INDIGENOUS DOULA INITIATIVE:
PRE AND POST PREGNANCY CARE

PROTOTYPING FOR CHANGE
AUGUST 2018
THE WINNIPEG BOLDNESS 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.
We are working with residents and groups in this neighbourhood to test new ideas to support the wellbeing of children and families. These prototypes which we are calling Proofs of Possibilities (POPs), support a vision for change in our community. We are exploring possibilities in the following areas:

**PROOFS OF POSSIBILITIES**

- **SUPPORTS FOR DADS**: Increasing Family Togetherness
- **CANADA LEARNING BOND**: Growing a School-Bound Identity
- **PARTICIPATION IN THE ARTS**: Providing Inclusive Opportunities for Skill Building
- **HEALTH & WELLNESS PLANNING**: Pregnancy and Family Support
- **BABY BASKET**: Supporting New Parents
- **INDIGENOUS DOULA INITIATIVE**: Pre and Post Pregnancy Care
- **HUB OF STRENGTH**: Building Community Capacity and Leadership
- **TRANSPORTATION INCREASING**: Neighbourhood Accessibility
- **NATURAL SUPPORT SYSTEMS**: Connecting Local Residents
- **BUILDING OPPORTUNITY**: Strengthening Community
- **HEALTHY FAMILIES**: Building Healthy Families
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COMMUNITY VISION

Every woman will be able to choose culturally-safe supports before, during, and after pregnancy.

We set out to understand what gaps in support exist for pregnant women in Point Douglas, as well as the barriers to accessing supports that are currently available. Indigenous doulas (people who provide support in the non-medical parts of birth and labour) are a promising culturally-appropriate support. Working with the Manitoba Indigenous Doula Initiative (MIDI), traditional knowledge keepers, and community health agencies we focused on three activities to support the training of and use of Indigenous doulas.

- **Curriculum Development**: Working with traditional knowledge keepers to develop a training process based in Indigenous perspectives and ceremonies.
- **Build Community Capacity**: Building knowledge of the supports that doulas can provide.
- **Supports for Doulas and Families**: Working with doulas and families to learn from their experiences and understand the supports that are needed.
WHY DID WE FOCUS ON INDIGENOUS DOULAS?

Indigenous mothers have higher occurrences of negative pregnancy outcomes than non-Indigenous mothers, such as infant mortality and negative or sometimes even traumatic birth experiences. When mothers experience extreme poverty, exposure to trauma, or stressful conditions surrounding birth, the relationship between mother and child can be harmed. Toxic stress during pregnancy can also affect a child’s healthy development, including disease, learning, and behaviour.

Indigenous doulas provide a way to support a healthy pregnancy on a mother’s own terms. Not only do doulas provide emotional support during pregnancy, they also act as both advocates and supports before and after pregnancy. They support mothers in making their own healthy choices about their pregnancy, help mothers advocate for culturally appropriate care, and provide supports as directed by the family. Indigenous doulas provide a wholistic approach to pre and post pregnancy care.

Providing supports like Indigenous doulas is an important step in fixing the healthcare inequities that Indigenous communities face. Not only have doulas been shown to have positive impacts on pregnancies, particularly for minority group families, supporting self-determination and culturally appropriate health care is action that has been called for by the Truth and Reconciliation Commission of Canada.

WHAT Creates BARRIERS TO CULTURALLY-SAFE PREGNANCY CARE?

Cost of Supports
Many families cannot afford the costs required to get care supports beyond what is provided by the health care system.

Transportation Requirements
Many families may not have access to reliable transportation, making it difficult to attend appointments and meetings that are not nearby their homes.

Experiences of Discrimination and Fear
When women experience the healthcare system as one that is paternalistic, discriminatory, and difficult to navigate, it is difficult for them to feel able to make choices for the kinds of supports that they need. Many women in our community consultations recalled hospital birthing experiences that were traumatizing and violating.

Access to Child Care
Many families do not have the resources or supports needed to care for their other children while they attend appointments, meaning that pregnancy supports are often not an option.

Knowledge of Supports Available
Families may not be aware of the pregnancy supports available to them or their benefits.
The Child-Centred Model – a way of working for positive change developed by the community of Point Douglas – helped us find the best ways to help families get the support of an Indigenous doula.

We worked to support pregnancy care approaches that were based on community wisdom rather than using approaches that work in other places.

We worked to provide wholistic and flexible supports for families rather than being restrictive about the supports they could choose.

We supported mothers’ control and self-determination in their pregnancies rather than leaving decisions to ‘experts.’

When we work with the Child-Centred Model as our guide, we are able to support positive change for children, parents, families, and the community.

To learn more about the Child-Centred Model, read the full report at winnipegboldness.ca/childcentredmodel
“IF I HAD MORE SUPPORT FOR SURE. AND WITH MY HUSBAND AS WELL, BECAUSE SHE SHOWED HIM SOME TECHNIQUES [...] WE’VE NEVER HAD ANYBODY TO SHOW US THE TECHNIQUES SHE SHOWED US.”
— April (mother)

“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.”
— April (Indigenous doula)

“THROUGH THIS PROCESS WE’RE BUILDING TRUST, WE’RE BUILDING A RELATIONSHIP, WE’RE SHOWING THEM THAT WE’RE THERE, THAT THEY CAN COUNT ON US.”
— Karen (Indigenous doula)

“We’re the ones that bring life into this world and that’s 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.”
— Dawn (mother)

“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.”
— Amber (Indigenous doula)
PRE- AND POST-PREGNANCY CARE POP TIMELINE

MAY 10, 2016
FORMING A PARTNERSHIP
MIDI, Winnipeg Boldness, Nanaandawewigamig; First Nations Health and Social Secretariat of Manitoba (FNHSSM), and Mount Carmel Clinic signed a Memorandum of Understanding to support the vision of MIDI. The supports provided by the partners included: Funding and administrative support - Help in navigating relationships in the healthcare system - Program evaluation - Developing a curriculum for Indigenous doulas

DECEMBER, 2016
CALL FOR APPLICATIONS
Winnipeg Boldness and MIDI released an open call for applications to take the training. Twelve applicants were selected for the training.

2013 - 2016
BUILDING A VISION
The Manitoba Indigenous Doula Initiative (MIDI) conducted conversations with Indigenous Grandmothers and other members of the community between 2013 and 2016.

LEGEND
- Previous initiatives by others
- POP work to explore program and systemic barriers
- Influencing systems change
FEBRUARY 12, 2017
MEET & GREET
Winnipeg Boldness and MIDI hosted a meet & greet event for families.

JANUARY, 2017
MIDI DOULA TRAINING
Training occurred over two days at Camp Manitou and five days at the Birth Centre. Training topics included:
• Traditional Indigenous rites of passage, ceremonies, and teachings
• Standard doula training
• Pre- and post-colonization training

FEBRUARY – JUNE 2017
DOULA PRACTICUM
Doulas were paired with 30 families to provide care during a practicum period. The graduation ceremony for the trainees was held on June 14, 2017.

FEBRUARY, 2017
LEARNING OPPORTUNITIES
MIDI and Winnipeg Boldness provided ongoing learning opportunities, including:
• Monthly continuing education nights and full moon ceremonies
• A breastfeeding workshop
• Sacred Babies training
• Spinning Babies workshop
• Moss bag and skirt-making workshop

MIDI has been providing training sessions for healthcare providers including:
• 17 maternal child health workers with FNHSSM
• 12 trainees with the Brandon Friendship Centre
• 12 trainees with the Kenora Chiefs Advisory

MIDI is participating in a research project with the University of Winnipeg and the First Nations Health and Social Secretariat to explore the impacts of this model on birth outcomes for first nations women who travel for birth.
As long as today’s systemic barriers exist, here are the best ways to provide access to culturally-safe pregnancy care:

**BUILD AND SUPPORT INDIGENOUS PEER NETWORKS**
Trainees who participated in the program highly valued the community of support and learning that they were a part of. This was a key reason for their confidence as doulas.

**STRENGTHEN CONNECTIONS WITH FAMILIES**
It takes time to build supportive, trusting relationships with families. Having a coordinator who can maintain connections with families over longer periods of time and who can clarify the role of the doula would help ensure that families and doulas feel supported through the process.

**BUILD AND MAINTAIN CONNECTIONS TO ELDERS AND KNOWLEDGE KEEPERS**
The core of this program is indigenous wisdom. Connections to elders and traditional ceremonies are needed to ensure that supports for families and children are culturally appropriate and respectful.

**INCREASE AWARENESS OF THE ROLE OF INDIGENOUS DOULAS**
Across the community there are many varied understandings of the supports available to families during and after pregnancy, and the role of doulas is not well understood. More awareness is needed for families to draw upon these types of supports.
CHANGING THE SYSTEM FOR TOMORROW

ENSURE THAT FUNDING STRUCTURES SUPPORT WHOLISTIC, TRADITIONAL APPROACHES.

Existing structures often claim ownership of the outputs, which is not appropriate when Indigenous wisdom is involved. Providing flexibility in funding agreements is needed to support new approaches and Indigenous self-determination.

TREAT BIRTH AS A CELEBRATION, NOT AS A CRISIS EVENT.

Our existing healthcare systems focus on specific, physical issues rather than wholistic supports. Ensuring that families have the social, spiritual, emotional, and physical supports they need is critical.

PROVIDE WHOLISTIC SUPPORTS TO MOTHERS.

The Indigenous doula role is a lifelong role in the community, not just a contract. These supports are needed to help mothers make their best decisions throughout their child’s life and to navigate the healthcare system as their children grow.

PROVIDE CONNECTIONS TO INDIGENOUS KNOWLEDGE KEEPERS.

Many existing funding structures and approaches to care exclude Indigenous healing ceremonies, treating them as ‘religious’ in nature. Access to ceremonies, elders, and Indigenous wisdom is needed in all types of health care for Indigenous people.

If you would like to learn more about the barriers that families in Point Douglas face to healthy pregnancies, read the full POP report [reference], read our report on helpful ways to work with Point Douglas [reference], and explore our other POP reports [reference],
“WE ARE THANKFUL TO OUR ANCESTORS WHO ENTRUSTED US WITH THE CARE OF THIS GENERATION, AND THE GENERATION WE WILL NEVER KNOW.”

—(MacNeill, 2014, p.29)

Thank you to everyone who contributed to the development and implementation of our prototypes, including our guide groups, partners, community organizations, local residents, and the North End community as a whole.

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