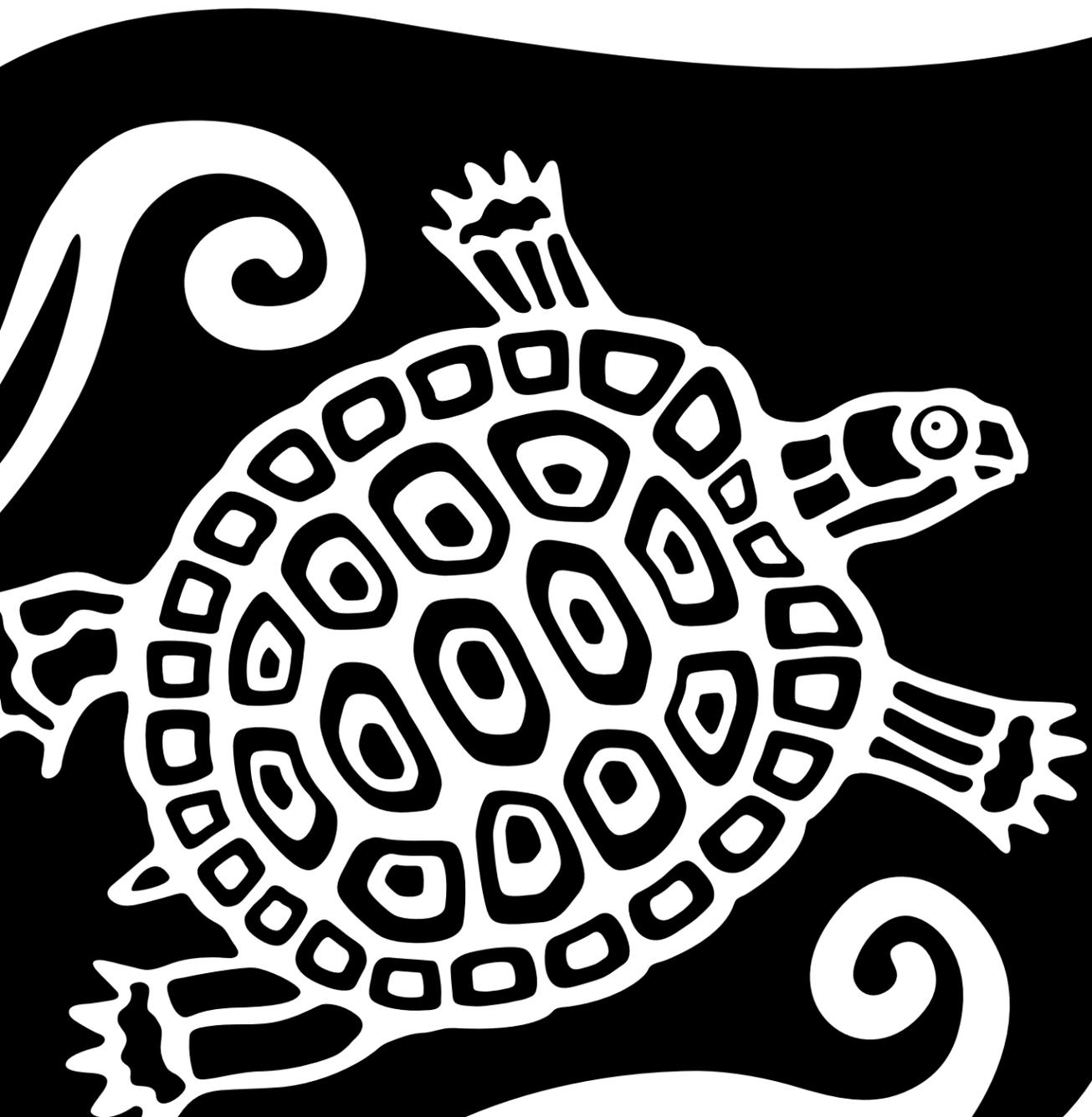


Conclusion

The restoration of First Nations families in Ontario rests upon the support of the community. Reconnecting to traditional teachings throughout the sacred journey toward parenting can foster a renewed sense of belonging for the child, a positive sense of identity for the family, and a nurturing and safe environment. Both First Nations and non-Native service providers can be instrumental in fostering a new legacy for First Nations children in Ontario.

We are starting to reclaim our culture as it relates to birth and parenting. Particularly in our relationships with our own mothers who went to residential schools, who had difficulty in mothering/bonding to us. In many ways this is a special opportunity for inter-generational bonding. Many of our mothers are speaking to our babies in our languages. They are relating “old-time stories” to them. They are taking a special interest in ensuring that they are connected to their histories and identities. Likewise as mothers, we see the importance in cultural continuance. We are choosing literature, arts, and media for our children that reflects their cultures and identities. We are showing them through our own example that there is great pride in being Cree, Déné, and Coast Salish etc.

— Cree mom, Roberta Stout



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Appendix A: Interviews

Interviews by Alison Benedict

Cook, Beverly. (2011). Telephone interview, July 2011.

Firman, Lesley. (2011). Personal interview. December 5, 2011.

Pamp, Judy (2011). Telephone interview. October 11, 2011.



Interviews by Melanie Ferris

Antler, Jennifer. (2011). Email interview. February 28, 2011.

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Cooke, Walter. (2011). Telephone interview. February 2011.

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Gordon, Kelly. (2011). Email interview. February 8, 2011.

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Pelletier, Sherry. (2011). Email interview. January 10, 2011.

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Jessica Yee. (2011). Email interview. January 21, 2011.



Appendix B: Interview Questions



Key Informant Questions

1. Please tell us a little bit about yourself.
2. What role does prenatal care play in your life—are you a:
 - “ service provider
 - “ parent
 - “ grandparent
 - “ Elder
 - “ researcher/academic
 - “ all of these things?
3. When you picture a healthy pregnancy, what kinds of images come to mind?
4. What are some of the cultural beliefs you have about pregnancy and birth?
5. What does a woman and her family need to be healthy?
6. What things are working well in your community to help families be healthy?
7. Are you aware of the resources in your community to assist with pregnancy?
8. What are the biggest concerns in your work and/or community?
9. If you could change address one major issue more effectively through your work, what would it be?
10. What are some traditional foods in your community, and what role do they play in pregnancy?
11. Do you have any thoughts or concerns about food security?

12. If you are a service provider, what are some of the issues that concern you most related to healthy pregnancies, choose up to three by bolding, underlining, or highlighting:

- “ Abuse or neglect within the family
- “ Child and family services involvement with families
- “ Incarceration while pregnant or spouse incarcerated?
- “ High rates of poverty
- “ High smoking rates or what about drug use in general?
- “ High rates of teen pregnancy
- “ Inability to get prenatal care in the community
- “ Lack of family support
- “ Lack of community support
- “ Lack of housing
- “ Reluctance to breastfeed
- “ Reluctance to get prenatal care: this is different than the inability to get prenatal care in the community
- “ Lack of knowledge what to do when pregnant, such as taking prenatal vitamins or going to a health center, etc.
- “ Postpartum depression
- “ Postpartum psychosis
- “ Other, please list:

13. If you have children or grandchildren, what role has culture played in their birth and upbringing?
14. We are developing a book about prenatal teachings for First Nations women in Ontario. If you were able to pass on any messages to people working with First Nations people, what would those messages be?
15. What message would you want to send to pregnant First Nations women and their families?
16. What are some awesome resources that you would like to see incorporated into this book?
17. What is important to you in a health resource for service providers? Choose all that are important to you:
 - " Big enough font
 - " Photos of Aboriginal people
 - " Stories from First Nations people
 - " Teachings from traditional people
 - " Teachings – maybe a bit different from stories?
 - " Contacts for resources that can help (province-wide)
 - " Recipes
 - " Tip sheets (saving money on food, preparing for baby – delivery, the first few days at home, nutrition, quick reference for community resources)
 - " Handouts for clients
 - " Other ideas (please specify): _____



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