

many Aboriginal women living in rural and remote communities now have to leave their families and communities to give birth in hospitals hundreds or thousands of miles away from home (Sweetwater & Barney, 2009; Couchie, & Sanderson, 2007; Smylie, Daoud, O'Brien, & Yu, forthcoming).

The adverse impacts of historic and current colonial policies and the ongoing social, economic, and political marginalization of Aboriginal communities in Canada have also resulted in disparities in underlying social determinants of health, including levels of poverty and lower education, unemployment, poor housing, homelessness and food insecurity. These disadvantages are generally more severe for Aboriginal women compared to Aboriginal men (Statistics Canada, 2010). Not surprisingly, given these adverse social and economic conditions, Aboriginal women experience a disproportionate burden of adverse maternity experiences, including higher rates of gestational diabetes (Harris, Caulfield, Sugamori, Whalen, & Henning, 1997; Rodrigues, Robinson, & Gray-Donald, 1999), birthing long distances from home (Couchie & Sanderson, 2007; Smylie et al., forthcoming), and post-partum depression (Daoud, & Smylie, 2013) compared to non-Aboriginal women.

This fact sheet will: 1) provide some background information on why maternal health is important to Aboriginal communities, 2) review what is known about Aboriginal maternal health and maternity experiences in BC, and 3) describe two promising practices in Aboriginal maternity care – Aboriginal doula training and Aboriginal midwifery.

Why Focus On Aboriginal Maternal Health

In British Columbia (BC), as in the rest of Canada, Aboriginal peoples represent a sizeable, youthful, and growing population group. According to the 2006 census, the median age of the Aboriginal population in BC was 28.1 years, compared to a median age of 40.8 years for the general BC population (Statistics Canada, 2006a, 2006b). While the total population of infants, children and youth (aged 0-18 years) has declined by 4.4% between 2001 and 2010 for BC as a whole, for Aboriginal peoples this population group has increased by almost 11% over this same period (Ministry of Children and Family Development, 2011). The large and growing populations of First Nations, non-status Indians, Inuit, and Métis² infants, children, and youth in BC and Canada are linked to birth and fertility rates that are higher for these populations compared to the non-Aboriginal population. According to the 2006 Census the Aboriginal birth rate is 1.5 times the non-Aboriginal rate (Statistics Canada 2008). Likewise, between 1996 and 2001, the fertility rate was 2.9 children for First Nations/ Indian women, 2.2 for Métis women, and 3.4 for Inuit women, compared to a rate of 1.5 among all Canadian women (Statistics Canada, 2005). Aboriginal women also give birth at a younger age than non-Aboriginal women. For example, in 2006/7 the rate of pregnancy among women under the age of 20 years in BC was nearly four times higher for First Nations women compared to other BC women (British Columbia [BC] Provincial Health Officer, 2009).

Globally, there has been a movement

towards recognizing and enshrining basic human rights, including the right to health, women's rights, and the rights of Indigenous peoples; all of which are relevant to Aboriginal maternal health and experiences (Mann, 2013). Maternal health is a global priority highlighted by the United Nations in their millennium development goals (United Nations, 2000).

The social and economic disadvantages and subsequent health inequities experienced by Aboriginal women and their families compared to non-Aboriginal Canadians are by definition unacceptable,³ particularly for a relatively rich country such as Canada. These adverse conditions are in tension with a number of international covenants and treaties including:

- Article 12 of the United Nations' International Covenant on Economic, Social and Cultural Rights, which recognizes "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." The Covenant states that health is a fundamental human right and is dependent upon the realization of other human rights, as contained in the International Bill of Rights, including, among others, the rights to food, housing, work, education, human dignity, non-discrimination, and equality (Office of the High Commissioner on Human Rights, 1966; United Nations Economic and Social Council, 2000).
- The United Nations Declaration on the Rights of Indigenous Peoples which sets out the individual and collective rights of Indigenous peoples, as well as their rights to culture, identity, language, employment, health, and education.

² In an effort to be inclusive of all Aboriginal peoples as well as respectful and historically accurate, the terms 'First Nations' (referring to Status Indians living on- and off-reserve), 'non-Status Indians', 'Inuit', and 'Métis' are used in this document unless a specific reference is being cited, in which case the original terms as used in the reference will be utilized.

³ A health inequity is defined as an unnecessary, avoidable, unfair and unjust difference between the health or healthcare of one person, and that of another (Whitehead, 1991).



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Among other things, the Declaration emphasizes the rights of Indigenous peoples to maintain and strengthen their own institutions, cultures and traditions, prohibits discrimination against Indigenous peoples, promotes their full and effective participation in all matters that concern them, and recognizes their right to remain distinct and to pursue their own visions of economic and social development (United Nations, 2008; United Nations Permanent Forum on Indigenous Issues, n.d.; United Nations News Centre, 2007). With respect to women, Article 22 of the Declaration states that: “Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities in the implementation of this Declaration.” It also seeks to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination (United Nations, 2008).

- The United Nations Convention

on the Elimination of All Forms of Discrimination against Women (Office of the High Commissioner for Human Rights, 1979).

What We Know and Don't Know About First Nations/ Indian, Inuit, and Métis Maternal Health and Maternity Experiences in British Columbia

Unfortunately there are significant gaps in health information regarding the maternal health status and maternity experiences of Aboriginal women in BC. Often, ethnicity-specific information is not gathered for measures of maternal health status, and what does exist is generally not disaggregated to reveal differences among First Nations, non-Status Indian, Inuit and Métis populations, but rather addresses these populations collectively as ‘Aboriginal’ or excludes one or more of these groups. These Aboriginal health information

challenges are not unique to BC, and occur across Canada.

The information we do have demonstrates that Aboriginal women in BC and across Canada have poorer maternal health status and maternity experiences compared to non-Aboriginal women. It also documents major disparities between Aboriginal and non-Aboriginal women with respect to accessing culturally secure maternity care that is close to home and family. This section will provide an overview of available information regarding maternal health status, maternity experiences, and access to maternity care for Aboriginal women in BC and in Canada. The core data sources drawn on in this section include the Provincial Health Officer’s 2007 Report on the Health and Well-being of Aboriginal People in British Columbia, the First Nations Regional Longitudinal Health Survey, the 2006 Aboriginal Maternity Experiences Survey, and the Canadian Maternity Experiences Survey. For information regarding the social determinants of Aboriginal maternal

A disproportionate burden of poverty and food insecurity and the lack of access to healthy foods in northern and remote Aboriginal communities mean that today many Aboriginal families are not able to eat healthily.



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and child health and Aboriginal birth outcomes, readers should refer to the fact sheets *Our babies, our future: Aboriginal birth outcomes In British Columbia* (Smylie, 2012) and *Addressing the social determinants of Aboriginal infants, children, and families in British Columbia* (Smylie, 2013).

Maternal Health Status and Maternity Experiences During and After Pregnancy

Physical activity, nutrition and body weight

Traditional First Nations, Indian, Inuit, and Métis cultural teachings regarding pregnancy almost always promoted physical work and activity in moderation during pregnancy as a healthy practice that contributes to the strength required during pregnancy (Eni, 2005). There are also many teachings regarding the importance of maternal nutrition, which was commonly regarded as a community responsibility. The disruption of traditional lifestyles and diets brought on by colonization and

associated environmental degradation has been linked to a growing epidemic of obesity among Aboriginal peoples (Young, Reading, Elias, & O'Neil, 2000; Lix, Bruce, Sarkar, & Young, 2009). A disproportionate burden of poverty and food insecurity and the lack of access to healthy foods in northern and remote Aboriginal communities mean that today many Aboriginal families are not able to eat healthily. Not surprisingly, First Nations women in BC both on- and off-reserve are more likely to be overweight before they get pregnant, compared to other BC residents (53% of First Nations women living on-reserve and 46% of First Nations women living off-reserve compared to 30% of other women) (BC Provincial Health Officer, 2009).

Gestational diabetes (GDM)

GDM is glucose intolerance that develops during pregnancy and is associated with a higher incidence of negative maternal and child outcomes, both short and long term (Cleary, Ludwig, Riese, & Grant, 2006). Research has shown that children born to

mothers who had gestational diabetes during pregnancy are at greater risk of becoming overweight or developing gestational diabetes and type II diabetes themselves (Committee on the Impact of Pregnancy Weight on Maternal and Child Health, 2007). Research has also shown that gestational diabetes is more prevalent among First Nations and Métis women compared with other Canadian women (Cleary et al., 2006; Dyck, Klomp, Tan, Turnell, & Boctor, 2002; Harris et al., 1997; Dyke, Osgood, Hsiang Lin, Gao, & Stang, 2010; Johnson, Martin, & Sarin, 2002). Data regarding the prevalence of gestational diabetes for First Nations, non-status Indian, Métis and Inuit women in BC is currently not available.

In addition to a family history of diabetes or gestational diabetes, risk factors for GDM include: being overweight/obese before pregnancy, eating an unbalanced diet that is high in sugar and carbohydrates, and not exercising. As mentioned in the previous section, data indicates that First Nations

women living in BC do experience a disproportionate burden of these risk factors. The diagnosis of GDM can be a big challenge for Aboriginal women (who experience disproportionate poverty compared to non-Aboriginal women) since the recommended diet may be too expensive or otherwise inaccessible (i.e. for women living in remote communities where fresh produce is not readily available).

Abuse and intimate partner violence (IPV)

The Maternity Experiences Survey (MES) is a national population based survey of new Canadian mothers. Drawing on the MES dataset, Daoud, Smylie, Urquia, Allan, and O'Campo (2013) found that any abuse and IPV were almost four times higher among Aboriginal women (excluding First Nations women living on-reserve) compared to non-Aboriginal women. Taking poverty into account reduced this disparity significantly, however Aboriginal women were still over twice as likely to experience abuse compared

to non-Aboriginal women. These numbers are particularly disturbing given the respected and valued roles traditionally held by Aboriginal women within their families and communities.

Maternal smoking during pregnancy

Three quarters (75%) of First Nations children surveyed on-reserve in British Columbia as part of the 2008-2010 First Nations Regional Longitudinal Health Survey were born to mothers who did not smoke cigarettes at all during their pregnancies (First Nations Health Authority, 2012). Further, 14% of children were born to mothers who smoked throughout the pregnancy and just over 10% to mothers who quit during their pregnancy for a total maternal smoking rate of just under 25%. This is higher than the general BC rate for smoking during pregnancy, which was 10% in 2005/2006 (British Columbia Reproductive Care Program, 2006). A similar rate of smoking during pregnancy for First Nations mothers living on-reserve in British Columbia was identified by the Ministry of

Health between 1998-2004 (28.9%) (BC Provincial Health Officer, 2009). This same report found that 23% of First Nations mothers living off-reserve smoked while pregnant. Just under 25% of First Nations children living on-reserve in British Columbia were reported to have lived in a household where someone else smoked while the child's mother was pregnant (First Nations Health Authority, 2012).

Other substance use during pregnancy

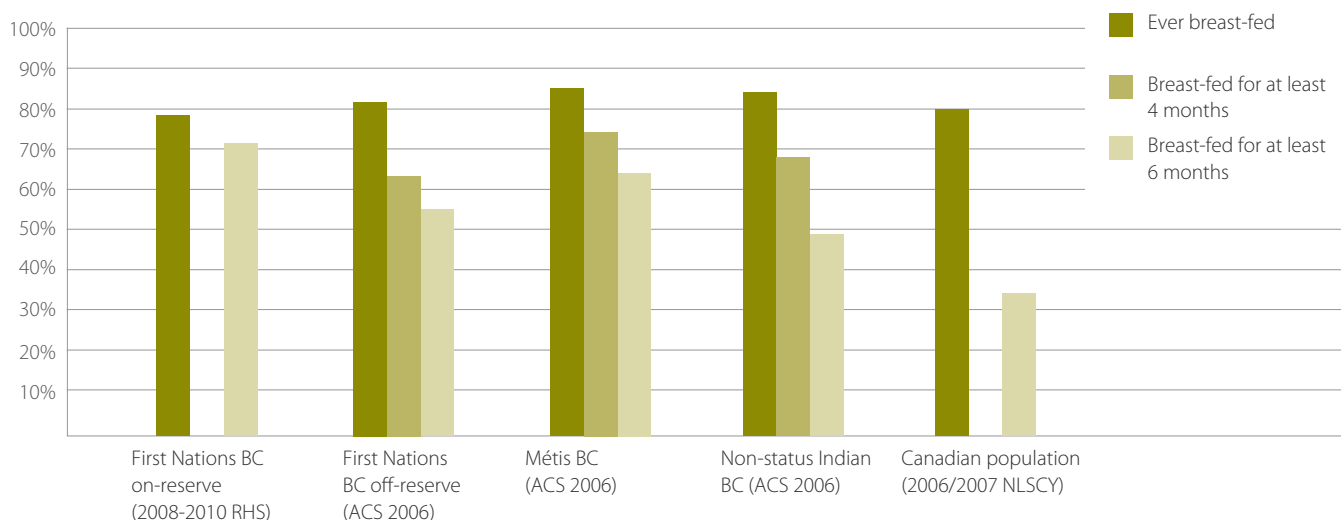
Between 1998-2004, approximately one in 20 First Nations mothers reported to their prenatal care providers that they drank alcohol while they were pregnant. Rates were similar for women living on- (4.8%) and off-reserve (5.7%) (BC Provincial Health Officer, 2009). These rates are lower than the rates of alcohol consumption during pregnancy reported for the general population of British Columbia in 2006-2007 by the Canadian Maternity Experiences Survey (7.7%) (Public Health Agency of Canada, 2009).

Self-reported rates of drug use for First



Credit: FreeImages.com, ID 1260743

Figure 1: Breastfeeding – initiation and sustained for Aboriginal children in BC and in Canada



Source: Statistics Canada, 2006c, 2009; First Nations Health Authority, 2012.

Nations mothers living on- and off-reserve during pregnancy were 4.4% and 6.9% respectively between 1998-2004 (BC Provincial Health Officer, 2009). The rates are slightly lower than the rates of drug use for the three months before and during pregnancy for the general population of British Columbia in 2006-2007 by the Canadian Maternity Experiences Survey (8.3%) (Public Health Agency of Canada, 2009).

Breastfeeding

Rates of breastfeeding initiation are comparable for Aboriginal families in BC compared to Canada generally. Rates of sustained breastfeeding (for at least six months) are higher for Aboriginal peoples in BC than for the Canadian population (Figure 1) (Statistics Canada, 2006c, 2009; First Nations Health Authority, 2012). This suggests that Aboriginal mothers who decide to breastfeed are receiving ongoing support from within their families and/or health care providers to continue.

Post-partum depression

The Canadian Maternity Experiences survey found that Aboriginal women were twice as likely to be depressed compared to non-Aboriginal women (Daoud & Smylie, 2014). This disproportionate burden of post-partum depression for Aboriginal compared to non-Aboriginal women has also been documented in another study of inner-city women (Bowen, & Muhajarine, 2006). Further research is currently underway to better understand the causes of post-partum depression among Aboriginal women (Daoud, & Smylie, 2014). Data for Aboriginal women in BC specifically is currently unavailable.

Access to Maternity Services for Aboriginal Women in British Columbia

Access to quality maternity services is a significant challenge for many Aboriginal women in BC. It is important for Aboriginal mothers that maternity

services are culturally relevant and community controlled. Aboriginal people in BC are often reluctant to use health care services because the health care system is based in a world view that does not recognize many of their beliefs, values, or practices.⁴ Indigenous ways of providing for the health of mothers have been devalued over the years in Canada as a whole, both by societal attitudes and by legislation restricting their use (Laliberte et al, 2000). Attitudinal racism, discrimination and structural inequities further disadvantage First Nations women in their health care encounters (Brown, & Fiske, 2001).

The geographic distribution of maternity care services and facilities is heavily weighted to urban areas. For the significant numbers of Aboriginal people in BC living in northern and remote areas, the result is a disproportionate burden of mandatory travel in order to access health services. The Aboriginal Maternity Experiences survey found that Aboriginal women are more than four

⁴ See, for example, Hampton et al. (2010), McCormick (2009), and Browne (2000).

times more likely than non-Aboriginal women to travel more than 200 km to give birth (Smylie et al., forthcoming). In BC, the impacts of having to leave home to give birth are most acutely felt in several health areas, including the Bella Coola Valley, Queen Charlotte Islands, South Cariboo and Nisga'a where in 2003/2004, 59.4%, 20.6%, 8.0% and 7.4% of women, respectively were required to give birth outside of their health authority (BC Reproductive Care Program, 2004). The textbox below highlights the experiences of Heiltsuk Women in Waglisla (Bella Bella) with respect to the importance of giving birth at home rather than being forced to travel a long distance to a tertiary obstetrical centre.

In addition to geographic barriers, a number of other barriers have been identified that may impede Aboriginal women's access to prenatal care and services, including financial and psychosocial barriers, the nature of programs, and individual perceptions (BC Perinatal Services, 2006). Examples of financial barriers can include the cost of transportation, child care, prenatal classes, etc., while psychosocial barriers can include stress, depression, ambivalence or fear about pregnancy, among others. Programs might be focused towards married rather than single women, may not be inclusive of native traditions and teachings, or lack provider availability. Women may also have perceptions of pregnancy that may limit their access to prenatal care

and services such as the perception that pregnancy is a natural event requiring no intervention or negative perceptions about health care providers and services based on their previous experiences (Ibid.). Aboriginal women in urban areas have also voiced concerns regarding access to culturally secure and community relevant services, notwithstanding the geographic proximity to advanced care obstetrical facilities that urban residence provides (Su, 2009; Smylie, Wolfe, & Senese, 2012).

Not surprisingly given these barriers and concerns regarding care, research indicates that many Aboriginal women do not receive adequate prenatal care in the form of visits to family physicians

The Importance of Giving Birth at Home – The Experiences of Heiltsuk Women in Waglisla (Bella Bella)

This study examines the importance of local birth for Aboriginal women in the remote Heiltsuk community of Waglisla/Bella Bella, BC. A number of First Nations communities in British Columbia have lost local maternity services in recent years, forcing women to travel significant distances to give birth. The decisions leading to these closures have been ad-hoc and typically without community consultation.

The Heiltsuk have always birthed in their home community, but since 2001 it is been a policy that all women must leave to have their babies. Women usually travel to Vancouver, over 600 km away, and give birth at the BC Women's Hospital.

Although all rural women experience the impact of reductions in local maternity services, qualitative evidence suggests that these impacts are felt more acutely in

Aboriginal communities. This is due in part to the historical place of birth in Aboriginal life where it was a community event that strengthened ties within families and nations. It is also important to recognize the significance of having a child born on traditional lands and the involvement and support of the whole community in welcoming the child, thereby providing a ceremonial beginning to the child's life through the naming, the potlatch, and the passing on of important traditional knowledge from Elders. These events may still occur, but there is a disconnect when a woman must leave the community to give birth in a distant, often unfamiliar place. The social significance of birth was not something considered when decisions were made to remove local maternity care from the community.

The importance of support from family and community when giving birth was best summarized by one participant:

And I couldn't believe the support – you get a lot of support here. If something happens, something goes wrong in one family, the whole community pitches in and helps out to support them, whether

it's financial or, you know, if it's death, there's going to be food sent over.

Another participant spoke of the importance of family support from a care giving perspective:

I think it makes a big difference to have our babies here, because you have all that family support and you really do need it because some mothers go through the post-partum blues here, and just to have all the support.

Other concerns include the fact that having women leave their communities to give birth has been linked to increased perinatal morbidity and mortality as well as increased anxiety, stress, and preterm delivery.

The recommendations that emerged from this study, which were formally ratified by the Heiltsuk Band Council, emphasize the importance of community involvement in the decision-making around allocation of resources for maternity care and the importance of place and community in giving birth.

Source: Kornelsen et al., 2010.

or obstetricians, or prenatal classes (BC Perinatal Services, 2006), although they may be receiving prenatal care in other forms within their communities. For example, First Nations women living on-reserve in BC are significantly less likely to make at least nine prenatal visits to a doctor during the term of their pregnancy and initiate prenatal care with a doctor later than non-Aboriginal mothers (Ibid.). Unfortunately data was not available regarding visits to multidisciplinary reproductive healthcare providers including midwives, nurse practitioners, and nurses to better understand the exact nature of these gaps in care.

How Do Current Aboriginal Maternal Health and Maternity Experiences Data Link to Health Determinants, Health Services, and Health Policy?

The Aboriginal maternal health and maternity experiences data presented suggests that a wide range of health services, programs, and policy responses are required. Special attention needs to be paid to the amelioration of Aboriginal/non-Aboriginal disparities in the social and environmental determinants of health across gender. In addition, there is evidence to support the need for tailored Aboriginal community led maternity services and programs located where Aboriginal women live (ie. in both rural areas and in urban areas).

Best and Promising Practices in Aboriginal Maternal Health Assessment and Response

Aboriginal Doula Training Project

The Aboriginal Doula Training Project is based on a partnership between the First Nations Health Council and British Columbia's Provincial Health Services Association. In 2009, 26 Aboriginal

women received doula training and certification in Secwepemc and Gitksan territory (Kamloops and Hazelton) using an Aboriginal specific doula curriculum. These Aboriginal doulas will provide support for women and their families before, during, and after the birthing process. This includes support throughout the entire labour and birthing process and assistance with newborn care.

The Aboriginal Doula Training Project is intended to bridge the gap left by the disruption of traditional birthing practices in BC's Aboriginal communities. According to Indigo Sweetwater and Lucy Barney (2009) who developed the pilot project, an "aboriginal doula can help families and the birthing mothers bring the childbirth process back to our communities where it began and where it belongs." Plans are underway to expand this project and finalize the Aboriginal doula training curriculum.

Sheway

The Sheway program, established in Vancouver's Downtown Eastside in 1993, is a model of a successful program targeted at improving maternal and infant health in urban areas, specifically for pregnant women struggling with substance abuse and addictions. While not specifically targeted at Aboriginal women, this population group represents approximately 70% of their clientele (Sheway, n.d.). The program is woman-centred, culturally focused, and based on the philosophy of harm-reduction. It receives its funding from multiple sources, both government and non-government, and is a partner of the Vancouver Native Health Society. A range of pre- and post-natal medical and nursing care is provided including: daily hot nutritious lunches; food coupons, food bank hampers and nutritional supplements; bus fare for transportation to appointments; formula, diapers, clothing, equipment and other items for newborn infants; outreach services and

home visits; recreational and creative programming; nutrition counselling and support; alcohol and drug counselling and methadone prescribing; support in developing/improving parenting skills; and advocacy on housing and legal issues (Poole, 2000).

An evaluation of the program undertaken by Poole (2000) noted improvements in maternal and newborn outcomes including: improved nutritional status, decreased substance misuse, improvement in housing, lower rates of child apprehension by the Ministry of Children and Family Development, healthier birth weights, and up-to-date immunizations. The successes of the program have been attributed to a number of features of the program, including a team approach to providing continuous, seamless, and integrated services; a welcoming, non-judgmental approach to service delivery; a non-hierarchical organization of services with an open and informal atmosphere; the opportunity to socialize with women in similar life situations; access to non-medical essentials; and the ability to control security and anonymity (Benoit, Carroll, Lawr, & Chaudhry, 2001; Benoit, Carroll, Chaudry, 2003).

Aboriginal Midwifery

Canada's oldest midwifery traditions stem from aboriginal peoples. Midwives have been part of virtually every aboriginal community and some midwives continue to practice today (Shroff, 1997).

Aboriginal communities across Canada have always had midwives (National Aboriginal Council of Midwives [NACM], 2012). Colonization and the associated changes in Aboriginal community health services, including the medicalization of childbirth, actively undermined Aboriginal midwifery practice in Canada for many years (NACM, 2012; NAHO, 2008). Since 1986, however, there has been a



Credit: Glenbow Archives, ID NA-3672-4, “Three Inuit midwives, Wassagamack., August 1970.”

A midwife is the keeper of ceremonies for young people like puberty rites. She is a leader and mentor, someone who passes on important values about health to the next generation.

resurgence of Aboriginal midwifery in remote, rural, and urban regions across Canada, with eight current practices listed on the NACM website.

Aboriginal midwifery has been identified as a best practice in the literature (McNeil et al., 2010; Van Wagner, Epoo, Nastapoka, & Harney, 2007; Health Council of Canada, 2011). According to the National Council of Aboriginal Midwives (NACM, 2012) an Aboriginal midwife is:

a committed primary health care provider who has the skills to care for pregnant women, babies, and their families throughout pregnancy and for the first weeks in the postpartum. She is also a person who is knowledgeable in all aspects of women’s medicine and she provides education that helps keep the family and the community healthy. Midwives promote breastfeeding, nutrition, and parenting skills. A midwife is the keeper of ceremonies for young people like puberty rites. She is a leader and mentor, someone who passes on important values about health to the next generation. (para. 1)

The NACM website listed in the Additional Resources section on the following page includes additional information about Aboriginal midwifery in Canada, including governance, educational pathways and a midwifery toolkit for communities interested in developing midwifery services.

Conclusion

This paper opened with the wisdom of Mohawk midwife and Elder Katsi Cook urging Indigenous people to take up their responsibilities and “re-awaken our women to the power...inherent in...birth.” Ensuring that the physical, mental, emotional, and spiritual needs of pregnant women and breastfeeding mothers are met has always been and still is a family and community priority for Aboriginal peoples. Unfortunately, historic and ongoing colonial policies have undermined the rich, diverse, and socially embedded Indigenous systems that supported and empowered our women as mothers. The subsequent social disadvantage that currently challenges many Aboriginal women at a time when they are most vulnerable in turn translates into a disproportionate

burden of ill health (gestational diabetes, obesity, post-partum depression) and stress related behaviours (smoking) for Aboriginal women compared to non-Aboriginal women. Despite all of these challenges, however, Aboriginal women, families and communities are working hard to support optimal health and well-being. For example, rates of sustained breastfeeding for Aboriginal families in BC are higher than those of the general Canadian population. Also, there are a number of important community driven initiatives, including Aboriginal doula and midwifery care, that have been implemented to improve access to culturally relevant maternity care. All in all, it is an exciting and transformative time for Aboriginal maternal health in BC.

Additional Resources

- BC Perinatal Health Program (BCPHP): www.bcphp.ca
- Canadian Perinatal Surveillance System: www.phac-aspc.gc.ca/rhs-ssg/
- First Nations Health Council: www.fnhc.ca
- First Nations Regional Longitudinal Health Survey: www.rhs-ers.ca/english
- National Aboriginal Council of Midwives (NACM): aboriginalmidwives.ca

References

- Benoit, C., Carroll, D., & Chaudhry, M. (2003). In search of a healing place: Aboriginal women in Vancouver's Downtown Eastside. *Social Science and Medicine*, 56: 821-833.
- Benoit, C., Carroll, D., Lawr, L., & Chaudhry, M. (2001). *Marginalized voices from the Downtown Eastside: Aboriginal women speak about their health experiences*. Toronto, ON: National Network on Environments and Women's Health, Centre of Excellence on Women's Health, York University.
- Bowen, A., & Muhajarine, N. (2006). Prevalence of antenatal depression in women enrolled in an outreach program in Canada. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 35: 491-498. doi: 10.1111/j.1552-6909.2006.00064.x
- British Columbia Perinatal Services. (2006). *Aboriginal maternal health in British Columbia – A toolbox*. Vancouver, BC: Author.
- British Columbia (BC). Provincial Health Officer. (2009). *Pathways to health and healing – 2nd report on the health and well-being of Aboriginal people in British Columbia*. Provincial Health Officer's annual report 2007. Victoria, BC: Ministry of Healthy Living and Sport.
- British Columbia Reproductive Care Program. (2004). *BC Deliveries by maternal residence and delivery hospital highest level of service 2003/2004*. Victoria, BC: Government of BC, BC Reproductive Care Program.
- British Columbia Reproductive Care Program. (2006). *British Columbia perinatal database registry annual report 2006*. Vancouver, BC: Author.
- Browne, A. (2000). *First Nations women's encounters with mainstream health care services and systems*. Vancouver, BC: BC Centre of Excellence for Women's Health.
- Browne A., & Fiske J. (2001). First Nations women's encounters with mainstream health care services. *Western Journal of Nursing Research*, 23(2): 126-47.
- Cleary, E., Ludwig, S., Riese, N., & Grant, L. (2006). Educational strategies to improve screening for gestational diabetes mellitus in Aboriginal women in a remote northern community. *Canadian Journal of Diabetes*, 30(3): 264-268.
- Committee on the Impact of Pregnancy Weight on Maternal and Child Health. (2007). *Influence of pregnancy weight on maternal and child health – Workshop Report*. Washington, DC: National Academies Press.
- Couchie, C., & Sanderson, S. (2007). A report on best practices for returning birth to rural and remote Aboriginal communities. *Journal of Obstetrics & Gynaecology Canada*, 29(3): 250-254.
- Daoud, N., & Smylie, J. (2014). *Unpublished analysis, Canadian Maternity Experiences Survey*. Toronto, ON: Centre for Research on Inner City Health, Saint Michael's Hospital.
- Daoud, N., Smylie, J., Urquia, M., Allan, B., & O'Campo, P. (2013). The contribution of socioeconomic position to the excesses of violence and intimate partner violence among Aboriginal versus non-Aboriginal women in Canada. *Canadian Journal of Public Health*, 104(4): e278-83.
- Dyck, R., Klomp, H., Tan, L.K., Turnell, R.W., & Boctor, M.A. (2002). A comparison of rates, risk factors, and outcomes of gestational diabetes between Aboriginal and non-Aboriginal women in the Saskatoon Health District. *Diabetes Care*, 25: 487-493.
- Dyke, R., Osgood, N., Hsiang Lin, T., Gao, A., & Stang, M.R. (2010). Epidemiology of diabetes mellitus among First Nations and non-First Nations adults. *Canadian Medical Association Journal*, 182(3): 249-256.
- Eni, R. (2005). *An articulation of the standpoint of peer support workers to inform childbearing program supports in Manitoba First Nation communities – Institutional ethnography as de-colonizing methodology*. Winnipeg, MB: University of Manitoba.
- First Nations Health Authority. (2012). *Healthy children, healthy families, healthy communities: BC provincial results 2008-10*. First Nations Regional Health Survey. Retrieved July 16, 2013 from http://www.fnhc.ca/pdf/RHS_Report.pdf
- Hampton, M., Baydala, A., Bourassa, C., McKay-McNabb, K., Placsko, C., Goodwill, K., et al. (2010). Completing the circle: Elders speak about end-of-life care with Aboriginal families in Canada. *Journal of Palliative Care*, 26(1): 6-14.
- Harris, S.B., Caulfield, L.E., Sugamori, M.E., Whalen, E.A., & Henning, B. (1997). The epidemiology of diabetes in pregnant Native Canadians. A risk profile. *Diabetes Care*, 20(9): 1422-1425.
- Health Council of Canada. (2011). *Understanding and improving Aboriginal maternal and child health in Canada – Conversations about promising practices across Canada*. Toronto, ON: Health Council of Canada. Retrieved December 18, 2012 from http://www.healthcouncilcanada.ca/tree/2.01-HCC_AboriginalHealth_FINAL1.pdf
- Johnson, S., Martin, D., & Sarin, C. (2002). Diabetes mellitus in the First Nations population of British Columbia, Canada. Part 3. Prevalence of diagnosed cases. *International Journal of Circumpolar Health*, 61: 260-263.
- Kornelsen, J., Kotaska, A., Waterfall, P., Willie, L., & Wilson, D. (2010). The geography of belonging: The experience of birthing at home for First Nations women. *Health & Place*, 16(4): 638-45. doi:10.1016/j.healthplace.2010.02.001
- Laliberte, R.F., Settee, P., Waldram, J.B., Innes, R., Macdougall, B., McBain, L., & Barron, F.L. (Eds.) (2000). *Expressions in Canadian Native studies*. Saskatoon, SK: University of Saskatchewan, University Extension Press.
- Lix, L., Bruce, S., Sarkar, J., & Young, T.K. (2009). Risk factors and chronic conditions among Aboriginal and non-Aboriginal populations. *Health Reports*, 20(4): 21-29.
- Mann, M.M. (2013). International teen reproductive health and development: The Canadian First Nations context. *The International Indigenous Policy Journal*, 4(1): 11.
- McCormick, R. (2009). Aboriginal approaches to counselling. In J. Kirmayer & G.G. Valaskakis (eds.), *Healing traditions: The mental health of Aboriginal peoples in Canada*, pp. 337-354. Vancouver, BC: UBC Press.

McNeil, D.A., Rikhy, S., Siever, J., Johnston, A., Goitom, M., & Tough, S. (2010). Recent promising practices to improve the health and well-being of Aboriginal women and children. In *Healthy moms, babies and children: Improving the health of Aboriginal populations in Canada*, pp. 9-156. Edmonton, AB: Alberta Centre for Child, Family and Community Research.

Ministry of Children and Family Development. (2011). *Revised 2011/12 – 2013/14 Service Plan*. Victoria, BC: Government of British Columbia, Ministry of Children and Family Development. Retrieved May 16, 2011 from <http://www.bcbudget.gov.bc.ca/2011/sp/pdf/ministry/cfd.pdf>

National Aboriginal Council of Midwives [NACM]. (2012). *Aboriginal midwifery in Canada*. Montreal, QC: Author. Retrieved July 16, 2013 from <http://aboriginalmidwives.ca/aboriginal-midwifery-in-Canada>

National Aboriginal Health Organization [NAHO]. (2008). *Celebrating birth – Aboriginal midwifery in Canada*. Ottawa, ON: Author.

Office of the High Commissioner for Human Rights. (1966). *International covenant on economic, social and cultural rights*. Geneva: Author. Retrieved July 16, 2013 from <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>

Office of the High Commissioner for Human Rights. (1979). *Convention on the elimination of all forms of discrimination against women*. Geneva: Author. Retrieved July 16, 2013 from <http://www.un.org/womenwatch/daw/cedaw/>

Poole, N. (2000). *Evaluation report of the Sheway Project for high-risk pregnant and parenting women*. Vancouver, BC: BC Centre of Excellence for Women's Health.

Public Health Agency of Canada. (2009). *What mothers say: The Canadian Maternity Experiences Survey*. Ottawa, ON: Author. Retrieved July 16, 2013 from <http://www.phac-aspc.gc.ca/rhs-ssg/pdf/survey-eng.pdf>

Rodrigues, S., Robinson, E., & Gray-Donald, K. (1999). Prevalence of gestational diabetes mellitus among James Bay Cree women in Northern Quebec. *Canadian Medical Association Journal*, 160(9): 1293-1297.

Sheway. (n.d.). *Sheway overview*. Vancouver, BC: Vancouver Native Health Society. Retrieved May 18, 2011 from http://www.vnhs.net/index.php?option=com_content&view



Shroff, F.M. (ed.) (1997). *The new midwifery: Reflections on renaissance and regulation*. Toronto, ON: Women's Press.

Smylie, J. (2012). *Our babies, our future: Aboriginal birth outcomes in British Columbia*. Prince George, BC: National Collaborating Centre for Aboriginal Health. Retrieved July 16, 2013 from <http://www.nccah-ccnsa.ca/en/publications.aspx?sortcode=2.8.10&searchCat=1&Page=1#sthash.QEJjiT8H.dpuf>

Smylie, J. (2013). *Addressing the social determinants of health of Aboriginal infants, children and families in British Columbia*. Prince George, BC: National Collaborating Centre for Aboriginal Health. Retrieved July 16, 2013 from <http://www.nccah-ccnsa.ca/34/Publications.nccah#sthash.92AdGREX.dpuf>

Smylie, J., Daoud, N., O'Brien, K., & Yu, M. (forthcoming). *Long distance deliveries: Disparities in proximal access to maternity services for Aboriginal compared to non-Aboriginal women in Canada*. Toronto, ON: Centre for Research on Inner City Health, Manuscript in preparation.

Smylie, J., Wolfe, S., & Senese, L. (2012). *For seven generations: Visioning for a Toronto Aboriginal birth centre*. Toronto, ON: Native Canadian Centre of Toronto, Community Meeting Report, June 5-12, 2012.

Statistics Canada. (2005). *Women in Canada 2005*. Ottawa, ON: Statistics Canada, Catalogue Number 89-503-XIE.

Statistics Canada. (2006a). *Community Profiles*. Ottawa, ON: Statistics Canada. Retrieved May 11, 2010 from <http://www12.statcan.gc.ca/census-recensement/2006/dp-pd/prof/92-591/details/Page.cfm?Lang=E&Geo1=PR&Code1=59&Geo2=PR&Code2=01&Data=Count&SearchText=British%20Columbia&SearchType=Begins&SearchPR=01&B1=All&GeoLevel=&GeoCode=59>

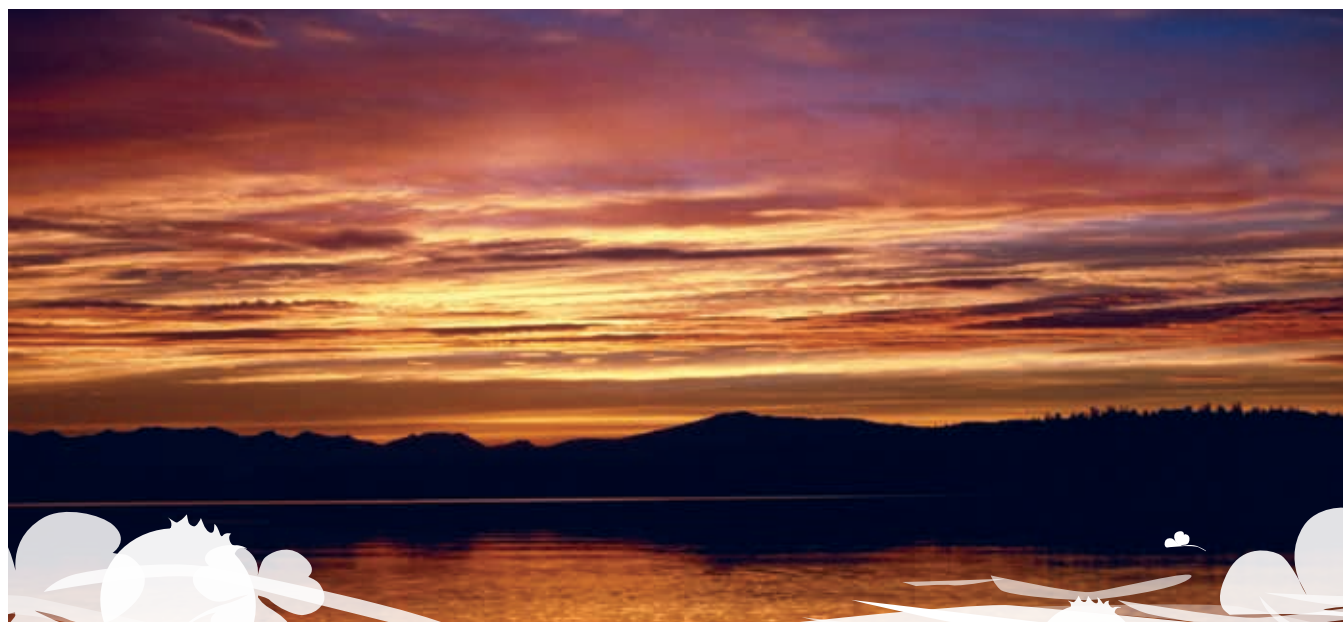
Statistics Canada. (2006b). *Aboriginal Population Profile*. Ottawa, ON: Statistics Canada. Retrieved May 11, 2010 from <http://www12.statcan.gc.ca/census-recensement/2006/dp-pd/prof/92-594/details/page.cfm?Lang=E&Geo1=PR&Code1=59&Geo2=PR&Code2=01&Data=Count&SearchText=British%20Columbia&SearchType=Begins&SearchPR=01&B1=All&GeoLevel=&GeoCode=59>

Statistics Canada. (2006c). *2006 Profile of Aboriginal children, youth and adults*. Ottawa, ON: Statistics Canada [Online]. Retrieved May 19, 2010 from <http://www12.statcan.gc.ca/census-recensement/2006/dp-pd/89-635/index.cfm>

Statistics Canada. (2008). *Aboriginal Peoples in Canada in 2006: Inuit, Métis, and First Nations, 2006; Census*. Ottawa, ON: Ministry of Industry, Catalogue number 7-558-XIE.

Statistics Canada. (2009). *National Longitudinal Survey of Children and Youth (NLSCY) Cycle 7, 2006-2007*. Ottawa, ON: Author.

- Statistics Canada. (2010). Aboriginal women in Canada. In *Women in Canada, Chapter 8*. Ottawa, ON: Statistics Canada, Catalogue Number: 89-503-XWE. Retrieved March 25, 2011 from <http://www.statcan.gc.ca/pub/89-503-x/2005001/chap8-eng.htm>
- Su, M. (2009). *Aboriginal women's experiences seeking help in an urban emergency department*. Vancouver, BC: Unpublished Masters of Nursing Science Thesis, University of British Columbia. Retrieved March 23, 2011 from https://circle.ubc.ca/bitstream/handle/2429/7156/ubc_2009_spring_su_michelle.pdf;jsessionid=756E3F46E4D4152CF80C280B456A93A8?squence=1
- Sweetwater, I., & Barney, L. (2009). BC Aboriginal doula training - Project piloted in Secwepemc and Gitksan territory. *The Aboriginal Nurse*. Spring: 10-11.
- United Nations. (2000). *United Nations Millennium Declaration*. Geneva: United Nations. Retrieved March 25th, 2011 from <http://www.un.org/millennium/declaration/ares552e.pdf>
- United Nations. (2008). *United Nations Declaration on the Rights of Indigenous Peoples*. New York: United Nations. Retrieved May 19, 2010 from <http://www.un.org/esa/socdev/unpfii/en/drip.html>
- United Nations Economic and Social Council. (2000). *Substantive issues arising in the implementation of the International Covenant on Economic, Social and Cultural Rights*. New York: United Nations. Retrieved May 19, 2010 from <http://www.unhchr.ch/tbs/doc.nsf/0/40d009901358b0e2c1256915005090be?Opendocument>
- United Nations News Centre. (2007). *United Nations adopts Declaration on Rights of Indigenous Peoples*, September 13. Retrieved July 16, 2013 from <http://www.un.org/apps/news/story.asp?NewsID=23794&Cr=indigenous&Cr1>
- United Nations Permanent Forum on Indigenous Issues. (n.d.). *Frequently asked questions: Declaration on the Rights of Indigenous Peoples*. New York: United Nations Permanent Forum on Indigenous Issues. Retrieved May 19, 2010 from <http://www.un.org/esa/socdev/unpfii/documents/FAQsindigenousdeclaration.pdf>
- Van Wagner, V., Epoo, B., Nastapoka, J., & Harney, E. (2007). Reclaiming birth, health, and community: Midwifery in the Inuit villages of Nunavik, Canada. *Journal of Midwifery and Women's Health*, 52(4): 384-91.
- Wessman, J., & Harvey, N. (2000). An interview with Katsi Cook. *Talking Leaves Magazine*, 10(1). Retrieved March 30, 2011 from <http://www.lostvalley.org/talkingleaves/node/61>
- Whitehead, M. (1991). The concepts and principles of equity and health. *Health Promotion International*, 6(3): 217-228.
- Young, T.L., Reading, J., Elias, B., & O'Neil, J.D. (2000). Type 2 diabetes mellitus in Canada's First Nations: Status of an epidemic in progress. *Canadian Medical Association Journal*, 163(5): 561-6.



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