



Indigenous Doulas:  
Prototype Implementation and Learning

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1. Introduction .....	3
2. Opportunities for Impact.....	5
3. Prototype Background .....	8
3.1 Background .....	8
3.2 The Partnership.....	9
4. Prototype Design & Implementation.....	9
4.1. Training Curriculum Design and Validation .....	9
4.2 Training & Practicum Implementation.....	10
5. Evaluating the Prototype.....	11
5.1 Methods and Data Gathering.....	11
5.2 Evaluation Observations and Reflections .....	12
5.2.1 Partner Reflections .....	13
5.2.2 Doula Reflections.....	15
5.2.3 Family Reflections .....	17
6. Alignment with the Child Centred Model .....	19
6.1 Child Centred Model Summary .....	19
6.1.1 Implications for Designing and Implementing based on the Child Centred Model.....	19
6.2 Indigenous Doulas & the Child Centred Model.....	20
7. What Did We Learn .....	30
8. Impacts & Ongoing Efforts .....	32
Bibliography.....	34
Appendix A .....	37

## 1. Introduction

The Winnipeg Boldness Project is an Indigenous social innovation initiative working alongside the North End community to identify effective mechanisms to improve outcomes for young children in the Point Douglas area. The Project is working towards a Bold Goal:

Children and families in Point Douglas will experience dramatically improved wellbeing in all aspects of self: physical, emotional, mental, and spiritual.

Currently, about 50% of kids in the Point Douglas are doing really well in terms of early childhood development and are starting school at a point where they're ready to begin learning and take on the world. What The Winnipeg Boldness Project is aiming to do is raise that number, because we believe that every child should have the same access to opportunity.

The three core objectives that will work to not only increase school readiness but also achieve the Bold Goal include to:

1. Design a 6-year Early Childhood Development intervention strategy for future implementation that will help young children in Point Douglas develop the tools they need to succeed in life.
2. Create a strength-based narrative that highlights the positive and spirited aspects of Winnipeg's North End through community perspectives.
3. Build a child-centred model focusing on best practices for raising children through the deep community wisdom that exists within the North End.

Our starting point in the design process was to engage the Point Douglas community in defining success for their children. Residents, parents and leaders also identified many of the roadblocks to success for their children and are driving the development of solutions to these roadblocks. A large proportion of the residents, parents, and leaders we engage with are Indigenous and espouse an Indigenous worldview and value base. Therefore, Indigenous perspectives and methodologies form the foundation of our problem definition and solution finding. We believe that the solutions generated will lead to better outcomes not only for Indigenous children, but better outcomes for all children.

**Boldness is Community-Driven**

The Winnipeg Boldness Project operates using community development principles; the highest level of accountability is to Point Douglas community residents, families and their children. This guiding principle is understood at every level of the Project's

governance. Our community partnerships, through families, leaders, and community-based organizations are at the core of this Project. They provide knowledge and direction as well as direct hands on work to test some of the ideas that they feel could produce possibilities for success and wellbeing for children and families in the community.

### Boldness is Strength-Based

The Winnipeg Boldness Project has employed a comprehensive strategy of community engagement through diverse arts based methods. These methods have allowed community to share in the design of the Project while also sharing their own experiences raising their families in the North End of Winnipeg. These arts-based methods have included a Photo Voice project and a Tile Mosaic project.

### Boldness is Community Wisdom

The Winnipeg Boldness Project has been undertaking a deep community engagement and iterative knowledge mobilization process since April 2014. This process has brought together wisdom of community members and community service providers into a model titled: Ways of Knowing, Being, Feeling, and Doing: A Wholistic Early Childhood Development Model (Child Centred Model). The implementation of the Child Centre Model, combined with community defined indicators of healthy children and families will produce a bold goal: Children and families in Point Douglas will experience dramatically improved wellbeing in all aspects of physical, emotional, mental, and spiritual being.

### Winnipeg Boldness & Indigenous Doulas

Early on in the Project, the Point Douglas community identified doulas as well as culturally appropriate supports as priorities to be developed through the social lab process. Pregnancy, birth and baby's first year are critical for childhood development and the quality of care and experiences during this time contribute to the child's and family's overall wellbeing and quality of life. The following document outlines the background, development, and evaluation of the prototype that have lead to key learnings and considerations for scaling.

## 2. Opportunities for Impact

A doula is defined as one who “provides support in the nonmedical aspect of labour and birth and [are] not involved with medical care,” they provide support for emotional, physical, and educational empowerment (Hanley & Lee, 2017; Gruber, Cupito, Dobson, 2013; Dekker, 2017). A doula is different than a midwife in that midwives actually catch the baby, and doulas do not – however they do act as a advocate of self-determination and as a support system for both mom and baby pre and post birth, and during the birth itself (Shakibazadeh et al., 2017). Doulas are experts in labour positions and are able to lessen the expectant mother’s discomfort through reassurances and through nerve stimulation, techniques using a scarf or shawl, massage, and acupressure. Doulas also interact with hospitals and health care providers on behalf of expectant parents in order to reduce stress and anxiety (Shakibazadeh et al., 2017.). Continuous care by a doula has been associated with shorter labours, decreased need for analgesia, oxytocin, forceps, caesarean births, lower rates of assisted vaginal births, less preterm birth, and higher levels of satisfaction compared to other women who did not have a doula (Hanley & Lee, 2017; Gruber et al., 2013).

Effects of doula care can be even greater for those who are socially disadvantaged (ie. low income parents) or for those giving birth in a hospital without a friend or companion, or may have language or cultural barriers (Gruber et al., 2013). Minorities have higher rates of caesarean delivery, preterm birth, fetal death, perinatal laceration and congenital abnormalities – unfortunately many minority parents often find doula care economically out of reach (Bao Ngoc Thich, 2016). Investing in the quality of care via doulas provides a return on investment; a examination of data from 2013 in British Columbia found an estimated savings in CAD \$10,428,171 “if every low-risk birth were attended by a professional doula” (Hanley & Lee, 2017; Shakibazadeh et al., 2017; Gruber et al., 2013). A prototype completed with 28 minority women found that 88% of participants cited cost as a barrier to receiving doula care (Bao Ngoc Thich, 2016). Studies similar to the one completed by Gruber et al. (2013) demonstrate that doulas can have an impact beyond the birth process itself—which includes reducing rates of caesarean births, birth complications, and medical interventions—and extend into the mother’s post-partum experience of birth, such as increased satisfaction, mother/baby attachment, and successful breastfeeding (Dekker, 2017; Bao Ngoc Thich, 2016; Williams, 2010).

Some doula trainings already exist, but no local and sustainable Indigenous doula services or trainings are available in Manitoba. Mainstream doula trainings are also relatively inaccessible for remote or disadvantaged communities.

DONA International is currently the world leader in doula training and certification. DONA training includes participation in a DONA approved workshop (1 – 4 day in person

commitment), a reading list, training in breastfeeding and basic childbirth education, hands-on support and networking, and business webinar training. All participants must complete a evaluation process and written essay, and collect references. There are 165 DONA certified trainers across the world, although there are only two DONA certified trainers in Manitoba, and required face-to-face classes are only offered about 5 times a year – trainings average CAD \$650 in fees.<sup>1</sup> Other organizations such as Doula Training Canada (DTC) provide a variety of trainings depending on your area of focus – certifications include collegiate level training, national peer support, and a listing on the Find a Doula database. DTC trainings take an average of 2 years to complete, and require participants to complete Standard First Aid and CPR Level C, achieve a minimum grade of 85% on a midterm examination, and practicum support with two families with a final evaluation from said families – these trainings are not available within Manitoba.<sup>2</sup> The Manitoba Association for Childbirth and Family Education also provides doula training twice a year; trainings are a 25 hour in person commitment and cost CAD \$500.00.<sup>3</sup>

The training offered by the Manitoba Indigenous Doula Initiative (MIDI) meets or exceeds the requirements for DONA certification with added value of providing culturally appropriate care for all families and in particular for Indigenous families. The MIDI model of training and doula care is a concrete step toward meeting the Calls to Action as proposed by the Truth and Reconciliation Commission (TRC) of Canada. Most directly relevant are the following TRC calls and related United Nations Declaration on the Rights of Indigenous People articles:

**#18** We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

**#43** We call upon federal, provincial, territorial, and municipal governments to fully adopt and implement the *United Nations Declaration on the Rights of Indigenous Peoples* as the framework for reconciliation.

**#44** We call upon the Government of Canada to develop a national action plan, strategies, and other concrete measures to achieve the goals of the *United Nations Declaration on the Rights of Indigenous Peoples* (TRC, 2015).

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<sup>1</sup> [www.dona.org](http://www.dona.org)

<sup>2</sup> [www.doulatraining.ca](http://www.doulatraining.ca)

<sup>3</sup> [www.manitobachildbirth.com](http://www.manitobachildbirth.com)

### **Article 23**

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions. (United Nations, 2008).

Fostering autonomy and self-determination and addressing systemic barriers within care can reverse inequitable healthcare for Indigenous peoples (Eni & Rowe, 2011; Smith, Varcoe, & Edwards, 2005). Evidence has shown that culturally appropriate prenatal services have resulted in improved satisfaction with care, earlier initiation of care, and higher rates of breastfeeding among Indigenous women (Smith et al., 2005). The overriding idea of the wholistic approach to Indigenous health should be recognized, worked with or validated and implemented alongside traditional medicine: spirituality, manifested in prayer, smudging or commitment to honour and respect others is an important part of Indigenous health and lives (Wilson, 2004).

All families can benefit from the support of an Indigenous doula, who support families in any way they direct, but the availability has the potential to greatly improve outcomes for Indigenous families and children. Indigenous mothers experience higher rates of negative pregnancy, birthing, and infant mortality outcomes in comparison to non-Indigenous Canadians, this is not limited to, but could include premature delivery and low birth weights (Canadian Public Health Association, n.d.; Huizink, Medina, Mulder, Visser, & Buitelaar, 2003). Toxic stress can occur in babies whose mothers experience extreme poverty, exposure to trauma, or stressful conditions surrounding birth such as travelling alone to city centers from remote communities in order to give birth, or experiences of racism within healthcare systems (Glover, 2013; Chu & Lieberman, 2010). Research completed by Kiser, Nurse, Lucksted and Collins (2008) states “the traumatic context of urban poverty has pervasive and systemic effects that can erode parent and family functioning and compound the direct consequences of urban poverty on children.” A report from the Center on the Developing Child at Harvard University (2016) defined toxic stress as “the unrelenting activation of stress response systems in the absence of adequate support or protection from adults. It can be precipitated by serious adversity, such as extreme poverty, frequent neglect, physical or emotional abuse, or maternal substance abuse and can lead to stress-related diseases or deficits in learning and behavior across the lifespan.” A study by Ayers, Eagle, & Waring (2006) also states that mothers can experience post-traumatic stress disorder as a result of stressful births which in turn can inhibit their ability to bond with their babies.

### 3. Prototype Background

#### *A note on the prototype:*

This prototype was selected and developed in particular for its incorporation of Indigenous knowledges, traditions and ceremonies. This document will generally reference the topics of teachings, but will not include the content. Indigenous knowledges are communicated through oral transmission. There is a responsibility inherent within oral transmission of knowledge for both transmitter and learner. The transmitter is responsible for passing knowledge that the learner is ready to receive, considering whether the learner is ready to use this knowledge in a responsible manner (Castellano, 2000). This responsibility for knowledge also indicates that a relationship between the two are necessary for responsible transmission— knowledge is passed on within context of this relationship that reflects both an intellectual and emotional interaction based upon shared experience or relationship (Castellano, 2000).

#### 3.1 Background

In March of 2016, a small group of practicing Indigenous doulas announced themselves as the Manitoba Indigenous Doula Initiative (MIDI). The cofounders of the group include a practicing midwife and one previously practicing doula and two community leaders with informal birth support experience; each had knowledge and experience in providing culturally, appropriate wholistic care and varying degrees of expertise and knowledge of traditional teachings and ceremonies.

The vision for the initiative stemmed from conversations they had had with Grandmothers.

*...the work that we had been doing with the grandmothers kept talking about going back to the beginning, and where's the beginning? It's birth, or conception, and so there's just a lot of issues that are going on out there with Indigenous people and with working with them and asking those questions, how do we make change, how do we get people to think in a different way, how do we get people to be empowered to make good healthy choices in their life, and that was always the direction, it has to start at the beginning. (Jolene)*

They also looked at barriers preventing women from accessing prenatal care, which included a lack of transportation, access to child care, feeling like they were mistreated or discriminated against, as well as not fully understanding the importance of prenatal care. The lead coordinator indicated that *“as a primary health care provider myself, I know that we don't always have the time to spend with every client or patient even if we really want to” (Melissa Brown)*.

The cofounders of MIDI thought that training birth workers to work with families could be a way to respond to the direction provided by the Grandmothers and address



barriers for families. Their idea was to empower women, rather than teach them; to help them understand their responsibility as women and mothers and to their children; to improve bonding between mother's and children, as well as strengthen relationships with their partners.

In addition to providing training on the topics covered in mainstream doula training, their hope was that they would provide a safe space for Elders, knowledge keepers, birth workers and trainees to connect and learn from each other. The intent of the training was to build these kinds of relationships and so that Indigenous doula trainees could begin or further their own journey of connecting to traditional knowledge and incorporate it into the practice of supporting families through pregnancy, birth and beyond.

### 3.2 The Partnership

The Winnipeg Boldness Project sought to support the vision and momentum of MIDI and relationship was initiated to develop and test a prototype for training Indigenous doulas. Additional partners in the prototype were Nanaandawewigamig: First Nations Health and Social Secretariat of Manitoba, and Mount Carmel Clinic. On May 10, 2016 a Memorandum of Understanding between the four partners was signed.

## 4. Prototype Design & Implementation

The Winnipeg Boldness Project, Nanaandawewigamig (First Nations Health and Social Secretariat of Manitoba; FNHSSM) and Mount Carmel supported the vision of the Manitoba Indigenous Doulas Initiative (MIDI) by providing funds and administrative support, navigating systemic relationships and performing evaluation. The four partners discussed the purpose of the prototype which was to develop and test a curriculum and process for training, build capacity in the community, provide evidence to indicate the potential impact in the community, to document these learnings, and hopefully seed the scaling of the initiative. The partners then drafted a budget to support activities for the design and testing of a teaching curriculum and process. The Winnipeg Regional Health Authority agreed to contribute in kind the staff time for the project's lead to complete the curriculum development, training facilitation and practicum mentorship. The prototype included: community consultation, curriculum design and writing, community validation, and training implementation that included a supervised practicum.

### 4.1. Training Curriculum Design and Validation

The cofounders of the Manitoba Indigenous Doulas Initiative (MIDI) drafted a curriculum based their collective expertise as well as a series of consultations, which predated the prototype partnership, with traditional Indigenous Grandmothers between 2013 and 2016 and the community in December of 2015.

In community consultations many women expressed that birthing in the hospital often feels traumatizing/violating. Many recalled experiences of racism, discrimination and felt that birthing is currently embedded in paternalistic systems. Many reported that they did not feel informed of what was happening, had no control over their birth experience and made decisions based on fear.

Grandmothers indicated that most critical years of instilling identity and pride were 0-5 years. In order to achieve overall health and wellness, we must work together to restore the sacred bond between parents and their children from the moment they are born. Indigenous doulas are a natural fit with traditional roles such as women's helpers, Aunties, Grandmothers, birth workers, and teachers. By revitalizing the Rites of Passage, we set our children on a path lead by their Spirit. Women want to take back their right to give birth in a sacred way that includes culture, language, ceremony and natural ways in supportive and loving spaces; this is the basis of the training.

Once drafted, the curriculum was shared for feedback and validation through a series of four discussion circles that included birth workers, expecting mothers and their partners, Grandmothers and other interested community stakeholders. Additional funding was provided by Nanaandawewigamig to hold and support culturally appropriate circles with the traditional Indigenous Grandmothers to gather substantive input and feedback for the prototype. The curriculum and training manual were then finalized for testing.

#### 4.2 Training & Practicum Implementation

In December 2016, a call for applications to take the Sacred Circle of New Life Training was circulated in the community. A total of 33 applications were submitted for first training prior to the closing date. There were 31 additional inquiries via email after closing date and 53 requests for information on next training were received through the Manitoba Indigenous Doulas Initiative (MIDI) Facebook page. Requests came from New York, New Mexico, Oregon, and across Canada. Twelve applicants were selected for the prototype training. Selected applicants came from variety of education and work backgrounds and were chosen primarily for their leadership capacity, community connections and experience support Indigenous families.

Training began with two days at Camp Manitou and another five days at The Birth Centre. Topics covered during the 60 hours of training included standard doula training topics as well as pre- and post-colonization history, Traditional Indigenous Rites of Passage, Ceremonies and Teachings. An outline of the training is attached in appendix A.

Ongoing learning opportunities were provided after the training sessions. Workshops included:

- Monthly continuing education nights
- Monthly Full Moon Ceremonies
- Chest/Breastfeeding workshop
- Sacred Babies training
- Spinning babies workshop at the Birth Centre
- Moss bag & Skirt making workshop

The training model seeks to incorporate local expertise and traditional knowledge depending on the location of the training cohort. The Winnipeg pilot training sessions included the following Elders and guest speakers:

- Darlene Birch – Knowledge Keeper, Midwife
- Nathalie Pambrun – Metis Midwife; Mechanics and Anatomy of Birth
- Gina Mount – Midwife; Two-spirit Teachings
- Glenda Abbott – Elder; Cree Creation Stories and Medicines
- Cecil Sveinson – Knowledge Keeper; Anishinabe/Cree Men’s and Father’s Teachings

Following the training sessions doulas were paired with families to support through their supervised practicum. The prototype included a stipend for each doula to support three families during the practicum. A total of 30 families received doula care. Families were referred from:

- Winnipeg Regional Health Authority (WRHA), Midwifery Department
- Indigenous Midwife in Norway House
- Self-referred from Social Media
- WRHA Public Health
- Villa Rosa
- Adolescent Parenting Centre

A meet and greet to facilitate doulas and interested families to connect was held February 12, 2017 at Thunderbird House. Additional connections were made at individual meetings. The practicum period concluded in early June and graduation ceremony for the cohort of trainees was held on June 14, 2017.

## 5. Evaluating the Prototype

### 5.1 Methods and Data Gathering

The purpose of the prototype was to:

- Test the logistics and refine the training process;

- Identify systemic barriers and gaps in resources; and
- Build capacity in the community to provide support to families.

The Project tracked progress and learnings through regular partner meetings throughout the development and implementation of the prototype. This provided quantitative and qualitative data on the training at various stages. Additional evaluation activities included qualitative interviews, either individually or as a group with

- Manitoba Indigenous Doula Initiative members following the completion of the training and practicums;
- Doula trainees at the beginning of the training session and following the completion of the training sessions;
- Families after the completion of the Indigenous doula services; and
- All partners following the completion of the prototype.

### Limitations

This evaluation of the prototype has some limitations. Given the short time frame and small number of participants, the evaluation can only provide learnings for future implementation and indicate potential outcomes if scaled. The Project was able to interview 10 of the 12 doula trainees and only 6 of 30 families. Doula trainees were not able to provide the full range of support through all the stages of pregnancy and many families were very close to birth at the time relationships were initiated. Additionally, interviews were conducted shortly after the practicum conclusion and therefore the potential for longer term perspectives and outcomes could not be fully assessed. The Project recommends future evaluations of the trainings and practicums be conducted over a longer period of time to allow sufficient time for relationship building with families and for the full range of supports throughout pregnancy, birth and post natal stages.

## 5.2 Evaluation Observations and Reflections

### Training and Practicum Observations

All twelve doulas selected for the training completed the training sessions. The supervised practicum was designed so that doulas would gain hands on experience through providing support to three families. Six of the trainees were able to attend three births, two of the trainees attended two births, one attended one birth, and two did not attend any births. Seven of the families who did not have a doula in attendance for birth received prenatal and postnatal support to varying degrees. The degree of prenatal and postnatal support for all families also varied and the limited timeline of the prototype was a clear factor when less than ideal support was provided. Most families were recruited quite late in their pregnancy so that they could be supported through

birth. There was limited time for relationship building and the provision of the full range of prenatal support.

### 5.2.1 Partner Reflections

Partner reflections were generally focused on the prototype and its learnings. The four partners were all generally pleased with one another in terms of the commitment to the overall vision of the Manitoba Indigenous Doula Initiative (MIDI) and felt the partnership was positive and respectful. One of cofounders expressed that this relationship and trust in each other was the reason for the success of the prototype.

*Trust is a huge thing especially when you're trying to move something that's Indigenous and grass roots and really coming from the community up. Trust is a huge thing. We trusted each other and we trusted everyone who was willing to support us along the way and, in the end, I think that's really what made it successful, was having that trust there. And for me it was quite surprising because, again, my background is working with government, and there's huge mistrust there, and I mean for just cause... no one ever really one hundred percent supports you, but I hope that we can see change in that, by demonstrating what Boldness has done for us, Bringing all those partners together like WRHA and Mount Carmel and Nanaandawewigamig; being able to bring all those agencies together to just fully support us with no expectation. And that was the most gratifying part of it, that nobody had their own expectations or [was trying] to get some kind of benefit for themselves out of it. And to me, that was beautiful and that's what we need to do as organizations; we need to support each other in that way. And I really appreciate that I'm really grateful for that. (Kathleen)*

Each of partners expressed appreciation for the flexibility and inclusive nature around the funding and the collaborative nature of the prototype development process. The seed funding provided by Boldness leveraged additional funding and in kind staff time for two of the core MIDI members from FNHSSM, and in kind staff time from for the lead curriculum developer, trainer and practicum supervisor from the Winnipeg Regional Health Authority.

One of the MIDI cofounders expressed that the way funding is usually provided impacts the ability of a project to truly respond to community direction, especially when working with Indigenous groups. The terms of funding often innately set priorities and claim ownership of the product. This is especially problematic when traditional Indigenous knowledge, teachings and ceremonies are involved; and the vision of the project is to empower people to connect with their culture.

*so for us, from the first meeting...I felt empowered, like I really felt empowered because it was like we have these resources, we want to give them to you because we believe or have faith in what you're trying to do. And it was the first time that anyone has ever done that in all of my experience and encounters, especially with partnerships. (Kathleen)*

While the prototype funding and development process allowed MIDI the freedom to follow its vision and be somewhat responsive, there were also some constraints that did not allow the prototype to respond to all of the direction received by the community. For example, MIDI engaged with Grandmothers from across Manitoba. Since the Project is focused on the Point Douglas neighbourhood of Winnipeg, the budget did not account for full engagement outside the city. FNHSSM was able to address this shortfall and supported the culturally appropriate engagement of the Grandmothers. MIDI received direction from the Grandmothers to conduct training outside of the city on the land and had planned to have a full review of the training curriculum prior to piloting. Again, the terms of the prototype presented a challenge in terms of time and budget. MIDI members were challenged to respond to this direction from Grandmothers and also fulfill their obligations to the prototype partners. The prototype partially responded to this direction by holding two days of the training session at Camp Manitou and there was not time for a full curriculum review prior to the training session.

The prototype allowed the cofounders to learn about their internal leadership model staff support, and other partnerships. There were numerous benefits having multiple partners involved, but there were also some challenges. At a time the initiative was very new, even the cofounders were finding their footing, and navigating the roles and expectations of the other partners was additional work.

*...as a group we tried to be really fair and not put anyone in a position of leadership and that was a weakness on our part. I think we really needed to have identified someone as the key spokesperson, or to really keep us accountable to one another because it made it difficult to find our common ground when it came to values and practice and standards and expectations. We tried to meet everyone's wants and needs, and it is was impossible; that was where we had some challenges in terms of building our relationship and keeping that solid unity amongst the group; but I think overall the four of us we really have, again I think it was guided by spirit, we really had this amazing connection, to support each other and empower each other through this process. But those were little things that created challenges, but it didn't set us back at all; we were able to work through those things very quickly, and were it might have set us back, we came together stronger to keep the work up and we took on more responsibilities amongst ourselves to make sure that it didn't delay anything or impact the project in any way. (Kathleen)*

Despite having prototype funds for a coordinator, the collaborative struggled to find an appropriate person with the required specialized skillset in accordance with the host organization's human resource policies and procedures, and within the prototype timeline. This resulted in increased workloads for the cofounders to keep the prototype on track. Each of the partners expressed the need to have clearly defined roles for staff as well as for the core leadership going forward. Multiple organizations with differing administrative policies presented a few challenges that made it difficult to work within the timeline of the prototype. Decision-making and flowing funds are both areas for consideration in any future partnership to support MIDI.

The project lead for MIDI provided feedback on the prototype implementation. The short timeline of the prototype presented some challenges, but also revealed important learnings for future implementations.

A big part of a doula's job is building awareness and trust in the community. There is not a great level of general awareness around doulas, much less around Indigenous doulas. Time is required to build relationships with new families. With such a short turnover time, many families were paired with doulas quite late in their pregnancy. It was difficult to build strong relationships in all cases and the full range of supports was not possible within the timeline.

Some doulas struggled to or did not successfully complete their practicum. The project lead indicated that these women may not have had a clear understanding of the expectations of the training and practicum, or of Indigenous doula care. Future implementation could include information sessions that clearly outline expectations and terms of participation in training. Informal contracts with practicum families could help clarify realistic expectations and deliverables, and getting families' sign off could be part of the terms for receiving practicum stipends.

### 5.2.2 Doula Reflections

Ten of the twelve doulas participated in post training evaluation interviews. Each doula began at different stages of knowledge. All of the doulas had some degree of experience in supporting community, but came from a range of work and education backgrounds.

All of the doulas interviewed expressed that the traditional Indigenous knowledge, ceremonies and teachings were the most valuable and impactful aspect of the training, which affected them both personally and professionally.

*We talked about the sacredness of life, the sacredness of relationships, the sacredness of pregnancy and birth. And I had done studies on how birth impacts the child, in the psychological development and their emotional development. And having done my own work on my birth process, the way that it happens is so important. So to have that strengthening of: here's how we can welcome the child, here's how we can keep the environment calm where we can support the mother, how we can have as little intervention as possible, if it's possible, how we can support that. And learning about the different welcoming ceremonies, and again, how the spirit travels through the star world to come to the family. (Karen)*

Each of the doulas interviewed indicated willingness to use and share the traditional teachings and knowledge in supporting families, but varied in terms of their confidence to do so depending on how far they had progressed in their learning journey. Many doulas acknowledged the protocols around how Indigenous knowledge is transferred and those who were new to cultural teachings had an awareness that they had more learning to do before they could themselves share some teachings. They also expressed respect for the wishes of families and that not all families would want support incorporating traditional ways and ceremonies.

*So by having all that extra knowledge I felt empowered as a woman, I took that knowledge to my own family already. I remember Melissa was saying "everything you learn, from the other elders or teachers, whatever you learn take it wherever you go because this is how we're gonna get our knowledge back." So when I did the birth, it was amazing, and mom was so, she said herself, "this was very different, I felt good," all the kind words that she said, yeah, it was a spiritual connection more than anything for me with this one. I've done lots before, in different ways, but it was more physical and women wanting me to do this. And I still had that emotional context, but this was deep. There was lots, and I did prayers for baby, all kinds of things. (Vanessa)*

Interviewees all expressed that they felt that having a mentor was an integral part of the training. Feedback indicated that doulas found that having a supportive and approachable mentor gave them strength and confidence.

The trainees all began with different levels of experience in supporting families, but all reported an overall increase in confidence. Six of ten doulas said they felt prepared to support families as an Indigenous doula, with the other four feeling somewhat prepared, but also that they had more to learn. Seven said they felt comfortable specifically being a delivery advocate. Five felt comfortable navigating testing during pregnancy, with the remainder feeling less certain and that they needed more time to study and review information in this area.



*You know what, doula was never on my purview, ever in my life. It's just being a sister. It's being kind. It's caring for someone else - especially in that very vulnerable, intimate moment. You can have someone who just had unconditional positive regard in that time, and that's beautiful. So I think when we look at doulas, we see very mainstream stuff. But what we're actually doing is just being a really good relative; and I wish that people would change that word 'doula' out for 'being a relative.' Because that's what it is. (Amber)*

The training group was not in agreement about the length of the training. In general, everyone expressed that they would like it to be longer, but acknowledged the difficulty in finding the time to commit for an extended period. Everyone was pleased with the amount that they were able to learn, but also that there is so much more information and knowledge.

Likewise, the group was split regarding the training location. Half the group would have liked to have the entire training on the land, in a location such as Camp Manitou; however, the other half felt that the land-based location posed logistic challenges, especially in the winter. Additional travel time, time away from family and extreme weather conditions are considerations for land-based locations. On the other hand, most participants felt the connection to nature at Camp Manitou promoted a sense of peace and wellbeing, which were conducive to the personal healing and spiritual aspects of the training.

One important outcome of the training was a strong peer network. Numerous doulas remarked on the impact of the bonding with the other trainers and trainees. All of the doulas reported that they felt empowered as a woman as a result of the connections they forged in and through the training.

*Having it done in this way, being amongst my own peers made it easier. Having these women to turn to for guidance or support, especially with the traditional aspect or those moments when I'm feeling apprehensive or unsure of myself, that will help I think. (Jaimi)*

These peer networks continued with after the training session and were facilitated through social media. Many doulas engaged with their peers for support at different points in the practicum phase and felt this network was an important resource that gave them confidence. At the time of this report, many doulas continued to engage the networks formed during the prototype.

### **5.2.3 Family Reflections**

The Project was only able to connect with 6 of the thirty families to conduct interviews. Feedback about the overall experience of receiving support from the Indigenous doulas was generally positive. All of the relationships with the doulas were initiated quite late

in their pregnancy; one mother was even in active labour during her first introduction to her doula. Most expressed that they would have liked to connect with a doula earlier. None of the mothers knew very much about doula support prior to applying to participate in the prototype study, but two said that they were expecting some kind of traditional knowledge or Indigenous cultural aspects to be offered. Five of the six interviewees said that the doulas they were paired with met their expectations, and all six felt that their family and child's wellbeing was improved as a result having doula support. Five of six families felt supported during their birth and were provided with helpful health information and connected to resources. Four of the families specifically mentioned that their partner also felt supported by the doula.

*I felt I had more support for sure. And with my husband as well, because she showed him some techniques during labour of how to help comfort me. And we've never had anybody to show us the techniques she showed us. I felt my husband was more supportive toward me with her being there. (April)*

Four of the mothers asked for traditional Indigenous culture and ceremony integrated in their support.

*My experience is really good. She checked in on me all the time she met with me all the visits that she was supposed to do. It was fun when we learned how to do the moss bag, because it was like two beginners like "sewing for dummies". So, that's what it was [laughs]. But we figured it out, and it was so nice that we did it together. Yeah so that was the learning process. (Maureen)*

Five of the six said they would be interested in being trained to become a doula.

One of the six mothers was not satisfied with her experience. Despite being paired up with a doula when she was five months pregnant, and after multiple attempts on her part, did not with her doula until one week prior to her expected delivery date. She was unhappy that she did not receive all of the supports that were initially offered; she was particularly interested in being connected to Indigenous culture and ceremony. She did report that her birth experience was improved by having a doula in attendance, but was disappointed by the follow up. Other doulas were able to provide some follow up support, which she appreciated. Despite her general disappointment, she did express that she thought the program was valuable one and she would recommend it to others provided people are paired with the right doula. She also expressed interest in taking Indigenous doula training in the future.

There was not consistent feedback from participants when asked which traits they thought were important for a doula have. Qualities cited included: easy going, open minded, good sense of humour, have their own children and birth experience, friendly empathic and understanding.

## 6. Alignment with the Child Centred Model

### 6.1 Child Centred Model Summary

The foundation of the work developed through the Winnipeg Boldness Project relies on the wisdom and direction of community leaders who have, from the beginning, informed a way of working in the North End of Winnipeg, Manitoba that promotes success for families. This way of working has been documented in *Ways of Knowing, Being, Doing and Feeling: A Wholistic Early Childhood Development Model (Child Centred Model)* as a promising practice. Each of the prototypes designed and implemented by community partners with the support of the Project are demonstrations of the core values and attributes of promising practice of the Child Centred Model.

The Child Centred Model is a way of working with families that honours the strengths, knowledge, passion, and commitment that families bring to raising their children; and advocates for opportunities to learn, build, grow, experience, and belong to a community. The underlying belief within the Child Centred Model is that children are at the centre of a community: members, organizations, structures, and policies that are a part of that community are in interrelated and interdependent relationships with children and families. These relationships are important and need to be led by families and those who are in their close circles of support.

#### 6.1.1 Implications for Designing and Implementing based on the Child Centred Model

1. Early childhood development initiatives will need to see sacredness of the whole child, within the context of history, culture, family, community, their full human potential, and right to the fullness of life.
2. Supports to parents must include teachings that affirm sacredness, dignity, value and worth, healing from trauma, and hope. Keeping families together must be priority. A variety of learning experiences must be accessible, affordable, culturally safe, and drawn from strength-based perspectives, with opportunity to spend some time on the land.
3. Healing strategies and modes of healing must integrate trauma counselling and restoration of balance in healing relationships between professionals and ones seeking help. The help of Elders, medicine people, sweat lodge ceremonies,

healing circles, should be offered as an integral part of healing when the need is expressed.

4. Community Learning Circles should be implemented to share knowledges, wisdom and worldviews of the community.
5. The community has its own answers. Service providers can only be facilitators in the process of building strong, vibrant communities. The community is enriched with wisdom, knowledge and experience that can be drawn from in future initiatives.
6. Human resource development strategies must include multicultural proficiency education and training.
7. The whole community of service providers, everything that touches the lives of our children, must be fully engaged with, and invested in the early childhood development initiatives.

The Indigenous Doula prototype is a demonstration of the values and promising practices of the Child Centred Model.

## 6.2 Indigenous Doulas & the Child Centred Model

The Indigenous Doula prototype addresses the following core values and attributes of promising practice in their implementation:

**Wholistic:** People are viewed in consideration of all aspects of self: the body, mind, and spirit as dynamic and interrelated parts of a single integrated whole system. Likewise, the world, systems, communities and people in it are interconnected and interdependent. When one part is changed, it sends a rippling effect throughout the whole system.

*For pregnancy, birth, and postpartum experiences women and families require support to attend to all parts. The doulas were educated on the importance of providing wholistic care. Supports were offered that addressed physical, emotional, spiritual, and mental aspects. This included sharing of knowledge about the health of the baby and the mother, providing opportunities for ceremony to be included, caregiving and attending to emotional wellbeing, as well as providing physical support for comfort before, during, and after birth.*

*For the doulas, the training also provided opportunities in a wholistic manner. This included ceremonies, medicines, food, peer support, mentorship, education, and time to build experience. One of the doulas shared an observation about this training in comparison to a previous training that she attended:*

*So the training I had taken was with Doula Care Training, and it was more directly about the physical... we learnt some of the emotional context. But with these ladies it was really about the wholistic lens, so that took me to a whole different level. (Vanessa)*

**Interdependence:** Strength comes from reciprocal love and support of others; when people are supported by others, they gain the strength to return that support that love and support. People find purpose and meaning in relationship with others.

*In reflecting on the opportunity provided with the training, most doulas indicated that this experience was one that felt meaningful and fulfilling for them. It is a role that feels comfortable and natural. The doulas had previous experience in helping roles and this was an extension of those experiences, providing them with more skills and knowledge to continue to build relationships and help with pregnancy and birth.*

*The ability to support families was a powerful experience for the doulas. Many families remarked that they were so happy and thankful to the doula for providing support through their stages of pregnancy. Some families shared that the time that they had with the doula was not enough due to the stage of their pregnancy. They would have liked to be more involved, building a stronger relationship with their doula. From their experience with their doula, many women expressed their interest in the training program.*

**Strength-based:** Focusing on strengths gives them energy to grow; regardless of an individual or group's situation in life, they have strengths. These strengths are valued, respected and nurtured.

*Doulas reflected on the impact of the training on their own confidence levels, in particular due to the messages that Indigenous women receive about their lack of value in society. One doula shared the opportunity that participating in the training and receiving care from a doula provides:*

*I mean we're the ones that bring life into this world and that kind of a lot of responsibility. And that's an integral role in our development as people. I feel like in a lot of ways, the world around us tells women that they're not good enough, or they're not worthy, or their value is only in the way that we look or present ourselves, an illusion of success versus actually being successful... its really easy to get caught up in it, and its really easy to get torn down by it... We love our children. We love our children and we value our communities and we want the best for ourselves and our babies and our families and we want them to be educated and knowledgeable of the realities of the world around them and offer them a different kind of protection. (Dawn)*

*The doulas reflected on their role in supporting families as a birth helper. Each doula shared the belief in the strength and power of a woman: birth is a sacred ceremonial time. They expressed this belief through the way that they interacted with the families, starting with the wishes and hopes of the mother.*

*The mentorship that was provided to the doulas is also based on this principle. Each of the doulas held their own knowledge and experiences. This is where the training and mentorship started. They shared their gifts with one another, building each other up.*

**Children are sacred:** Sacredness is especially observed in children, who are closest to Creator. Babies are a gift and a responsibility.

*The role of the Indigenous doula is centred on this principle. Everything that is done begins with this understanding. Children are meant to be nurtured and to come into the world with a strong foundation. This begins in pregnancy and is followed through birth and postpartum. The inclusion of ceremonies, rites of passage, and attending to the wellbeing of the mother are all key areas that enact this principle. The ceremony of birth itself was a concept that was shared often by the doulas:*

*Well it just made me realize that how birth is a ceremony in itself, and I'd never really looked at it that way, and it made me appreciate it more and how I think that its sacred to bring that back. (Jaimie)*

*Yeah, I think, I always knew that pregnancy and birth were always really sacred times, but I don't have a lot of the women's teachings, I'm still learning a lot and definitely gave me more information about what that time is like, how it has been in the past, and how important it is to honour those rights of passage, and just learning about the ceremonies involved in it. (Rachel)*

**Self-determination:** "We are put here by the creator to care for each other and for mother earth. We should therefore be responsible for ourselves, for our families, for the next generation and for our community."<sup>4</sup> Having voice and volition to make choices to attend to individual needs and leads to recognition of the responsibilities to family and community.

*Within this prototype the principle of self-determination is evident through the centering of the voice and direction of the mothers. The doulas worked with the mothers to create a birth plan. This started with the development of relationships that allowed for the doula and mother to explore options and scenarios. This meant*

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<sup>4</sup> KSCS (Kahnawake Shakotiiia' Takehnhas Community Services). *Aboriginal values and social services: The Kahnawake experience.* (Ottawa: Canadian Council on Social Development) 1994 at 22.

*that it was the doula's role to understand the mother's priorities and anticipate how to best support this. One mother shared:*

*I just wanted a calm environment and she really helped bring that in. My mom was there getting me water and the doula she wanted to help with that, too. She helped with the breathing and calming – just keeping the environment calm. (Alicia)*

*The doula shared the importance of being able to ensure that mother's retained as much control as possible over their own birth. Mothers reflected on the role of the doula and how they were able to help mitigate situations in the hospital that made it easier for them to have a positive experience.*

**Person Centred:** Services are responsive in considering people as holistic beings who have competing needs and differing priorities; therefore, services are flexible.

*The services that the doula offered the families were responsive to the needs and wishes of the families. They had flexibility to support the mothers in the most desired way. For example: where the doula met families, whether the mother needed support attending appointments, accessing resources, or participating in ceremonies. Mothers felt that they had options available to them and that the doula were able to meet their needs.*

*The doula felt that their training provided a strong foundation of knowledge and scenarios upon which to begin their practicum. Doula were also able to consistently access one another and the mentor when there were questions. This meant that doula felt confident in accessing knowledge to support any situation that arose in providing highly individualized care.*

*It's such a powerful experience, but it's always so different every birth, so I mean I don't know if anything can really prepare you completely but it definitely made me more confident and excited, definitely feeling like this is something I can do. (Rachel)*

**Relationships/Trust:** Time and care is taken to develop relationships and build trust with individuals and families; it is the essential foundation required to be effective and respectful in dealing with all people.

*The training of the doula modeled a strong relational way of working. A network was built and continues to be supported through mentorship, continuing education, ceremonies, and peer interactions. These relationships ensure that doula, highly engaged in community work, are provided a solid foundation of knowledge and support to continue to help with births.*

*I'm very quiet about what I do. But there was one of the first times that I felt like it was safe- truly safe- to share. And I never write out my songs, all the songs I carry, I never do that. But I did that there, I shared a lot of songs, and I gave them to them. Because I felt safe, I trusted them. And I love those ladies. Because we built something important for the community. And through this process, like Melissa says we're building trust, we're building a relationship, we're showing them that we're there, that they can count on us. And empowering women- we built that network. We connected. We're building trust together. We connected. Everything we're trying to do for the community, we did for each other during those seven days. And all the continuing education, everything that we've done (Karen)*

*The doulas, in supporting mothers, began with a meet and greet. This meant that there was time to get to know one another before a doula was chosen. Even if the mother was not able to attend that evening, in all cases part of getting to know one another began by building relationship. Meeting for coffee or getting out for a meal was often the catalyst for beginning the relationship. From this initial meeting the doulas were encouraged to get to know the mothers and create an understanding of their wishes and priorities. Mothers shared the importance of being comfortable with their doula and taking the time to do this work. It creates a trust:*

*My experience is really good. She checked in on me all the time she met with me all the visits that she was supposed to do. It was fun when we learned how to do the moss bag, because it was like two beginners like "sewing for dummies". So, that's what it was [laughs]. But we figured it out, and it was so nice that we did it together. Yeah so that was the learning process. (Maureen)*

*The doulas reflected on how they began to build these relationships and the questions that they posed:*

*What's your schedule? What's your child care? How do you make friends? How would you find it, if someone doesn't connect with you? Do you take things personally? But in like, different sneaky ways. Like, give them scenario questions. (Amber)*

*The most important thing is definitely the social and emotional support. Cause up until labour and after labour is happening, that's when I felt that I did most. Yeah. Just being with the mothers. I had one Winnipeg mom and two Norway House mothers. With all three it was a lot of social and emotional support. The two moms who were not from Winnipeg felt isolated and with not much to do in the boarding house on Maryland. So just taking them out to their prenatal appointments. I was in between departments at my work so I had the time to be able to support them. Yeah, it was nice. Just doing that. I had one mom who was alone here on her birthday. So we went out and did a birthday day. Just talking to her, she shared what she needed to. Also, for the Winnipeg mom it was a lot of social and emotional support. She had*



*access to a lot of the programs and resources within the city that she knew about. A few she didn't, which I helped her get in touch with. (Lana)*

**Non-judgment:** All people are welcomed and respected regardless of situation or circumstance. People are met where *they* are at: services recognize that people are at different stages in their own journey, face different challenges and have varied gifts.

*Meeting the families where they are at is a strong principle in this process. This means respecting the wishes of the family and working with them based on respect and love. One doula shares what this means to her:*

*And I want always to reassure them, I'm very respectful of your body. No comments, no judgments, no staring, you know, just trying to make sure we're monitoring, or I'm there, knowing what's happening, without being intrusive. And getting consent for everything. Cause that's what we did with the doula program too, if you wanted to hug at the end, you would say, "Is it okay to hug you?" And if we prematurely hugged without consent, we were reminded: "Remember to ask, remember to ask." (Karen)*

**Peer-to-peer learning:** Services provide opportunities for community members to build their capacity to become mentors for their peers; this respects the diverse gifts of peoples' experiences and provides meaningful support.

*In the words of Melissa Brown, MIDI is about, "empowering the community to support one another". The doula training offers many opportunities for this to occur. Doulas were recruited based on their experiences as community members and as leaders, who have a knowledge base and connection to women they will be working with. The ongoing mentorship ensures that this learning is continuous. Two of the doulas share what this means for them:*

*So my background in CED, community economic development, it was really amazing to kind of see how those relationships were fostered. Like right now I have two women from the training that I do a lot of stuff with, like we go out and we meet up and we eat together and we've been developing some stuff kind of on our own and that's been really inspiring to see. (April)*

*The doulas also engage in reciprocal learning with the mothers and families as well:*

*They're just thankful to have that 'in-between person.' "Oh thank you for being here. You know it was very..." I thought, "Thank you for letting me" You know, "Be part of your journey." Yeah, I think with families that I've been able to support I hope they can take their experience and share it with their circles and communities. Right? Maybe they can share some of these ceremonies that can be incorporated into their pregnancy and birth. (Lana)*

**Families are experts in their own lives:** This addresses the balance of power in healing relationships, which is often only available from “professionals”; it promotes self-determination by providing choices to effectively address a family’s needs instead of dictating requirements to receive support.

*This principle starts with the voice and the determination of the families. Families best know their experiences and what would make the birth of their child positive and meaningful for them. Women design their own birth plan and understand what has worked for them previously and what has not. They know themselves the best. The doulas reinforce this principle in the way that they support the mothers:*

*Love. Just love, and be like a big sister. Be like, “You look gorgeous girl!” Like, “Yes, you’re gonna do this. Yes, you can push that baby out. Don’t worry, you got it!” Just being like a cheerleader and doing anything that they want to do. Being like, “How did you envision? Or what did your family do when you were a kid? Do you want to bring that into your child’s life? You want to go out and bury the placenta? Well let’s get out there and do that. You’re not interested? That’s totally okay too. What does your family do?” That kind of stuff. (Amber)*

**Options:** A wide variety of resources and services are accessible and appropriate to effectively meet the diverse needs of families and individuals.

*The doulas were trained to provide a wide variety of options for mothers. This includes the services that they provide and the resources that they are able to connect mothers with. Families’ needs are different, and the role of the doula is to support:*

*I helped one woman find housing. I took one to the Thrift Store for baby clothes. I dropped off an outfit because she didn’t have an outfit. Through this program I was able to get a car seat for baby to come home because that’s something she didn’t have. So, I was able to get one for free through this program. Oh, and finding resources for finding a name. Being that go-to for those things. (April)*

*Two mothers shared their experiences:*

*She did a lot. It was actually really awesome. She even brought snacks and stuff. Like Witch Hazel pads, the breastfeeding thing she told me about. There was a breastfeeding thing on Mondays I think at the Thunderbird House. I didn’t have too many stuff I was interested in. What I needed, she pretty much provided. (Kayla)*

*It was really good. Yeah. I liked having her there after the baby came because I don’t really get out a lot, especially since I was breastfeeding, I was at home a lot. I kind of*

*felt a bit secluded but it was nice having her come and visit. It was somebody to talk to that was an adult and not a kid. (Kayla)*

**Cultural safety:** Beyond professional cultural competency, the recipient's point of view is the essential factor. The power to determine if a situation or interaction is culturally safe lies with the recipient of services.

*The doulas shared that they felt empowered with the opportunity to sit in ceremony and to learn more about how these can be used to support women if they desired.*

*It was so beautiful and empowering to sit in ceremony, cause that was ceremony. It wasn't just training, it was sharing and learning for seven days, and we made connections with each other as doulas, and it changed my perspective on a lot of things. So I definitely grew as a person and not just in the regards of being a doula in that aspect. (Amber)*

*Doulas also felt like their comfort levels in cultural activities were also acknowledged:*

*Melissa was really awesome about, each of us are raised with our own teachings and I'm not here to say you should stray from those teachings, but if you're new to these teachings then to continue to be open minded about different teachings as you come across them. And that helped create a space of safety for someone like myself who doesn't have a lot of, hasn't had a lot of access to teachings, and so then going into those environments haven't a lot of fear for being condemned by peers for not knowing. And then to be able to have a teacher to come from that place of creating that safe space like that, that we're all learning, it's a life long journey, I guess amplified that experience, and it was an enriching one (Dawn)*

*The doulas carried this experience into how they incorporate the principle of cultural safety into their work with mothers:*

*I'm open wherever they're at, if they have an interest and a desire to learn, or if they already know and want to talk about it with me, I'm definitely open to working with them wherever they're at. I know some people don't practice the tradition either, so I'm open to that too. Definitely I'm very excited to share what I've learned and as I learn more, I'm definitely interested in sharing more of that. And maybe even learning a bit more from some of the women I work with. I know there will be women who possibly have some of that knowledge themselves. (Rachel)*

*But I don't think you can separate culture from the doula, from the Indigenous doula. All of us need to have that cultural base and be able to talk about it and explain it. But also to be respectful and say, "Well, okay, what if we did this?" Or if they wanted to sing a hymn, I would've joined in. Because welcoming new life is important,*

*whatever way you're comfortable. And I'm more comfortable this way. If they're more comfortable this way, I'll join in. But I just didn't want it to be that they didn't do something special. Or they didn't say, "I love you and welcome." But they all did that in their own way. (Karen)*

**Secure attachment:** Is the essential bond between child and caregiver that enables healthy brain development. Secure attachment is the foundation for wholistic wellbeing of the child. Everyone contributes to the support of and is responsible for the development of secure attachment.

*Doulas are a great support to ensure secure attachment between mother and baby. This starts during pregnancy and can often mean the incorporation of ceremonies and how the mother prepares for her child's birth. Postnatally doulas can support the bonding process and breastfeeding. One mother shares her story of how the doula supported her:*

*So, because I was breastfeeding, she was telling me her story about how difficult it was for her to breastfeed, so she found – for to get a breast pump, she knew how to buy one, how to go about looking for one. She also had lotions made for me so that it would help for stretch marks and labour pains, so like that was really nice, and then she also gave me a copper tin with medicines inside of it for later like as a gift. So I thought that was really nice, too. (Maureen)*

**Equity:** Certain individuals or groups face more challenges than others and therefore require more support. Specialized services, increased opportunities, and support is available to those who have greater need.

*A clear role for doulas through pregnancy, birth, and in the postnatal stage is as an advocate for the mother, baby, and family. In particular in supporting access to resources – for this process the doulas were provided to families at no cost. By removing this barrier, mothers were able to benefit from using the services of a doula. Advocacy can occur at any of these stages:*

*Yeah, I think one of the important part of my role will be to advocate on their behalf, to help them get connected to resources if they need anything, help them know their rights and work with them, but also their family, if they have other kids, or their partner. If they need other supports, like I want to be able to at least point them in the direction I know they can get better supports. (Rachel)*

The Child Centred Model is based on the work of leaders in the North End of Winnipeg. Using the model in conjunction with their work with families organizations have seen tangible and meaningful successes for families. In the application of this model in the design and implementation of the Indigenous Doula partnership prototype the Project

was hoping to positively impact pregnancy, birth, and beyond for women in the community.

The application of this model is consistent with the review of the literature, completed in Section 2, which outlines key learning from previous research in related areas. The review indicated that families who have continuous support by a doula during pregnancy, birth, and in postpartum stages experience reduced levels of stress and anxiety. In addition families who have support by doulas that extends into postpartum have increased feelings of satisfaction, mother/baby attachment, and successful breastfeeding. Access to traditional knowledge, ceremonies, and community/peer supports provides a strong foundation for future health and wellbeing. The Indigenous doula prototype is a strong example of the application of the Promising Practices of the Child Centred Model including: wholistic, interdependence, strength-based, children are sacred, self-determination, person-centred, relationships/trust, non-judgment, peer-to-peer learning, families are experts in their own lives, options, cultural safety, secure attachment, equity create the opportunity for doulas to positively impact the health and wellbeing of mothers and babies by supporting pregnancy, birth, and postpartum experiences.

## 7. What Did We Learn

The partnership between MIDI and The Winnipeg Boldness Project was a valuable opportunity for learning through the process of prototyping. There are several key areas of learning:

### **Increase in overall awareness of the role of Indigenous Doulas**

While birth helpers have been supporting women for many centuries, the formalization of the doula role is recent in comparison, and in most cases in this prototype was a brand new experience. The doulas that submitted applications and were accepted into the training had varying understandings of a doula and what type of support they would be providing. The training provided a foundation of knowledge that ensured the doulas understood their roles and had a variety of skills and supports to provide mothers in the various stages of pregnancy, birth, and beyond. During the practicum there were also varying levels of understanding about a doula and what this meant for mothers. Most mothers did not know what a doula was and how they would be able to support their birth. In many cases the mother was referred to the doula by their care provider and this existing relationships provided a gateway for working with the doula. Once mothers had an understanding of the supports provided by the doulas and the birth was supported each mother felt that their experience was positive. The matching between mothers and doulas was an important consideration in this process. Awareness overall about doulas as birth helpers and what services could be provided was low to begin with.

### **The terms of funding are important**

The partners shared the criticality of the funding and the necessity of the flexibility to the success of the work. There were areas that Boldness was unable to provide flexibility, for example in geographic location. Nevertheless, the restrictions and control implicit in the majority of funding resources is an area that can be improved to foster innovation and self-determination, in particular, for Indigenous led initiatives.

### **Strong administrative backbone support – financial and coordination**

The work that was undertaken is complex and requires intensive focus. Having the support of an experienced and knowledgeable administrative support with a dedicated coordinator is important to ensure the smooth operation of future delivery. The organizational structure and policies of any partnership agency should be assessed or adjusted to minimize presenting barriers to the development and implementation of such an initiative.

### **Peer networks contribute to success**

The success of this work is attributed largely to the strength of the networks that have developed. Doulas have created a community of helpers who support one another, provide resources and knowledge, enhance their knowledge through continuing education opportunities, participate in ceremonies, and provide wholistic support to one another. The development of this peer network is a positive outcome.

### **Information for Doula trainees**

Upon reflection, the partners have indicated the importance of providing information to doula trainees perhaps through information sessions or with interviews. This would allow for a more thorough understanding of the role of the doula, the elements of the training, and the expectation placed on the doula once trained.

*We would have done in-person interviews and we would have done orientation prior to taking an application so that people would've understood the full spectrum of work. (Melissa)*

The partners would be able to get a stronger sense of the commitment of the trainee to the process and the feasibility of the time commitment. This would also allow MIDI to ensure the doulas possess the necessary foundation of skills, experiences, and knowledge to build upon.

### **Connections to traditional Elders and knowledge keepers**

The role of the Indigenous doula is strengthened by the development of traditional knowledge about pregnancy, childbirth, and beyond. This means access to traditional knowledge keepers who can share teachings about these times and provide support for ceremonies and rites of passage. The doulas shared the significance of the teachings and ceremonies to their learning. Connecting with traditional knowledge keepers strengthened their confidence in themselves as birth helpers. It provided the doulas with skills and knowledge that was well received by families. Maintaining these connections is critical to the doulas and the success of MIDI.

### **Ongoing training and professional development**

While the initial training is a strong foundation for beginning to practice as a doula, MIDI has identified the necessity for ongoing training and professional development. As a birth helper the learning process is not finite, but is a longer-term commitment to growing and connecting. Many of the doulas indicated their excitement at the opportunity to continue to build on the knowledge base that was gathered in the initial training sessions. Many attended the workshops and other opportunities for ongoing education provided by the mentor. They felt that the training would be complimented continuing educational opportunities.

## Connection with families

This prototype was completed within a relatively quick timeframe considering the training necessary to work with women in the various stages of pregnancy and the time it takes to build relationships and support women. The connection to families is a necessary focus that could be strengthened. Having a dedicated coordinator for the project who is responsible for maintaining continuity with families is a key resource in this process. The coordinator can call and connect with each of the families to complete a preliminary interview and would ensure they are as informed as possible prior to meeting with a doula. Families would learn more about the role of the doula, what to expect, and be able to ask any questions that they have. In addition, building clear expectations about the role of the doula would also include working with families to develop a contract for services that is signed off by families.

*These are the expectations of the contract with us and then also have them have their own informal contract with the family that this is what the family would like, prenatal support-wise, birth support, postpartum support, and then you do your best to meet those things with the understanding that things are different and some people might have different outcomes. Just to have a general contract between the doula and the family. And then more concise contract between us (MIDI) and the doula. (Melissa)*

A coordinator would be responsible for being a consistent point of contact that maintains communication with the family. When the family is engaged in a consistent manner this also builds the opportunity for a stronger connection between families and the doula.

## 8. Impacts & Ongoing Efforts

Through the prototype 12 Indigenous doulas were trained and 30 families were supported. At the time of this report, three of the trainees have been involved in other trainings as mentors and are good candidates for becoming trainers themselves.

Manitoba Indigenous Doulas Initiative incorporated shortly after the prototype. They have developed a business plan and funding proposals, but have not yet secured core funding for staff required to establish the group. The cofounders remain committed to their communities and families, and continue to volunteer their time. They have been able to offer some training sessions with training expenses paid by organizations. Additional trainings have included: 17 Maternal Child Health Workers with the First Nations Health and Social Secretariat of Manitoba; 12 trainees through the Brandon Friendship Centre; and 12 trainees with the Kenora Chiefs Advisory.



With the training developed and tested, MIDI is now participating in a joint research project with the University of Winnipeg and the First Nations Health and Social Secretariat of Manitoba: *Indigenous Doulas as a Culturally Based Health Intervention to Improve Health and Birth Outcomes for First Nations Women in Remote Northern Communities Who Travel for Birth*.

[Twelve] women in the First Nation community of Cross Lake (CL), Manitoba [have been] recruited to become fully trained community doulas who are providing doula support to expectant mothers. Women will receive the care of her community doula up until she temporarily leaves her community at which point she will come under the care of an urban doula who will also provide care during the birth. Once the woman has given birth and returns to her community, the community doula will resume her supportive role (Cidro, 2016).

This process will be carried out and evaluated for outcomes and impacts in two additional First Nations communities. The project has a budget of \$915k (\$835k from the Canadian Institute of Health Research and \$80K from the Manitoba Developmental Origins of Chronic Diseases in Children Network) over four years.

Recently, Southeast Child and Family Services has approved the services of Indigenous doulas for wards in their care who are pregnant.

The Winnipeg Boldness Project remains in communication with the Manitoba Indigenous Doulas Initiative and partners, and will continue to explore opportunities to contribute to the sustainability and further scaling of the initiative.

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## Appendix A

### OVERVIEW Sacred Circle of New Life Training Program

- History of the program
- History of Birth for Indigenous Women in Manitoba
- Prior to colonization
- After colonization: Historical trauma affecting families
- Rites of passage: cradleboard/mossbag, snowshoe ceremony, berry fast/first kill ceremony

#### **First Trimester (First 13 weeks after conception)**

##### *“Building a lodge”*

- Finding a health care provider (Obstetrician, Family Medical Doctor, Registered Midwife)
- Brief review of tests offered in pregnancy
- Growing a healthy baby
- Community resources to increase food security, housing
- Common discomforts in early pregnancy
- Nausea, vomiting, natural ways to cope: teas, etc.

#### **Second Trimester (13-28 weeks)**

##### *“Nurturing our bundles”*

- Connecting with your partner (teachings for fathers)
- Connecting with elders
- Connecting with other mothers or prenatal group
- Traditional teaching tools:
  - Dreamcatcher rings
  - Breastfeeding teaching tool (brown breast, brown baby)
  - Making your own special shawl/blanket (comfort in labour, pulling technique in 3<sup>rd</sup> stage)
  - Labour Support: cedar water spray, smudging, tobacco ties

#### **Third Trimester (29-approx 40 weeks)**

##### *“Nurturing our home fires”*

- Preparing our bundles and homes for baby
- Preterm labour, false labour
- Preparing for labour: working through fears
- Supporting Survivors in labour
- Stages of Labour and Birth Education for families
- What to expect at a home birth, BC birth, hospital birth
- Being apart of the birth team, creating positive relationships
- Review of interventions in labour
- Brief review of newborn procedures
- **“Life givers circle”:**
- Invite women to gather and share empowering stories about labour, breastfeeding parenting advice
- Each woman will hold tobacco while she gives blessings to mom and baby, all tobacco will go in the tobacco ties that will be in room during birth. (focal point)
- Alternative: Each woman will hold a large bead while she speaks good things for mom and babe, each bead will become part of a bracelet mom will have at birth. (focal point)
- **“Meal Train”:** Invite women to volunteer to sign up (each day for the first few days, week or two, the mom will receive a meal) Explain that this allows mom to focus on breastfeeding and/or bonding with baby

### **Labour and Birth:**

*“Guardians of the transition from spirit world to the physical world ”*

- Creating a safe space for the labouring person and family
- Pain relief in labour: pharmacological, natural methods
- Tools for labour: Tennis ball, hot water bottle/rice bag, birth cards, music, headphones
- Special shawl/blanket, massage oil/bear grease
- Cedar water spray, sage, tobacco ties
- Integrating traditions in difficult situations

### **Postpartum**

*“Purification of the mother; the naming of the baby; and the presentation of the baby to the sun.”*

- First words to baby
- Welcoming Song
- Cutting the cord
- Placenta teachings
- Umbilical cord teachings

- Chest/Breastfeeding
- Processing the birth/birth story
- Caring for a newborn & new mother
- PP Mood disorders
- Postpartum teas, soups, herbs
- Postpartum salves
- Naming Ceremony/Community feast

### **Special Considerations**

- Providing support to two spirited families
- Providing support while navigating CFS & Apprehension
- Providing support for those struggling with addictions
- Supporting a person through their choices: TA, Adoption, IUD insertion, pap support
- Dealing with loss and grief:
- Miscarriage, stillbirth, infant death

### **Assigned Readings:**

The Birth Partner: *A Complete Guide to Childbirth for Dads, Doulas and All Other Labor Companions* by Penny Simkin