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Cree Women of Eeyou Istchee Association
Association des Femmes Cries de Eeyou Istchee

Statement on *Ashtemhaagaanawao Experienced by Women During Birthing*

Presented to the Public Inquiry Commission on relations between Indigenous Peoples and certain public services in Québec: listening, reconciliation and progress

At Cree Women of Eeyou Istchee Association (CWEIA), our mission is to develop and sustain **Iiyiyiuu-Iiyinuu Iskweuch** (Cree Women) through significant initiatives of healing, culture and socioeconomic development. As we carry the voices of these women, we accomplish our actions through representation as well as our active participation in the research and implementation of possible solutions. Our values and principles as **Iiyiyiuu-Iiyinuu Iskweuch** entail that we also participate in advocacy efforts to resolve issues of injustice relating to the present conditions of indigenous women. Over the ten years of our official existence, we have cultivated a strong relationship with our members through culturally secure spaces and democratic decision-making processes. As a grassroots organization, CWEIA strives to be part of a positive transformation of women's status and roles in **Iiyiyiuu Istchee,** provincial, national and international societies. Today, in collaboration with Regroupement Naissance-Renaissance we are seizing this opportunity to share concerns voiced by our members and also to bring forth recommendations to be considered by the commission in charge of this inquiry, and to ensure its successes.

The Regroupement Naissance-Renaissance is a grassroots umbrella organisation that has been advocating for the humanization of childbirth and women's rights to respectful birth for close to 40 years. We are in full support of the statement made by the Cree Women of Eeyou Istchee Association. The testimonials that are cited here echo the words of women the world over and demonstrate amply that there are most likely human rights violations at play. As a member of the International Council for Respectful Maternity Care, we urge Québec's Viens Commission to pay close attention to the issues raised here. **Iiyiyiuu-Iiyinuu Iskweuch** are speaking out about the fact that their fundamental human rights and their vision of birth as a central, spiritual and sacred moment in the life of their communities are not being respected. Getting it right from the start is a key tool for healing communities that are still reeling from the long-term impact of systemic racism and colonialism.

The charter for RESPECTFUL MATERNITY CARE: THE UNIVERSAL RIGHTS OF CHILDBEARING WOMEN, supported by the World Health Organization, gives a context for better understanding the testimonials brought forth here and CWEIA recommendations:

1. Freedom from harm and ill treatment
2. Right to information, informed consent and refusal, and respect for choices and preferences, including the right to companionship of choice wherever possible

19 Ouje-Bougoumou Meskino
Ouje-Bougoumou Qc. G0W 3C0
www.cweia.ca

3. Confidentiality, dignity
4. Dignity, respect
5. Equality, freedom from discrimination, equitable care
6. Right to timely healthcare and to the highest attainable level of health
7. Liberty, autonomy, self-determination, and freedom from coercion

The government of Québec has a responsibility to ensure that its healthcare system, as well as all of its workers, fully respect these rights. The RNR urges the Viens Commission to do everything in its power to put CWEIA's recommendations in place.

Presently, women have to leave **Iiyiyiuu** Istchee to give birth in hospitals located in urban centers such as Val d'Or, Chibougamau or Montreal. Annually, between 350 to 425 women are sent away from their family between 36 to 38 weeks, and as early as 32 weeks to await the birth of their child. The Cree Health Board and Social Services of James Bay covers the cost for an escort to join them at 39 weeks. Around two-thirds of **Iiyiyiuu Istchee** childbirths are in Val d'Or and a quarter, in Chibougamau. This represents 30-50% of the births in these centres.

On September 8th, during our 11th General Assembly, we organized a talking circle on the birthing experiences of women over the last 15 years. Nine participants shared their own birthing stories or what they witnessed. It was also a time to discuss recommendations to improve the situation of healthcare in childbirth. Since the talking circle, two more women have come forward to share their experiences. This statement is based on their sharing and suggestions.

The meaning of the birth of a baby is more than an addition of a family member. In relation to our sacred circle, birthing is the center and it symbolizes the hope, the future and the meaning of becoming a spirit. Birthing is the first rite of passage: «Life is a special and sacred ceremony, it should not be a time to transfer fear». One of the woman during the talking circle mentioned that the spirit of the baby feels everything. During the perinatal period, women, bearers of life and the future, report having experienced or witnessed ***ashtemhaagaanawao,*** meaning disregard for life.

«The mechanisms that repositioned First Nations women's labour and birth to hospital and the ensuing evacuation policy are currently understood as attempts to curb First Nations' child and maternal mortality rates. Such an understanding is predicated on the assumption that Euro-Canadian bio-medical models of health and healthcare are superior to the birthing practices that First Nations used for millennia prior to colonizers' arrival and subsequent intervention into labour and birthing.» (Lawford, 2011, p.34-35)

One woman said that she was told to not walk during labour by a healthcare provider. The reason for such an instruction was never provided to her. The pain increased and she felt pressured to have an epidural which she did not want in the first place: «We tend to not question what doctors recommend. We have not been taught to speak our mind.». Another woman spoke about witnessing professionals repeatedly suggesting an epidural, despite the fact that the woman in labour expressed she did not want it.

It is important to contextualize our birthing experiences in relation to our experiences as residential school survivors and to recognize the long-term impact on subsequent generations. Bombay, Matheson and Anisman (2009) report that 64% of residential school survivors experienced post-traumatic stress disorder. Children were taught not to question any instructions out of fear of punishment. The systematic evacuation during pregnancy for birthing can reactivate the collective intergenerational trauma and continue to perpetuate the disruption of cultural identity formation.

A woman spoke about the fear of leaving her children behind, potentially exposing them to abuse and neglect. For weeks, she was worried about the children she had to leave behind when she should have been preparing for the new child coming. By pressuring and coercing women to leave **Iiyiyiuu Istchee**, it creates isolation and disruption for her family's life. This isolation and the obligation to birth under the Euro-Canadian biomedical model also interrupts the chain of transmission of knowledge in the same way that residential schools did. If birthing practices are not examined and transformed so that they are truly respectful of **Iiyinuu Iskweuch** cultural values and beliefs, there is the dangerous potential for perpetuating cultural genocide; the loss of our knowledge of the first rite of passage when becoming spirit. The testimonials and conclusions of the Truth and Reconciliation Commission of Canada (2015) attest to the far-ranging impacts of cultural genocide. The loss of identity and the break-up of families and communities, as perpetuated by assimilation practices, have intergenerational impacts that impede the passing on of values, spiritual guidance and parental practices. Women have been prevented from passing their cultural values and identity on from one generation to the next. This collective, intergenerational trauma has impaired Indigenous identity.

One woman shared that she requested to keep her placenta this year. She wanted it for the placenta ceremony which carries deep cultural meaning regarding the health of the child and its connection to the land. The request was denied by the staff and no justifiable reason was given which is contrary to the MHSS bulletin published in 2017. By refusing women their placentas, it negates and contributes to the loss of our practices and their meaning. Another woman spoke about her breastfeeding experience at the hospital. «My mom told me that weight loss is natural because of water but the hospital crew automatically think that the mother's milk is not working. We had ways to stimulate milk production.». This is an example of what Lawford (2011) describes as the perinatal period experience being rooted in the Euro-Canadian biomedical model: «[the introduction of the Euro-Canadian biomedical model] undermined, marginalized, and made irrelevant the First Nations' knowledge, practices, and practitioners, that sustained their existence for thousands of millennia. First Nations women who are evacuated to urban cities in their pregnancy to await labour and delivery directly experience health care that is grounded in colonialism.» (Lawford, 2011, p.47). By disregarding the contribution of **Iiyiyiuu-Iiyinuu Iskweuch** knowledge, it erodes our roles and responsibilities, altering our position in our community, furthering the colonial project and carrying on ***ashtemhaagaanawao***.

During the talking circle, many voiced their concern about the high rates of caesarean section. Currently, 32% of **Iiyiyiuu-Iiyinuu Iskweuch** currently experience a caesarean section. The question was raised if it could be a manifestation of discrimination or monetary incentive. A woman also mentioned the impact of such surgery on future births.

The World Health Organization in its Statement on Caesarean Rates (2015) affirms that a rate higher than 10% does not reduce mortality rates for mothers and newborns. As a surgical procedure, caesarean sections can increase the rates of morbidity and mortality:

«These include psychosocial implications regarding the maternal–infant relationship, women's psychological health, women's ability to successfully initiate breastfeeding and paediatric outcomes.» (WHO, 2015).

During the talking circle, there was a discussion on the importance of natural birth. It was mentioned that there is less anxiety for the mother, it respects «how it should be» and tends to leave less traumatic scars.

The connection between being born on the land and identity was raised by a grand-mother. They are concerned that the place of birth is associated to the place of belonging contributing to the loss of identity. The connection to the land plays a role in our health and sense of identity:
«[...] evacuation policy disrupts unique self-expressions of identity at the very beginning of one's life. [...] The relationship between land and health is not included in Euro-Canadian biomedical health care models.» (Lawford, 2011, p.80-81).

A further example of the ostracization and microagressions toward **Iiyiyiuu-Iiyinuu Iskweuch,** is the welcoming sign on the new mother-child unit in Val d'Or. It has been named «l'étage Hydro-Québec», and a sign announcing this is prominently displayed as you enter the unit. That name and its presentation was ill-considered for the potential impact it could have on the women who would birth there. It can be a reminder of historic conflicts that are not helpful at the time of birth. Its impact on **Iiyiyiuu-Iiyinuu Iskweuch,** as a symbol of lost land for families can be experienced as a trigger reminding them that their child's first breath is not being taken on their own land. Birth then becomes an experience rooted in the devalorisation of our practices and language. It imposes another language other than **Iiyiyiuu-Iiyinuu ayimun** (Cree language); French or English are the first words heard by the newborn.

In conclusion, we recognize that while Euro-Canadian health interventions have made some important contributions, we question the ways in which **Iiyiyiuu-Iiyinuu Iskweuch** pregnant women have been systematically displaced and their birthing practices, completely dismissed. We are deeply concerned about the ***ashtemhaagaanawao*** happening in birthing hospitals. We bring to your attention that this disrespect for life is rooted in a system that has inherited colonialist practices. If unchecked, ***ashtemhaagaanawao*** will continue to be perpetuated by the healthcare system and consequently enacted by the health care providers through their unquestioning execution of

protocols and practices unadapted to the needs and beliefs of **Iiyiyiuu-Iiyinuu Iskweuch**. It is time to bring families back together, to recognize the **Iiyiyiuu-Iiyinuu Iskweuch** contribution to life. We need to take the next steps together to decolonize birth, because the beginning of the life cycle is the first rite of passage, a significant moment for the whole community.

Recommendations for moving together toward complete regard for the lives of Indigenous women and their children

For all non-indigenous peoples, an awareness plan should be implemented, making it mandatory for everyone, including public service providers, to learn about the ***ashtemhaagaanawao*** *(*disregard for life*)* that we face on a regular basis and particularly at the time of childbearing. All health care professionals must receive a cultural safety training which should include the impact of residential schools, the intergenerational trauma and the medicine wheel (our wholistic vision of health). Healthcare professionals should learn more about how to support **Iiyiyiuu-Iiyinuu** Iskweuch birthing and breastfeeding practices including offering the placenta. What birthing and the respect for life means to us should be understood and respected.

Every healthcare professional should have compulsory training on informed choice and consent. A policy on informed choice and consent in perinatal care should be adopted and promoted by all hospitals as stated by the World Health Organization recommendation on respectful maternity care during labour and childbirth published in 2018.

Complete explanations including the pros and cons should be given when an obstetrical intervention is proposed. Women should be informed of their rights, particularly the right to informed consent, when receiving services in the public system. This information should be given in a timely manner either in a session at each hospital or during a prenatal class. Information on our rights should be made available in **Iiyiyiuu-Iiyinuu ayimun** and in a culturally appropriate manner.

Information about respectful birthing in dignity should be made available for women and healthcare professionals. A workshop should be organized for healthcare professionals on this subject. Policy on respectful birthing in dignity should be implemented in each hospital. More support for natural birthing should be provided throughout the continuum of pregnancy, labour, birthing and post-partum. This includes information and training given to the women themselves, as well as to health care professionals.

Pregnant women should be accompanied by the people of their choice, which may include a mother or grand-mother, if their health circumstances require them to leave their communities. Appropriate conditions should be put in place to guarantee the presence of more than one significant support person, including funding for travel and accommodation before 39 weeks.

Actions should be taken to decrease the cesarean rates for **Iiyiyiuu-Iiyinuu Iskweuch**.

Release time after a cesarean section should be longer to allow time to heal before long-distance travel.

Indigenous communities should be adequately and justly represented in hospital governance structures, such as the Val d'Or and Chibougamau hospitals so that the voices of indigenous women representing 25-50% of their users will be respected.

Birthing options in **Iiyiyiuu Istchee** should be made available, including access to midwifery, birthing in our communities and respectful maternity care.

As part of the necessary decolonization process required to implement healing *between Indigenous Peoples and certain public services in Québec: listening, reconciliation and progress*, and in order to move toward greater respect for the values and knowledge of the **Iiyiyiuu-Iiyinuu Iskweuch,** all public services should recognize and restore our birthing practices and Indigenous midwifery to stem the systematic evacuation of women and guarantee the respect of all our human rights.

References

Bombay, A., Matheson, K. & Anisman H. (2009). Intergenerational Trauma: Convergence of Multiple Processes among First Nations peoples in Canada. *Journal of Aboriginal Health*, 6-47.

Canada. Truth and Reconciliation Commission of Canada (2015). *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada*, Ottawa.

Canada. Truth and Reconciliation Commission of Canada (2015). *Calls to Action,* Ottawa.

Lawford, K. (2011). *First Nations Women's Evacuation during Pregnancy from Rural and Remote Reserves* (master's thesis). University of Ottawa, Canada.

World Health Organization. (2015). *WHO Statement on Caesarean Section Rates*. Retrieved from https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/cs-statement/en/

World Health Organization. (2011). Respectful Maternity Care Charter: The Universal Rights of Childbearing Women. Retrieved from http://www.who.int/woman_child_accountability/ierg/reports/2012_01S_Respectful_Maternity_Care_Charter_The_Universal_Rights_of_Childbearing_Women.pdf

MSSS. Disposition des placentas à la suite d'un accouchement (2017). Quebec.