

Welcome to Voices from the Field, a podcast produced by the National Collaborating Centre for Indigenous Health. The NCCIH focuses on innovative research and community-based initiatives promoting the health and well-being of First Nations, Inuit and Métis peoples in Canada.

This episode, Indigenous Midwifery During COVID-19, [is a] conversation with midwives, Carol Couchie and Claire Dion Fletcher. Carol, a Nishnawbe Kwe from Nipissing First Nation, has worked as a midwife for 20 years in Ontario, northern Manitoba and northern Quebec. Claire, of Lenape Potawatomi and settler origin, is a registered midwife at Seventh Generation Midwives Toronto. As co-chairs of the National Aboriginal Council of Midwives, or NACM, Carol and Claire will speak to how Indigenous midwives are well placed to support communities during the COVID-19 pandemic and how the Council continues to respond to the needs of Indigenous women and midwives.

Carol and Claire, could you each comment on how Indigenous midwives can support communities during COVID-19?

CAROL: For those communities that are fortunate enough right now to have Indigenous midwives working within them, particularly those communities that have midwives working in the north, one of the best things is that we're able to provide care outside the hospital. So in a case where we're having a huge pandemic where there are many infectious people, sick people, at the hospital or at the nursing station, that's the first place they go to. Midwives are able to care for mothers and babies in a place that that kind of traffic doesn't usually go. We are first responders and we're taking very good care of ourselves and our clients. We've limited our contact, we're able to spend more time on the phone doing phone clinics, prioritizing prenatal visits, also, prioritizing face to face postpartum visits, we're available 24/7. But during the birth, we're trained to be able to risk-screen our pregnant people and our babies and deliver the babies outside a hospital situation. The other thing is that, in general, midwives have a closer relationship and contact with their patients and clients. We're more available. We're on call 24/7. You can always get a hold of us and usually that contact, that first contact, is on the telephone. So we're very, very good at triaging our clients and even affecting people at their home, so it reduces contact in the hospital.

CLAIRE: As Indigenous midwives, we are accustomed to working in our communities. That's how we work. There is obviously a lot of things we've had to take into consideration, including protecting ourselves and protecting our different families. You know, this is how we work already. So I think that that's an important thing that we've been able to bring to being able to provide care is just the supports that we already have in place for this. As Indigenous midwives, we talk a lot about keeping birth closer to home and keeping birth in Indigenous and remote communities and that's really important, I think, in both remote communities and urban centres. In remote communities, where there are midwives, that means that women are able to have their babies at home, which can protect both themselves and their families and the wider community by them not having to leave to urban centres where there actually may be more cases of COVID and where they are living in situations where they are with more strangers and are potentially putting themselves at more risk. We are able to keep women in their communities and safe in that way to have births. I think in urban settings that's important too, just to be able to keep people out of the hospital. So being able to safely provide the option of out of hospital birth and birth closer to our homes and closer to our communities, I think, at this time, is extremely important for our communities. The ability to step up and help our communities in different ways during the pandemic. So

midwifery looks different across the country and, you know, midwives work in different ways, but I think that during this time of a pandemic that we are able to take on more roles in helping in community health, which would have been the traditional roles of midwives in our communities because we are used to doing this type of care in the community. So we're able to increase peoples' access to things like birth control and sexual health and things that are becoming harder to get access to because of the physical distancing and the social distancing and the burden on the health care system, that those are things that we, as midwives can do and participate in and help our communities. Like moving our support online, doing online prenatal classes, sharing teachings online, these are all things that we could be doing to help meet the needs of people within this situation.

CAROL: Never before have we been so concerned about the lack of human resources, particularly in rural and remote areas, but all across the country in our communities. And that pregnant people and newborn babies are among the most vulnerable in our communities and the most precious, along with our Elders. The lack of midwives that is experienced across the country, we're a handful of midwives, and we need to be multiplied tenfold, at least. I will say that it has become very, very evident that sort of the ground that we lost over the last 500 years and where Indigenous midwifery was almost decimated, we need to catch up and work really, really hard, and keep going, to get more midwives educated and in our communities and bringing back these traditions, helping our families grow and be strong.

Could you talk more about how the National Aboriginal Council of Midwives has responded to the pandemic?

CAROL: I think one of the main reasons we have responded is to support the midwives across the country, the Indigenous midwives across the country, from coast to coast to coast, helping them find resources like personal protective equipment, support, even if it's emotional support, doing shout outs to each other. We are a professional association that support each other and grow our profession. One of the main ways we supported people or the country is to really think about Indigenous communities in rural and remote areas and urban areas as well, but particularly those communities in the north where people would be flying down to have their babies, because they don't have midwives in their community, and talking to people about the needs of those families and trying to get supports in place for those families, even when we talk about having a support person and how we need more testing so that the support people will be able to safely go into the hospital or if they can't go into the hospital, that the family will be able to return home quicker after that two-week isolation. There's a lot of concerns around people traveling. Most of the community cases are linked and traced back to people who were traveling in and out. So, you can imagine, when there is a small community with little or no resources, medically, if somebody brings back COVID, they are asymptomatic and they don't know, the whole community can get hit. Of course, everyone wants to see the new family, see the new baby. There's Elders that will want to come and greet the baby and we're very close communities. How do we protect our Elders? How do we protect our most vulnerable women? So we have written a whole document on protocols and recommendations for maternity care units and it's on our website. I think Claire can probably also add to what I'm saying.

CLAIRE: A lot of our members are working in locations where they are working by themselves or in teams with non-Indigenous midwives, and so being able to provide that connection with other Indigenous midwives across the country, I think, is always important, but is particularly important right

now in the case of the pandemic and being able to share resources and share information. Just even things like, what is your clinic doing? how are you doing your prenatal visits? and how are you doing your postpartum visits?, to be able to talk as a group and share how we're meeting the needs of our communities as well. We have a lot of support, often from our other professional associations and our other organizations. Sometimes we need and often we need that Indigenous focused support and the context of other Indigenous care providers and how we're working to meet the unique needs of our communities and also of our care providers, gathering and sharing information. There's so much information going out. Our sister organization, the Canadian Association of Midwives, is doing a lot of that work and so we work together with CAM to make sure that members have access to up-to-date information. Then also, just working with our different partners, like other provincial associations, other national associations, and partners in the government to make sure that our midwives have what they need to make sure that we're keeping our midwives safe, and that we're keeping our communities safe, and that we have the supplies that we need to be able to take care of each other. Also trying to, as much as possible, support our student members who have, depending on where students are training, whether they're training in community-based Indigenous midwifery education programs or university-based midwifery education programs, really trying to support those students, as the majority of them have had their learning put on hold because of this. NACM is an organization... our role in advocating, also our individual midwives and members who advocate every day for our clients, I think that just becomes really apparent in this pandemic, as we know that people who have poor health outcomes and are more affected by pandemics and the role, I think, as midwives and as an organization, making sure that we don't lose that and we draw attention to that, and to the health effects for our Indigenous clients and our families and, you know, so you add a pandemic on top of being pregnant and having a baby on top of potentially already having other health outcomes is difficult. Just making sure that we don't lose that and lose how that has a greater burden on Indigenous communities, advocating for our clients, for their health and their well-being and the birth that they want to have while also protecting their family and their community.