



Bring Birth Home!

Voices from the Indigenous Midwifery Summit:
A Reclamation of Community Birth
Through a Northern Indigenous Vision



We acknowledge the lands, waters and air of our meeting are kin to the Anishinaabeg since time before time. The Indigenous Midwifery Summit was held on the lands of the Fort William First Nation and what is now known as the Robinson Superior Treaty, which led to the formation of the City of Thunder Bay. We offer our most sincere gratitude to our northern Fort William First Nation kin in the spirit of positive, reciprocal and long-lasting relationship-building.

We celebrate the diversity of gender expression and identities. The traditional use of the term "motherhood" and "woman" at times in this document includes ALL women, including trans women, two spirit people, and non-binary people.

Indigenous Midwifery Summit Fort William First Nation, Robinson Superior Treaty Thunder Bay, ON February 12 and 13, 2019

*"I do it for the community. I do it for the women...
it is wonderful having beautiful births, having them
here, having the mothers have confidence in me,
in us, and the whole team."
Midwifery student from Nunavik*

Event organizer and host:



Association of Ontario **Midwives**
Delivering what matters.

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Executive Summary: Gathering the Circle

Anishinaabeg have lived on the lands and waters in what is now known as Thunder Bay, Ontario since time before time. In fact, it has only been 169 years since the Robinson Superior Treaty was signed between several Indigenous groups and the British Crown, which contributed to the colonialization of the lands, waters and peoples in that area. Since that time, the ways of Anishinaabeg – indeed, the ways of all Indigenous peoples – have been systematically attacked by national efforts to civilize and assimilate Indigenous peoples into a generic Canadian identity. Alongside these substantive efforts were purposeful and concerted efforts to erase the healthcare practices and providers foundational to Indigenous peoples. These efforts included the targeting of Indigenous birthing practices, Indigenous midwives, and their sacred and practical clinical knowledges and skills.

There have been substantive efforts to return birthing to communities and restore Indigenous midwifery. In response to community direction, the Association of Ontario Midwives (AOM) successfully advocated to the Ontario government for funding for Indigenous midwifery programs. As a result of their consistent advocacy work alongside many other organizations, a diversity of Indigenous midwifery programs and sites have been funded in Ontario:

- [Dilico Family Health Team Clinic](#) in Fort William First Nation
- [K'Tigaaning Midwives](#) in Nipissing First Nation
- [Kenhte:ke Midwives](#) in Tyendinaga Mohawk Territory
- [Onkwehon:we Midwives Collective](#) in Akwesasne
- [Shkagamik-Kwe Health Centre](#) in Sudbury
- [Southwest Ontario Aboriginal Health Access Centre](#) in London
- [Seventh Generation Midwives of Toronto](#)
- [North Channel Midwifery](#) in Elliot Lake

These programs incorporate self-determination and respond to community input so the care they provide is aligned with community direction and goals.

The Indigenous Midwifery Summit held in Fort William First Nation territories on February 12 and 13, 2019 is one example of community engagement that brought together 126 advocates to learn more about Indigenous midwifery and the central theme of the event: **Bring Birth Home.**



Two goals framed the Indigenous Midwifery Summit:

1. To support and sustain the restoration and renewal of Indigenous midwifery in Ontario through the growth of opportunities to train/educate new Indigenous midwives; and
2. To contribute to the *Truth and Reconciliation Commission of Canada* Calls to Action, specifically number 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.”

The Indigenous Midwifery Summit featured a well-attended preconference reception on the evening of Monday, February 11. President Elizabeth Brandeis, RM, of the Association of Ontario Midwives provided welcoming remarks, opening an evening of social and professional networking.

The first full day of the summit began with a welcome from Councillor Michele Solomon, Fort William First Nation. Elder Sarah Yellowhead from Nibinamik First Nation offered the opening prayer, and Laura Calmwind led the delegates through a water ceremony. The Midwifery Pipe Ceremony followed, led by five Elders. This is notable, as it was the first time in recent history that all of the midwifery pipes from the four directions were in ceremony together. The midwifery pipe ceremony provided the cultural foundation for the work that was about to begin, and provided ritual continuity for the offering of prayers in the spiritual realm to reconnect and strengthen this ceremony. This umbilical cord of time brought the work of the ancestral midwives to the current moment, and the vision for midwifery summits in the future. Other pipe ceremonialists in attendance also offered their pipes in ceremony. One of the lead pipe carriers shared that the summit was a significant event in midwifery history and that she had felt called to attend. This day focused on describing the profession and the educational pathways of Indigenous midwives. The day closed with a circle that offered midwifery teachings via storywork.

The second and final day of the summit provided the specific contexts for Indigenous midwifery and registered midwifery. Elders Katsi Cook and Louise McDonald presented on the importance of rematriating birth and offered an example of a ceremonial teaching. Specific examples of the benefits of Indigenous midwifery and registered midwifery formed the remainder of the day. The summit was closed by Elder Sarah Yellowhead from Nibinamik First Nation.

The overwhelming call throughout the summit was to **Bring Birth Home**, setting the direction for our collective work.

“Indigenous midwives are not just about catching babies. We are nutrition. We are breastfeeding. We are safety in remote areas. We are insurance for our young families.”
Carol Couchie, Co-Chair, National Aboriginal Council of Midwives¹

Thank You to All Our Supporters

Kiitchi meegwetch Grand Council Treaty #3 and the Nishnawbe Aski Nation cultural program for ensuring that the Indigenous Midwifery Summit had a sacred fire burning throughout the two-day event.

Planning Committee Members

- Ellen Blais, AM, Director, Indigenous Midwifery, Association of Ontario Midwives
- Tracy Cameron, Manager, Healthy Living and Healthy Children, First Nations and Inuit Health Branch, Ontario Region Indigenous Services Canada
- Aimée Carbonneau, RM, Policy Analyst, Indigenous Midwifery, Association of Ontario Midwives
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- Bernadette deGonzague, Senior Health Policy Analyst, Chiefs of Ontario
- Alyssa Gagnon, Omushkego iskwêw, senior midwifery student representing the Indigenous Midwifery Advisory Circle, Association of Ontario Midwives
- Cindy Hunt, Director, Primary Care Team, Sioux Lookout First Nations Health Authority
- Debbie Lipscombe, Social Policy Analyst, Grand Council Treaty #3
- Christine Roy, RM, Neepeeshowan Midwives
- Wendy Trylinski, Childhood Development and Planning Manager, Nishnawbe Aski Nation
- Vicki Van Wagner, RM, Associate Professor, Midwifery Education Program, Ryerson University
- Julie Wilson, AM, Supervisor, Six Nations Maternal and Child Centre at Tsi Non:we Ionnakeratstha Ona:grahsta' Maternal and Child Centre of the Six Nations of the Grand River Territory

Emcee: Trina Moyan, Nehiya, Frog Lake First Nation

We kindly acknowledge Karen Lawford, AM, RM, PhD, as a contributing author of this report.

Thank you to our funders!

Association of Ontario Midwives

Chiefs of Ontario

Grand Council Treaty #3

Indigenous Services Canada

Ministry of Health and Long-Term Care, Government of Ontario

Nishnawbe Aski Nation

Sioux Lookout First Nations Health Authority



What is an Indigenous Midwife?

Indigenous midwives provide health care that is legal, funded and insured within the Ontario healthcare system. The National Aboriginal Council of Midwives defines an Indigenous midwife as “[a] committed primary health care provider who has the skills to care for pregnant people, babies, and their families throughout pregnancy and postpartum.”¹ Indigenous midwives can be registered midwives (RM) however, some Indigenous midwives choose not to be registered (AM).² In Ontario, Indigenous midwives can legally work without registration with the College of Midwives of Ontario because of the Exception clause within the Midwifery Act, 1991.³

Indigenous midwives are not just clinicians and providers of maternity care. They are educators, historians and knowledge keepers, who do the profound work of restoring the ritual and ceremony of birth and through this work they return health and wellness to Indigenous communities.

Indigenous midwifery is intergenerational.

Indigenous midwifery is ceremony.

Indigenous midwifery is relational.


Indigenous midwifery supports self-determination.

Indigenous midwifery is inclusive of all community members.

Indigenous midwifery acknowledges the power in parenting and motherhood.

Indigenous midwifery includes culture and specific teachings related to parenting and motherhood.

Indigenous midwifery spans the life cycle.



“An Indigenous midwife is a committed primary healthcare provider who has the skills to care for pregnant people, babies, and their families throughout pregnancy and postpartum.”⁴



Overview

In 2016, the Government of Ontario made a commitment to work together to build reconciliation with First Nations and Indigenous communities, detailed in *The Journey Together: Ontario's Commitment to Reconciliation with Indigenous Peoples*.⁵ When fully implemented, this action plan will transform and rebuild relationships with Indigenous communities. The same year, the Government of Ontario released a call for Indigenous interprofessional primary care teams that could include midwives. The Ministry of Health and Long-Term Care also invested in the Indigenous Midwifery Program, which included developmental grants and practice proposals. The Association of Ontario Midwives recognizes that these initiatives are part of an ongoing commitment to the restoration of Indigenous midwifery and equitable health outcomes for First Nations, Inuit and Métis peoples.

Unfortunately, a significant workforce shortage of Indigenous midwives in Ontario and Canada limits the restoration of Indigenous midwifery. Indigenous midwifery education programs are sorely lacking, especially community-led programs like the model implemented in Six Nations of the Grand River. Expanding education opportunities for Indigenous midwives requires thoughtful planning and collaboration with existing midwifery education programs and Indigenous communities.

Responding to community direction to determine the midwifery needs of northern Indigenous communities and using provincial investments and directives as a springboard to action, the Association of Ontario Midwives envisioned a gathering of Indigenous midwives and community members in northern Ontario. Such a gathering would provide a unique opportunity for participants to learn, share and further their own understanding of Indigenous midwifery. In the spring of 2018, the Association of Ontario Midwives submitted a funding request to the Ontario Ministry of Health and Long-Term Care to support three components:

1. Work with educational institutions and Indigenous communities to explore opportunities for the development of more Indigenous midwives.
2. Host an Indigenous midwives gathering in northern Ontario to understand how the Indigenous Midwifery Program (IMP) and the AOM can support the unique challenges of Indigenous midwifery in Far North communities; facilitate sharing and learning among participants by providing a professional development opportunity.
3. Facilitate an Indigenous Midwifery Advisory Circle to guide the above work, with a membership made up of Indigenous midwives and knowledge keepers.

After receiving support from the Government of Ontario, the Association of Ontario Midwives received many unsolicited offers to further contribute. The Indigenous Midwifery Summit came to fruition because of additional funding and support from Chiefs of Ontario, Grand Council Treaty #3, Nishnawbe Aski Nation, Sioux Lookout First Nations Health Authority and Indigenous Services Canada.

Ultimately, the Indigenous Midwifery Summit brought together Indigenous midwives, Indigenous doulas, First Nations community members, First Nations leadership and their staff, registered midwives, Government of Ontario public servants, and Government of Canada/First Nations and Inuit Health Branch public servants for a two-day meeting in Fort William territory, Thunder Bay, Ontario.

This Indigenous Midwifery Summit was the first of its kind in recent history. This report arising out of the summit represents the beginning of a province-wide vision to support Indigenous midwifery growth in the North. It is the hope that this report will spark conversations among community members and leaders, Elders and medicine people, stakeholders related to Indigenous midwifery and Indigenous health, Indigenous provincial territorial organizations, Indigenous health knowledge keepers, professions and community based health workers. The report is also intended for government leadership and civil servants to take this report and to use together with Indigenous people, advancing the important work of Indigenous midwives which we know is the heart of the community and a key service in healing Indigenous communities from the effects of colonization.

The relationships established between midwives and pregnant people permits the synergy for deep transformative power that can heal communities from intergenerational trauma. The reclamation of birth as a ceremony reinforces these powerful relationships that in turn provide the foundation for the family and therefore the community. The Summit delegates have spoken that returning birth to community provides the balance and stability between birth, which brings joy and hope; with the sadness and grief that comes with the ongoing loss of life.

It is important to note that around the world, there is a global call for the introduction of Indigenous midwives in every Indigenous community. The work of the Indigenous Midwifery Summit aligns with national and global initiatives such as the work of the National Aboriginal Council of Midwives and the Global Conference Women Deliver 2019.

“We ask the government of Canada to measure the health and wellness of Indigenous Women, Girls and gender diverse people as an indicator of the health and wellness of the entire nation”
From Women Deliver 2019 Nutsamaht: We are One, Our Voices, Our Stories. Indigenous Women’s Preconference



Indigenous Midwifery Summit Agenda

Day 1 Monday February 11, 2019

Welcome and Opening Prayer

Councillor Michele Solomon, Fort William First Nation; Elder Sarah Yellowhead, Nibinamik First Nation, Laura Calmwind Kitchenuhmaykosib Inninuwug, Anishinaabekwe

Pipe Ceremony

Laura Calmwind; Tammy Cascagnette; Katsi Cook, AM; Loretta Afraid of Bear Cook-American Horse Sundance; Carol Couchie, RM; Rose Koostachin; Wakerakatste Louise McDonald; Christine Roy, RM

Opening Remarks

Nathalie Pambrun, RM, President, Canadian Association of Midwives; Claire Dion Fletcher, RM, Co-Chair, National Aboriginal Council of Midwives

The Current Landscape of Midwifery in Ontario

Ellen Blais, AM, Director, Indigenous Midwifery, Association of Ontario Midwives

Indigenous Midwifery Core Competencies

Cherylee Bourgeois, AM, Seventh Generation Midwives of Toronto

Education Pathways Panel

Ashley Lickers, AM, Kenhteke Midwives; Julie Wilson, AM, Director Tsi Non:we lonnakeratstha Ona:grahsta; Akinisie Qumaluk, RM, Inuulitsik health centre Puvirnituuq; Susan James, RM, Director and Associate Professor Laurentian Midwifery Education Program; Vicki Van Wagner, RM Associate Professor Ryerson Midwifery Education Program; Moderator Aimée Carbonneau, RM (AOM)

Group Discussion

Evening of Midwifery Cultural Teachings and Storytelling

Day 2 Tuesday February 12, 2019

Keynote Address: The Rematriation of Birth

Elder Katsi Cook, AM, Mohawk midwife; Louise McDonald, Bear Clan Mother, Mohawk Nation, Spirit Aligned Legacy Leaders

Trauma Aware Practice

Jay MacGillivray, RM

The Effects of Routine Evacuation, Barriers to Rematriation of Birth

Dr. Karen Lawford, Queen's University; Christine Roy, RM, Neepeeeshowan Midwives; Tia Spence, Community Member, Attawapiskat First Nation

Doulas in Remote Locations: Training and Collaboration with Medical Care Providers

Melissa Brown, RM

Contextualizing Risk: Remote and Decolonized Perspectives

Janet Gordon COO Sioux Lookout First Nations Health Authority ; Akinisie Qumaluk, RM; Tesla Koostachin; Rosie Koostachin

Group Discussion

Closing Comments

Trina Moyan, Nehiya, Frog Lake First Nation

Closing Prayer

Elder Sarah Yellowhead, Nibinamik First Nation

Making Connections

Preconference Reception

On the evening of Monday, February 11, the Association of Ontario Midwives hosted a preconference reception. AOM President Elizabeth Brandeis, RM, welcomed everyone to the summit.

“On behalf of the Association of Ontario Midwives we welcome you to the first ever Indigenous Midwifery Summit. We thank you for taking the time out of your busy schedules and hope you will enjoy the next two days of learning, discussing and making recommendations about the return of Indigenous Midwifery to the North. Indigenous midwifery is an integral part of the strategic plan of the Association of Ontario Midwives and an integral service for the health and well-being of Indigenous communities. We align our work with the work of the National Aboriginal Council of Midwives with the vision of “ an Aboriginal midwife in every Aboriginal community”. I look forward to meeting many of you and learning more about the needs of the northern Indigenous communities”

Conference participants were invited to join an evening of unstructured networking, food and beverages to get to know each other in an informal setting.

Crystal Caputo, Constituency Assistant to MPP Michael Gravelle (Thunder Bay—Superior North) joined the reception and offered the following remarks:

“On behalf of Michael Gravelle, MPP for Thunder Bay-Superior North, I am pleased to offer greetings to all of the participants of the Indigenous Midwifery Summit 2019. First, I would like to thank all midwives in attendance today. Your knowledge, passion and support makes an (for lack of a better word) uncomfortable situation bearable. I would also like to thank and congratulate the organizers of this Summit. As you gather over the next few days, please know that the work you do is greatly valued and appreciated. Ensuring that more mothers have access to midwifery services just makes sense. It allows for prenatal and postnatal care and follow up that truly places the best interest of mother and baby first. It returns birth back to the communities. Not to mention, it can help alleviate pressure off overworked doctors. There is no denying that midwifery has faced many challenges, and even more so in the North. This is something we in the constituency office have observed with the Northern Health Travel Grant. A midwife is not considered a specialist since they do not hold a certificate with the College of Physicians and Surgeons. Because of this, they are deemed ineligible through the NHTG. This just doesn't seem fair, which is why for the past several years, our office has been advocating for midwives to be covered under the NHTG. I am feeling confident we are getting close to achieving this goal. However, at the end of the day, wouldn't it be ideal if there were more midwives in more Northern communities to eliminate the need for the NHTG. In closing, I wish all participants success on charting the path forward for Indigenous midwifery. Let this be a wonderful opportunity to share stories, learn new skills and network with like-minded individuals. Thank you and Meegwetch.”

Day 1 Summary

Day 1 of the summit began with an opening prayer by Elder Sarah Yellowhead from Nibinamik First Nation, followed by a water ceremony.

Next, the Midwifery Pipe Ceremony was led by Carol Couchie RM, Co-Chair of the National Aboriginal Council of Midwives; Christine Roy RM, Neepeeshowan Midwives; Katsi Cook AM, Director, Spirit Aligned Leadership Program; Wakerakatste Louise McDonald, Condoled Bear Clan Mother, Mohawk Nation; and Loretta Afraid of Bear Cook-American Horse Sundance, Spirit Aligned Legacy Leaders. Pipe carriers Tammy Cascagnette (Beausoleil First Nation), Rose Koostachin (Attawapiskat First Nation) and Elder Laura Calmwind (Kitchenuhmaykoosib Inninuwug First Nation) were also invited to share their prayers for the people and for the work ahead within the gathering. This ceremony reaffirmed our continuing, eternal commitment to the restoration of Indigenous midwifery, Indigenous womanhood, and Two Spirit peoples within all of our nations. The Midwifery Pipe Ceremony was the first time that all four midwifery pipes were brought together in ceremony. The profound significance of this sacred ceremony cannot be adequately described with words.

Following the Midwifery Pipe Ceremony, opening comments were offered by Nathalie Pambrun RM, President, Canadian Association of Midwives, and Claire Dion Fletcher RM, Co-Chair, National Aboriginal Council of Midwives. Ellen Blais AM, Director, Indigenous Midwifery at the Association of Ontario Midwives, provided an overview of the current midwifery landscape in Ontario.

The National Aboriginal Council of Midwives (NACM) Core Competencies of Indigenous Midwifery document was presented by Cherylee Bourgeois, a Cree/Métis AM. A panel about Educational Pathways highlighted the very successful community-based education programs at Six Nations and at Inuulitsivik Health Centre and options for Indigenous students in the university based programs in Ontario at Laurentian, McMaster and Ryerson Universities.

After lunch, the Emcee, Trina Moyan, led a group discussion guided by the following questions:

- What are the barriers to midwifery education for your specific community?
- Did any of the models discussed resonate? How might it work in your community?
- How can you identify community members who might be interested in becoming midwives, and how can you support their education?
- Would it be easier to partner with an institution from a distance or to support your candidate to leave the community to get an education?
- What existing frameworks do you have that might accommodate an innovative distance midwifery education program?

The afternoon discussion also included a brainstorming, planning and networking session to determine northern community education needs. Day 1 ended with supper and an evening of midwifery cultural teachings and storywork. Elder Helen Cromarty was honoured for all of her historical work on Indigenous midwifery by James Cutfeet, Director of Health Policy and Advocacy, Nishnawbe Aski Nation. Elder Dorothy Wynne from Moose Factory, was honoured for her lifetime of work advocating for Indigenous midwives to be supported to work in community. Dorothy's gift was accepted by Ingrid Green, representative of the Ontario Native Women's Association. Elder Laura Calmwind was also honoured for her work for Indigenous midwifery. An open call for birth stories was also part of the evening. Alyssa Gagnon, an Indigenous midwifery student, shared her poems through spoken word. The evening was full of laughter and storytelling!

Day 2 Summary

The second day of the summit was opened with a women's hand drum song. The event's keynote address was provided by Elder Katsi Cook, Mohawk midwife, and Louise McDonald, Bear Clan Mother, Mohawk Nation, Spirit Aligned Legacy Leaders. This address was remarkable and presenters commented on the importance of this summit, as it was the first time in history that such a large number of Indigenous midwives, stakeholders, community leadership and members, government civil servants, and doulas gathering in one place together.

Following the keynote, midwife Jay MacGillivray spoke about trauma-aware midwifery practice. This presentation was noteworthy because Ms. MacGillivray drew attention to her white privilege when discussing trauma and acknowledged that Indigenous midwives were also working on the issues she had highlighted in her presentation.

A panel discussion entitled Effects of Routine Evacuation, Barriers to Rematriation of Birth featured three speakers. Dr. Karen Lawford, RM, AM, Assistant Professor at Queen's University, presented a summary of her research related to evacuation for birth. Christine Roy, RM, was accompanied by Tia Spence, a First Nations woman who received care from Ms. Roy. A co-presentation on the success of the midwifery practice in Attawapiskat, named Neepeeshowan Midwives, a remote community on the west coast of James Bay was delivered.

After lunch, Melissa Brown, RM, AM and Indigenous doula, presented Doulas in Remote Locations: Training and Collaboration with Medical Care Providers.

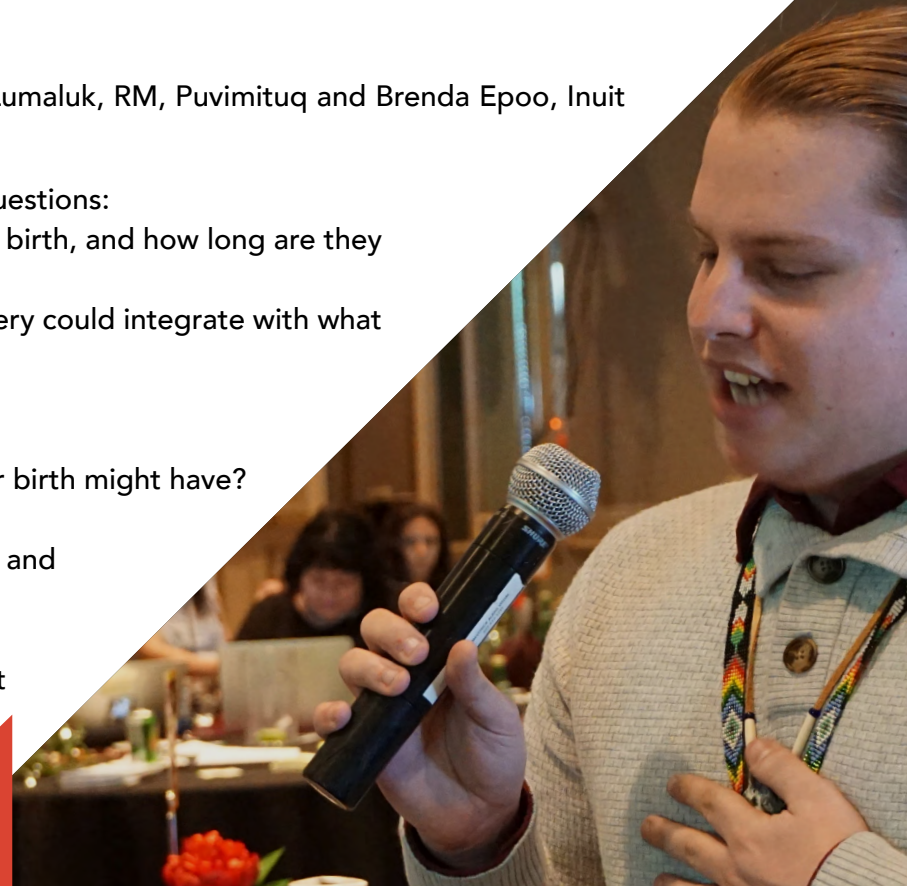
Decolonizing Risk: The Inuulitsivik Midwifery Service was presented by Akinisie Qumaluk, RM, Puvimituq and Brenda Epoo, Inuit midwife, RM.

The Emcee Trina Moyan, led another group discussion, guided by the following questions:

- How many families are currently leaving your community for routine/low-risk birth, and how long are they gone for?
- What are the existing health care facilities like, and how do you think midwifery could integrate with what you already offer?
- How do you see the return of birth impacting rates of breastfeeding?
- How do you see the return of birth impacting rates of intervention?
- Can you think of other health benefits that decreasing routine evacuation for birth might have?
-

The group discussion also included the opportunity to network and build capacity and relationships for future projects.

Day 2 ended with a closing prayer by Elder Sarah Yellowhead from Nibinamik First Nation.





What We Heard: Summit Themes

Central Theme: Bring Birth Home

Bring Birth Home! was the most common theme expressed throughout the Indigenous Midwifery Summit. Participants from all across Ontario advocated for the restoration of Indigenous midwifery services within all communities and in the Far North so Indigenous children can be born in their own communities. Birthing on the land and in the community were identified as very important to Indigenous peoples. The land is a place where women have a bond and spiritual connection and where their ancestors have given birth since time began. As Elder midwife Katsi Cook states:

“Woman is the First Environment. In pregnancy, our bodies sustain life. At the breast of women, the generations are nourished. From the bodies of women flows the relationship of those generations, both to society and the natural world. In this way, the earth is our mother, the old people said. In this way, we as women are earth.”

The rematriation of birth to northern communities by Indigenous midwives was recognized as a culturally important way to provide clinically safe and evidence-informed reproductive health care. At the same time, participants understood that some people may need to leave their homes and communities to access health care in the south. To achieve community birthing, both Indigenous midwives and non-Indigenous midwives could work in the north, a location where both groups of midwives are eager to provide care.

An important component of the summit was the consistent articulation that Indigenous peoples' understandings and identifications of risk are not the same as those described by the Euro-Canadian biomedical model. The call to Bring Birth Home takes into consideration the specific cultural understandings of birthing and risk in the North. It was articulated that the concept of risk has been used by colonizers in many contexts to remove Indigenous people from their communities, which extends to the medicalization of birth and the forced removal of women to give birth away from their community. Indigenous participants gave voice to a different notion of risk, stating that is indeed risky for women to leave their home community to give birth in other settings. Examples of this include leaving children behind for weeks at a time, where consistent and adequate care may not be available; to encountering institutional racism in the hospital, an environment where birth should be supportive, safe and secure but, for far too many Indigenous people, it is not.

Indigenous midwives provide safe and culturally relational health care that Indigenous peoples want to receive.



Subtheme 1: Centre Indigeneity and Self-Determination

Indigenous midwifery is more than the provision of excellent reproductive health care. It provides an essential linkage between cultural teachings, community wellness and midwifery care.

Indigeneity. Birthing on the land and in the community are key aspects of Indigeneity. Prior to recorded history, Indigenous peoples practiced their own sustainable ways of being, which included healthcare practices and medicines from trained, competent care providers. Indigenous midwifery was, and is, a fundamental healthcare service that ensures the cultural, physical, emotional and spiritual wellbeing of all community members.

Self-determination. Indigenous peoples have an inherent right to self-determination and to the improvement of their health.⁶ The decision to birth in the community and on the land reaffirms the roles and responsibilities of all community members to ensure the health and wellness of one another, which is inextricably tied to Indigeneity. Indigenous midwives practice and support self-determination.

“The lives of Indigenous people are influenced culturally, spiritually, emotionally, physically, and socially by the land.”⁷



Subtheme 2: Demystify Indigenous Midwifery

Participants want to know more about Indigenous midwives!

Not everyone at the summit was familiar with the healthcare services that Indigenous midwives provide. As a result, summit participants provided questions to guide future community engagement. Below is a summary of the amalgamated questions gathered throughout the summit.

- What is Indigenous midwifery?
- What is the difference between care provided by Indigenous midwives and registered midwives?
- What are the benefits of Indigenous midwifery?
- What is the difference between an Indigenous midwife and an Indigenous doula?
- How does Indigenous midwifery work on rural and remote reserves?
- What are the realities of life in northern Ontario, and how do they differ from the realities of life in southern Ontario? How do these different realities affect Indigenous midwifery care?
- How can Indigenous doulas assist families in remote areas?

*Pre-contact Indigenous knowledges are still being shared
and are vitally important to Indigenous peoples and to
cultural healing.*





Subtheme 3: Create Awareness

The third subtheme builds on subtheme 2 (Demystify Indigenous Midwifery). In addition to requesting detailed information to better understand Indigenous midwifery, summit participants asked for awareness-building across the North:

- Engage with First Nations communities in a sustained and reciprocal manner.
- Coordinate awareness-building of midwifery as a career option.
- Disseminate information about Indigenous midwifery and registered midwifery healthcare services.
- Explain the differences between Indigenous midwifery and registered midwifery.
- Showcase examples of various practice models in Ontario, Canada and worldwide.
- Communicate funding opportunities to communities, their economic development offices and their post-secondary education councils.

Indigenous midwives don't just deliver babies – they deliver relationships!

Subtheme 4: Make Midwifery in the North Sustainable

Indigenous midwifery and registered midwifery services must provide sustainable health care in the North. Pilot programs and time-limited funding to support Indigenous midwifery and registered midwifery services are NOT viable options in the North. Like other healthcare professionals, stable funding that reflects the cost of living in the North is required. For example, in some areas, housing is scarce – not only affordable housing, but any housing at all. One Indigenous midwife highlighted the housing scarcity in her community by describing how she had to use her own personal funds to have a house built so another midwife could join her practice. The necessity of this type of individual response to a systemic and well-known issue in the North is just one example of the lack of a systemic response to make tangible changes to improve the lives of Indigenous peoples.

Another critical component of sustainable Indigenous midwifery in the North is the consistent training of Indigenous student midwives. Summit participants identified a need for sustained and targeted funding for Indigenous students enrolled in any one of the available midwifery education programs, including Indigenous midwifery education programs. Currently, all midwifery educational opportunities are located in Ontario's south. Indigenous midwifery students from small, remote or northern areas need additional financial and community support while undertaking midwifery education. Indigenous midwifery students with dependents also require supplementary financial and community support to achieve their academic and professional goals.

Indigenous midwives and registered midwives want to work in the North.





Restoring Indigenous Midwifery in the North: What We Need To Do

Recommendation 1: Strengthen Public Education about Indigenous Midwifery

Not everyone understands the health care that Indigenous midwives and registered midwives provide. Summit participants gained a better understanding of Indigenous midwifery and registered midwifery services, but there is still more education work to be done.

For example, one attendee shared that midwifery services are still being equated with witchcraft and advancing non-Christian ideals. This line of thinking began in the 1800s and was a component of national efforts by the Government of Canada, doctors, nurses, nurse-midwives and various Christian churches to discredit the clinical skills, pharmaceutical knowledges and community relationships of Indigenous midwives.⁸

To counter this intrusive and harmful colonial narrative, there must be a coordinated, province-wide education plan with a focus on delivery in northern areas. Education should be delivered in both post-secondary and secondary schools so Indigenous students are aware of Indigenous midwifery as an educational and professional option. This education plan would also educate non-Indigenous students, some of whom may go into work in the healthcare field.

Indigenous midwifery is a legitimate healthcare profession that provides excellent healthcare services within a defined scope of practice.



Recommendation 2: Increase Indigenous Midwifery Education Opportunities

The National Aboriginal Council of Midwives is developing Indigenous Midwifery Core Competencies to detail the clinical and cultural responsibilities of the profession. This resource, which is near completion, will be publicly available at www.indigenoumidwifery.ca.

Indigenous midwifery students and aspiring Indigenous midwifery students must be supported in their academic and professional training goals. Whenever possible, Indigenous midwifery students should be trained and mentored by Indigenous midwives. To this end, non-Indigenous registered midwives must support Indigenous midwifery students as best they can so the cohort of Indigenous midwives grows. Non-Indigenous midwives who train Indigenous midwifery students must demonstrate knowledge in Indigenous cultural safety.

Summit participants noted that most midwifery education programs are located in southern Ontario. To mitigate the challenges of travelling a great distance for education and the corresponding disruption to family and community, participants suggested that instead of moving the student midwife, Indigenous midwifery educators should move to the students.

There was also mention of the importance of safe and culturally appropriate relationships with all members of the healthcare workforce. To facilitate the provision of Indigenous midwifery services within national, provincial and territorial healthcare systems, other healthcare professionals must be properly trained to work with Indigenous midwives in a non-hierarchical and relational manner free from racism, discrimination and misogyny. Antiracist and culturally-safe training should also be mandated for every person who works in a facility that serves Indigenous peoples so these spaces can be free from discrimination.

Indigenous peoples want to administer and deliver the reproductive health services in their communities, including the education of student midwives.

Recommendation 3: Recognize, Share and Preserve Reproductive Health and Community Teachings

Indigenous teachings, knowledges and instructions are not lost. There is an abundant body of Indigenous wisdom related to health and wellness that is held in trust by Indigenous Elders and Indigenous knowledge keepers and is often conveyed through storytelling. Storytelling, also known as storywork, is an academically rigorous knowledge translation method. According to Archibald (2008), storywork is built on seven principles: respect, responsibility, reciprocity, reverence, holism, inter-relatedness and synergy.⁹ These principles guide the relationships forming from the sharing of community teachings and must be integral to any Indigenous knowledge-sharing activities and events.

To restore Indigenous midwifery in the North, Indigenous midwives must build trusting relationships with Indigenous peoples in the North, on the terms and conditions that are appropriate to them. These relationships are vital to the continuation of Indigenous midwifery teachings and foundational to the specific cultural instructions that are shared generationally.

Indigenous peoples need access to Indigenous midwives.



Recommendation 4: Ensure Stable Funding for Indigenous Midwifery Services

Consistent and stable funding for Indigenous midwifery services must be responsive to inflationary changes and the economic realities of working in the North. Pilot programs and time-limited funding to support Indigenous midwifery and registered midwifery services are NOT viable options in the North. Summit participants advocated for increased and sustainable financial support for Indigenous midwives and Indigenous midwifery students.

An additional infrastructure requirement for Indigenous midwifery services is housing. As discussed above, affordable housing is often scarce in northern communities, both on and off reserves, so all levels of government should direct funding to building and maintaining physical infrastructure.

The formation of a publicly-funded, exclusively Indigenous midwifery network in Ontario was another option discussed at the summit. It was identified that although there is a national voice for Indigenous midwifery through the National Aboriginal Council of Midwives, further discussion is required regarding Indigenous midwifery representation in Ontario. If formed, such a network would require complete independence from existing non-Indigenous midwifery organizations so the autonomy and self-determination of Indigenous midwives would remain at the core of the organization.

Indigenous midwifery is self-governing and community-responsive.

Recommendation 5: Restore Lands and Waters

By understanding our responsibilities to the land and waters, these sacred relationships can be revived for individual and community wellness. Indigenous midwifery incorporates these cultural teachings, which are directly linked with pregnancy and birth.

The restoration of Indigenous midwifery directly supports the call to **Bring Birth Home**. While some Indigenous midwives can deliver babies in a hospital setting, the focus of care remains on the revitalization of our relationships with the land and the waters, which give us life and are at the core of our Indigenous identities.

INDIGENOUS MIDWIFERY CARE

Indigenous midwifery care is a pathway that supports the regeneration of strong Indigenous families by bringing birth closer to home. Indigenous midwifery normalizes birth rather than approaching it as an illness in need of treatment. Indigenous midwifery honours Indigenous peoples, languages, oral cultures and traditions. Indigenous midwives uphold birth as a deeply profound and sacred event. Indigenous midwives play a key role in building healthy and safe Indigenous communities in both rural and urban areas.

*“We love our land. It’s our way of life.”
Akinisie Qumaluk, Inuk midwife*



Working Together to Make Our Vision a Reality

The resurgence and reclamation of Indigenous midwifery has gained momentum in Ontario over the past 20 years with the funding of Tsi Non:we lonnakeratstha Ona:grahsta, the Six Nations Birthing Centre at Six Nations, Ontario who opened their doors in 1996, funded through the Aboriginal Healing and Wellness Strategy. In 2012, the Association of Ontario Midwives provided funding for a part time Policy Analyst to begin the work of supporting Indigenous midwifery specifically which has now grown to include a Director and an Indigenous midwifery team. Across the province Indigenous midwives have continued the work of their ancestors and Indigenous midwifery is growing.

On a national level, the formation of the National Aboriginal Council of Midwives in 2006 provided momentum for the growth of Indigenous midwifery which in resulted in a commitment to invest \$6 million dollars over the next 5 years from the federal government announced in June 2017 at the International Confederation of Midwives conference in Toronto.


The following charts represent a synthesis and analysis of the voices from the Indigenous Midwifery Summit in February 2019, which include alignment of the work being done at the provincial level at the Association of Ontario Midwives, at the federal level through the National Aboriginal Council of Midwives and recommendations for action from community voices at the Summit.



The chart shows the alignment of the goals of the provincial body, the Association of Ontario Midwives, with the long term objectives articulated by participants of this summit:

National Goal	Return Birthing to Communities		
AOM Goal	Through policy, funding and programs, advocate for the return of Indigenous midwifery to Indigenous communities across Ontario	Advocate for the provision of clinically excellent child and maternal health services to all Indigenous persons who reside in Ontario	
Long-term Objectives	Federal	Provincial	Partners
	A return of birth to Indigenous communities	Align the provincial health care system, including related funding, with Indigenous midwifery	Advocate for return of birth and actively contribute to awareness building campaigns that support Indigenous midwifery
Results	The return of birth to communities and increased access to Indigenous midwifery services for each Indigenous person, family, and community in Ontario		

The chart is an analysis provided by the AOM regarding three indicators that can be monitored by communities and stakeholders such as government and the Association of Ontario Midwives during the stages of development of Indigenous midwifery in the North:

Indicators		Number of community births	Number of communities with access to Indigenous midwives	Number of Indigenous midwives in Ontario
Stages of Development		Community and home birthing are routinely offered	Indigenous communities have their own community Indigenous midwifery services	The number of Indigenous midwives meets the needs of Indigenous communities
		Indigenous people are able to birth in the community and at home	Indigenous communities are able to access Indigenous midwifery services without being evacuated for birth	The number of Indigenous midwives in Ontario increases to reflect multi-level investments in the profession
		Indigenous communities are aware of community and home birthing	Indigenous communities are aware of the benefits of Indigenous midwifery and can access Indigenous midwifery care when they are evacuated for birth	The number of Indigenous midwives and services they provide is collected and publicly available

This chart provides a summary of the specific actions that were recommended by participants at the summit, and are delegated to various types of stakeholders (federal, provincial, partners and First Nations):

Actions	Strengthen Education	Increase Training Opportunities	Recognize, Share and Preserve Reproductive Health Teachings	Ensure Stable Funding for Indigenous Midwifery Services	Restore Lands and Waters
Federal Actions	Develop a funding strategy to support Indigenous midwifery as part of core funding to Indigenous communities (ISC/CIRNA)	Support national initiatives and/or training through labour market programs, re-training initiatives, mentorship programs.	Provide equitable funding for programs to support knowledge and language preservation and transmission.	Provide equitable for provision of Indigenous midwifery services on reserves, and through other federal health care delivery points, funding for infrastructure on reserves.	Continue to work on return of lands and waters to the care of Indigenous Nations.
Provincial Actions	Continue to fund Indigenous midwifery education programs through Ontario universities, colleges, technical institutes and the Indigenous Midwifery Program through training Indigenous midwifery students.	In collaboration with the federal government, develop labour force entry initiatives through training programs.	Provide equitable funding through universities and colleges to support knowledge and language training and knowledge transmissions.	Increase funding support for Indigenous midwifery services through OHIP (e.g. providing billing numbers for AMs), and sustainably fund infrastructure development off reserve.	Work with industry and private individuals to transfer provincially-managed Crown lands to Indigenous Nations and equitably share rent from income-generating properties with Nations.
Partner Actions	Lobby governments for strengthened education programs; Work with governments to explore innovative education approaches (e.g. remote learning) for parts of midwifery education programs.	Work with provincial and federal departments to offer community-based, innovative training and certification programs for Indigenous midwives.	Work with Indigenous Nations and midwives to seek funding through foundations and other funding sources to support language and knowledge preservation and transmission.	Work with Indigenous Nations and midwives/midwifery organizations to advocate for stable, ongoing funding for Indigenous midwifery.	Explore innovative opportunities (e.g. land trusts) for the sustainable and equitable funding.
First Nations Actions	Actively support and prioritize the return of birth and the return of Indigenous midwifery.	Ensure post-secondary education funding includes Indigenous midwifery programmes and midwifery education midwifery programmes.	Engaged with community members, organizations, and researchers to preserve reproductive health teachings and cultural knowledges.	Advocate for stable and long term funding for Indigenous midwifery services.	Continue to advocate for the return of Indigenous lands and waters.

Future Gatherings: Participant Recommendations

Indigenous Midwifery Summit participants provided valuable input to conference organizers about the content, organization, location and structure of the summit. The feedback collected from summit participants will help determine next steps and inform the direction of future gatherings.

- Have yearly Indigenous Midwifery Summits on the land that incorporate water, fire and air.
- Increase the length of the conference.
- Increase the number of northern Indigenous speakers.
- Publicize the event earlier so more community members can attend.
- Purposefully invite Indigenous leaders.
- Add breakout sessions and small discussions to the agenda.
- Invite youth to attend and include youth-specific content.
- Be attentive to the space and time that non-Indigenous speakers have during the summit.
- Include speakers who work in alternative-care models.
- Continue to hold the conference in a northern location. Participants reported that having the summit in Thunder Bay was very important to them.
- Highlight the healthcare services that Inuit midwives provide.
- Develop a provincial Indigenous midwifery council.

Community Representation

Animakee Wa Zhing 37 First Nation
Aroland First Nation
Association of Iroquois and Allied Indians
Atikameksheng Anishnawbek
Attawapiskat First Nation
Aundeck-Omni-Kaning First Nation
Beausoleil First Nation
Bingwi Neyaashi Anishinaabek First Nation
Brunswick House First Nation
Cat Lake First Nation
Chippewas of Kettle and Stony Point First Nation
Couchiching First Nation
Dokis First Nation
Eagle Lake First Nation
Fort Severn First Nation
Grand Council Treaty #3
Henvey Inlet First Nation
Iskatewizaagegan 39 Independent First Nation
Kanyen'kehà:ka
Keewaywin First Nation
Kitchenuhmaykoosib Inninuwug
Lac Seul First Nation
Matachewan First Nation
Mishkeegogamang First Nation
Missanabie Cree First Nation
Mitaanjigamiing First Nation
Mohawk Council for Akwesasne
Moose Cree First Nation
Mushkegowuk Council
Muskrat Dam Lake First Nation
Namaygoosisagagun First Nation
Neskantaga First Nation

Nibinamik First Nation
Nigigoonsiminikaaning First Nation
Nipissing First Nation
Obashkaandagaang First Nation
Oneida Nation of the Thames
Pays Plat First Nation
Poplar Hill First Nation
Seine River First Nation
Shibogama First Nations Council
Shoal Lake 40 First Nation
Six Nations of the Grand River
Taykwa Tagamou Nation
Wabauskang First Nation
Wabigoon Lake First Nation
Wahgoshig First Nation
Wawakepewin First Nation
Webequie First Nation
Wapekeka First Nation
Whitesand First Nation



Organization Representation

Mohawk Council of Akwesasne
Anishinabek Nation
Association of Ontario Midwives
Beedaubin Resources
Chiefs of Ontario
Community Midwives of Thunder Bay
Dilico Anishinabek Family Care
Diversity Midwives
Gizhewaadiziwin Health Access Centre
Independent First Nations Alliance
Indigenous Services Canada
Inuulitsivik Health Centre
Kenhtè:ke Midwives
K'Tigaaning Midwives
Kunuwanimano Child and Family Services
Lakehead University

Laurentian University Midwifery Education Program
Matawa Health Co-Operative
Maternity Care Midwives Thunder Bay
McMaster University Midwifery Education Program
Ministry of Health and Long-Term Care, Government of Ontario
Mount Royal University
National Aboriginal Council of Midwives
Nishnawbe Aski Nation
Nishnawbe Aski Nation Temiskaming Native Women's Support Group
Native Child and Family Services Toronto
Noojmowin Teg Health Centre
NorWest Community Health Centres
Ontario Native Women's Association
Queen's University
Ryerson University Midwifery Education Program
Seventh Generation Midwives Toronto
Sioux Lookout First Nations Health Authority
Southwest Ontario Aboriginal Health Access Centre
St. Michael's Hospital
Temiskaming Midwives
Tsi Non:we Ionnakeratstha Ona:grahsta
Thunder Bay Regional Health Sciences Centre
Waasegiizhig Nanaandawe'iyewigamig
Weeneebayko Area Health Authority
Well Living House
Zaagi'idiwin



ALL ONTARIO CHIEFS CONFERENCE RESOLUTION 19/16
June 28-29-30, 2016
Thunder Bay, ON

SUBJECT: SUPPORT FOR FIRST NATIONS MIDWIFERY IN ONTARIO
MOVER: Chief Tim Thompson, Proxy, Mohawks of Akwesasne
SECONDER: Chief Brian Perrault, Couchiching First Nation
DECISION: Carried

WHEREAS:

1. In 1994, Aboriginal Midwives received an Exception Clause in the Midwifery Act and an Exemption Clause under the Regulated Health Professions Act;
2. Today, the practice of midwifery in many First Nations is non-existent due to the medicalization of childbirth, and the subsequent removal of women from northern First Nations to give birth in the south;
3. The Association of Ontario Midwives indicate investments in midwifery services improves health outcomes and results in health savings to the health care system;
4. The Ministry of Health and Long Term Care (MOHLTC) through the Ontario Midwifery Program currently funds regulated Midwifery in Ontario, yet disparities are still prevalent, especially as it relates to access to midwives for First Nations women and their families;
5. Traditional midwifery and Birthing practices integrate First Nations culture, traditions, values and knowledge;
6. Ontario First Nations are committed to safeguarding traditional midwifery and revitalizing traditional birthing practices by reclaiming our right to birth our children in our First Nation territories;

THEREFORE BE IT RESOLVED that we, the Chiefs in Assembly:

1. Supports the development of a First Nation's Midwifery Strategy in partnership with the Association of Ontario Midwives.
2. Call upon the federal and provincial governments to provide sufficient and sustainable funding to support First Nations Midwifery Services and traditional models of training.
3. Acknowledge those First Nation communities who have expressed their readiness and demonstrated need for programming resources and who must be considered for immediate investments.



Grand Council Treaty #3 Resolution # CA-12-18
Office of the Ogichidaa
Treaty #3 Chiefs in Assembly

**Resolution regarding: Grand Council Treaty #3 Support the development of
Midwifery and Maternal Child Health Services for Treaty #3**
Moved By: Chief Simon Fobister, Asubpeeschoseewagong Netum Anishinabek
Seconded by: Chief Janice Henderson, Mitaanjigaming First Nation

Whereas, access to appropriate and quality maternal child health services is limited in Treaty 3 and historical funding inequities to health services has negatively impacted availability of care

Whereas, Anishinaabe families need culturally appropriate services and supports around family planning, birthing, pre and post natal care

Whereas, impacts of colonization have negatively affected knowledge transfer and practice of traditional protocols such as midwifery and ceremonies associated with birthing

Whereas, Midwifery is a historical practice of the Anishinaabe and there is knowledge in the communities to share around birthing

Whereas, the Treaty # 3 Health Council recommends support for the project being initiated in Asubpeeschoseewagong Netum Anishinabek and has agreed to participate in a working group

Whereas, the development of maternal child health care services in Treaty #3 and training opportunities would benefit all Treaty #3 communities

Therefore It is resolved, that the Treaty #3 Chiefs-In-Assembly will support the work led by Asubpeeschoseewagong Netum Anishinabek and the Treaty #3 Health Council Working Group to move forward on planning and seeking funding to support maternal child health services in Treaty #3.

Decided on May 31st, 2012 at Anishinaabeg of Naongashiing



Nishnawbe Aski Nation

DATED AT TIMMINS, ONTARIO, THIS IOTH DAY OF MAY 2017.

MOVED BY: Proxy Lorraine Tangie, Brunswick House First Nation
SECONDED BY: Chief Connie Gray-McKay, Mishkeegogamang First Nation
DECISION: CARRIED

RESOLUTION 17/29:SUPPORT FOR DEVELOPING MIDWIFERY SERVICES MODEL IN NAN COMMUNITIES

WHEREAS Aboriginal midwifery, the presence of midwives, and the choice of midwifery as a profession have all declined significantly over the last several decades, and this has had a negative impact both on the preservation of culture and on maternal newborn health outcomes in Aboriginal communities across Canada;

WHEREAS according to First Nations and Inuit Health. Health Canada, 2013, “Aboriginal women are suffering from the lack of equitable access to culturally appropriate midwifery, and this is resulting in higher risks of adverse pregnancy and poorer infant health outcomes when compared to the general Canadian population”;

WHEREAS the majority of pregnant Aboriginal women living in remote, isolated Nishnawbe Aski Nation (NAN) communities leave their communities to give birth in larger, centralized hospitals, often without the baby’s other parent or extended family for support;

WHEREAS separation from fundamental support systems, combined with lack of maternal and newborn care that is culturally safe, has been linked to a range of concerns from low birth weights to maternal and newborn complications, including prenatal and postnatal mood disorders, as well as limited success in establishing breastfeeding;

WHEREAS midwifery care in communities has been identified as a pathway that improves health and supports the regeneration of strong families;

WHEREAS Aboriginal midwifery models honour Indigenous people, languages, and cultures, as well as holding birth up as a deeply profound and sacred event;

THEREFORE BE IT RESOLVED that NAN Chiefs-in-Assembly support the development of a midwifery service delivery model supporting pregnant women and their families;

FURTHER BE IT RESOLVED that Chiefs-in-Assembly mandate the NAN Executive Council to seek further resources and funding to support the development of a midwifery services delivery model;

FINALLY BE IT RESOLVED that a midwifery services delivery model, including capacity and infrastructure, will be presented at the NAN Chiefs Fall Assembly for approval.

Mushkegowuk Council 26th Annual Mamowihitowin Resolution No. 2011-09-26
September 29, 2011
Moose Cree Nation

MOVED BY: Deputy Chief Gerald Martinas Attawapiskat First Nation
SECONDED BY: Brenda Scott Fort Albany First Nation
DECISION: CARRIED

Midwifery Services in Mushkegowuk First Nations

WHEREAS the children of the Omushkegowuk are the future of the Mushkegowuk Nation and their mothers carry an important responsibility to pass on the culture to their children; and

WHEREAS the evacuation of expectant mothers to give birth outside of their home communities creates hardship, grief and anxiety on mothers and the entire family and community structure; and

WHEREAS there are traditional practices of childbirth that are not being passed on due to the current medical arrangement of having expectant mothers spend weeks or months away from home to give birth; and

WHEREAS the knowledge of traditional midwives has almost disappeared and there is a need for training for community women to become midwives, integrating both western and traditional knowledge;

THEREFORE BE IT RESOLVED that this Mamowihitowin of the Omushkegowuk hereby declare that the provision of midwifery services are a priority to all Mushkegowuk First Nations;

BE IT FURTHER RESOLVED that this Mamowihitowin of the Omushkegowuk gives our strong support to the proposal for the implementation of midwifery services in the James and Hudson Bay communities and call upon the Ontario Midwifery Program and other health care funders to put in place the necessary funding to allow expectant mothers to deliver their babies in their home communities in a manner that is culturally appropriate.

Interviews and Media Links

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Garrick, R. (2019, February 25). 'Midwifery is an antidote to these traumatic processes' says keynote speaker at Indigenous Midwifery Summit. Anishinabek News, Retrieved from <http://anishinabeknews.ca/2019/02/25/midwifery-is-an-antidote-to-these-traumatic-processes-says-keynote-speaker-at-indigenous-midwifery-summit/>

Garrick, W. (2019, March 15). Indigenous midwifery conference held in Thunder Bay. Wawatay News, Retrieved from <http://www.wawataynews.ca/sites/default/files/PDFissues/March%202019%20Wawatay.pdf>

Linton, B. (2019, February 13). Summit examines path for midwifery. The Chronicle Journal.

The Indigenous Midwifery Summit contributed to the goals of the Truth and Reconciliation Commission, Calls to Action and the Government of Ontario's The Journey Together: Ontario's Commitment to Reconciliation with Indigenous Peoples.

¹National Aboriginal Council of Midwives (2019). What is an Indigenous midwife? Retrieved from <https://indigenousmidwifery.ca/indigenous-midwifery-in-canada/>

²Some midwives in Ontario choose not to be registered with the College of Midwives of Ontario and use the term Aboriginal Midwife (AM) as defined in the Exception Clause in the Midwifery Act, 1991. Some AM's also choose to be named in relationship to their community, such as Onkwehon:we midwife

³Midwifery Act, 1991. S.O. 1991, Chapter 31. Retrieved from <https://www.ontario.ca/laws/statute/91m31>

⁴National Aboriginal Council of Midwives (2019). What is an Indigenous Midwife? Retrieved from <https://indigenousmidwifery.ca/indigenous-midwifery-in-canada/>

⁵Government of Ontario (2016). The journey together: Ontario's commitment to reconciliation with Indigenous peoples. Retrieved from https://files.ontario.ca/trc_report_web_mar17_en_1.pdf

⁶United Nations. (2011). United Nations Declaration on the Rights of Indigenous Peoples.

⁷Lawford, K., & Giles, A.R. (2012). An analysis of the evacuation policy for pregnant First Nations women in Canada. *AlterNative*, 8(3), 329-342.

⁸Lawford, K., & Giles, A.R. (2012). An analysis of the evacuation policy for pregnant First Nations women in Canada. *AlterNative*, 8(3), 329-342.

⁹Archibald, J. (2008). *Indigenous storywork: Educating the heart, mind, body, and spirit*. Toronto, Canada: UBC Press. Retrieved from <https://www.ubcpres.ca/asset/9270/1/9780774814010.pdf>

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**Chiefs of
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**GRAND COUNCIL
TREATY #3**
THE GOVERNMENT OF THE ANISHINAABE NATION IN TREATY #3



Indigenous Services
Canada

Services aux
Autochtones Canada



Ontario



Sioux Lookout
First Nations
Health Authority





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