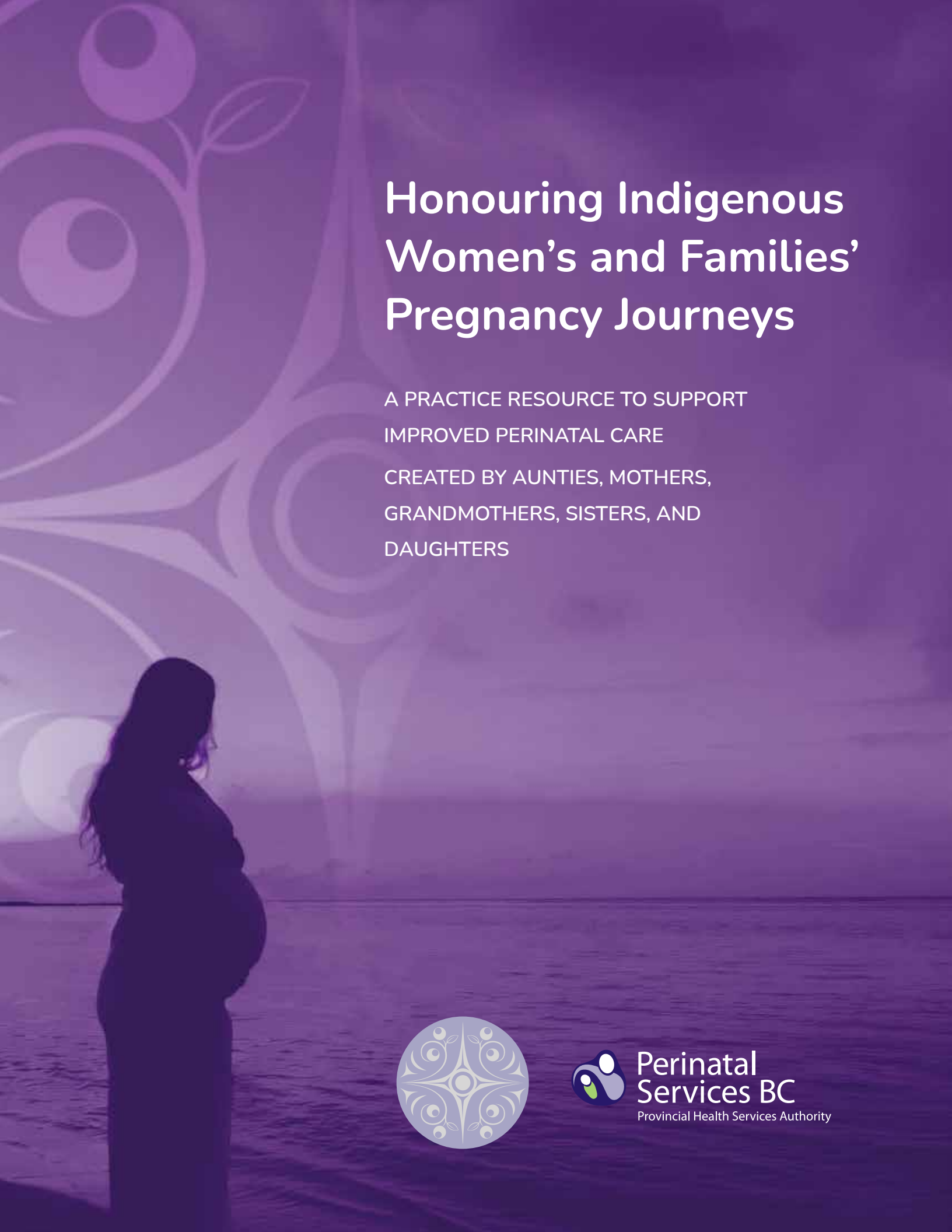

Honouring Indigenous Women's and Families' Pregnancy Journeys

A PRACTICE RESOURCE TO SUPPORT IMPROVED PERINATAL CARE

CREATED BY AUNTIES, MOTHERS, GRANDMOTHERS, SISTERS, AND DAUGHTERS

Perinatal Services BC
Provincial Health Services Authority

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Honouring Indigenous Women's and Families' Pregnancy Journeys:
A Practice Resource to Support Improved Perinatal Care
Created by Aunties, Mothers, Grandmothers, Sisters, and Daughters

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Contributors

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Perinatal Services BC commitment to reconciliation

As a commitment to reconciliation, Perinatal Services BC (PSBC) wishes to honour the historical cultural strength and beauty of Indigenous Peoples' practices, beliefs, and values. We also acknowledge the colonial racism and discrimination Indigenous Peoples have experienced in the past, and which continues today. PSBC resolves to work toward adopting and supporting culturally safe, humble, and trauma-informed practice and care to improve perinatal health outcomes and to honour the resilience of Indigenous Peoples.

A note on gender-inclusive language

Throughout this document we use the terms 'people' and 'families' as broadly inclusive terms embracing cisgender, transgender, gender non-binary, gender non-conforming, and Two-Spirit peoples. We have adopted an additive approach to incorporating gender-inclusive language and use phrases such as 'pregnant women and individuals' to acknowledge that people who do not identify as women can also become pregnant and give birth.

A note on content

Some readers may not be familiar with the colonial context of Canada and its harmful legacies, nor of the ways in which this history continues to have a negative impact on the treatment and experiences of Indigenous peoples within the healthcare system. If this history is unfamiliar, we strongly recommended that you take the initiative to pursue additional learning (see the Appendices for additional resources) to ensure you are fully cognizant of, and responsive to, the perinatal needs of Indigenous Peoples.

A note on the spindle whorl artwork

Spindle whorls are weighted discs that are fitted onto a long spindle. Spindle whorls are commonly used by Coast Salish weavers when creating traditional regalia. While women are often considered to be the primary keepers of the teachings of the craft, weaving materials were often gathered by the entire family and the tools, such as the spindle whorl, were often made by men to support women in their work. The spindle whorl design therefore represents cooperative family work.

In the spindle whorl artwork created for this publication, the circle in the centre represents the baby and the larger whorl represents the mother. The berries represent the flourishing community surrounding the child, waiting to love and support the family and child. The four-pointed 'star' design portrays the four directions.

HONOURING INDIGENOUS WOMEN'S AND FAMILIES' PREGNANCY JOURNEYS

A PRACTICE RESOURCE

to Support Improved Perinatal Care
Created by Aunties, Mothers,
Grandmothers, Sisters,
and Daughters

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Royal Tour: Aboriginal women and children, Vancouver, BC, 1901, William McFarlane Notman, Wikimedia Commons

Executive Summary

The perinatal period—the period of pregnancy through labour and delivery and the early weeks after birth—is a sensitive time for all women and pregnant individuals. However, it is particularly challenging for Indigenous Peoples for whom discrimination, racism, dehumanizing interactions, and a loss of autonomy in the healthcare system are everyday experiences.[1]

This guide will raise awareness of these challenges and will assist healthcare providers to ensure clinical perinatal care is respectful and safe. Practice shifts must be undertaken at both the individual and organizational levels, in collaboration with Indigenous Peoples, recognizing and respecting their cultural needs, preferences and priorities.

"The Four R's Framework" is the basis of this change and includes: [2]

Respecting Indigenous Peoples for who they are;

Providing Indigenous Peoples with information that is ***relevant*** to and respectful of their worldviews;

Encouraging ***reciprocity*** in healthcare relationships; and

Enabling Indigenous Peoples to exercise ***responsibility*** and agency over their health. [2]

Informed by a literature review and the lived experience of Indigenous women, six key principles were generated to guide healthcare providers to provide culturally safe, humble, and trauma-informed perinatal care to Indigenous women:

1. **Cultural Safety and Cultural Humility** – Ensuring that patients are receptive to care because they feel supported and safe and that healthcare providers—recognizing the limits of their understanding—seek guidance from their patients.
2. **Self-Determination** – Explaining options so patients can make informed decisions about their treatment and care.
3. **Trust Through Relationship** – Fostering a connection with patients built on trust.
4. **Respect** – Demonstrating an understanding of, and respect for, traditional practices and knowledge.
5. **Anti-Indigenous Racism** – Building awareness of overt and covert racism, and developing policies and procedures to deal with racist incidents.
6. **Strength and Resilience-Based Practice** – Promoting positive outcomes by focusing on a patients' strengths.

These principles honour the resilience of Indigenous Peoples, women, and families, as well as the trauma, racism, and discrimination they have experienced—and continue to experience. Applying these six principles and providing healthcare providers with critical insights into the birth traditions and ceremonies celebrated by Indigenous Peoples and communities will improve perinatal care.

It is important as healthcare providers to appreciate the positive impact of traditional values, beliefs, and practices on Indigenous health.

A willingness to learn, engage with, and reflect on Indigenous history and culture is critical. Colonial interference and defining historical events, such as experiences with residential schools and the Sixties Scoop, have resulted in intergenerational trauma among Indigenous families. While Indigenous Peoples have a great deal of resilience and strength, colonial values and systems continue to impose harms on them. It is, therefore, important that healthcare systems and those who work within them are respectful of Indigenous Peoples to ensure care is culturally safe.

Within perinatal healthcare this is of the utmost importance. Though, there is a lack of rigorous, up-to-date data on Indigenous perinatal health outcomes in B.C., this resource draws on perinatal health data from reports, research articles, and individual stories, all of which show an overall decline in the perinatal health status of Indigenous Peoples.

This decline may be partly attributed to Western medical approaches to perinatal health which fail to take into account Indigenous cultures, traditions, and governance systems, and the ways in which they contribute to Indigenous wellbeing. Mainstream perinatal health services and practices focus on physical care and minimize the more holistic approaches of Indigenous communities, which include emotional, mental, and spiritual health considerations. As a result, birth today is not always respected as the sacred celebration it is.

Prior to colonialism, Indigenous Peoples thrived and were self-determining. It is important as healthcare providers to appreciate the positive impact of traditional values, beliefs, and practices on Indigenous health and to integrate this understanding into contemporary healthcare practices. Understanding birth as a ceremonial and celebratory event will support not only Indigenous Peoples, but also healthcare providers, who will grow to recognize and appreciate pregnancy and birthing as sacred and natural, as joyous milestones in the lives of all families.

Key Terms

Cultural safety involves respectful engagement with patients, recognizing the power imbalance that is inherent in the healthcare system. It creates an environment free of racism and discrimination, one in which people feel safe. [3 p2]

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner with respect to understanding another's experience. [4]

Indigenous resilience reflects the innate determination of Indigenous Peoples to succeed, despite the adversity and historic marginalization they have experienced. [5]

Historic trauma is the cumulative emotional and psychological wounding across generations, which emanates from the massive suffering a population experienced. [6]

Trauma-informed care and practice—regardless of their primary mission, whether it is to deliver primary care, mental health, addiction services, housing, etc.—are each defined by practitioners' commitment to provide services in a manner that is welcoming and appropriate to the special needs of those affected by trauma.[7]

A trauma-informed approach builds on four core principles:

1. **Having trauma awareness** and acknowledging that anyone may have experienced trauma;

2. **Establishing safety and trustworthiness** by ensuring a safe physical and emotional environment;

3. **Ensuring choice, collaboration, and connection** to empower patients by respecting their decisions about their own health; and

4. **Building on strengths** by acknowledging and focusing on the strengths and skills of the individual.

Introduction

Dr. Tamara Mackean, an Aboriginal Public Health Medicine Physician and Fellow of the Australasian Faculty of Public Health Medicine states, "To us, health is about so much more than simply not being sick. It's about getting a balance between physical, mental, emotional, cultural and spiritual health. Health and healing are interwoven, which means that one can't be separated from the other."[8]

The perinatal period, the period from prenatal to post-partum, is considered sacred among Indigenous women, families, and communities. This time period marks the journey that celebrates and embraces the physical, mental, emotional, and spiritual needs of Indigenous women, pregnant and birthing individuals, and their babies. In the past, Indigenous women were surrounded by family and members of the community during this life experience and were provided with culturally appropriate support and wisdom.[9] Community support was fundamental to the birthing process and integral to well-being and cultural continuity.[9] Over time, imposed colonial methods and beliefs have displaced traditional Indigenous practices and the perinatal health of Indigenous Peoples has declined.

In 2009, the Provincial Health Officer's Report in British Columbia reported glaring inequities between Indigenous and non-Indigenous perinatal health outcomes. The infant mortality rate, neonatal mortality rate, and post-neonatal mortality rate were significantly higher among Indigenous Peoples. In addition, more Indigenous babies had high birth weights, a factor associated with delivery complications and future health risks for the child.[10]

◂ First Nations child and babies, Vancouver Island, 19–, VPL 2684

Over time, imposed colonial methods and beliefs have displaced traditional Indigenous practices and the perinatal health of Indigenous Peoples has declined.

At the time of the report, the rate of preterm birth for Indigenous women was 11.2% as compared to 7.2% for non-Indigenous women. The infant mortality rate was 10.4 per 1,000 live births for Indigenous women living on reserve as compared to 6.5% for non-Indigenous women, and high birth weights were more common among Indigenous women than non-Indigenous women for every body mass index (BMI) category. It is clear that system change is necessary if we are to realize equity between Indigenous and non-Indigenous women and pregnant individuals in perinatal health outcomes. With these trends continuing, this resource is a call to action.

A critical first step is to create a supportive and respectful environment that is attuned to Indigenous cultural beliefs, values, practices, and ceremonies. In Indigenous communities, mothering is embraced by the entire family and community.[9] Community members uphold, celebrate, and honour the wisdom and teachings of their matriarchs and pass on those teachings to future generations, thereby safeguarding the traditions, practices, and ceremonies related to mothering.[9] These Indigenous ways of knowing are fundamental to shaping the health and wellbeing of the community.[9] Respecting these practices and forms of wisdom will assist Indigenous peoples in their healing and improve perinatal health outcomes.

Introducing *Auntie Lucy*

In developing this resource, we combined Indigenous and Western approaches; we offer an Indigenous worldview through the voice of Auntie Lucy.

We have integrated the concept of Two-Eyed seeing into this resource. Introduced by Mi'kmaq Elder Albert Marshall, *Two-Eyed seeing* or *Etuaptmumk* means, "To see from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the strengths of Western ways of knowing, and to use both of these eyes together." [11 p335] Two-Eyed seeing combines the Western evidence-based approach of best practices with the Indigenous knowledge and experience of wise practices. Thomas, a Two-Spirited person, argues that an approach other than best practices is necessary to make space for Indigenous knowledge, learned from wisdom gained from experience through shared stories of socio-cultural insight, ingenuity, intuition, and trial and error. [12 p42] Two-Eyed seeing emphasizes the importance of cultivating relationships built on mutual cultural respect. [13] In addition, it embraces epidemiology as well as storytelling, which is a traditional Indigenous way of teaching and learning. Auntie Lucy's reflections and the stories of Indigenous women and mothers are woven into this document alongside historical, clinical, and epidemiological evidence to support Two-Eyed seeing.

"My name is Lucy Barney of the T'it'q'et Nation (St'at'imc Territory). As a First Nation woman, I am considered an auntie to all the children of my community. I am a Registered Nurse, RN, MScN as well as a mother, sister, daughter, granddaughter, wife, and Indigenous Lead at Perinatal Services BC. Before becoming an RN, I experienced the healthcare system as a patient, not knowing what culturally safe and trauma-informed care was. Since becoming an RN, and through sharing my story of losing an infant in my arms while a doctor lectured me that 'babies are like this, they cry,' I have become a better advocate. On my journey, I have felt the growing importance of learning as much as I could and teaching those who care for families about how to support Indigenous women and pregnant individuals through pregnancy, labour, and birth. I have heard too many stories of those who have experienced unsafe care and I feel it is important to help everyone feel heard and understood. As health care providers, we need to explain that it is OK to ask questions and to ask for support. My purpose in life now is to be that 'auntie' who helps others to learn what good care is and what it is not. All My Relations."

The Decline of Perinatal Health

Varcoe et al. (2013) attribute the decline in the perinatal health of Indigenous women and pregnant individuals to dehumanizing interactions with healthcare providers, loss of autonomy, and discrimination and racism in maternity care in Canada.[1] More recently, Vedam et al. (2019), using seven World Health Organization (WHO) indicators to study childbirth in the US,[14] identified additional factors, including: mistreatment, such as being shouted at or scolded by healthcare providers; violations of privacy, and threats of withholding treatment or using coercion to have a patient accept it. They noted that rates of mistreatment were consistently higher for Indigenous women and women of colour compared to white women; and compared to other racial groups, Indigenous women were the most likely to report mistreatment. For example, Indigenous women were twice as likely to report that healthcare providers shouted at or scolded them. In addition, women with social, economic, or health challenges experienced mistreatment more frequently in hospitals. [14]

Over the last few generations, Indigenous women have been encouraged to give birth in healthcare facilities to ensure access to skilled healthcare professionals and timely referrals. However, this approach does not guarantee high-quality care. A report from the National Aboriginal Health Organization states that, "When women are separated from their families to give birth in unfamiliar surroundings, there is an increase in premature births, newborn complications, postpartum depression, unsuccessful breastfeeding, strain on the family, attachment issues and the inability to celebrate the new birth".[15 p57] In a hospital setting, the healthcare provider controls the birthing process. This may expose healthy pregnant individuals to unnecessary medical interventions that interfere with the physiological process of childbirth and may result in poor health outcomes. [16]

Kwakiutl woman and grandson, 19–, VPL 14068A

Auntie Lucy's

Reflection

Indigenous women who experience disrespectful and undignified treatment may avoid perinatal care. When compelled to attend a healthcare facility, they may not make eye contact, may be silent, and may appear "disinterested" or "disconnected" when, in fact, they are trying to maintain their dignity. Many Indigenous women will not return to a healthcare facility due to disrespectful experiences. As an Indigenous woman and Registered Nurse who works within the healthcare system, I advocate for myself and for other Indigenous Peoples.

- In 2018, the World Health Organization reported that disrespectful and undignified care is prevalent in many maternity facilities across the globe, particularly in those serving underprivileged populations; such mistreatment not only violates women's human rights but is also a significant barrier to accessing intra-partum care.[16]

- In 2019, the British Columbia College of Nursing and Midwives stated that, "Systemic racism and discrimination towards First Nations and Indigenous Peoples continues to be a major problem in many contemporary healthcare settings, often resulting in inappropriate treatment and barriers to accessing health care."[17]

These issues are not insurmountable but require a concerted effort by all people working in the area of health services.

Defining Moments

Colonial interference has had a tremendous negative impact on generations of Indigenous Peoples and their ability to care for those who are pregnant and for children. Connections to culture and community have been disrupted, as have the ceremonies that traditionally supported new parents.

Smylie (2011) argues that colonization imposed complex changes on women's roles within Indigenous communities. For example, Western religious groups undermined and eroded Indigenous women's healing practices, their perceptions of menstrual powers, and eliminated their birth rituals. [18] These losses of personal control have put Indigenous women in disadvantaged environments, such as living in poverty, caring as single parents, and being afraid of losing their children to the child welfare system. Disadvantaged children who grow up in care are much more likely to be poor themselves, creating a multigenerational cycle. [19]

Canadian authorities established residential schools to force Indigenous Peoples to assimilate. They separated children from their families and communities and outlawed their languages, sacred ceremonies, and important traditions. [20] In essence, the federal government declared Indigenous Peoples to be unfit parents who were indifferent to the future of their children. This judgment is contradicted by the fact that parents tried to keep their children out of residential schools because they saw them, correctly, as dangerous and harsh institutions that raised their children in alien ways. [20]

Sexual and physical abuse, and separation from families and communities, were the sources of trauma for many residential school survivors—trauma which has been passed on to their children and grandchildren. Some Indigenous Peoples may want to share information about such experiences with healthcare workers who are a part of their prenatal, childbirth, and post-natal support network. Others may not. Regardless, in order to provide the support that is needed, it is necessary to understand that the colonial imposition has resulted in lasting trauma.

The 'Sixties Scoop' is the name that has been given to the policies of the Canadian government that allowed Indigenous children to be separated from their parents and sent to non-Indigenous foster homes worldwide. [21] These children were not raised in accordance with their cultural beliefs, values, and practices, [22] which has had a significant impact

▲ Children at St. Augustine's Indian Residential School, Sechelt, 1924, VPL 9268

on their health and wellbeing, that extended into effects on future generations. In 2017, the Federal government agreed to a class action settlement with victims of this practice. Today, child protection services in Canada still disproportionately remove Indigenous children from their parents and families and place them in care or impose substantial supervision orders on Indigenous parents. (23) It is important for healthcare providers to be cognizant of these practices as they add to Indigenous Peoples' inherent distrust in the care relationship.

Forced sterilization and unethical research on Indigenous women and children have also contributed to enduring distrust in Western institutions such as schools and hospitals. Sometimes, sterilizations were performed during labour or immediately postpartum to prevent women from having future children.(24) Indigenous women were denied the opportunity to consent to the procedure, or were pressured into consenting. Resorting to these extreme procedures was rationalized by racist stereotypes, as illustrated by the following statement made by the Supervisor of Social Services at Essondale (Riverview Hospital in Coquitlam, BC):

> *Patient is a mentally defective Indian girl who has been incorrigible, wild, undisciplined and promiscuous…sterilization is therefore, strongly recommended to prevent patient from having illegitimate children which the community would have to care for and for whom it would be very difficult to find foster homes.* (25 p3)

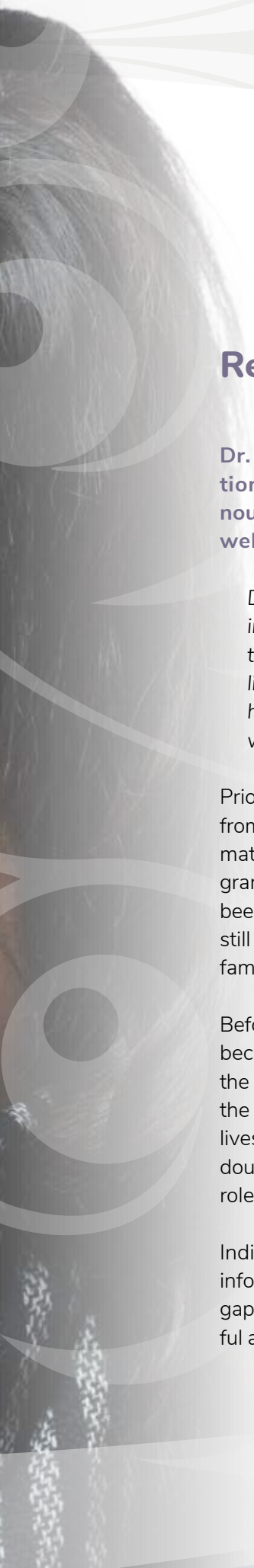
Indigenous Peoples have also been subjected to medical research without consent. In a recent study conducted on the research experiences of Indigenous Peoples in Vancouver, a participant noted that, "Indigenous Peoples are being over-researched, often through questionable research practices, which has generated mistrust towards researchers." (26 p2) This has exacerbated the impacts of colonization, assimilation, and marginalization. (27 p2)

Indian Mission, Sechelt, 1924, VPL 9266 ▸

Auntie Lucy's Reflection

Generally, settlers know little about why Indigenous parents may keep their children out of school, or Indigenous mothers may avoid the hospital: it is out of fear for their safety and their knowledge of the harm that may befall them. Lacking understanding, settlers may reach conclusions or make assumptions that are incorrect. If they better understood this country's history of controlling Indigenous Peoples, their land, and resources, settlers would see how colonial legacies have affected children and families for generations and continue to have an impact on the health of families today.

Of the many reports and studies that have been undertaken and published, it is clear that racism stemming from colonial practices has become socially embedded and is difficult to address. Gendered colonial violence has interrupted the ability of Indigenous Peoples to ensure their children and families thrive in today's society. This long history of oppressive practices and unwillingness to acknowledge ceremony in healthcare settings has perpetuated feelings of distrust and lack of safety. If trust is re-established and earned by healthcare providers, Indigenous Peoples may begin to feel safe enough to seek the perinatal health services they require.



Reclaiming Indigenous Ways of Being

Dr. Kim Anderson, Associate Professor in the Department of Family Relations and Applied Nutrition at the University of Guelph and an Indigenous (Metis) scholar, has spent her career working to improve the health and well-being of Indigenous families in Canada. Anderson has written that...

> *Despite the oppression and confusion in Native women's lives, they knew deep inside the strength and vitality they carried being a Native woman...uncovering this part of recognition, a physical, spiritual and emotional remembering that can link you back to our ancestors and to a time when Native women were uniformly honoured and respected. ...we need to re-think and reconstruct it so that it works with our realities today.* [28 p320]

Prior to colonization, Indigenous Peoples had strategies for caring for girls and women from adolescence to adulthood. These ways of caring were shared orally and the information was transmitted from generation to generation by mothers, sisters, aunts, and grandmothers. Despite colonization, Indigenous cultural practices and traditions have not been fully eradicated or lost, demonstrating the enduring resilience of Indigenous Peoples still embody. Traditional practices keep the family and community strong and ensure new family members are raised in a healthy, strong, respectful, and caring environment.

Before European contact, women and pregnant individuals were honoured and respected because they could bring new life into the world. They were considered the Keepers of the Knowledge and the backbone of the community. Traditional midwifery was integral to the care of pregnant people. The midwife was part of the community and part of people's lives. The responsibility to raise and care for a female infant until adulthood also involved doulas, aunties, and grandmothers; for male infants, this responsibility was part of the role of fathers, uncles, and grandfathers.

Indigenous doulas and midwives share similar beliefs, values, and practices, and are informed by an understanding of Indigenous ways of being. They can bridge the cultural gap and provide community-based support for families—support that is culturally respectful and integrates traditional values and beliefs into the birthing process. [29]

What would happen when a community actually celebrated and centred the active transition from womb to world?

Contemporary midwifery minimizes intervention, informing clients of their choices, so they may decide on the intervention that best meets their needs. Aboriginal midwifery is re-emerging as a promising practice to reclaim childbirth in Indigenous communities.[9] The duties of an Aboriginal midwife include caring for the pregnant individual and family throughout the pregnancy and the first six weeks postpartum, and providing education and parenting skills for the family and community to keep the baby safe.[9]

Often, birth is considered a medical procedure or an experience to be feared. In today's clinical environment, the family celebration only happens once baby and mother are cleaned up after birth. There should be celebration throughout the whole pregnancy. Indigenous communities treat birth as a positive experience, and they support and celebrate new parents and children.

Every Indigenous family or community member once had a role to play in daily life, whether it was gathering food, collecting wood for the sacred fire, facilitating ceremony, providing care to the family and infant, or offering teachings and gifts. Community ceremonies were respectful and kept people strong in mind, body, and spirit. Ceremonies were sacred and provided a sense of importance and belonging. When they were legally prohibited by the Canadian government as a part of its assimilation efforts, communities were deprived of the beliefs, values, and practices which sustained them. This contributed to mental, physical, and emotional suffering and to disease among many Indigenous Peoples.

▲ Salmon fishing at Quatsino, 190-, VPL 13902

BC is home to a diverse Indigenous population with varying beliefs, values, and practices. It is important for healthcare providers to help Indigenous women reclaim the traditions and beliefs that supported healthy pregnancies in the past. It is important to honour Indigenous women and pregnant individuals by asking whether there are traditional beliefs and practices they would like to include during labour and the post-partum period. Asking such questions is very different from asking someone what they want to eat or whether they would prefer to labour in a tub. It's so much more vital than a preference or a wish, as it conveys an understanding of birth as a ceremonial and celebratory event for Indigenous Peoples and families and for health-care. Indigenous women and pregnant individuals have the right to experience a positive delivery that is framed by their traditional beliefs, practices, and values. Showing respect for ceremony ensures the newborn will be nurtured and cared for throughout their life by the family and community. For Indigenous communities, ceremony is law: it not only improves the wellbeing of the family, it has the potential to reduce the involvement of child protection services.

It is important for healthcare providers to help Indigenous women reclaim the traditions and beliefs that supported healthy pregnancies in the past.

Auntie Lucy's Reflection

Indigenous ceremonies were neither written down nor recorded. They were shared orally. For the purpose of providing safer perinatal services for Indigenous Peoples, I have described a few of the ceremonies. They are offered as gifts of our knowledge to non-Indigenous Peoples. Each Indigenous community has its own unique celebrations, traditions, and ways of knowing when it comes to perinatal care, therefore the ceremonies described here may not be applicable to all Indigenous families and communities.

Welcoming Baby Ceremony

During a Welcoming Baby Ceremony, cultural speakers talk about the importance of the ceremony. They drum and sing with the family and child, walking with them as they enter the place where the baby will be welcomed. They talk about how to care for the new family member. Others, who are called upon to witness the ceremony, share responsibility for raising the child, a role that falls to family members and the community. A coordinator acts as facilitator, opening and closing the ceremony, and prompting everyone as to when they should be standing or sitting. The family places headbands on the cultural speaker and coordinator to protect their minds, so they will relay only good thoughts to the young child and family. They also drape them with blankets to protect their hearts, so that they give the baby and family only good feelings. The parents place the baby on a new blanket on the floor or ground and stand over the baby while another family member cares for the baby. Witnesses are called upon to share what they have learned about welcoming the new member of the community and confirm their responsibility to always keep an eye out for the child until they reach adulthood. The witnesses also share with the family their teachings on bringing a baby into the world.

Coming of Age Ceremony

A Coming of Age Ceremony is an individual, family, or community event that supports a young person's transition into adulthood. As many Indigenous communities acknowledge more than two genders, there are ceremonies for all, including Two-Spirit People who have the gift of having both genders.

When it is time to teach youth about relationships, sex, and marriage, adults from the community share teachings during a four-day Coming of Age Ceremony. These teachings include discussions about respect for oneself and for others, and the consequences of having sex and bringing a baby into the world. The young people who take part are then presented to the community as adults who now are deemed ready to marry and/or bring children into the world.

▸ Kwakiutl ceremonial dance group, 19–, VPL 14044

Providing Equitable Perinatal Care

To improve the perinatal health outcomes of Indigenous Peoples, high quality, respectful maternity care must be a global priority.[30] The World Health Organization states that "respectful maternity care refers to care…in a manner that maintains their dignity, privacy, and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labour and childbirth". [16] Respectful maternity care for Indigenous individuals is culturally safe, humble, and trauma-informed.

In 2013, the British Columbia Tripartite Framework Agreement on First Nations Health Governance was signed, enabling First Nations to participate fully in the design and delivery of health services. [31] The Agreement explicitly recognized that Indigenous maternal and child health need to be approached differently. Emphasis needs to be placed on the family, community, and the social determinants of health, such as housing, food security and racism. [31] The Western biomedical model focuses primarily on the physical aspects of care.

Since the signing of the Framework Agreement, the BC Tripartite First Nations and Aboriginal Maternal and Child Health Working Group has conducted interviews and held discussions with maternal child health coordinators and health directors from 14 First Nations communities.[32] Those participating have identified 'promising practices' for maternal and child health programs, including: (1) women- and person-centered and family-centered approaches that include the extended family and focus on women's and pregnant individuals' strengths, (2) high-functioning and collaborative teams that are emotionally intelligent and culturally competent; and (3) holistic and flexible program models that are community-based, culturally safe, trauma-informed, and address the social determinants of health.

Indigenous maternal and child health need to be approached differently than through the biomedical model and emphasis needs to be placed on the family and community.

It is critical to continue to learn how you can provide culturally safe, humble, and trauma-informed services to meet the needs of Indigenous peoples.

Many initiatives and programs have aimed to meet these goals. For example:

- Perinatal Services BC and the First Nations Health Authority (FNHA) both support the 'presence of a doula at birth' as an indicator of health outcomes, and a contributor to a decrease in the number of Caesarean sections. [33]
- The Rural Coordination Centre of BC partnered with FNHA to identify areas of concern, including hospitals that do not incorporate cultural safety and humility.[33]
- The Lil'wat Nation partnered with FNHA and the University of British Columbia to provide a mother-centered, mother-delivered breastfeeding program that offers hands-on help in a supportive environment.[33]

Such examples support the provision of culturally safe, humble, and trauma-informed services.

Auntie Lucy's Reflection

Since the signing of the First Nations Tripartite Agreement, FNHA, the Government of Canada, and the BC Ministry of Health have engaged in greater collaboration with First Nations Peoples on the design and implementation of perinatal care. Healthcare providers can build relationships in their local communities and collaborate on how to provide the best perinatal care for Indigenous women, pregnant individuals, and families.

Integrating Principles of Cultural Safety, Humility, and Trauma-Informed Care into Perinatal Practice

The four R's framework for cross-cultural dialogue is a useful tool for healthcare providers working with Indigenous clients.[2] It places the onus on healthcare providers to accommodate the unique needs of the individual, asking them to:

- **Respect** Indigenous women and pregnant individuals for who they are and what they know;
- Provide Indigenous women, pregnant individuals, and families with information that is **relevant** to their lives, experiences, and worldviews;
- Encourage **reciprocity** in healthcare relationships by viewing teaching and learning as a two-way process, and
- Enable clients to exercise **responsibility** and make decisions about their health.[2]

The 4 R's of Cross-Cultural Dialogue places the onus on the healthcare provider to understand and accommodate the unique needs of Indigenous clients.

Six practice principles which support culturally safe, humble, trauma-informed perinatal care:

On the following pages, each of the six practice principles are defined and supported by advice for healthcare providers on integrating them into everyday practice.

A case study illustrates how each principle can be applied in practice. Indigenous women have graciously provided stories of their care experiences to illustrate the practice principles in action.

Auntie Lucy's Reflection

When these principles are practised, individuals and families feel safe and are open to asking questions about their care. Practicing these principles will bring balance to the relationship of the patient and healthcare provider. This, in turn, will improve the perinatal health outcomes of Indigenous women and families. It is a time to honour and celebrate birthing together.

Cultural Safety and Cultural Humility

The First Nations Health Authority stresses that cultural safety can only be defined by clients. When someone says they feel safe, you will know they are receptive to care. Cultural humility is a process of self-reflection to gain understanding of one's own personal biases and to identify and recognize systemic biases. For healthcare providers, it means acknowledging oneself as a learner with respect to understanding another's experience.[4]

As a healthcare provider, you can ensure care is culturally safe and humble by:

- Letting patients know they are welcome to ask as many questions as are needed to feel comfortable, supported, and safe while giving birth.
- Asking patients whether they feel safe in your care. If not, ask what you can do to help them feel safe.

Case Study[1]

Mary, a 30-year-old woman, would like to have her family present during her labour and birth. She has let you know she was alone when her other children were born and did not feel safe to ask questions about her care. As a healthcare provider, how can you help her in a culturally safe way?

Perhaps you could empathize with Mary and tell her you understand this can be a scary time. Remind her that you want her to feel as safe and comfortable as possible because birth should be a joyous experience. It would help Mary if her family were present to support her. Let Mary know that she can ask you any questions she has and can also express her concerns.

DOROTHY'S STORY

"For my whole life I have been surrounded by support from a lot of extended family, and I knew this would be important during the birth of my first child. I knew the only way I could feel safe would be if I could have a lot of support people present at the birth, and I spoke with the midwife to let her know this was key for me. She understood, and encouraged me to welcome as many people as I needed into my birth experience. When my daughter was born, she was surrounded by Auntie and Grandma faces and I felt protected, strong, and safe."

[1] Case studies are offered here with the permission of the Indigenous women who shared their stories (all names are pseudonyms).

Self-Determination

When Indigenous women and pregnant individuals fully understand their options, they can make informed decisions about their healthcare. Building Indigenous self-determination means ensuring patients understand their recommended treatment and enabling them to make their own decisions.

It is helpful to encourage and empower patients to make decisions about their care. You can support the self-determination of Indigenous Peoples by using plain language when suggesting or recommending treatments or medications and asking patients whether they understand.[24]

Case Study

Connie is 25 years old, over-weight and 30 weeks pregnant with her third child. Her chief complaint is that she is always hungry. As a healthcare provider, what can you do to ensure you are providing care that supports her self-determination as an Indigenous mother?

Tell Connie you're glad she came to see you. Talk to her about gestational diabetes, and suggest it may be helpful for her to be tested. Ask her whether she was unusually hungry during her other pregnancies and how she coped.

MARY'S STORY

"When I was pregnant my midwife offered me a gestational diabetes test and explained that she offered the test to all her Indigenous clients. I felt judged and singled out and didn't understand why the test was necessary. I expressed this to the midwife and she offered me a lot of additional information. She printed some papers about statistics around Indigenous peoples and diabetes, and when I let her know that I would like to speak with an Indigenous midwife, she was very encouraging. I read the information and spoke with the Indigenous midwife and was able to gain an understanding of why the test was important for me. After that I felt confident in my decision to do the test."

Trust through Relationship

Fostering relationships is integral to building trust with Indigenous patients. You can practice relational care by asking a woman how her day is going, waiting for an answer, and responding with your own experience. By sharing how your day is going and telling stories that show you have some understanding of what your patient is experiencing, you acknowledge their feelings and gain trust.

Case Study

Cindy is a 22-year-old Indigenous woman who arrives in your clinic with her three-month-old infant. She has had previous involvement with the Ministry of Child and Family Development. She smells of cigarette smoke and says she is worried about tobacco use in her household, as she has heard that second-hand smoke harms babies. As her healthcare provider, what can you do to build trust?

Start by introducing yourself and thanking Cindy for coming in to see you about her concerns. Tell her she is a good mother for thinking about the harm of cigarette smoke to her baby. Ask her what worries her about the tobacco use in the household. Ask if she smokes and, if so, whether she would like to stop. Acknowledge you understand how hard it is to quit smoking and commend her for wanting to stop. Let her know you can help her create a plan to lower the risk of harm for both herself and her baby.

KAREN'S STORY

"I really felt like our prenatal care provider was interested in knowing and understanding our family. Having that kind of connection during the prenatal period meant that when it was time to give firm and clear direction during the birthing process, we had a solid rapport and I listened and did what I was told!"

AMY'S STORY

"I went to treatment when I found out I was pregnant again. I went because I trusted the people there and they helped me right away. I completed treatment and am still sober many years after. My relationship with my parenting mentor is the reason I stayed clean, I needed just one advocate who believed in me and stayed with me...my mentor was my first long-term healthy relationship of any nature. I was 27 at the time."

AMANDA'S STORY

"A community health nurse writes in my chart openly on the desk in front of me. I see what is being written and witness the nurse put away the file. That's never happened before. Sometimes they even make a big deal about hiding what they are writing when I'm sitting right there. I sit and wonder if I did something wrong and if they are writing a note to report me. But this nurse, she is fine if I see her notes. This builds trust between us. I ask her a question that I wasn't going to about smoking around the baby. I didn't know about third-hand smoke. I'm glad I asked."

Respect

Respectful care means supporting the views of Indigenous Peoples and appreciating that their traditional practices and knowledge keep them strong and resilient. It is also key to be aware that Indigenous Peoples live in the context of colonial trauma. Think about the routine way you say or do things and then think about how that might be received by someone who has been through trauma: Is there anything that could trigger that person? Being non-judgmental and understanding will allow your patients to feel heard. Anyone might have had an experience with trauma. Treat people as you would like to be treated. Ask respectfully about their traditional practices and whether they would like to access support.

Case Study

Lisa, a 20-year-old Indigenous mother is unsure how to feed her infant. She started breastfeeding and says she wants to stop so she can accept a waitressing job. Her partner is not always reliable with grocery shopping. Lisa tries to hide the scratches and bruises on her face and arms. As a healthcare provider how can you ensure you provide respectful care?

Ask her what her experience was like with breastfeeding. Re-affirm that it is normal to seek employment and to find ways to feed her baby and that such choices need not take away from her ability to breastfeed her baby. By gaining Lisa's trust you may become aware of her financial situation, and together come up with a plan to help her continue breastfeeding or transition to formula feeding without being judgmental. Ask her if she would like to discuss anything. Let her know she is safe to share any information she would like. Ask Lisa how things are going at home and whether she has the support she needs from her partner and her family. Ask her if she feels safe at home.

JOANNE'S STORY

"Throughout my pregnancy, I experienced low iron. When my care provider reviewed the test results with me, she gave several recommendations of iron supplements according to their price. She was extremely respectful of our family's financial situation and didn't make any assumptions about what we could or could not afford."

LINDSAY'S STORY

"When asked if the father was involved with my pregnancy and why we have different last names, I let them know, 'Yes he is, but I refuse to marry him because I will lose my Status as a First Nation woman.' I felt empowered to have a partner who understood my reason not to get married—that our spoken words were enough for the love we had for each other."

Anti-Indigenous Racism

As a healthcare provider, it is important to treat patients without bias or discrimination. Racism can be overt, such as stereotyping, providing inferior care, or denying service altogether, or covert, such as harbouring biases or inflicting micro-aggressions. Addressing and responding to racism and discrimination means having zero tolerance for racist language, imagery, behaviours, or gestures. Providing care that is free of racism and discrimination requires training. In addition, policies need to be in place to ensure that when discriminatory events occur, they are reported, and that there is timely and effective follow up. It is everyone's responsibility to interrupt racism and report discrimination when it happens.

Case Study

Rebecca, who is seven months pregnant, arrives in the ER with her partner. She says she is experiencing a lot of pain around her stomach and is not sure why. Her partner asks whether it is OK for her to take pain medication while pregnant. What can you do to ensure you are providing care that is anti-racist?

Tell the patient you are happy she and her partner came in to get checked for the pain. Explain that being seven months pregnant and having pain in her abdomen might mean something else is going on. She may need to be tested to find the cause and provide the best treatment and care.

CYNTHIA'S STORY

"I arrive at emergency seeking treatment for severe abdominal pain. I am admitted after four hours and spend another three waiting in the ER. A former nursing classmate arrives for the day shift... she is shocked to hear that I haven't been seen yet. She disappears and a few moments later a physician arrives, orders blood work, and offers analgesics. She sadly informs me later that some of her coworkers admitted that they were waiting for me to 'get tired and bored of waiting and trying to score a free high."

BARBARA'S STORY

"When I complained of an unexpected pain, I overheard my nurse outside my room say, 'Well, she's Native so she's probably just looking to score some pain meds'. My OB-GYN overheard this and asked the nurse to step away for a discussion. Later the OB-GYN informed me they had already written up an incident report and suggested that I could too.'"

Strength and Resilience-Based Practice

A person with resilience can recover from a setback and move forward with their life. Focus on the strengths and resources of Indigenous women, rather than on their vulnerability and pathology. Resilience can be encouraged by providing care that focuses on a patient's positive experiences and supports their informed decisions. This approach shifts attention to resources, strengths, and positive outcomes. [34]

Let your patient know their questions about their care help to understand their needs and identify a treatment plan together. Let them know their questions about their care are important and share that their positive and proactive approach is good for them and for their baby.

Case Study

Tracy, age 28, arrives at the hospital with her partner, family members, and five-year-old son. She had planned on a natural birth for her second child but, due to complications, she needs to have a Caesarean section. What is the best way to provide care that is focused on her strengths and fosters resilience?

Remind Tracy how strong and brave she is. Review the reasons why a Caesarean section is necessary, both for her safety and the wellbeing of her new baby. Let her know that she can ask questions at any time if she has any concerns. Remind her that asking questions is a strength that shows her concern for her own wellness and the wellness of her baby.

LAURIE'S STORY

Laurie's first child was born without medical help. She didn't make it to the hospital in time and gave birth outside of the hospital. During the birth of her second child, Laurie is in the hospital and maternity staff remind her of how strong she is, reassuring her that they are glad she made it to the hospital and that she and her baby are safe.

DEBRA'S STORY

"In my experience, one of our greatest strengths as Indigenous people is family support. Having family present is a way to feel more confident. It's an important strength that is critical in the perinatal context."

Conclusion

The information provided in this resource has opened the conversation about integrating trauma-informed, culturally safe care into everyday practice. We have stressed the importance of understanding the history of this country and the impact of that history on Indigenous Peoples. Prior to colonization, Indigenous Peoples were strong, vibrant, and self-governing people with beliefs, values, and practices that sustained them. After contact, colonial injustices exposed them to untold harms which have been perpetuated through intergenerational impacts and ongoing colonial practices.

It is clear that if we are to improve the health outcomes of Indigenous Peoples, we must create an environment of respect and safety within our healthcare system.

And for those who seek perinatal care, we must be prepared to practice cultural humility, cultural safety, and trauma-informed care. Only then will we gain the trust that is integral to providing quality care and improving perinatal health outcomes for Indigenous parents.

We must create an environment of respect and safety within our healthcare system. We must be prepared to practice cultural humility, cultural safety, and trauma-informed care.

Pregnancy is a sacred journey like the journey of the flowing river.

Auntie Lucy's Reflection

Pregnancy is a sacred journey, like the path of a flowing river. Indigenous Peoples respect water, recognizing it as both a blessing and a danger. Water can give life and it can take life away. It can be free flowing and be forced to flow around obstacles along its way. When we pray, we pray for the water flowing downstream, thanking it for the teachings our Ancestors provided us and the journeys they have had in their lives. We pray for the water upstream, thanking it for the future generations to whom we can bring the teachings of our Ancestors, teachings about the importance of resilience and balance, and respect for the water which gives us life. This resource has taken us on a journey of both celebration and hardship, and provided insight into how we can move forward in trusting relationships with each other.

Appendices + References

Appendix A

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Appendix C

Cultural Safety and Trauma-Informed Practice Training Opportunities

References

APPENDIX A

Recognizing National and Provincial Commitments

A commitment to respectful maternity care is key to creating the conditions in which safe, respectful care can thrive.[35] The following organizations have committed to incorporating cultural humility, culturally safety, and trauma-informed care into their perinatal care practices, for all Indigenous women and families.

National Commitments

- In May 2016, the Canadian Government announced its full support for the United Nations Declaration on the Rights of Indigenous Peoples,[36] reaffirming that Indigenous Peoples should be free from discrimination of any kind when exercising their rights. Article 24 of the Declaration specifies that Indigenous peoples have the right to practice traditional medicine and to access health care services without discrimination.[37]

- In 2019, the Canadian Association of Perinatal and Women's Health Nurses [38] created a cultural safety and humility statement which clearly states their commitment to collaborating with Indigenous clients.

Provincial Commitments

- In 2011, the British Columbia Tripartite Framework Agreement on First Nation Health Governance was signed, creating a new First Nations health governance structure. This allowed First Nations to create and deliver health services for their communities that improve access to services, and ensure culturally safe and trauma-informed healthcare services.[33]

- In July 2015, the Provincial Health Services Authority (PHSA), British Columbia regional health authorities, and the Ministry of Health signed a commitment to Indigenous Cultural Safety embedding cultural safety within health services.[39]

- On March 1, 2017, 23 health regulatory bodies in British Columbia signed a Declaration of Commitment to Cultural Safety and Humility, pledging to make the healthcare system safe and accessible for Indigenous peoples by embedding cultural safety within all levels of care. This included regulatory bodies such as the then British Columbia College of Nurse Practitioners, College of Midwives of British Columbia, College of Physicians and Surgeons and many more. By joining in this commitment, BC health regulators created an expectation of change among all health professionals.[40]

- In 2018, the BC Women's Hospital developed a Provincial Perinatal Substance Use Project, with funding from the Ministry of Health and the Ministry of Mental Health & Addictions.[41] The goal of the project was to establish a provincial perinatal substance use continuum of care with a strong focus on Indigenous Cultural Safety.[41]

- In 2019, the Ministry of Child and Family Development ended the child welfare practice known as hospital alerts or birth alerts, where officials flagged mothers as high-risk, without their knowledge. Often, babies were seized by the authorities just days after birth. These alerts were often applied to women from marginalized and Indigenous populations. Eliminating birth alerts will allow healthcare professionals to build more trusting relationships with Indigenous women and provide them with more preventative services and care.[33]

Because of the experiences of Paige and Alex, hospital and birth alerts were discontinued so that there is a system in place that is safe for Indigenous children in care.[42]. Paige's Story[43] and Alex's Story,[43] make it clear that systemic and policy-level changes are required; they highlighted how unsafe and perilous health, medical, and social services can be for Indigenous pregnant individuals, women, and children.

- In 2019, the First Nations Health Authority developed a "Teamlet Model" for Indigenous health services to ensure culturally safe care for First Nations women in BC. The model will provide Indigenous women access to an interdisciplinary team of healthcare providers during their birth, including midwives, general practitioners, nurses, and doulas, as well as psychologists, health coaches, Elders, and community health workers.[33]

- On June 19, 2020 the BC government formally launched a provincial investigation into systemic and pervasive racism and the disrespectful treatment of Indigenous peoples in the healthcare system, with a focus on emergency room settings. Dr. Mary Ellen Turpel-Lafond conducted the investigation and released her report, *In Plain Sight*, in November 2020. *In Plain Sight* describes widespread systemic racism against Indigenous peoples in the BC health care system. As many as 84% of Indigenous peoples described personal experiences of racism and discrimination that discouraged them from seeking necessary care and that reduced their access to care, negatively affecting their health.

APPENDIX B

Additional Resources on Indigenous Perinatal Health

Developing Indigenous cultural safety and trauma-informed practice is a lifelong process. It requires ongoing education, knowledge exchange and skill-based learning, and engagement with Indigenous leaders. Take the initiative to increase your knowledge by exploring the following resources:

- Aboriginal Head Start on Reserve Program
  https://www.sac-isc.gc.ca/eng/1572379399301/1572379483050
- Baby's Best Chance: Parents' Handbook of Pregnancy and Baby Care
  https://www.health.gov.bc.ca/library/publications/year/2019/BBC-7th-edition-FINAL-Nov2019.pdf
- BC Association of Aboriginal Friendship Centres Doulas for Aboriginal Families Grant Program
  https://bcaafc.com/dafgp/
- BC Association of Pregnancy Outreach Programs
  https://www.bcapop.ca/POP-Programs
- Best Start: Beginning Journey: First Nations Pregnancy Resource
  https://resources.beststart.org/wp-content/uploads/2018/12/E33-A.pdf
- First Nations Health Authority: Health Benefit Document: The Health Benefits pregnancy and infant care guide is available online:
  https://www.fnha.ca/Documents/FNHA-First-Nations-Health-Benefits-Pregnancy-and-Infant-Care.pdf
- First Nations Health Authority: Family Connections; Fatherhood is Forever
  https://www.fnha.ca/wellness/wellness-for-first-nations/women-men-children-and-families/child-development/immunization-(vaccine-preventable-diseases)

- First Nations Health Authority: Promising Practices in First Nations and Aboriginal Maternal and Child Health Programs: A Community Perspective on What Works
  https://www.fnha.ca/WellnessSite/WellnessDocuments/MCH-Promising-Practices-Report-September-2015.pdf

- First Nations Health Authority: Safe Infant Sleep Toolkit
  https://www.fnha.ca/wellness/wellness-for-first-nations/women-men-children-and-families/safe-infant-sleep-toolkit-safe-sleep-cards-and-guide

- Guided by Our Ancestors: Indigenous Midwives and Advocacy
  https://indigenousmidwifery.ca/wp-content/uploads/2019/12/NACM_Booklet_Advocacy_2019_REV5_Final.pdf

- Indigenous Midwifery Knowledge and Skills: A Framework of Competencies
  https://indigenousmidwifery.ca/wp-content/uploads/2019/07/NACM_Competency-Framework_2019.pdf

- Perinatal Services BC: BC Aboriginal Birth Doula Training Manual: Building on Our Traditional Auntie
  https://www.fnha.ca/Documents/Bc-Aboriginal-Birth-Doula-Training-Manual.pdf

- National Collaborating Centre for Aboriginal Health: The Sacred Space of Womanhood-Mothering Across the Generations
  https://pdfs.semanticscholar.org/81fa/0ab4345d4bc787bfe500ba80e3fad000ccec.pdf

- Perinatal Services BC: Our Sacred Journey: Aboriginal Perinatal Health Passport
  http://www.perinatalservicesbc.ca/Documents/Resources/Aboriginal/AboriginalPregnancyPassport.pdf

- Perinatal Services BC: Aboriginal Circle of Life
  http://www.perinatalservicesbc.ca/Documents/Resources/Aboriginal/CircleOfLife/CircleOfLife.pdf

- Society of Obstetrics and Gynecologists statements and guidelines on Indigenous women's health
  https://sogc.org/en/about/what-we-do/indigenous-womens-health/en/content/about/indigenous-womens-health.aspx?hkey=e85746d2-eb7f-444b-a1c9-34748a448779

APPENDIX C

Cultural Safety and Trauma-informed Practice Training Opportunities

Providing culturally safe, humble, and trauma-informed care is a process that requires continuous, learning, engagement, and reflection to ensure healthcare providers provide respectful maternity care that meets the needs of Indigenous patients. Each training opportunity is either regional-specific or maternal-health-specific. Below is a list of training opportunities for additional guidance:

- First Nations Health Authority: Cultural Safety and Humility Action Series
  https://www.fnha.ca/wellness/cultural-humility

  In 2016, the First Nations Health Authority developed a monthly live webinar series to promote cultural safety and humility in the workplace to ensure positive, healthy relationships with Indigenous families. A range of presenters offered hour-long webinars on a variety of topics, such as learning about the Truth and Reconciliation Commission, intergenerational trauma, and anti-Indigenous racism. Recordings are available on the First Nations Health Authority website.

- Interior Health: Indigenous Cultural Safety Podcasts
  https://www.interiorhealth.ca/sites/Partners/palliative/Pages/Indigenous-Cultural-Safety-Resources.aspx

  Interior Health provides bi-weekly podcasts produced by Aboriginal Health and Wellness Communications exploring the integration of culture into health practices and workplaces. These short podcasts that include special guests would be useful for healthcare providers who want to learn more about how to effectively integrate culturally safe practices in their work.

- Provincial Health Services Authority: Indigenous Cultural Safety Collaborative Learning Series
  www.icscollaborative.com

  PHSA: Indigenous Health produced a national webinar series that encourages critical thinking about issues related to anti-Indigenous racism, discrimination, and cultural safety. It is designed for anyone interested in learning how to cultivate positive relationships with Indigenous peoples, families, and communities. Each webinar is approximately 90 minutes in length and includes a variety of guest speakers. There is also an opportunity to submit questions about each topic.

- Provincial Health Services Authority, Indigenous Program: The Core Health Program Course, San'yas Indigenous Cultural Safety online program
  http://www.sanyas.ca/

  The San'yas Indigenous Cultural Safety program delivers a facilitated online training to BC healthcare professionals to ensure they have the skills and knowledge to develop positive, healthy, and safe relationships with Indigenous peoples. It provides information about Indigenous history and colonialism, explains key terminology, and provides context for the social and health disparities exhibited by Indigenous peoples. This course is guided by skilled facilitators who encourage active participation through interactive modules and discussion groups. The course takes five hours and participants are given six weeks to complete it.

- Northern Health: Indigenous Health Cultural Safety Initiatives
  https://www.indigenoushealthnh.ca/initiatives/cultural-safety

  A variety of cultural safety resources are available, including posters, videos, webinars, workshops and presentations to promote respect and dignity in the workplace and to ensure healthcare professionals are providing culturally competent and safe care when working with Indigenous patients. Topics include cultural practices around birth and death, youth wellness, and advice from Indigenous people for healthcare providers work-

ing with Indigenous patients. Northern Health also has recently launched webinars to introduce new local cultural resources.

- Vancouver Island Health: Cultural Safety Online Course
  "For the Next Seven Generations-for the Children"
  https://www.islandhealth.ca/learn-about-health/Indigenous-health/Indigenous-health-cultural-safety

  This training course is designed for healthcare professionals working with Indigenous patients to provide them with the knowledge, skills, and awareness that is required to create culturally safe environments and cultivate healthy, positive relationships with Indigenous patients. It takes four hours to complete and is available to Provincial Health Services Authority employees through the PHSA Learning Hub.

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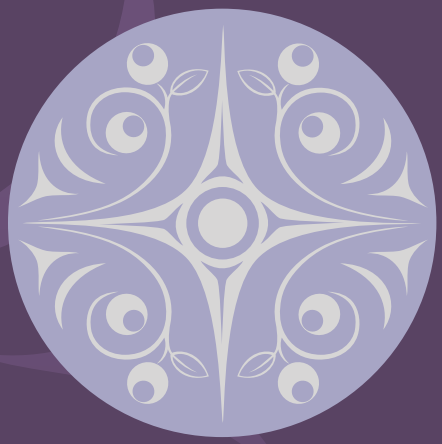

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