MÉTIS MATERNAL AND CHILD HEALTH:

A DISCUSSION PAPER

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Executive Summary

This discussion paper builds on a project undertaken by the Métis Centre of the National Aboriginal Health Organization (NAHO) in British Columbia entitled *Healthy Messages* that showed Métis often connect physical health with broader determinants such as income, housing, spirituality, and community. Maternal-child health is seen as connected to both the health of the family and the community. The objective of this discussion paper is to develop a foundation for future research in this area. The goal was to examine existing literature regarding Métis maternal and child health, as well as to analyze interviews of Métis from across Canada.

The literature review revealed significant gaps with regard to Métis-specific information on maternal and child health. Most of the research focused on Aboriginal women's maternal health generally, or on First Nations and Inuit women's maternal health specifically. Though there is a lack of Métis-specific information, some of the themes that emerged from the transcribed interviews supported findings in the literature. For example, the literature revealed that traditional practices remain important to First Nations and Inuit women, and the interviews revealed that traditional practices and knowledge are important to Métis women as well. However, there is a gap between the knowledge holders and the younger generation with regards to this knowledge.

The literature also revealed the need for culturally relevant and competent care for Aboriginal mothers and their babies. Similarly, the interviews revealed that Aboriginal services do not adequately address Métis needs and, more often than not, focus more on First Nations needs and priorities. The interviews also revealed a great diversity among Métis, which reinforces the need for Métis-specific approaches as opposed to current pan-Aboriginal approaches to maternal and child health. In addition, the literature review revealed that midwifery is an important aspect to the health of Aboriginal mothers and their children. Likewise, the interviews also revealed the importance of midwifery among Métis and the need to explore Métis birthing centers that could provide this practice in a culturally competent and holistic manner.

Other themes emerged from the interviews including the importance of Métis identity, pride and language. Many Métis interviewed spoke about the significance of identity, pride and language to the health of Métis families. Many Métis mothers spoke about the need to reclaim their identities during pregnancy, and Elders spoke about the centrality of traditions, ceremonies and language to the health of Métis families.

The rich information shared by Métis people across Canada provides an excellent starting point for both further research and strategic planning in this area.

Introduction

This project builds upon research undertaken by the Métis Centre of the National Aboriginal Health Organization (NAHO) entitled *Healthy Beginnings, Supportive Communities: A Strong Future* that produced a DVD as well as a project in British Columbia entitled *Healthy Messages* (2009). *Healthy Messages* showed that Métis often connect physical health with broader determinants such as income, housing, spirituality, and community. Maternal-child health is seen as connected to both the health of the family and the health of the community. The project also uncovered feelings of loss expressed by new Métis mothers due to their struggle to connect with their culture. Pregnancy and motherhood was seen as a time of connection with one's heritage, and the loss of Métis historical knowledge and Métis ways of knowing was both significant and painful.

In response to the voices of the women at these gatherings, the Métis Centre launched the above noted *Healthy Beginnings, Supportive Communities: A Strong Future*, a project focused on Métis maternal-child health. Throughout 2009, the Métis Centre conducted and recorded key informant interviews with Métis midwives, health professionals, Elders and parents. These interviews resulted in the creation of a DVD showcasing Métis pride and traditions as well as providing meaningful health information on maternal-child well-being.

The main objective of this paper is to build on the knowledge revealed in the *Healthy Messages* project, and use the knowledge obtained through the development of the DVD to create a foundation of knowledge and an evidence base to inform future research.

This discussion paper is divided into two parts: Part I is a literature review on Métis Maternal and Child Health. Part II is an analysis of the transcripts from the interviews and gatherings held for the *Healthy Beginnings* DVD project. This discussion paper summarizes the key issues from the literature review and the interviews, as well as outlines next steps and recommendations for future research and educational initiatives.

PART I: Literature Review

Maternal and Child Health

Research regarding Métis maternal and child health is virtually non-existent. Current research focuses on Aboriginal women's maternal health either as a whole, or on First Nations and Inuit women's maternal health. Due to the common experience of colonization, Aboriginal women's maternal health may

share some similarities, but there are still differences between First Nations, Inuit and Métis cultures and lived experiences that should be recognized. As such, it is important to explore the unique maternal health experiences, challenges, and resilience of Métis women. The Métis Centre report *Healthy messages & Métis: Does one size fit all? A look at specificity, identity and cultural safety for Métis women in British Columbia* is the only report that explores Métis maternal and child health. Many of the Métis women participants spoke of the "distinct nature of Métis" (Métis Centre of NAHO, 2009, p. 37). The results of the report indicated a lack of Métis-specific services and programs as well as a lack of awareness of Métis knowledge and traditions. This knowledge was of particular importance to the Métis women participants. One participant expressed her frustration with not knowing about her Métis identity and history:

> *I think when you have children, then you're more analytical … [questioning] where did [the children] come from … [and] how did I get here, what's my background, what am I going to do now … You ask all these questions that your parents probably asked before [you] and you know if you have someone that you can talk to, then that'll be great, and if you don't then you just bottle it all up and cry— —And cry and cry and cry. —Yeah. —And eventually scream.* (Métis Centre of NAHO, 2009, p. 24)

In this report, the Métis Centre states that the information found will help bridge "the gap between the knowledge holders and those seeking to connect with their culture." (Métis Centre of NAHO, 2009, p. 26).

Deficit Focused Approach?

The majority of the research regarding Aboriginal maternal and child health focuses on Aboriginal maternal and child health "deficits", which include:

- Aboriginal women's higher rates of smoking during pregnancy.
- Premature and infant deaths.
- Depression during pregnancy.
- Gestational diabetes.
- Higher rates of HIV/AIDS.

(See for instance: Heaman & Chalmers, 2005; Heaman, et. al., 2005; Bowen & Muhajarine, 2006, Dyck, et. al 2007. British Columbia Maternal Ministry of Health Services, 2006).

These "grim statistics" are important in developing health services and programs and in working to improve the health of Aboriginal women and children (British Columbia Maternal Ministry of Health Services, 2006, p. 4). At the same time, the British Columbia Maternal Ministry of Health Services points out that these "grim statistics" often mask Aboriginal women's improvements and strengths. For instance, these statistics ignore the recent decrease in Aboriginal infant death

rates and Aboriginal women's lower rate of caesarean sections (British Columbia Maternal Ministry of Health Services, 2006, pp. 6-7).

Cultural Safety

The literature review also revealed the need for culturally competent and culturally safe Aboriginal-specific health programs. In contrast to Euro-Western medical views on childbirth and pregnancy, Aboriginal communities and Aboriginal women understand birth as a natural occurrence (NWAC, 2007, p.2). As a result of colonization, traditional preventive and healthy practices have been misplaced in many communities. At the same time, Aboriginal women also have difficulty in accessing mainstream health services that are culturally relevant and safe (NWAC, 2007, p. 2; NAHO, 2006, p. 15). Research also suggests how maternal health programs could improve Aboriginal women's and infant health. For instance, a maternal health program that has helped improve maternal-child health is a pilot project aimed at increasing breastfeeding among mothers in Sagkeeng First Nation. This pilot project involved a community health nurse and a peer counselor educating the community on the benefits of breastfeeding. In addition, the program sought to build women's knowledge and confidence about breastfeeding, as well as to help "identify and discuss barriers around breastfeeding" (Martens, 2002, p. 237). Women who were involved in the program said they received more information about the benefits of breastfeeding and, because of this, were happier with breastfeeding.

Midwifery

There is very little literature on traditional or current Métis midwifery practices. In fact, the only report that included information about Métis midwifery practices was NAHO's report *Celebrating Birth: Aboriginal Midwifery in Canada* (2008). The report found that midwives played an important role in early trading communities as they were in charge of the "reproductive health of women and babies" similar to many First Nations and Inuit communities (2008, p. 12). Further, the report indicated that the role of midwife was taught, rather than inherited. The report specifies that "there is little Métis-specific information on maternal-child health and midwifery, which is the norm for other areas of Métis health research" (2008, p. 9). Most of the available literature focuses on First Nations and Inuit traditional and current birthing practices.

In some Inuit societies, men helped their wives give birth while in other locations Inuit women gave birth alone. However, in other locations women also have *sanaji* to assist during the birthing process. The *sanaji* is the "helper who first touches the baby and becomes the one who is entitled to 'create' the child by bestowing certain skills and characteristics on the newborn" (NAHO, 2004, p. 24). Within many First Nations communities, "birthing was a women-centered

process while in others, family and community members of both genders played important roles" (NAHO, 2004, p. 24).

The processes of colonization relocated birth from the community, to the hospital, even when the hospital was hours away by plane (Carroll & Benoit, 2001, p. 1). This has been particularly traumatic for Northern Aboriginal women who have had to travel, or have been "medically evacuated," to regional centers or southern hospitals to give birth. These Aboriginal women often spend three weeks or more in these facilities, dealing with loneliness, cultural shock and differences, as well as language barriers. Medical evacuation has been linked to increased vulnerability to post-partum depression, as well as other maternal and newborn complications (Couchie & Sanderson, 2007, p. 251).

Canada's exclusion of Aboriginal midwives is not compatible with the ideas of best practices and, as the literature indicates, "a growing body of evidence" does not support it (NAHO 2004, p. 13). NAHO cites international health organizations' statements, such as the United Nations International Children's Emergency Fund, that the best practices for maternal care use trained midwives familiar with the community and traditional birth attendants "who can provide culturally appropriate practical help" (2004, p. 8). Recently, there has been a movement towards more culturally relevant maternal and child health care by re-introducing birthing practices to communities with the assistance of midwives. Currently, there are a few Aboriginal midwifery-birthing centers and training programs in Canada such as Inuiilitsivik Health Centre in Rankin Inlet, and Iewirokwas Midwifery Program and Tsi Non: we Ionnakeratstha Ona:grahsta: Six Nations Maternal and Child Centre. However, the majority of Northern Aboriginal women still experience many barriers to having a midwife-attended birth (NAHO, 2006, p. 11; NAHO, 2004, p. 29).

Gaps in Current Literature

As this literature review has shown, there is a lack of research regarding Métis birthing practices, Métis midwifery, and Métis maternal and child health. At the same time, the Métis Centre's *Healthy Messages* report points to the need for Métis-specific programs and services, as well as the integration of Métis perspectives into pan-Aboriginal services (2009). The report also suggests that there is a need to bridge "the gap between the knowledge holders and those seeking to connect with their culture" (Métis Centre of NAHO, 2009, p. 26). Therefore, future research exploring Métis-specific birthing traditions, midwifery practices, and maternal and child health needs is necessary to inform and guide Métis-specific and Aboriginal programs, services and strategies, such as the Aboriginal birthing strategies discussed above.

PART II. Findings – Analysis of Interviews

Methodology

As noted, this project builds on the *Healthy Messages* project in British Columbia that showed Métis often connect physical health with broader determinants such as income, housing, spirituality, and community. Maternal-child health is seen as connected to both the health of the family and the health of the community.

Throughout 2009, the Métis Centre conducted key informant interviews and held small gatherings with Métis midwives, health professionals, Elders, and parents for the purpose of sharing and collecting stories, teachings, and information. These interviews and gatherings resulted in a DVD showcasing Métis pride and traditions, as well as practical health information about maternal-child well-being.

The objective of this discussion paper is to develop a foundation for future research. The transcripts of the interviews and gatherings conducted for the DVD were analysed and coded into themes using the Grounded Theory Methodology[i]. There was a wealth of information shared by Métis participants. Due to length restrictions, only information that appeared to be Métis-specific was included in this report.

The following themes were the most common throughout the transcripts. Common sub-themes also emerged:

- Pregnancy.
- Pregnancy and Birthing/Infant Care.
    - Ceremonies.
    - Traditional Infant Care.
    - Midwifery.
- Métis Identity.
- Language.
- Métis Pride.

The Métis participants generously shared their experiences and knowledge for this project, imparting rich information not found in the literature review. In fact, the interviews reveal there exists a wealth of Métis-specific knowledge and practices about maternal and child health, pregnancy and birthing. This stands in contrast to the limited Métis-specific information indicated in the literature review. This knowledge is critical and needs to be shared with the broader Métis population. In addition, the themes and sub-themes that emerged from the interviews and gatherings overlapped. This is consistent with Métis holistic understandings of health where health is viewed as connected to other facets of life such as community, identity, and language (Lamouche, 2002, p.7-8; Smylie,

2001, p.2). The following are excerpts from the transcripts, organized by the themes and sub-themes outlined above:

Pregnancy

Contrary to the literature, there do exist Métis-specific knowledge and traditions regarding maternal and child health. The Métis who were interviewed discussed a wide variety of topics including knowledge about traditions surrounding pregnancy, birthing, and infant care. One participant stated:

> *I see many women, when they become pregnant, that there is this sense to reconnect with family and [they] consistently talk about culture and reconnecting; that they'd love to be around Elders.*

Traditional understandings and beliefs about pregnancy emerged as important topics during the interviews and gatherings. Many participants spoke about the traditional view of pregnancy as a sacred time; "a time of reflection." They spoke about traditional ways of speaking about pregnancy. One traditional way of saying that a woman is pregnant is "she is coming into the family way." A Métis Elder also talked about two traditional words for pregnancy: "N'an tau iss noxit (phonetic); she looks like she is carrying something. That's the first stage. Tak kwe n'aun suen (phonetic), that's the second stage, when you are carrying the fetus. It means you are carrying a bundle."

During the interviews, one Métis Elder told a story that illustrates Métis beliefs about parent-child relationships:

> *The baby is a spirit before it comes to this world. It's already alive when you came right at the moment of conception. So what they said was they're waiting over there, on the other side, they're waiting for their parents to pick, they pick their parents; the spirits pick their parents. And those two people have to come together for them to be able to come into this physical existence that we have. So they can wait many, many lifetimes before those two people come together, those two energies. That's what they need to come into this world.*

In the interviews, nutrition, or “eating well” or “eating healthy,” was discussed as an important part of both traditional and contemporary pre-natal care. One interview subject recalled how women traditionally ate “very healthy” during pregnancy:

> *The food that we ate was very, very healthy. The moose meat, the beaver, the muskrat, the rabbits. All that stuff that we ate was clean, it was from the bush. All those animals ate medicines, so therefore they became medicines for us.*

Another important aspect of pre-natal care revealed through the interviews was community support. One Métis Elder spoke about the community’s responsibility to “support people, to support women when they’re pregnant.” In particular, it also became apparent that it is important for women to support other women because of the “knowledge that women have over the generations.”

During the interviews, a variety of views and experiences of planned versus unplanned pregnancy emerged. Many people spoke of the importance of young women and men planning pregnancy, even if they themselves had not planned their own pregnancy. According to one participant:

> *Young women need to really think about whether they’re prepared to look after this child, and how they're going to educate and bring this child up. It's very difficult to be a parent anyway, you know, whether you're prepared [or not]. You don’t want to get caught up in this responsibility and not be prepared.*

Similarly, another participant talked about the importance of planning each child and waiting long enough between each child so that “you’ve got that quality time with each of them.”

At the same time, Elders spoke about Métis families’ acceptance of unplanned pregnancy and pregnancy outside of marriage. One Métis community member spoke of how unmarried pregnancy is viewed today:

> *Even if they’re pregnant and they’re not married, we’re happy anyway, and we say, ‘Oh, that doesn’t matter. We’ll all help you out. Grandma is going to help and everybody else.’ It’s not a dishonor; not like it used to be. We love those children just like anybody else.*

It emerged that some Métis women felt discrimination from health professionals working in the Euro-Western health care system. They shared their experiences regarding unplanned pregnancies and number of pregnancies. One Métis woman pointed out:

> *I think it really is these varied experiences but there is racism that exists and we shouldn't pretend that it doesn't exist, we shouldn't pretend that all women are treated equal when they go through the system because it's not true and it was certainly my experience.*

One Métis mother identified that the Euro-Western health care system views "good motherhood" as White, middle-class, and academic. According to one Métis woman:

> *"I realized in that context that I was actually listening to something that reflected racism more than it reflected anything else. And that it was this coded language around the 'good mother', who I would [have] seemed to be: the middle class, academic, and White."*

Another Métis woman spoke about the judgment and stereotyping that Métis women face because of the racist belief that Aboriginal women have too many children or are unable to care for their children properly:

> *I've had other friends of mine who, when they're having their fourth child they're basically getting advice that, 'this is the last one, right? You don't need to have more babies... You have too many babies.' And there is certainly that message and again, I think it's linked to identity, particularly to Aboriginal women having too many babies…. there is this anxiety that exists that Aboriginal women are having too many babies that they can't look after, right? It's very uncomfortable for the women but it also sends a message as well that some babies are worthwhile, others aren't; some people should have babies, others shouldn't.*

During the interviews knowledge transmission and the means by which pregnant women receive health information was discussed at length. Currently, in Euro-Western Canadian society, information about healthy pregnancies and child rearing is commonly transmitted through public health messages by way of posters, commercials, and pamphlets. However, one Métis women spoke about the guilt that public health messages can produce:

> *I think that we are receiving a lot of public health messages as women about how we ought to be as pregnant women and certainly, I don't think that this is new but being pregnant makes you being very public. What I find at times is that it is very*

> *confusing for women to pick out what is useful and what's not useful and what I often tell women is ask your mother, ask the women in your family what they did.*

Traditionally, knowledge was passed down orally through generations. An important method of knowledge transmission in Métis societies was "women through the generations. The mother would tell her daughter and the daughter would tell her daughter and that's how you got the information passed down." While transferring knowledge about midwifery and birthing practices "through the generations" was common, knowledge about "how to take care of children, cuts, bruises and stuff like that," was also passed down.

In addition to many pregnant Métis women wanting information about pregnancy, birth and infant care generally, women and parents also wanted to learn about their culture. One Métis participant gave the following advice to Métis women:

> *If you're in the family way, or you're thinking of getting in the family way, definitely find out about the culture, your history and stuff so you know, can pass this on to your children, so that they have a sense of pride in who they are.*

Again, as the literature review revealed, while very little information in the literature is available regarding Métis knowledge and traditions, this knowledge does exist among Métis. The problem lies in transmitting this information from knowledge holders/keepers to future generations (Métis Centre at NAHO, 2009, pp. 26-27). While there is a desire among some Métis mothers to learn about traditional practices, for some, it is difficult to access this information. While some Métis mothers had access to Elders or family members who had knowledge regarding such traditions, there are many others who did not. Furthermore, urban Métis seem to have less access to this knowledge, making geographical distribution a factor. However, geography was not the only barrier identified. Some Métis spoke about the silence within families and the process of re-discovering their identities after learning they were pregnant. In a number of cases, those families who were silent did in fact hold knowledge regarding traditional practices but did not pass it on to their children and grandchildren. This is discussed in more detail in the section entitled *Métis Identity*.

Pregnancy and Birthing/Infant Care

> *You should feel free to define yourself [and] what it is that you want during your pregnancy [and birth]. We're all very different and your decision should be based on what you feel comfortable with.*
>
> *Métis Midwife (participant)*

Ceremonies

An important part of birth in many traditional Métis societies is ceremony. During the interviews, some Métis participants spoke about the different types of ceremonies and their significance. A theme of birthing ceremonies is the connection of Métis children to the earth, to their family and to their mother. One type of ceremony involves the umbilical cord. Two versions of this ceremony were discussed:

> *There's a thing that they used to do a long time ago. And I did it with a couple of my children. When a child is born, that umbilical cord, they take a part of it, the belly button. And they either tie it to the cradle board for a while or they go bury it in a tree. And they call it a family tree. The reason for that being that we come from the Earth and we'll stay connected to the Earth because our umbilical cord is our lifeline to everything. So we have part of the umbilical cord on the earth, we'll never get lost in this world, no matter where we go. The Elders used to say that somebody who goes all over the place and gets lost and gets into all kinds of trouble, they say they're looking for his belly button. That's the idea of that belly button. That you're still connected to that belly button even though it's cut off from you. And we're going to go back to the Earth eventually. But when you put it back to the Earth that means you're still connected to the Earth. And you will get your strength and the energy that you need. That's one of the reasons why the old people took that belly button.*

> *I kept [my grandchildren's] navels, the part that falls off. I got it all bundled up and I keep it in a scared bundle. So when I smudge sometimes I smudge there. I think that's why my grandchildren are so close to me, that's the saying anyway, the old way, you keep that cord, your children or your grandchildren become very attached to you.*

Another type of birthing ceremony involves the placenta. One Métis particpant spoke about the reasons behind the ceremony and what it entails:

> *We wanted them to have a sense of where they come from, which is the land, and [have a sense] of a place that they'll always belong to because a piece of them is there. So we buried all three of [our children's placentas] together and we planted trees on top of them and they're able to witness the growth of those trees which in a way is to represent their life and their growth as a human being.*

Another important type of ceremony in some traditional Métis societies is a ceremony involving the naming of the baby:

> *We get a lot of information about this individual through what we call name giving. When [the child is] given a name, the name represents their sacred vibration and their connection to creation. So you know how they're going to be and what they're like. When a baby is born you have a celebration of new life coming into this world, and you invite Elders to come there. And the Elders usually sit there and the baby is passed from one Elder to another, and the Elder gives something, whether it's a few words or a touch or even just their energy. There's some that will rock [the child] and they'll sing. So each Elder will give that child a gift and that gift will walk with them. Some will even give them a name right away because that name comes to them. And that's how the name comes because you're born with that sacred vibration, you're born with that. It's just that you have not been introduced with it yet. So once you've had that name, it's an introduction to who you really are, in a more profound sense.*

Some Elders spoke about the special significance of nicknames:

> *And there were some other people that had nicknames that their grandparents gave them. [The grandparents] looked at them and they… sort of looked a certain way, [so the grandparents] gave them that nickname. [The grandparents] found all babies very cute, and so they [would] give [the child] a name of some sort [and] cherished that child. With the cherishing of the child came another name, a nickname to love that child a lot more. So a lot of people had nicknames.*

Some ceremonial practices did not appear to have a specific name, but still played an important role in pregnancy and birth. One Métis mother spoke about having an Elder who attended her labour and gave prayers, as well as giving "the girls a welcoming ceremony right after they were born:"

> *She had some rocks and she did a small ceremony through prayer for the girls to welcome them into this Earth coming from one world into another. She put that rock in their hand to ground them so that they would feel safe here, and both of them had that grounding when they came here [to this world].*

One Métis midwife spoke about some Métis traditional ceremonial practices used during birth and labour such as inviting a drummer to the woman's birth, holding a smudging ceremony "before the baby comes," as well as after, and giving the "baby a cedar bath."

Traditional Infant Care

Some Métis people spoke about traditional practices surrounding infant care, such as belly button care and traditional medicines for infants. Some Métis people spoke about a swing that was traditionally used, in a way similar to how cradles are used today in Euro-Western society. One participant stated:

> *We never had a cradle, we used to have a swing. There was always one across the room in the bedroom. They used to make those [swings] with cord, they used to braid them. They used to be so beautiful, and they were made really nice. Sometimes if you didn't have that cord you [would] just use a blanket with the two strings tied [on the ends]. That's where the babies were. They were always nice and warm and clean, and [wrapped in] flannelette.*

A Métis participant talked about how belly buttons were cared for traditionally. Belly buttons were dried up with cornstarch, then tied by "little belts with flannelette" and pinned with little safety pins "and they'd leave that in there until the cord came out. I guess to keep that umbilical cord so it doesn't fall off on its own."

Traditional medicines were often used in infant care in Métis traditional communities, with midwives often being the infant health care providers. For instance, to treat diaper rash, women were told to get very rotten wood, "crush it up" and put it "all around [the baby's] little bum." Similarly, bladder infections were treated by "boiling cedar to make tea." For babies who were upset or babies that were fussing, women were told to "boil peppermint leaves and that settles [their] stomach." For babies with diarrhea "[you could] boil some rice water or barley and strain [out] the juice and give that to [the baby]" or use some poplar bark.

Moss bags were traditionally used in Métis early child rearing. There were several varieties of moss bags, some having a board behind them and some without a board, sometimes referred to as cradleboards. Those moss bags that had a board behind them "used to have a hoop around here to protect the baby's head." This hoop could be "used to hang things," for instance, "sometimes a medicine bag…would hang there for protection for the baby from the unknown." One Métis person explained that it was easy to keep the moss bag clean, since "[t]here's lots of moss over there and so they just threw the old stuff out and put new stuff in" when the child expelled bodily waste. However, moss bags did more than just protect the child physically and spiritually. Indeed, another Métis person related how moss bags facilitated a child's sensory development:

> *So what that does is it develops your power of perception through your eyes, through your hearing and through your sense of smell, as opposed to touching. But the other aspect of it is that*

> *you're fighting against it all the time as a child so it's developing your physical dynamic tension.*

Like other traditional child-rearing practices, people can and do still use moss bags today. One Métis woman related how "[an Aboriginal program worker] gave me the confidence to put my son in [a moss bag] and a cradle board and carry him to school [and back] in an urban setting."

Another traditional infant care practice was making a pacifier for newborn babies by taking a "little white cotton batten," putting "bread in there," tying it up, and the mother putting "breast milk on it."

Some Métis participants also revealed that traditional midwives integrated emergency care into birthing practices. For instance, one participant stated: "premature babies were wrapped in cotton and kept on the oven door." Similarly, one Métis Elder recalled that if a baby was born early the midwives would put the baby inside a rabbit skin turned inside out so that the fur was on the inside: "that rabbit skin kind of [maintained] the temperature of the baby." One Métis Elder passed on a story that a midwife in her community told her about treating women whose placenta broke away from their uterus (referred to as Abruptio Placentae in Western medicine):

> *I remember Auntie Jenny telling us that sometimes when she delivered the babies the placenta broke loose from the womb. What she'd do is she'd warm up plates and then when they were warm enough she'd wrap them up in whatever, towel, sheet, and she'd put it on the mom and leave it on the mom like that for a while until the placenta became loose.*

Midwifery and Doulas

As the literature review revealed, midwifery is an important practice within First Nations and Inuit communities. While there is sparse information regarding Métis midwifery in the literature, midwifery emerged as an important theme among Métis participants. Many young Métis parents and Elders spoke about the importance of Métis traditional birthing practices, including midwifery, within the contemporary context. This is consistent with the literature about Aboriginal midwifery, which suggests that Aboriginal women's reclaiming of midwifery and traditional birthing practices is also a process of reclaiming traditional identity, and a way for the community to re-connect birthing (NAHO, 2004, pp. 1&11; NWAC, 2007, pp. 3-4). At the same time, one participant spoke about the pressure placed on Aboriginal women "to take on more traditional forms [of] care during pregnancy and birthing."

Some Métis midwives and community members spoke about the holistic, family and woman-centered nature of midwifery care, and how it fits with women's understanding and conceptualizing of their own pregnancy. According to one participant, "they [midwives] tend to be more focused not just the woman, but on the family." One midwife described how she understood women-centered birthing support:

> *If I have to stand in one position for two hours and [if I have to] say the same thing to her [during] every contraction then that's what I'll do because that's exactly what women need at that stage. I'll do that for hours if I need to if that's what she needs.*

The comfortable and supportive care that midwives offer was stressed throughout the interviews and gatherings. One Métis midwife spoke about how midwives can support women through the changes that women need to make during pregnancy.

Another important aspect of midwifery care is empowerment of women during the birth experience. One midwife stated that her "philosophy of care is to treat the woman as an equal," in order to do so, she puts herself in the woman's position, remembering what "it was like to be pregnant [and in labour]." Through the pregnancy and labour process, this midwife saw herself working as a helper and observer, respecting the choices of the woman and "the fact that her body knows what she needs to do." Other Métis midwives and young mothers echoed the importance of empowering women during birth and respecting their choices:

> *It's very important [to make an] informed decision. So you wouldn't have a blood test done that you didn't know the reason for, but a midwife would explain what was being done and you would make the choice of whether you wanted that or not. It's like that throughout the whole process of the care, with the labour as well.*

> *A big part of our care is informed choice. What that means is that we're the primary care providers, we're the person who's responsible for making sure that everything is well and that your baby is well and that things are looked after, but we're not the primary decision maker in the relationship; [the pregnant woman is].*

One midwife provided an example of how providing care in accordance with the principle of informed choice can empower women:

> *It's really great when you see somebody starting to advocate for themselves, starting to feel empowered that they're making*

> *decisions that are going to shape the kind of care they're going to get.*

Many Métis participants expressed how midwifery and home births can strengthen the family bond. As well, hospital births were viewed as disconnecting Métis families from the birth process and the new family member. This is similar to other reports and articles regarding Aboriginal maternal health, which links the loss of midwifery, home and community births to the community and family's disconnection from women's birth experiences and the newborn baby (NAHO 2006, p.17; NAHO, 2004, p. 11). One Métis person described a midwife-assisted home birth:

> *It was so wonderful, everybody was right there with the baby. While you were in the hospital, there was none of that. That closeness after the baby was born, the closeness of the family-all of that wasn't there anymore. By the time the baby came back [from the hospital], and it came home wrapped up, you were scared to even go near it. It was like it was sick or something, because it came from the hospital. It had a big effect on –mostly I would think– the bonding of that baby to the family.*

Throughout the interviews, several participants expressed how the family bond could be strengthened through midwife-assisted births. This is linked to the importance of relationships within Métis culture. Individual health is inseparable from family and community health:

> *Our culture is relationship dominant, relationships are very important, family is very important, and as soon as a baby is born at home or in the community everybody comes to see the baby and offer their support. They have a feeling of connection to that baby right from the beginning. Whoever is at the birth, or involved with that baby right at that time, there's a strong connection, so it's a celebration and it's something really positive. It's good for the baby [because] it gives [them] a sense of history or connection. In a lot of communities where they've repatriated birth they've found that there's actually less family violence [as well].*

Many Métis parents and midwives related their experiences and practices, both traditional and contemporary, of midwife-assisted home births. One Métis woman said, "I was more relaxed at home. I was awful nervous when I was at the hospital." Other community members also described giving birth at home as "more satisfying and more nurturing" than giving birth in the hospital. Giving birth at home is in keeping with traditional Métis midwifery practices. One older Métis participant explained how his grandmother, who was a midwife, "used to walk for miles to go deliver a baby" in a woman's house.

Some participants suggested that being comfortable in their home as well as more in control of their environment were contributing factors in the more satisfying birth experience of women who gave birth at home.

While home births are usually viewed as being in opposition to hospital births, they are often not exclusive; women can start off having a home birth and "when the woman needs some rest or some pain relief then she might transfer to the hospital." Similarly, a common misunderstanding about home births versus hospital births is that home births are considered less safe and sanitary than hospital births. However, many Métis parents and midwives disagreed with this assessment. Based on their experiences, they felt that they saw fewer interventions such as episiotomies when women gave birth at home. One Métis midwife explained:

> *Those very serious few complications that take place in a very short time span, most of those, if a woman is screened properly during her pregnancy, are predictable. Some of them aren't, but very few aren't predictable. A lot of people think that a lot of emergencies happen right out of the blue with childbirth, but it's not so.*

While hospital births are often understood as falling under the jurisdiction of doctors and nurses, midwives can also attend hospital births in some provinces. Furthermore, a pregnant woman may consult both a midwife and a doctor about her maternal health. One midwife provided the example of how a woman may begin a low-risk pregnancy under the care of a midwife, but "something may develop in her pregnancy later on that makes her high risk." In this situation, an obstetrician may become her primary caregiver, but she can also receive the support of the midwife caregiver, "and the midwife would still attend the birth and be her care provider for six weeks after the birth as well."

One central aspect of giving birth is managing the pain of labour. One Métis woman said that "[giving birth] is one of the most difficult things that you'll ever do. It can be a very painful experience even with a normal birth." Similarly, another Métis woman connected this pain and suffering to the joy of having children:

> *It's just beautiful to suffer for these children, and they come out of you and you've accomplished the childbirth part of it.*

The approach of midwives may appear at times be at odds with the medical model of birth. Throughout the interviews, "natural birth" was understood to mean that no pain medication was administered during labour. However, one Métis participant spoke about the mixed messages that women receive regarding pain medication, as well as other medical interventions commonly used in mainstream health care:

> *I think we can give really mixed messages that by taking the benefits of Euro-Western medicine that maybe somehow it's a bit of a cop out; that the right thing is to have what's considered to be a natural birth. I just disagree with that.*

At the same time, some Métis midwives and other participants spoke about how women often do not need to use pain medication during labour. As one Métis midwife said:

> *I would say that the majority of births that we attend are natural births. I think as midwives we're quite lucky to be able to see that because in the hospital it definitely is much more common to have a birth with an epidural. So we're one of the few care providers and one of the few people around who the majority of what we see is natural births. We know that it's possible, we know that women can, it happens every day that women can do it.*

Working under the principles of informed choice and empowerment, the decision of whether a woman wants to use pain medication remains her choice in midwife-attended hospital births. In the face of societal pressures to have a "natural birth," a woman's right to an informed choice regarding pain management must be respected under midwifery principles. One Métis participant asserted, "whether or not you decide to take any type of pain relief during your delivery, no one should ever judge that decision because you are in the context."

There are traditional and natural pain management strategies that Métis women and midwives discussed in the interviews. One Métis midwife spoke about relaxation and breathing "as being the most important foundation for pain relief in labour because it doesn't require anybody else." As well, changing position "or getting up and having a shower can really help." A method of natural and traditional pain management is the use of hot and cold water. According to one Métis midwife:

> *There was one research that what they did was compare women who were given morphine for pain and childbirth and women who were immersed in water for childbirth. What was really interesting was that, both women were asked to rate on a scale of one to ten what their pain level was and both of the [groups of] women rated*

> *their pain scale the same. We know that heat and cold and water can really help with pain quite a bit and also just having a good relationship with your healthcare provider can be really helpful [for pain management]".*

Another Métis midwife said that water allows women "more freedom of movement because they know movement will help with childbirth." As well, visualization and connecting to her labour also emerged as an important aspect for women managing labour pain. One Métis midwife said that:

> *When a woman can actually picture herself going through things, and picture what's going to be happening in her body and that things are happening for a reason, that they aren't just happening because [they are] trying to put her in pain, they're happening because her body is doing something. If she can connect what's going on, what she's feeling in her body to what actual changes are happening in her body then often times, women can, are more able, to deal with the pain, to know that it's for a good purpose.*

One Métis woman described a traditional way for Métis women to prepare for labour by "drinking red raspberry leaf tea during the end of your pregnancy." Red raspberry leaf tea works as a uterine tonic "so what it does is it tones the uterus and…helps to prepare a woman's body for labour. It gets lots of blood flow going to the uterus…"

Métis participants also discussed the post-natal care women received from midwives in both traditional and contemporary contexts. One Métis person recalled that in traditional Métis societies, a midwife would give women "medicines when they were carrying their baby and…after, or they'd stay in bed for seven to ten days and she wouldn't let them out of bed," making sure that the woman was safe and comfortable. Midwives today usually provide post-natal care for at least six weeks following birth, and often longer, "especially if there's any difficulty with breastfeeding or anything [like that]."

Traditionally, many women formed a close bond with their midwife. In fact, some midwives became a part of the family and developed a relationship with the children they delivered. One Métis Elder recalls a midwife's relationship to her community:

> *She was a beautiful person. She was everybody's kookum here in the village. Everybody had so much respect for her. They just loved her. Everybody would say, 'That's the kookum that brought you into this world.'*

Within contemporary midwifery practice, continuity of care and relationships remain important, and many Métis participants agreed that this sets midwives apart from other healthcare providers: “Most midwives try to [offer continuity of care] by having fairly small practices where you will have the same midwife or a combination of two throughout your prenatal, labour, birth, postpartum and newborn care.”

While there are multiple benefits to having a midwife-attended birth, some Métis participants also discussed barriers and obstacles to having a midwife-attended birth. Hospital births are sometimes chosen over a home birth since having a home birth requires “a lot more organizing.” This speaks to the need to reduce barriers to midwifery care so that it is accessible to all women.

Some Métis midwives interviewed also stressed the value of the doula. One Métis midwife explained how doulas provide “emotional and physical support to the woman and her family during the time that she's labouring.” They are trained or experienced in providing non-medical labour support as well as advocating on behalf of the woman during labour. Doulas also often “have experience with assisting the woman in breastfeeding in the postpartum period,” as well as assisting with mother and child bonding, “keeping an eye on everybody that's there with [the] mother, and making sure that there's opportunities for other family members, like particularly the father, to be involved.” Doulas can also assist a woman with natural pain management by “suggesting position changes, knowing where to massage, using hydro therapy, helping with breathing techniques and relaxation. A doula will basically be there for the mother.”

The perspectives, views and experiences of hospital births were varied among the interview subjects. Some women reported positive experiences giving birth in the hospital. One woman rated the care she received and the hospital itself as “good,” at the same time speaking about her fear of giving birth at home or in the hospital. One Métis couple characterized the hospital as “open” and “comfortable;” the family brought their own food, pillows, blankets and music into a hospital room with pastel walls and a private shower.

Other Métis mothers and parents characterized hospital births as lonely and isolating. One woman stated: “in the hospital, nobody is there [as compared to a home birth].” Furthermore, hospital procedures were seen by some as interfering with the mother and baby’s experiences. One Métis participant pointed out that, “if you have a baby and it’s taken away from you and put in another room, in a sterilized place, it just separates that bond, that closeness that’s happening.”

Some Métis women spoke about the isolating nature of women living in northern communities having to fly to a southern hospital to give birth. The majority of women living in northern communities are still “medically evacuated” weeks or even a month before their due dates, putting a strain on their mental, emotional,

physical, and spiritual health (Smith, 2002, p. 13; NAHO, 2004, p.10-11; NAHO 2008, pp. 55-56).

Some Métis women spoke about the lack of Aboriginal healthcare workers in the Western medical system, adding credence to claims that this is a major barrier to culturally competent care. Indeed, one Métis woman went on to say that Aboriginal women often seek out and "are really thankful" when they are able to find an Aboriginal care provider.

Métis Identity

An important aspect of maternal and child health is the passing on of Métis identity, pride, and knowledge of history to children. It is important to note that the themes of "identity", "language" and "pride" overlap in the interviews and gatherings. They will be discussed here as individual themes given the rich discussion that occurred throughout the interviews.

There was a variety of ways Métis identity was understood by those interviewed. One Elder spoke about Métis identity in terms of being half European and half First Nations and how the First Nations side –referred-to here as the "mother's side"– of Métis identity has been silenced for too long:

> *The other side is our mother's side. Our father's side has been acknowledged ever since the Métis came to be. The father's side was a paternal side. It was very, very strong. And it's still strong today. We need to acknowledge the mother's side, which was kind of oppressed for a very long time. To honour the women. To honour our wives, to honour our mothers. Our grandmothers. Our granddaughters. Our daughters. Our nieces. We cannot hold anything back. We cannot dismiss anything.*

Racism often homogenizes Métis people. One Métis person stated that, "for 150 years everybody would look at you and say you're part French [and] part 'Indian', not part Cree or Anishinabe, [but] Indian; the no name brand big and barbarian savage." Métis interview subjects spoke about being discriminated against by both Euro-Western and First Nations people. One Métis person expressed how when she was a child that, "[we, Métis kids] were too White when we played with the Indian kids and too Indian when we played with the White kids."

Some Métis identify as Michif, as one Elder explained, "that's the word we would have used historically to call ourselves" as opposed to the word Métis, which is "the word that everybody else used." One Métis mother spoke about how they communicate this difference to her daughter:

> *Like my daughter, she'll tell you she is Métis. And I tell them the difference between being a Half-breed, a Métis, and a Michif…they're not Métis, they're not Half-breeds. They're Michif.*

Many participants also expressed diverse views about how Métis people identify and how they interpret Métis culture. As one Métis participant said "there is no one guaranteed Métis culture," but rather:

> *There's all these different little experiences that have come in over the last hundred years. So you have communities that are very close to an Ojibway community or close to a Cree community and you may find in those communities definite Cree or Anishinabe practices, and you also find that those that have been Christianized, heavily, you'll find a lot of Catholic, or Protestant, or Fundamentalist teachings. It means simply that to come and say 'here is the Métis way to do this,' you're probably not going to focus with too many people. The secret is to know your community.*

Although Métis culture varies by region and individual families or communities, many Métis participants stressed that Métis culture is a stand-alone culture, different from First Nations culture or Canadian culture. This conflicts with the pan-Aboriginal approach, which often treats First Nations and Métis people as if they are the same. Furthermore, due to the lack of existing Métis-specific research, the pan-Aboriginal approach often inadvertently groups the realities and experiences of First Nations and Métis people together. Historically, European people also conflated First Nations and Métis people. One Métis individual recalls that "[the Europeans] weren't even sure of what First Nations were doing [and] they still called them Indians. The Métis, Half-breeds…it was always assumed that they were the same as the Indians."

Another Métis spoke about how being Métis does not mean "being of mixed ancestry," but is a culture unto itself. As well, a northern community member discussed how Métis living in the North have a different lifestyle than prairie Métis, "and yet, we are no less Métis than anybody else was. We are not First Nations. We don't live on a reserve. We don't have a status number. We are certainly not Canadian."

One Métis participant related that an Anishnabe Elder told him that the traditional Anishnabe word for Métis means, "[w]here a fire has gone through and burnt everything, all the vegetation…and the new shoots come up."

Language

Many Métis participants stressed the importance of learning and passing on Aboriginal languages to their children, whether it be Dene, Cree, Ojibway, Michif, or another indigenous language. As one Métis person explained, “when you understand your language, you understand yourself more.” Indeed, according to another participant, it is important not to forget “our language because it is part of our health and our culture.”

One Métis participant explained the relationship between language and worldview by comparing English language/Euro-Western worldviews and Aboriginal languages/worldviews:

> *I’ve been told that the English language is a noun-based language and the Aboriginal languages are verb-based. So, the English language objectifies everything; separates [everything]. Aboriginal languages are inclusive. They include everything. You’re connected to everything in the universe. You’re part of, instead of apart from.*

Métis Pride

Young Métis parents, and Elders in particular, stressed the importance of passing on Métis identity to children, in order for children to be proud of their history, culture and roots. They spoke about the Métis people as representing the best of both the Euro-Western and First Nations worlds. One community member said, “I was always a proud Métis and I’m going to die that way.”

One way of instilling Métis pride in children is to teach them traditional activities, such as Métis jig dancing, Métis style fiddle music, and Métis beading. One parent characterized jig dancing as “crossing age boundaries.” Then, he said that jigging is “one aspect of Métis culture that I really hope to pass on to my kids.” One Métis father spoke about the pride that he experiences watching his son dance on stage, stating, “I love that he is embracing his culture.”

One Métis parent spoke about the importance of exposing his child to Métis fiddle music, stating that, “I don't think it's anything you can sit down and teach your child to do, they just need to be around it, they just need to feel comfortable in it.” Now his son knows about the music, its meaning and “sings about it.” His son learned the importance of singing from another community member, who said that singing is about “that energy that is shared. It makes you feel good.” Another participant recalled that when she was growing up, Métis grandmothers and grandfathers would sing to their grandchildren. She suggested, this is “a very important thing that I guess not many of us do anymore, is sing to our children.”

Another important aspect of passing on Métis pride is teaching children about their family history and genealogy. One Métis participant spoke about the importance of family genealogy in learning about, “where did your people come from? What kind of a life did they have?” At the same time, some participants spoke about teaching children that the present cannot be dictated by the past. According to one Métis participant, “that’s history, that’s something that happened to people that lived in that generation. We are not in that generation, we will never be that generation again.”

In addition to family history, some participants also spoke of the importance of teaching Métis history to children, including how colonization affected and still affects Métis people. One participant stated:

> *It's very important that [children] know their history. We have a rich culture, we have lots in our culture, but nobody cares. We went through an awful lot when Europeans came, of course Europeans are my ancestors, part of my ancestors, but just the same, they just came and took over. That’s where I tried to tell my kids, ‘okay this is what happened,’ not because I want them to have anything against the people that they're going to school with, it's just that they know their history. That’s what I'm trying to tell them, to teach them, and they should know that history.*

Although many Métis participants spoke about the importance of history, they also stressed that Métis should not be defined solely as an historical people. Instead, many Métis defined themselves as a living people and Métis culture as alive. One person said, “I think that it's important to see it as a culture that's alive, because if it’s only [the] historical part of who you are, [then] it's hard to know how to live it or to pass it on. It’s got to be something that's alive.”

Métis people have endured and survived centuries of discrimination and prejudice and still have a thriving culture today. Participants reflected on contemporary identity and culture in relation to the Métis people as a whole, as well as in relation to themselves as individual Métis. One Métis participant said:

> *A hundred and twenty four years ago our patriots, our men and our women, and even our children, stood their ground to ensure that we will exist forever and our flag shows that. Infinity. We will survive as a people. We will continue to work to overcome the obstacles that face us and we will have small victories, sometimes symbolic victories, but nevertheless with each victory that we have, whether it's something concrete, something that we can hold in our hands, or see with our eyes, or whether it’s symbolic we will have these victories.*

Some participants expressed that it is important for parents to act as strong Métis role models and have a positive Métis identity in order for their children to develop the same. As one community member said, “it's tough enough growing up in a modern world, without having problems of self-identity and self-confidence.”

When discussing Métis identity, several participants discussed how, both historically and today, there is a silence that exists around Métis peoples and identities. One Métis participant explained how the silence around Métis identity is now being broken down. While in the past many Métis people hid the fact that they were Métis, “now its come a total reverse of that…all of a sudden they are coming out of the wood work.” There are, however, still many Métis people that do continue to struggle with their identity.

Silence around Métis identity is evident in today’s culture. Métis families and individuals may not even discuss their cultural identity. One Métis participant said about their family, “I don’t think they ever knew they were Métis. Nothing was ever discussed.” Other times, families and individuals will take on another identity, such as French or First Nations. One Métis participant said that often Métis youth say that they are First Nations “because it’s convenient.” Another Métis community member said that, “if [our family] could get away with being White, we’d be White; Native, we’d be Native. But it seemed like the two worlds just didn’t mix.” This statement would seem to indicate that the silence around the participant’s Métis identity was linked to the symbolic and material separation of First Nations and European peoples within Canadian society. As Métis peoples’ very existence defies this separation, individual Métis communities and families have felt pressure to take on either a First Nations’ identity or Euro-Western identity.

For other families or individuals, while they may admit to being Métis, they were very ashamed of their identity. One Métis woman remembers that feeling that their mother did not want “to be what she was.” This, in turn, affected her identity: “so it took me a while to accept [that I was Métis].”

Despite these barriers, Métis individuals, families and communities are breaking down the silence. As one participant pointed out, “the Métis people…we're just getting to be proud and to be strong in our culture, and that makes you strong and that makes a person strong, that makes a child strong.”

An important aspect of Métis identity is oral traditions, where knowledge and values are passed down through storytelling. One Métis parent spoke about watching her son participate in the storytelling tradition:

> *It was just really neat to see him listening to these stories that have been passed down through so many generations. I mean*

> *these are ancient stories and to see him hearing them and enjoying them and knowing them was just really good.*

Some participants also discussed the importance of spirituality to Métis culture, and their own lives. One participant said:

> *I think [what we] as a family really gained from learning a bit about the Métis culture is a sense of spirituality. The Creator was just there. He existed [and] everybody believed in the Creator where I was raised. Learning about the Métis way of life has given us that spirituality, although not so much in a church, but just in our homes, in ourselves.*

Another Métis participant shared how Aboriginal spirituality and ceremonies changed their life:

> *And that's why I believe very, very strongly in the Aboriginal perspective. The ceremonies. Those are the things that are going to help us. [That's] what helped me. I did a lot of drinking in my younger days. What changed my life was going to a ceremony and experiencing the power, the incredible power of what happened there. That totally changed my perspective.*

Finally, many Métis participants spoke about the importance of providing support as a community to individual families. They spoke about the importance of the traditional roles that community and extended family members play in children's lives. While communities have shifted over time, through colonization and urbanization, Métis people are still relying on these important relationships. One participant spoke about how, in an urban centre, one space serves as a sort of "oasis…where we can come together and share information. People meeting each other and making connections, forming relationships. Those are the things that we need to continue to do." Another participant spoke of the need to reclaim the Métis focus on community: "we can find our voice to say that there is a different way of living and there's a community that can happen in helping each other out in family stress." As well, another participant suggested that strengthening Métis communities will allow "our children [to] grow up healthy. They are going to want to be with us. They are not going to want to run away and go someplace else and get lost."

Discussion

While the literature review revealed a lack of Métis-specific information relating to maternal and child health, the interviews conducted for the *Healthy Beginnings* DVD uncovered a wealth of rich information that is very helpful in understanding maternal and child health in Métis communities. Indeed, the interviews revealed

a clear need for Métis-specific maternal and child health data, programs, and services. The interviews revealed common themes, yet diverse views within those themes. As Métis represent a distinct and diverse population, a pan-Aboriginal approach will not work for them. Furthermore, many of those interviewed focused on positive attributes within individuals, families and communities as opposed to the deficit approach revealed in the literature review. While many Métis participants did speak candidly about issues and barriers concerning maternal and child health, there was a much stronger emphasis placed on positive attributes such as Métis identity, Métis pride, knowledge, and traditions.

The literature revealed that traditional practices remain important for First Nations and Inuit women and families. While there is a lack of Métis-specific literature in this area, the interviews indicated that traditional practices and knowledge are important to Métis as well. However, there is a gap between the knowledge holders and younger generations. Many of the mothers interviewed revealed that it was not until they became pregnant that they started to wonder about their culture, identity and traditional practices, and they had to seek out Elders and knowledge keepers. The Elders revealed a deep, rich knowledge of traditional practices and freely shared this in the interviews. It is important that this knowledge is shared considering the large (and growing) urban Métis population. Part of the problem compounding the knowledge gap is the “silence” that participants discussed. This silence, denying or simply not talking about Métis identity, has helped Métis survive in the past. While Métis are reclaiming their identities today, this silence has contributed to the gap between knowledge holders and the younger Métis generation in particular.

In addition to traditional practices and knowledge, midwifery is another area where there is no literature, yet Métis midwives freely shared their knowledge for the purpose of the DVD. Again, the diversity of Métis approaches was revealed when the midwives spoke about their roles in the community. Some midwives blended traditional and contemporary knowledge while others focused more on traditional practices. Regardless, it is clear that midwives offer Métis knowledge and support, and share keen insights when it comes to culturally competent care. The literature revealed that Aboriginal birthing centers and the practice of midwifery itself are key aspects of Aboriginal maternal and child health. Given the rich knowledge and scope of practice of Métis midwives, they certainly have something to offer in helping to develop Métis-specific birthing centers, services, and strategies.

Another strong theme that emerged in the interviews was the notion of holistic health. Many identified health as being inclusive of spiritual and communal health. A healthy family includes the nuclear family, but also the extended family and community. Sharing and community support were identified as key aspects of holistic health. Métis pride was also a common theme and participants spoke about the importance of understanding one’s history, understanding who you are

and where you come from, and passing that on to future generations. This was expressed as being a part of holistic health. In addition, ceremonies were discussed at length as being key to one's health. However, again, it is clear that a gap remains between those who hold knowledge and traditions and the larger Métis population.

A strong theme in both the literature review and the interviews was the priority of culturally relevant and competent care specific to Métis. Aboriginal services do not adequately address Métis needs and, more often than not, focus more on First Nations needs and priorities. Many women spoke about the need for Aboriginal health care professionals and how – particularly in an isolated hospital setting – they are grateful to find an Aboriginal person to care for them. Some participants also spoke about maternal and child health information. Expecting mothers often receive their information from mainstream sources. While traditional knowledge exists, it is often more difficult to access. Many Métis women who were interviewed stressed the importance of having access to both mainstream and traditional Métis information. This points to the need for culturally competent messaging; something that the Métis Centre of NAHO is currently undertaking with this and other related projects.

As one can see, even though distinct themes emerged from the interviews, the themes overlap and are often interwoven. For example, Métis identity was discussed within the context of several themes, as was the existing gap between traditional Métis knowledge keepers and the broader Métis community, particularly the younger generations. Similarly, discussion regarding traditional practices arose when discussing midwifery, childrearing, identity, pregnancy, birthing and infant care. Clearly, the reclamation of traditional practices is important to Métis. The challenge is to find a way to blend it with contemporary practices and to find a way in which knowledge can be transmitted through an increasingly urban Métis population.

Next Steps and Recommendations

The creation of this discussion paper and DVD is an excellent start for understanding Métis maternal and child health. This project begins to address the issue of culturally competent messaging. The logical next step would be to build upon this valuable research to continue to capture the rich knowledge that Métis hold regarding maternal and child health that will inform future work. For example, more research might lead to the infusion of Métis cultural safety into both Aboriginal and mainstream health programs or examining the potential for a Métis specific birthing strategy or Métis birthing centres. It is clear from the interviews that Métis maternal and child health includes not only mothers and children, but the entire community. Future research could include examining the holistic nature of how Métis view maternal and child health and how these views could or should influence health care programs and services. Considering the

lack of Métis specific maternal and child research, it is important to build a body of knowledge that will inform future initiatives.

Conclusion

The objective of this discussion paper was to develop a foundation for future research. The goal was to examine existing literature regarding Métis maternal and child health, as well as to analyze interviews of Métis from across Canada. In reviewing the transcripts of the interviews for this project as well as the existing literature, it was revealed that Métis-specific literature regarding maternal and child health is nearly non-existent, but that a wealth of information exists among community knowledge keepers. Unfortunately, there appears to be a gap between knowledge holders and subsequent generations. Several themes emerged from the interviews including Métis identity, traditional knowledge, the importance of midwifery, and the need for culturally competent maternal and child healthcare. Moreover, the interviews revealed the rich diversity of Métis people, as well as reinforced the need for Métis-specific strategies and programs in place of existing pan-Aboriginal approaches.

The findings revealed the need for culturally competent messaging regarding Métis maternal and child health, as well as the exploration of a Métis birthing strategy that may include birthing centers. Findings also indicated the need to close the gap between Métis knowledge holders and the broader Métis community.

The rich information shared by Métis across Canada provides an excellent starting point for both further research and strategic planning in this area. Hope for the future was expressed throughout the interviews. This project has created a starting point by sharing Métis voices in a culturally competent and respectful way.

> *We are a new generation, a new breed of people, with new opportunities of coming together and raising a beautiful, beautiful group of people called the Métis Nation and that's going to be the greatest nation of the world.*

Endnotes

[i] **Methodology for Grounded Theory Analysis**

As research regarding Métis-specific child/maternal health is lacking within the current literature, the grounded theory qualitative method of inquiry was chosen to analyze the data obtained from several qualitative interviews. Grounded theory is well suited to facilitate the understanding of this research, an inadequately researched topic, because the theory emerges from the data. Specifically, this approach allowed for an understanding of Métis-specific child/maternal health from the perspective of community members without imposing pre-conceived theories or structures. Furthermore, the use of an oral history methodology is important because "storytelling is a useful and culturally appropriate way of representing the diversities of truth within which the story teller rather than the researcher retains control" (Tuhiwai-Smith, 1999, p. 144). One limitation in the analysis is that the video interviews were transcribed by people unfamiliar with Michif or Cree. These parts of the interviews were not transcribed, and so not included as part of the analysis.

Data Analysis

Transcripts were analyzed according to the grounded theory method; a largely intuitive, inductive process (Strauss & Corbin, 1998, p. 101). Three levels of coding, open, axial, and selective, were used. During each stage of coding, care was taken to remain true to the ideas of the participants. In general, the suggested analytic guidelines of establishing a *grounded theory* are: to take a very focused look at the data, to ask questions about the data in order to arrive at non-biased interpretations, to determine general categories within the data, and then to determine relationships between data that can then be used in the creation of a theory. These general guidelines were followed as closely as possible.

Open coding.
During the preliminary process of *open coding,* concepts were identified and their properties were revealed in the data using line-by-line analysis (Strauss & Corbin, 1998, p.101-121). The first sub-step in this process is *conceptualizing.* During this sub-step, concepts were broken down into phenomena or significant events, actions or objects. These phenomena were given names that were grounded in the words of the participants. Throughout this analytic process, I created memos that documented my thoughts and questions in order to help with further data collection and to understand my biases. During the next sub-step, these phenomena were grouped into categories, or more abstract explanatory terms.

Axial coding.

Open coding was followed by *axial coding* where categories were compared to sub-categories; categories provided the axis around which to work (Strauss & Corbin, 1998, p.123-142). The quotations that comprised each of the open coding categories were carefully dissected in order to locate patterns and themes. During this step, several categories were collapsed together to form a new category as further analysis revealed their similarity. In some instances, an *in-vivo* name, a name taken from the words of the participants themselves, was given to this new category, and in other instances a completely original name was created (Strauss & Corbin, 1998, p.115-116).

Selective coding.

The third and final level of coding, *selective coding,* involved incorporating and refining the emerging theory (Strauss & Corbin, 1998, p.143-161). The central categories were analyzed in order to discover ways in which categories were related and inter-connected (Strauss & Corbin, 1998, p.143-161).

References

British Columbia Ministry of Health Services (2006). *Aboriginal Maternal Health in British Columbia: A Toolbox (Draft)*. Retrieved March 16, 2010, from http://www.bcphp.ca/sites/bcrcp/files/committees/aboriginal/AboriginalMaternalHealthToolbox.pdf

Bowen, A. & Muhajarine, N. (2006). Prevalence of antenatal depression in women enrolled in an outreach program in Canada. *Journal of obstetric, gynecologic, and neonatal nursing, 35 [4],* 491-498.

Carroll, D. & Benoit, C. (2001). Aboriginal midwifery in Canada: blending traditional and modern forms. *The Canadian Women's Health Network, 4[3],* 1-4.

Chansonneuve, D. (2005). Day three: reproductive health and midwifery. In Carry C., L. Cree, L., Michna, P, & O'Hearn, T. (Eds.), *Aboriginal women and girls' health roundtable final report*. (18-20). Ottawa: National Aboriginal Health Organization.

Couchie, C. & Sanderson, S. (2007). A report on best practices for returning birth to rural and remote Aboriginal communities. *Journal of obstetrics and gynaecology Canada, [March],* 250-254.

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[3],* 487-493.

Featherstone, L. (2008). Birth in Sydney. *Sydney Journal, 1[1],* 20-26.

Heaman, M. I, Blanchard, J. F., Gupton, A. L., Moffatt, M. E. K., & Currie, R. F. (2005). Risk factors for spontaneous preterm birth among Aboriginal and non-Aboriginal women in Manitoba. *Pediatric and perinatal epidemiology, 19 [3],* 181-193

Heaman, M. I. & Chalmers, K. (2005). Prevalence and correlates of smoking during pregnancy: A comparison of Aboriginal and non-Aboriginal women in Manitoba. *BIRTH, 32 [4],* 299-305.

Hippe, J. (2007). *Choice or regulation? An exploration of the importance of social difference to women's experiences of the medicalization of their pregnancies.* Master's thesis, University of Regina: Regina, Saskatchewan.

Kruske, S., Kildea, S., & Barclay, L. (2006). Cultural safety and maternity care for Aboriginal and Torres Strait Islander Australians. *Women and Birth, 19[3],* 73-77.

Lalonde, A. B., Butt, C., & Bucio, A. (2009). Maternal health in Canadian Aboriginal communities: challenges and opportunities. *Journal of obstetrics and gynaecology Canada, 31 [10],* 958-962.

Lamouche, James. (2002). *Environmental scan of Métis health information, initiatives and programs*. Ottawa: National Aboriginal Health Organization.

Martens, P. J. (2002). Increasing breastfeeding initiation and duration at a community level: an evaluation of Sagkeeng First Nation's community health nurse and peer counselor programs. *Journal of human lactation, 18 [3],* 236-246.

Métis Centre of the National Aboriginal Health Organization. (2009). *Healthy messages & Métis: Does one size fit all? a look at specificity, identity and cultural safety for Métis women in British Columbia*. Ottawa: National Aboriginal Health Organization.

National Aboriginal Health Organization (NAHO) (2006) *Exploring models for quality maternity care in First Nations and Inuit communities: Final report of Inuit women's needs assessment*. Ottawa, ON: Author

National Aboriginal Health Organization. (2008). *Celebrating birth – Aboriginal midwifery in Canada.* Ottawa: National Aboriginal Health Organization.

National Aboriginal Health Organization. (2004). *Midwifery and Aboriginal midwifery of Canada.* Ottawa: National Aboriginal Health Organization.

Native Women's Association of Canada. (2007). Aboriginal women and reproductive health, midwifery and birthing centers: an issue paper. In NWAC (eds.) *National Aboriginal Women's Summit.* Cornerbrook, Newfoundland: NWAC.

Smith, D. (2002). *Comprehensive maternal child health care in First Nations and Inuit communities: a First Nations and Inuit Health Branch report.* Retrieved March 17, 2010 from http://www.ihs.gov/MedicalPrograms/MCH/M/MCHdownloads/MCHonreserve-aug71215pm.doc#CMCH

Smylie, Janet. (2001). A Guide for health professionals working with Aboriginal peoples: health issues affecting Aboriginal Peoples. *Journal of the society of obstetricians and gynaecologists of Canada, 23[1],* 54-68.

Society of Gynecologists and Obstetricians Canada. (2007). *Addendum: An Aboriginal birthing strategy for Canada.* Retrieved March 17, 2010, from http://www.sogc.org/projects/pdf/AboriginalBirthingJune12%2007.pdf

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: grounded theory, procedures and techniques*. Newbury Park, California: Sage.

Tuhiwai Smith, L. (1999). *Decolonizing methodologies: research and Indigenous peoples.* New York, New York: Zed Books.