

Birth Practices of North American First Nations Women: Community Bonds and the Power Within

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Indigenous communities, especially Indigenous women, are known for their abundance of resilience, especially with the many attempts by North American governments to procure a full-blown attack of racial genocide against their peoples. The political, racial, medical, and gendered prejudicial practices repeatedly used against Indigenous populations over the course of the last two centuries has advanced Indigenous communities' awareness of the injustices that they face, and will continue to face (albeit, on a lesser scale than the Sixties Scoop or Residential/Day school). Despite the grueling atrocities thrown at the feet of Indigenous communities by the hands of White colonialists and nationalists, these communities are fueled with the strength of their ancestors and the power of the bond between traditional rituals and ways of living. When it comes to Aboriginal birthing practices, many women have opted to remain with tradition as much as possible in order to maintain the communal heritage and intellect surrounding the process of pregnancy. Generations of tradition and knowledge have solidified many Indigenous women's shared belief in their birthing practices within the realm of their comforts: community and heritage. While Western medical customs became standard in the colonised lands of North America, Indigenous women continued to hold strong to their medical practices regardless of the problems which arose from European colonisation.¹

Women are the foundation of civilization. The power and dedication that society and social structures expect of women for the advancements of generations of people is the ultimate form of social pressure and control. Indigenous women, especially, have immense influence over others in their communities. In fact, "Indigenous women and birthing people were revered in

¹ I am honoured to be writing this research essay on the traditional and unceded territory of the Snuneymuxw First Nations peoples, whose territory and waters span across eastern Vancouver Island.

It is with humility and delicacy that I am writing this essay, in hope to shine light on the beauty of Indigenous birthing communities and the traditions that go along with it.

While this essay touches on Indigenous birthing practices, it is a general exploration, as more defined and direct study would take much more resources than I am afforded.

their roles as caretakers of the new generations, as well as their Nations”.² Many Aboriginal communities across Canada and the United States alike follow a tradition of matrilineality, which traces family heritage from the mother’s family lines rather than the father’s.³ From the onset of Western colonialism, patriarchal family chronology was the practised way of documenting family trees, but Indigenous cultures chose to follow the female line because women are so crucial to the way they operate in life. This was not something to take lightly – Indigenous women held an immense amount of power when it came to running their household and raising their children; the resilience and strength needed in order to overcome obstacles in the face of adversity was something that was ingrained in Indigenous women throughout the evolution of their communities. Women – the birthers, caretakers, and providers – are the foundation for their communities’ success, in the present and future. In Indigenous communities, women hold great responsibility, and particularly in the Cherokee clans, the women were the forever constant in the upbringing of children and the running of the “home and hearth,” while men were somewhat uncomfortable in the home and took to the outdoors more.⁴ With this in mind, it becomes apparent that the continuation of Indigenous family and community traditions depended on their women, and especially on the role they played (and continue to play) in instilling the wisdom and strength into their children that allow them to go forth into the world with pride, honour, and integrity.

² Caroline Fidan Tyler Doenmez, Jaime Cidro, Stephanie Sinclair, Ashley Hayward, Larissa Wodtke and Alexandra Nychuk. “Heart work: Indigenous doula responding to challenges of western systems and revitalizing Indigenous birthing care in Canada.” *BMC Pregnancy and Childbirth* 22, no. 41 (2022): 2.

³ Theda Perdue, “Matrilineal Kinship Among the Cherokee Indians in the American Southeast,” in *Major Problems in the History of American Families and Children*, edited by Anya Jabour. Wadsworth, Cengage Learning, 2005: 42-43.

⁴ Perdue, “Matrilineal Kinship”, 44.

Prior to the colonial interruption to Indigenous birthing practices, Indigenous women held a very strict traditional process with regard to having children. Similar to other areas of Aboriginal traditions, birthing practices were (and are still) learned through the oral tradition of stories and wisdom shared from the elders. Children, from the moment they were born, were told stories about the past in order to bring forth healing, wisdom, knowledge, and strength into the future; this practice continues in many Indigenous communities today in spite of continued colonial interference. Indigenous children's births into their own communities remains crucial to their development of "a clear sense of identity, which helps to promote resilience and build strong community bonds".⁵ Alongside the generational transmission of oral histories, the concept of holism is heavily interlinked into the threads of those stories. The concept itself is the general idea that one must look at the entirety of the situation to truly understand its process and outcome. Within holism, there are "four interconnected dimensions of knowledge that are common in Indigenous epistemologies: 'emotional, spiritual, cognitive, and physical'".⁶ Even deeper into the concept of holism is the idea that the spiritual realm, individual people, and the environment are crucial in the learning of ancestral wisdoms. From this understanding follows the wisdom that when Indigenous children are born into and surrounded by their own communities throughout their personal development, they are enveloped into this spiritual and real-time dimension of belonging and community – a far different perspective from the beliefs

⁵ Angela Bowen and Carrie Pratt. "Chapter 5: Indigenous Birth." in *Northern and Indigenous Health and Health Care*, edited by Exner-Pirot, H., B. Norbye and L. Butler (Saskatoon: University of Saskatchewan, 2018): Theme I - Community Health in Northern and Indigenous Communities, under subheading "Introduction".

⁶ Asma-na-hi Antoine, Rachel Mason, Roberta Mason, Sophia Palahicky, and Carmen Rodriguez de France. "Section 2: Meaningful Integration of Indigenous Epistemologies and Pedagogies." in *Pulling Together: A Guide for Curriculum Developers* (Victoria: BCcampus Open Publishing, 2018): under subheading "Indigenous Epistemologies and Pedagogies".

ingrained in the Western tradition. As a direct result, the historical differences between the lived experiences of Indigenous women and those of Western colonial women are not a surprise.

The birthing process of Indigenous women's childbirth was a community affair and responsibility. With the help of family and local midwives, “the knowledge about birthing infants was transmitted inter-generationally and included not only physical logistics of birthing, but also traditional medicines to deal with a range of issues associated with delivery and post-partum”.⁷

Traditional medicines refer to a combination of minerals, animals, and medicinal plants.⁸

Indigenous peoples from across Canada have a diverse knowledge and experience with medicine, and an even deeper connection with birthing medicines. In pre-colonial days, Indigenous communities were primarily hunter-gatherers because they lived off of the lands and the resources they had available to them at the time meaning that they came in contact with many useful plants which allowed for the treatment of illness. Unfortunately, the historical lack of scholarship and funding towards Indigenous medical practices has belittled and degraded the extent of their knowledge, leading to a distinct lack of information on what exactly the medicine is made from in these traditional practices; this area in modern scholarship is in the process of a long-overdue exploration.⁹ An important consideration when conducting such explorations into

⁷ Jaime Cidro, Caroline Doenmez, Stephanie Sinclair, Alexandra Nychuk, Larissa Wodtke, and Ashley Hayward. "Putting them on a Strong Spiritual Path: Indigenous Doula's Responding to the Needs of Indigenous Mothers and Communities." *International Journal for Equity in Health* 20, no. 20 (2021): 2.

⁸ Nicole Redvers and Be'sha Blondin. "Traditional Indigenous Medicine in North America: A Scoping Review." *PLoS One* 15, no. 8 (2020): 2.

⁹ Indigenous traditional medicine is sometimes considered to be an “alternative” form of medicine, which intrinsically links Indigenous medicine to a “second choice” from the “normal” medical avenues. This is an inherently wrong outlook on traditional medicine within Aboriginal communities (and societal thought patterns), because it lessens the overall value of Indigenous medicine.

For the lack of information within North American Indigenous medicine with specific regard to birthing and labour, this essay will continue on with the concepts of ritual and emotionally driven community involvement within traditional Indigenous birthing practices instead.

the specifics around Aboriginal medicine is that it remains a very private practice between communities and individuals; First Nations families pass information through generations of people, which allows for more “confidential” and “private” ways of passing information – information that is not for White scholars to know, unless shared with by a member of their communities.¹⁰

Sometimes the basic notion of childbirth – the actual act of a woman in labour, something extremely taxing and exhausting on the female body – is overshadowed by the *idea* of having the baby in the real world. In traditional Indigenous birthing practices, the primary concern focused on the mother and her experience within the whole of the labour and birth. The community’s involvement within these birthing experiences not only ensured the ancestral support of the mother and child; it also brought the mother immense comfort in one of her most vulnerable and sometimes traumatising experiences. The continuation of these customs alongside others today links past to future and lends itself to the greater tradition of generational collectivity and interconnectedness in many Indigenous communities. Crucial to the process of childbirth for Indigenous women is the “value of engaging in relationships and genuine connections between healers and community members”.¹¹ Pregnancy and childbirth can be isolating experiences for women because it involves their individual bodies going through the motions of something so unknown and sometimes traumatic, regardless of how natural a process it is. This is why many Indigenous traditions move away from individual separation and focus more on the comforts of communal action, with the involvement of family, friends, and elders. The threat of death,

¹⁰ Laurie Meijer Drees, *Healing Histories: Stories from Canada’s Indian Hospitals*, The University of Alberta, 2013, 124.

¹¹ Monique Auger, Teresa Howell, and Tonya Gomes. “Moving toward holistic wellness, empowerment and self-determination for Indigenous peoples in Canada: Can traditional Indigenous health care practices increase ownership over health and health care decisions?” *Can J Public Health* 107, no. 4-5 (2016): 395.

infection, pain, and physical and mental exhaustion face women during pregnancy and childbirth – however, their isolation in those experiences is exactly what Indigenous medicine has attempted to counteract. In the last decade or so, Canadian Indigenous doulas, or birthing assistants, have made a resurgence into urban Indigenous communities. While not all of the doulas going into Indigenous communities are of the same Indigenous background as the women they are assisting, they are of Indigenous heritage – this shared connection of being Indigenous allows a sense of comfort and maybe even trust, to foster, allowing a more comfortable experience for the mother-to-be, without the administration of medicine. In their work, it is “important for the doulas to be flexible and to work with a common purpose of supporting women in their own cultural resurgence,” even if the traditions they follow in the process differ from their own Indigenous heritage, rituals, or practices.¹² The doula’s primary goal is not to deliver the baby and send the mother on her way, but to give the mother comfort and guidance in the birthing process so that she may enter motherhood knowing that her heritage and culture were there with her as a guiding force.

Similar to doulas, Indigenous midwives are important in helping mothers feel safe and secure in their birthing process. Unlike doulas, midwives can administer medicine. Crucial in Indigenous midwifery practices is the “use of herbal medicines to prepare the mind, body and spirit for childbirth, as well as calm the women to manage the delivery”.¹³ Indigenous medical herbs as the original form of healing remedies, are one of the earliest foundations of naturopathic medicine itself. Aboriginal medicines are used to help reduce pains during labour, calm the mother, and help support the mother in both pregnancy and labour aftercare.¹⁴ Pregnancy, for

¹² Cidro et al. "Putting them on a Strong Spiritual Path.", 6.

¹³ Amber D. Skye, “Aboriginal Midwifery: A Model for Change,” *Journal of Aboriginal Health* 6, no. 1 (2010): 32.

¹⁴ Skye, “Aboriginal Midwifery,” 32.

many Aboriginal women, “involves taking care of oneself and the baby [...] and focusing on the developing relationship with the baby rather than on external issues,” which is much easier to do when surrounded with and supported by community, elders, and family, and rooted in a spiritual connection to the land and people that you are surrounded by.¹⁵ Historically as well, midwives and doulas helped to provide care for Indigenous women during childbirth and labour; they played a paramount role in keeping the women within their own communities and in placing value, appreciation, and importance on Indigenous medical teachings and beliefs. During the twentieth-century, midwives began to see competition in the medical field and an increase in official policies which attempted to drive midwives obsolete, labelling them as being uneducated. Midwives were no longer able to assist in maternal health care, and the most severe repercussions came down on traditional Aboriginal knowledge and medicine as a whole as it directly led to a loss of knowledge for the following generations.¹⁶

Before the onset of hospital based maternity care, pregnant women predominantly gave birth in their homes surrounded by family, friends, and other women of their communities. The transition from community births to the experience of hospital births within Indigenous communities was a reflection of colonialism on medical practices. Their forced evacuation from their ancestors’ traditional territories and into an unknown one, as well as the loss of their communities’ involvement in the birthing rituals and practices of childbirth can be understood as a “cultural loss” for Aboriginal women.¹⁷ Prior to the 1960s, community births were

¹⁵ June Birch, Lia Ruttan, Tracy Muth, and Lola Baydala, “Culturally Competent Care for Aboriginal Women: A Case for Culturally Competent Care for Aboriginal Women Giving Birth in Hospital Settings,” *Journal of Aboriginal Health* 4, no. 2 (2009): 28.

¹⁶ Skye, “Aboriginal Midwifery,” 31.

¹⁷ Terry O’Driscoll, Len Kelly, Lauren Payne, Natalie Pierre-Hansen, Helen Cromarty, Bryanne Minty, and Barb Linkewich. "Delivering Away from Home: The Perinatal Experiences of First Nations Women in Northwestern Ontario." *Canadian Journal of Rural Medicine* 16, no. 4 (2011): 127.

considerably more wanted, but after the turn of the decade were deemed unsafe and hospital births took over. More importantly, during the 1970s and 1980s, Indigenous birthrates saw a substantial drop because of a targeted eugenics movement towards North American Indigenous populations.¹⁸ This occurred as a result of Indigenous women's unwillingness (rightfully so) to assimilate themselves into the Western colonisers' ideological concepts around many beliefs and practices including but not limited to childbirth itself. As Marie Ralstin-Lewis states, "Native women did not fit into the classification systems" created by European colonists, which followed the idea that all people had to conform to similar standards of living.¹⁹ Because of these classification systems, Indigenous women were targeted by the eugenics movement in order to contain their femininity (which had been a source of pride for Indigenous men and women, alike). Some Indigenous feminists have "conceptualize[d] Indigenous women's and children's bodies as political orders that threaten heteropatriarchal settler power and thus are continually targeted for assimilation by Canadian institutions," and this can be said of institutions in the United States as well.²⁰ With the level of influence Indigenous feminine power carried and continues to carry in the home and community, Indigenous traditional practices were seen as a direct threat to the patriarchal standard of Western civilization.

Despite the continual fight for Indigenous rights and freedoms against the implications of colonialism, Indigenous women sought to keep their ways of life – including their birthing practices – alive and thriving. Unfortunately, because Aboriginal peoples are predominantly located in rural or small urban centres, their access to immediate medical assistance is limited, a

¹⁸ Ralstin-Lewis, D. Marie. "The Continuing Struggle against Genocide: Indigenous Women's Reproductive Rights." *Wicazo Sa Review* 20, no. 1 (2005): 72-74.

¹⁹ Ralstin-Lewis, "The Continuing Struggle", 73.

²⁰ Doenmez et al., "Heart work", 9.

fact “generally well understood in Canada”.²¹ Long-distance travel is essential for some women because of health concerns or pregnancy complications, ruling out community birthing as an option. General hospitals tend not to cater to Aboriginal medicines, and especially not traditional birthing rituals, as there are very few staff trained in these areas. Increased access to medical resources is in need of expansion even at the most basic, geographic level. A hope for the future would be to have local, rural hospitals that are able to acquire medical personnel for everyone’s individual needs and desires. Simply allowing recognition and legitimacy to the preferred form of the community birth is better than its complete rejection, but closer access to medical institutions in case of emergency is a basic human right. If something were to go awry, not having to travel hundreds of miles for medical attention is a good start.

While historians often look at the cause and outcome of an event or situation, it is important not to forget about the micro-level personal struggles at play – the every-day human impact of human life. Often overlooked is the way that Indigenous women were feeling without their community in childbirth: “Indigenous women often feel lonely and vulnerable when forced to leave their home communities and families, and find themselves in situations that do not incorporate traditional practices or ceremonies into their birth experiences or newborn care”.²² The isolation that often comes with pregnancy, regardless of race, is something that is inescapable; however, removing women from their support systems and habitual beliefs actively encourages the severity of that isolation. The cost of hospital births for Indigenous women remains to involve much more than money: they risk the personal, cultural wellbeing for both

²¹ Janet K. Smylie, Kristen O'Brien, Emily Beaudoin, Nihaya Daoud, Cheryllee Bourgeois, Evelyn Harney George, Kerry Bebee, and Chaneesa Ryan, "Long-Distance Travel for Birthing among Indigenous and Non-Indigenous Pregnant People in Canada," *Canadian Medical Association Journal* 193, no. 25 (2021): 953.

²² Quote from Bowen and Pratt, “Chapter 5: Indigenous Birth”, subheading: *Birthing Away from Community*. See also: O'Driscoll et al., "Delivering Away from Home", 129.

mother and child. For one, the cost of having a baby is high already but the cost of having to leave your home to travel a great distance in order to have your baby is an even greater cost that can cause immense stress on the mother. The stress, anxiety, loneliness, and vulnerability such demands create are harmful to both the mother and child, especially if they last throughout the pregnancy and birthing process.

However traumatic and inhumane forced sterilisation and Indigenous persecution was (and still is), Indigenous women still hold strong to their traditional beliefs and cultural ideologies; if anything, it just makes the ancestral influence in their lives deeper and closer to home. Interestingly, “Aboriginal peoples’ own medical knowledge and practices persisted, often quietly and privately, and sometimes as open resistance to the Western medical system”.²³ Indigenous birthing practices were not written in a book and forgotten about; they were ingrained into the everyday lives and abilities of Indigenous people. In this sense, these practices were “highly portable” and “effective,” having taken many “different forms” and could be used essentially anywhere.²⁴ Despite the portability of Indigenous medicines, however, this did not always transfer over to birthing practices. Childbirth was and is an event that takes place in one location, from start to finish. Along these lines, it is fair to say that Indigenous women were wholly dependent on the Western medical system when removed from their communities, most harshly so when complications arose. This is not to say that the Indigenous mothers were alone in their journeys: instead, it exposes the fact that the Western medical system made little attempt to show support and give traditional guidance to Aboriginal women. This is especially unfortunate considering that during the eighteenth and nineteenth centuries, early pioneer women were given “birth control and abortion information” from Native female healers for no cost of

²³ Drees, *Healing Histories*, xxxvii.

²⁴ Drees, *Healing Histories*, 132.

their own.²⁵ When one person benefits and another is faced with difficulty, society must make note of it and attempt to understand why one prevails over another.

For Indigenous women today, access to appropriate medical care continues to be an issue for many in rural communities. The prejudiced system in which Canada and the United States have evolved has created an entirely unequal environment between the urban and rural, especially evident for rural Indigenous women. Indigenous identity today encompasses a sense of community involvement, so Aboriginal women in rural locations having to travel away from their communities are losing their traditional experiences because of the lack of access to rural hospitals with the necessary staff to deliver babies. This is where the resurgence of Indigenous doulas comes back into play. Doulas help to bring a sense of comfort in traditional birthing practices, reinforcing many women's preference and desire to have a connection to their heritage, which brings them significant comfort. While some individuals may not see its importance, "[I]stening to Aboriginal women's birthing desires provides the foundational knowledge for building their maternity care programs, authenticates their knowledge, and ensures that programs are culturally appropriate".²⁶ After all, the comfort of the mother should be the primary objective when bringing children into the world, even if it is outside of one's own beliefs or habitual way of doing things.

The improvement of Aboriginal women's experiences in childbirth, whether community or hospital-based, has to be at the forefront of any idea of progression. The training of Indigenous midwives and traditional medical professionals, the further development of doula programs for rural Indigenous communities, and the push for new and changing legislation and

²⁵ Cheryl Krasnick Warsh, "Prescribed Norms: Women and Health in Canada and the United States since 1800," Toronto: *University of Toronto Press*, 2010: 83.

²⁶ Jude Kornelsen, Andrew Kotaska, Pauline Waterfall, Louisa Willie, and Dawn Wilson, "The Geography of Belonging: The Experience of Birthing at Home for First Nations Women," *Health & Place* 16, no. 4 (2010): 640.

policies to enact a more accessible medical system would fully allow for Indigenous women to have the birthing experiences that they desire and rightfully deserve. The integration of Indigenous knowledge – the importance placed on all of the physical, emotional, spiritual, and cognitive dimensions of their experiences – will further validate Aboriginal women, giving them the power and strength that they need for childbirth. Indigenous medicine works holistically to help heal the mind, body, and soul, which remains largely outside of Western medical paradigms. Doulas and midwives are pivotal in accepting and validating Indigenous birthing techniques and procedures while also maintaining absolute respect for tradition. It is owed to strong Indigenous women that these traditional birthing practices have lasted into our present day and age – if it were not for the resilience and perseverance of Indigenous women to continue fighting for their heritage (something they should have never had to do), various pieces of their diverse cultures would have been lost.

For Indigenous women, the importance that is placed on community involvement is not the only thing that makes giving birth in one's own community so significant, it is the ability to choose for themselves where they want to give birth. The simple right of choice is often revoked for members of Indigenous communities. The idea of a community, so closely linked to that is the *identity* of the community, inherently connects to the identity of the *individual*. Local births give rise to a stronger connection for the mother and the baby to be closer to their deeply rooted cultural and social identities – something that is so easily lost in a hospital birth.²⁷ While Indigenous women have faced, and continue to face, the struggle of having their traditional rituals and ceremonies be far less than what they once were, these women have the support of their communities and family bonds to keep them going. With program funding, education (of doulas or medical personnel in Indigenous medicines), and the continual advancements to make

²⁷ Kornelsen et al., “The Geographic Belonging”, 642.

some sort of amends for what was taken from them, Indigenous women will be on track to one day regain something that they should not have had to fight for in the first place: the full power of their traditional birthing processes. Thus, the ancestral power that comes from having a home-based community birth provides Indigenous women a deeper connection and comfort in their birthing experience, one that transcends the living world and into the spirit one.

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