

PERINATAL AND INFANT WELLNESS



The perinatal period is an especially important time in the lives of First Nations women, during which their communities specifically honour them for their roles as life givers and celebrate births as sacred events. Each Nation has unique teachings, knowledge, and ceremonies around pregnancy, childbirth, and mothering, which are taught to girls and young women by the matriarchs in the community. While colonialism has privileged the Western biomedical approach to pregnancy, childbirth, and mothering with the intention of extinguishing First Nations ways of knowing, First Nations women are resilient; they are both maintaining and reclaiming their traditional protocols and ceremonies. The extended support of mothers, grandmothers, and aunts promotes and protects healthy child development and ensures the strength and continuity of future generations.¹

This chapter provides detailed charts for the findings presented in the Perinatal and Infant Wellness chapter of the report, *Sacred and Strong: Upholding our Matriarchal Roles*. The chapter focuses on the health and wellness of First Nations women throughout their pregnancy journeys and the birth of their newborns. It considers the sacred role that mothers and other matriarchs play in passing on First Nations knowledge, ceremonies, and wisdom, and reflects on the various systems that support women during this critical time. Please refer to the main report—[*Sacred and Strong: Upholding our Matriarchal Roles*](#)—for further interpretation of the data presented here.

HEALTHY, SELF-DETERMINING WOMEN, INFANTS & COMMUNITIES – ROOTS OF WELLNESS

Women are revered in First Nations communities and, in some Nations, they are seen as a bridge between the Spirit World and Earth, with childbirth being a sacred occasion connecting the two.² Connection to the land, water, and territory brings communities together to nurture the health and wellness of the expectant mother and unborn baby,³ and childbirth strengthens this connection to nature.⁴ The impacts of colonization, including environmental degradation and forced relocation, negatively impact First Nations women's wellness by disrupting the traditions, customs, and ceremonies which are vital for their reproductive health and self-determination.^{5,6,7,8,9,10}

Many First Nations communities are reclaiming cultural teachings, practices, and protocols around birth, pregnancy, and mothering. There is a growing desire to bring birth closer to home where these protocols and ceremonies can be honoured.^{11,12}

This section of *Sacred and Strong: Upholding our Matriarchal Roles* does not contain original chart-based data, so no charts are presented here. Please refer to the main report for more information about this topic.

This ability for First Nations women, mothers, and communities to pursue and participate in their own cultural practices at all points in their life, but particularly during pregnancy and childbirth, is a vital aspect of their self-determination.¹³ These practices and ways of knowing around life giving and childbirth are also considered fundamental to shaping the health and well-being of the community.¹⁴

- *Sacred and Strong: Upholding our Matriarchal Roles* (p.8)



SUPPORTIVE SYSTEMS

First Nations traditions and protocols for pregnancy and childbearing embrace the physical, mental, emotional, and spiritual needs of women and their babies. These protocols have been excluded and undermined by the Western biomedical approach that emphasizes the physical aspects of childbirth.⁵ The ongoing intergenerational legacy of colonization and related policies, behaviours, and practices have resulted in frequent occurrences of anti-Indigenous racism during pregnancy and birth, which prevent many First Nations women from seeking and receiving safe prenatal and postpartum care.^{15,16} First Nations women have inherent rights to supportive systems, respectful relationships, and environments that prioritize culturally safe and trauma-informed care, to empower them to be self-determining when it comes to their pregnancy journeys.¹⁷

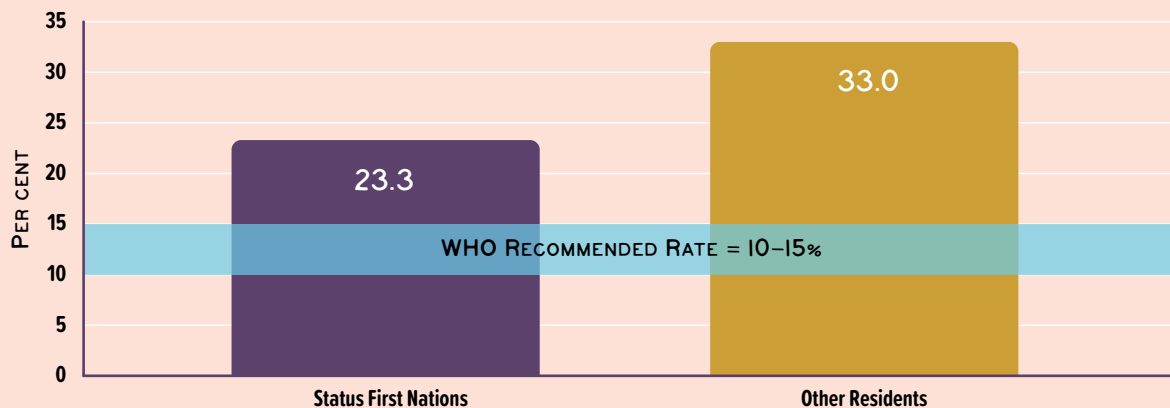
Refer to this page in the [Sacred and Strong](#) main report.



CAESAREAN SECTIONS

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FIG I.I PERCENTAGE OF BIRTHS THAT WERE DELIVERED BY CAESAREAN SECTION, STATUS FIRST NATIONS AND OTHER RESIDENTS, BC, 2017/18



Notes: World Health Organization (WHO) has recommended a Caesarean section rate of 10% to 15%.

Source: Turpel-Lafond ME (Aki-Kwe). *In plain sight: addressing Indigenous-specific racism and discrimination in B.C. health care*. Data report. Victoria, BC: Addressing Racism Review; 2020. p.110.

The World Health Organization's (WHO) international recommendations for Caesarean sections consider an ideal rate to be between 10 and 15%.¹⁸ Based on data from *In Plain Sight* (2020), the percentage of Status First Nations births delivered by Caesarean section in 2017/18 (23.3%) was closer to this recommendation than the percentage of Other Resident births (33.0%). First Nations communities view birth as a celebration and are reclaiming birthing practices that rely on minimal medical interventions when it is safe for the mother and baby. First Nations identity is connected to the lands and waters of a given Nation; giving birth and being born in community is central to First Nations identity and wellness.¹⁹

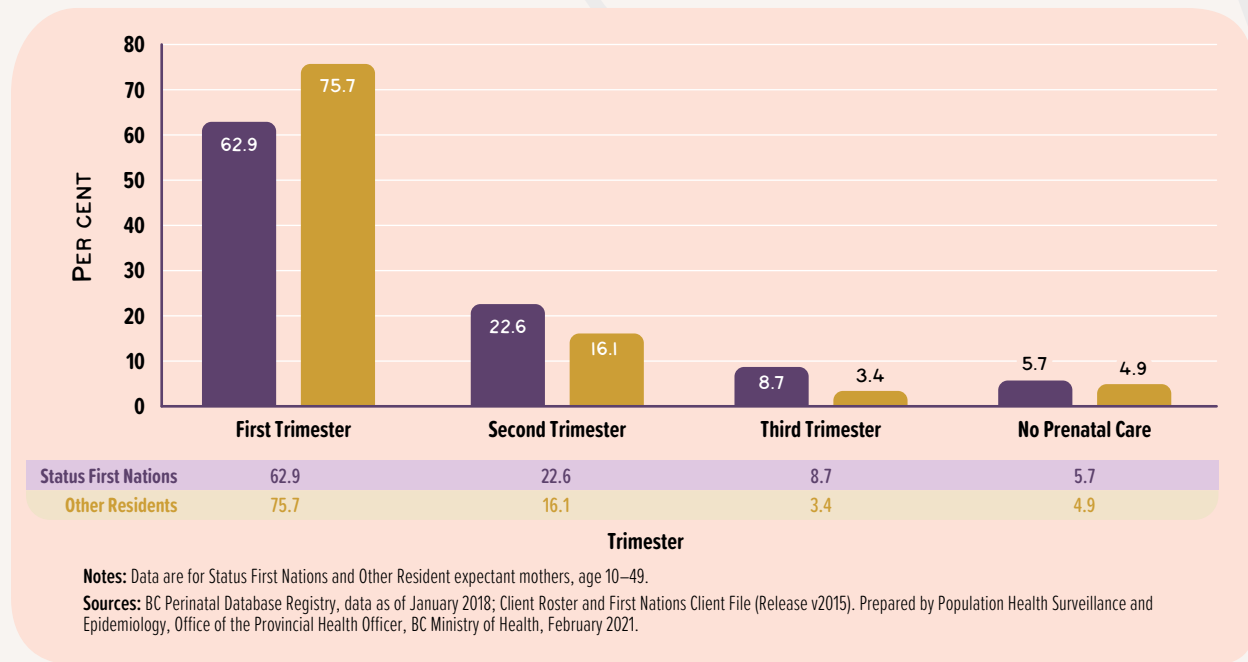




PRENATAL CARE

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FIG I.2 PERCENTAGE BY TIMING OF FIRST PRENATAL VISIT AMONG EXPECTANT MOTHERS, STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 10–49, BC, 2015



BC Perinatal Database Registry data indicated that in 2015, Status First Nations expectant mothers age 10–49 were less likely than Other Resident expectant mothers in the same age group to receive prenatal care for the first time in their first trimester. Status First Nations expectant mothers were more likely than Other Resident expectant mothers to receive prenatal care for the first time in their second and third trimesters, or to not receive prenatal care at any time during their pregnancy. First Nations women may face multiple barriers in accessing timely, adequate, and culturally safe prenatal care, especially in remote and rural communities where there may be fewer local providers.^{10,20,21}

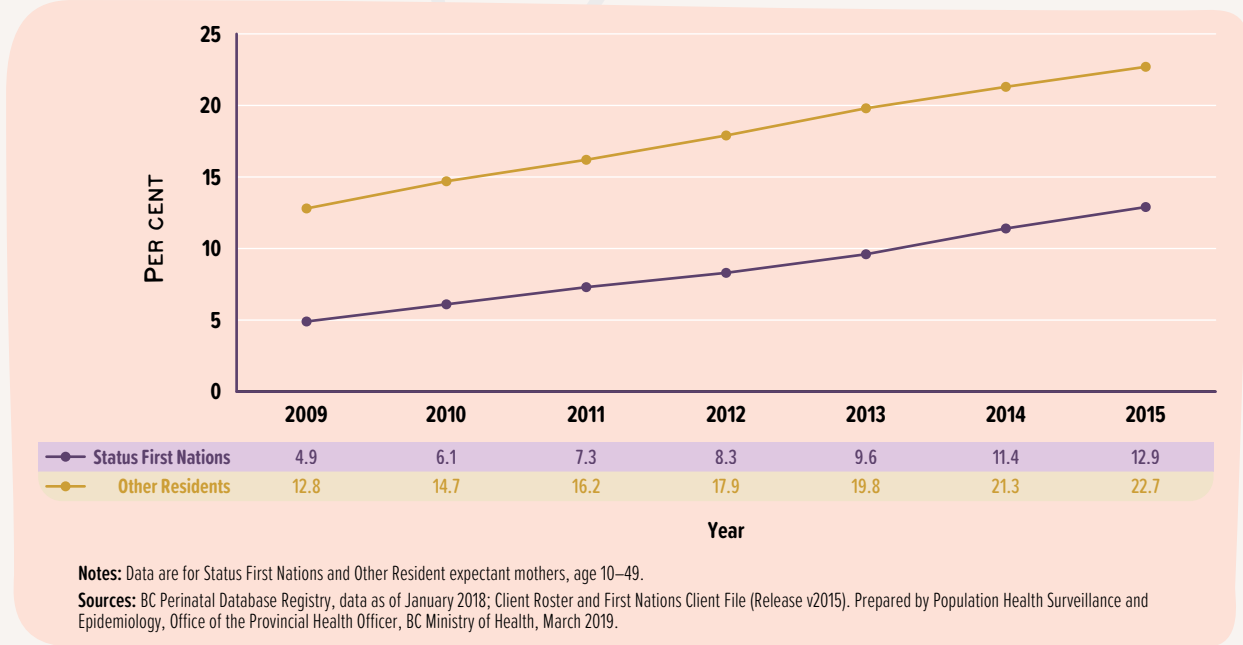




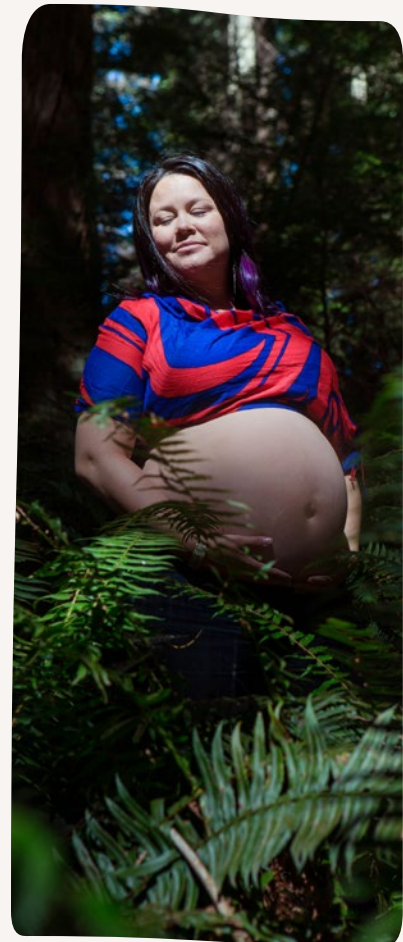
MIDWIVES

p.15

FIG I.3 PERCENTAGE OF EXPECTANT MOTHERS WITH MIDWIFE AS PRIMARY CARE PROVIDER DURING PREGNANCY, STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 10–49, BC, 2009 TO 2015



BC Perinatal Database Registry data indicated that the percentage of Status First Nations expectant mothers age 10–49 with a midwife as their primary health care provider increased from 4.9% in 2009 to 12.9% in 2015. A lower percentage of Status First Nations expectant mothers had a midwife as their primary health care provider during pregnancy, compared to Other Resident expectant mothers, every year from 2009 to 2015. Midwives are the traditional birthing attendants in First Nations communities who assist with the physical and ceremonial aspects of childbirth throughout the perinatal and postpartum period.^{9,14,22,23} There has recently been a resurgence of First Nations midwives in Canada who are helping First Nations communities reclaim childbirth, and support families in bringing childbirth closer to home for rural and remote communities.¹⁴ However, Indigenous or First Nations-specific midwifery services may not be readily available or offered across the province, and may be especially difficult to access in rural and remote communities.^{23,24}



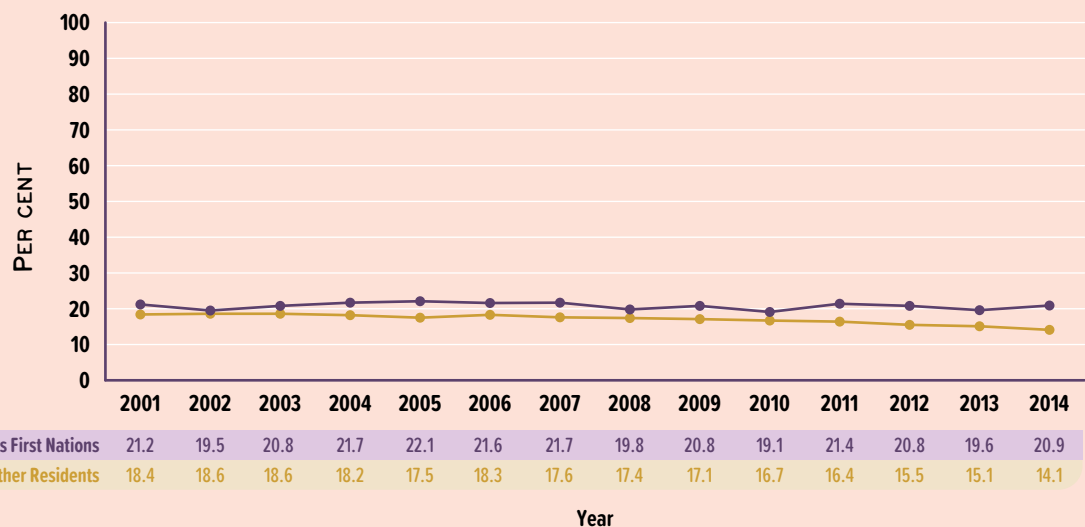
HEALTHY BODIES, MINDS AND SPIRITS

First Nations approaches to pregnancy place an emphasis on the physical, mental, emotional, and spiritual well-being of both the mother and unborn baby.⁸ The legacy and contemporary negative impacts of colonialism, attempted genocide, racism, and ongoing intergenerational traumas put undue stress on childbirth and create barriers for pregnant First Nations women to seek or access many of the wholistic traditional teachings critical to perinatal wellness. To address this, First Nations communities take a wholistic approach to supporting expectant mothers by guiding them in healthy practices and grounding them in traditional teachings.²⁴ Pregnant women are encouraged to surround themselves with positive relationships, reconnect with their culture to find strength and resilience, and strive for balance in all aspects of life.⁸

POSTPARTUM DEPRESSION

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FIG 1.4 PERCENTAGE OF MOTHERS WHO RECEIVED HEALTH SERVICES FOR POSTPARTUM DEPRESSION, STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 10–49, BC, 2001 TO 2014



Notes: Data are for Status First Nations and Other Resident mothers, age 10–49.

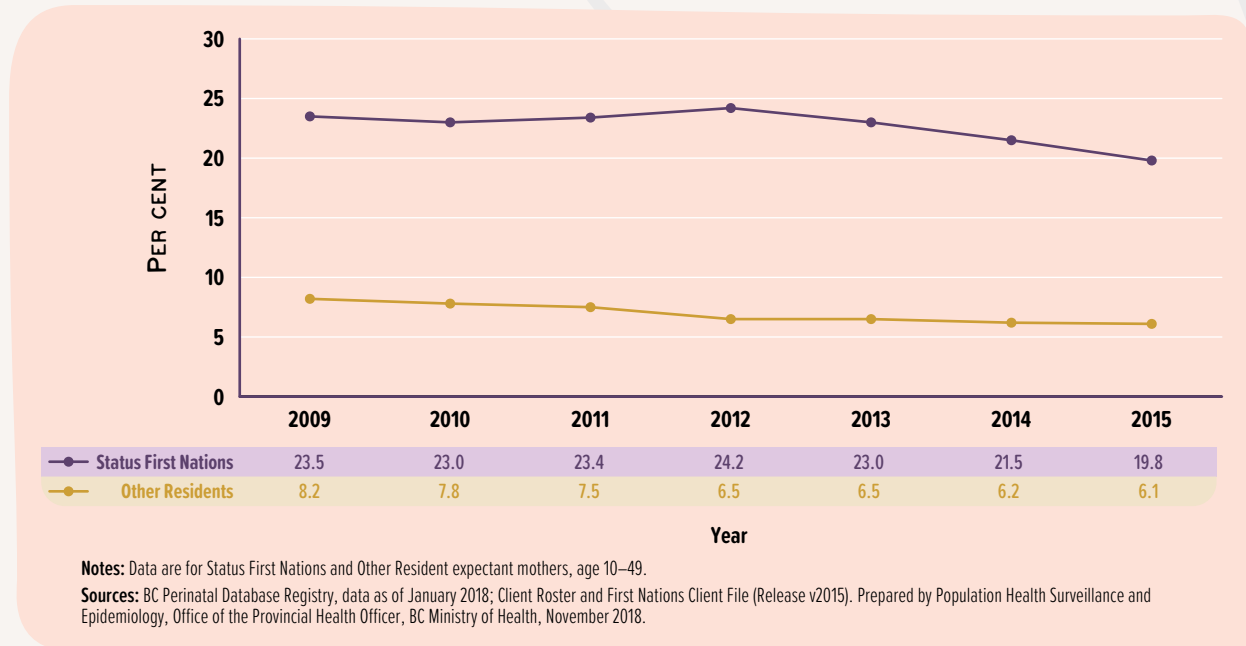
Sources: BC Vital Statistics Agency, data as of December 2017; Medical Services Plan, Client Roster and First Nations Client File (Release v2015). Prepared by Population Health Surveillance and Epidemiology, Office of the Provincial Health Officer, BC Ministry of Health, March 2019.

From Medical Services Plan data, the percentage of Status First Nations mothers age 10–49 who received health services for postpartum depression (PPD) remained relatively stable from 2001 (21.2%) to 2014 (20.9%). A higher percentage of Status First Nations mothers received health services for PPD, compared to Other Resident mothers, every year from 2001 to 2014. In addition to receiving medical care for PPD, First Nations mothers may also find strength and resilience in their culture, identity, and relationship with the Creator when seeking to overcome PPD.^{24,25,26,27}

SMOKING COMMERCIAL TOBACCO DURING PREGNANCY

p.21

FIG 1.5 PERCENTAGE OF EXPECTANT MOTHERS WHO SMOKED DURING PREGNANCY, STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 10–49, BC, 2009 TO 2015



From the BC Perinatal Database Registry, the percentage of Status First Nations expectant mothers age 10–49 who smoked during pregnancy decreased from 23.5% in 2009 to 19.8% in 2015. A higher percentage of Status First Nations expectant mothers smoked during pregnancy, compared to Other Resident expectant mothers, every year from 2009 to 2015.

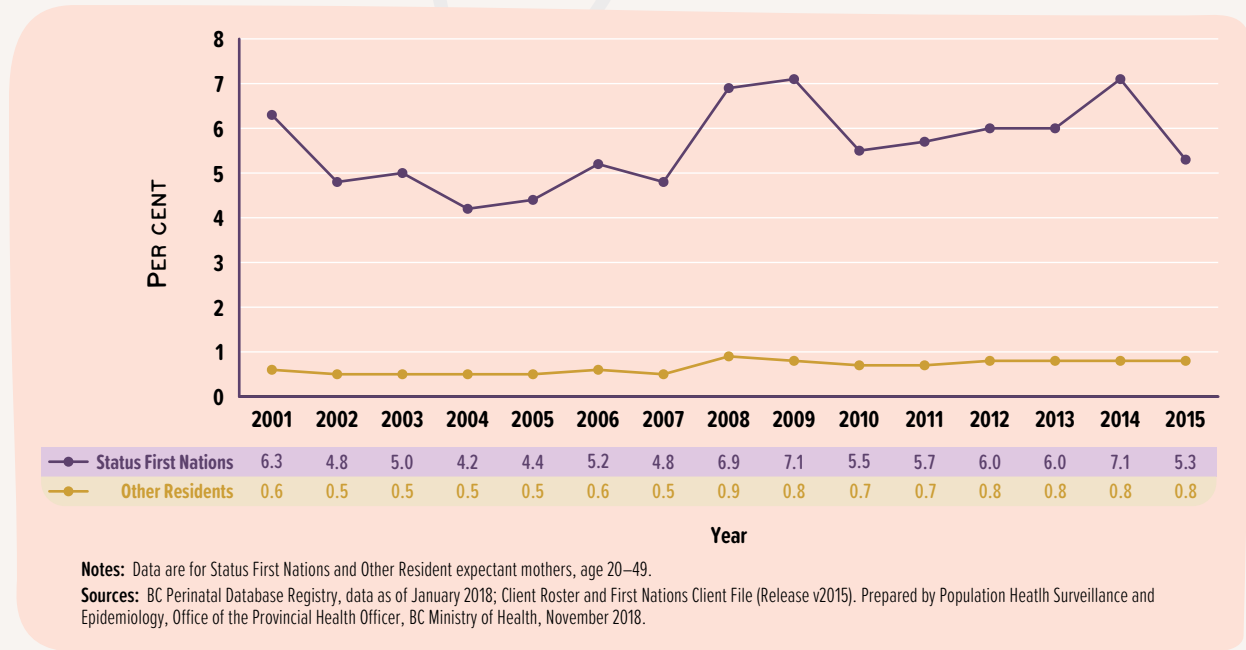
First Nations teachings encourage women to be mindful of what they are putting into their body, even before becoming pregnant. Historically, in some communities, pregnant First Nations women and even their partners were expected to refrain from using substances such as alcohol and drugs during the pregnancy period.²⁸

- *Sacred and Strong: Upholding our Matriarchal Roles* (p.21)

ALCOHOL USE DURING PREGNANCY

p.21

FIG I.6 PERCENTAGE OF EXPECTANT MOTHERS WHO USED ALCOHOL DURING PREGNANCY, STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 20–49, BC, 2001 TO 2015

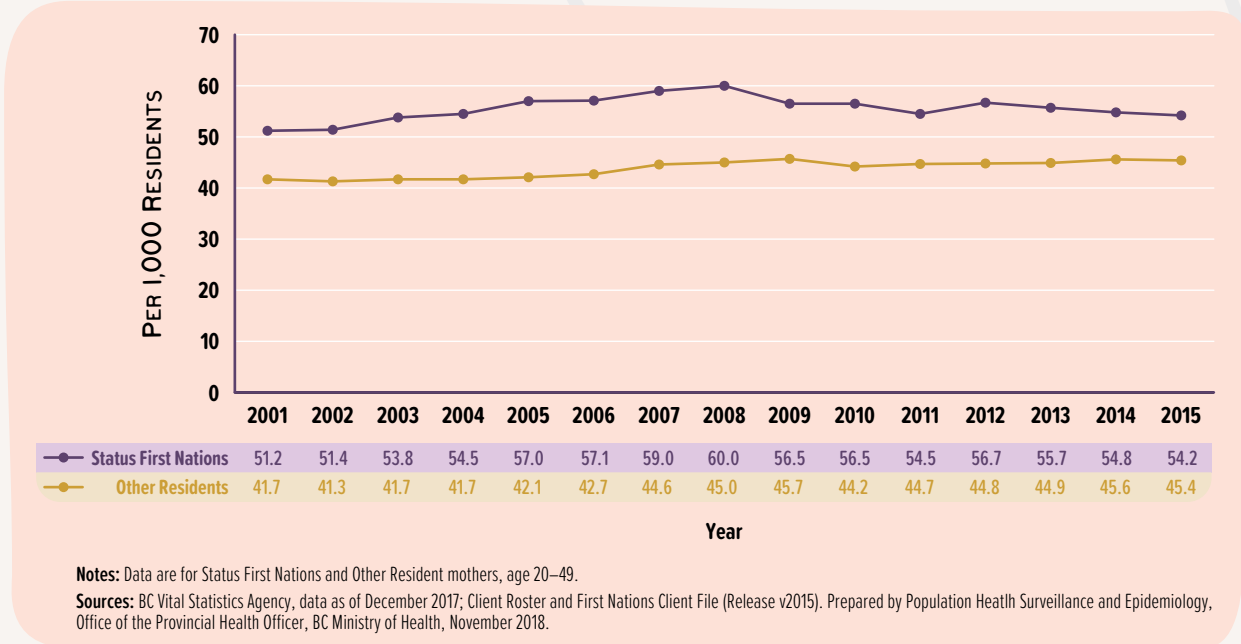


From the BC Perinatal Database Registry, the percentage of Status First Nations expectant mothers age 20–49 who used alcohol during pregnancy fluctuated from 2001 (6.3%) to 2015 (5.3%), reaching highs of 7.1% in 2009 and 2014, and a low of 4.2% in 2004. For some, substance use can provide a way of coping and living with the pain, trauma, loss, and intergenerational effects that are a direct result of racism and colonial systems and practices (e.g., residential school system, Sixties Scoop).²⁹ Pregnancy can be a time of healing for First Nations women, and some use it as an opportunity to step away from substances and focus on other coping methods. However, there may be barriers for First Nations women to seek support and access culturally appropriate services.^{30,31,32}

LIVE BIRTH RATES

p.24

FIG I.7 LIVE BIRTH RATE AMONG STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 20–49, BC, 2001 TO 2015



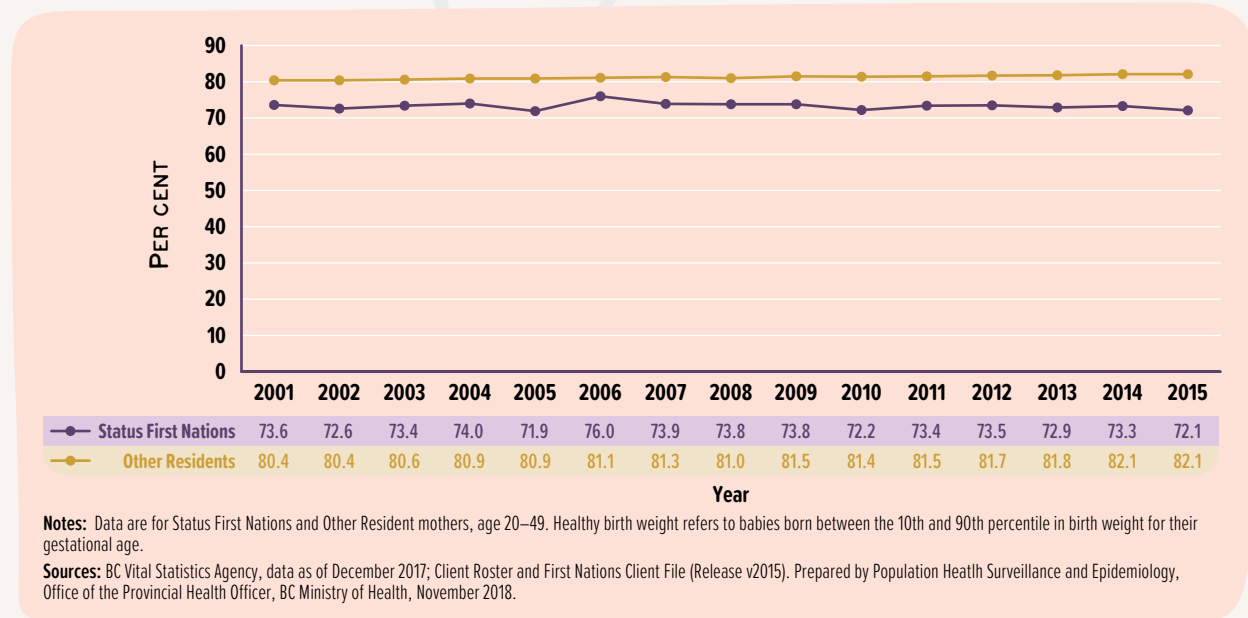
From the BC Vital Statistics Agency, the live birth rate among Status First Nations women age 20–49 increased from 51.2 per 1,000 residents in 2001 to 54.2 per 1,000 residents in 2015. The live birth rate was higher for Status First Nations women every year from 2001 to 2015, compared to the live birth rate for Other Resident women. This is a non-standardized way to capture fertility rate and population growth, but this finding indicates a higher population growth among Status First Nations in BC compared to Other Residents.



HEALTHY BIRTH WEIGHTS

p.24

FIG I.8 PERCENTAGE OF LIVE BIRTHS WITH HEALTHY BIRTH WEIGHTS, STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 20–49, BC, 2001 TO 2015

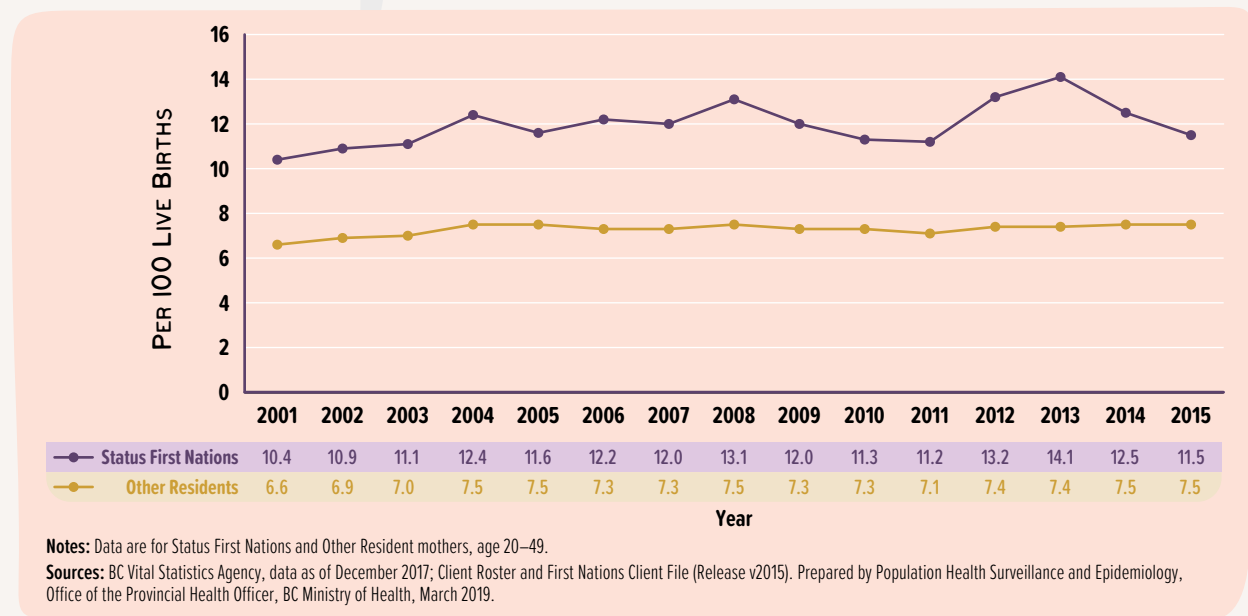


From the BC Vital Statistics Agency, the percentage of live births that were of healthy birth weight among Status First Nations mothers age 20–49 remained relatively stable from 2001 (73.6%) to 2015 (72.1%). This percentage was lower for Status First Nations births, compared to Other Resident births, every year from 2001 to 2015.

PRETERM BIRTHS

p.24

FIG I.9 CRUDE PRETERM BIRTH RATE, STATUS FIRST NATIONS AND OTHER RESIDENTS, AGE 20–49, BC, 2001 TO 2015



From the BC Vital Statistics Agency, the crude preterm birth rate among Status First Nations mothers age 20–49 fluctuated from 10.4 per 100 live births in 2001 to 11.5 per 100 live births in 2015, reaching a high of 14.1 in 2013 and a low of 10.4 in 2001. The crude preterm birth rate was higher for Status First Nations mothers every year from 2001 to 2015, compared to the crude preterm birth rate for Other Resident mothers.



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