

# RCCbc Site Visits Specialized Report: Patient Need for Culturally Safe Maternity Care Across Rural British Columbia – Participant Stories and Suggestions for the Future

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The following information has been collected from First Nations, health administrators, midwives, and municipality members from Rural Subsidiary Agreement (RSA) communities across the province of British Columbia between January 2018 – March 2020. The current report introduces themes that have emerged through the Rural Site Visits Project. Themes have been extracted using a qualitative analysis program called NVivo and are expanded upon in further detail. All information has been anonymized following ethical protocols and guidelines.

## Thematic Highlights

- Participants share stories that reflect the absence of culturally safe maternity care to date
- A need exists for culturally safe maternity care to be provided when Indigenous patients are seeking maternity care
- Many First Nations participants express the significance of having the opportunity to birth safely within their own communities, where Indigenous traditions can be incorporated into the birthing process

## Patient Need for Culturally Safe Maternity Care

Indigenous participants highlighted the need for culturally safe maternity care.

*“Talking about our hospitals, you know, I see a lot of reports from our First Nations women, when they’re in the hospital and they’re having a baby and – even before they get into the – they’re being quizzed by [Health Authority X] on questions that make them very upset. And they are – you know, they don’t need to be put into that kind of a stress level while they’re having a very difficult time as it is, and they’re being quizzed about their child and who knows what they’re going to say when they’re under that kind of pressure and, you know, they’re also scared that, maybe I’m going to answer this wrong and they’ll take my child away from me right here. They’re asked questions like, does anybody in your family drink? Damn rights. And there’s somebody in your family that drinks. Somebody in everybody here’s family that drinks, so, you know, what the hell’s that kind of a question that we stress our women out about. It’s just simple questions like that that – why are they even there questioning our women? That’s not a place for that. There’s another place and time for that that – and I think that we have things in place to take care of that, [First Nations Health Organization X]. [First Nations Band X] Child and Family has things there that they can do, but we don’t need to hassle our women inside the hospital.” – First Nations*



*“I’ve run into issues with [Health Authority X] in the past. I have four sons and then they [health care professionals] come in and ask all these questions repeatedly, every time we went in there to have a child was these questions asked over and over and over again about alcohol, drugs in the house, and, you know, really not feeling like they believed us at all. And then with our last child – with my last son, they waited for me to leave the room to go get breakfast or lunch or whatever. That’s when they would go in to finally question my wife, was after the fact of I’m out of the room, gone, is when they’d go in and talk to my wife. We had a community member, my friend, they had a child there and [Health Authority X] was telling them that they were going to follow him home and look through his house – they’ll go see his house, what kind of state his house was in before they’d allow him to leave – discharge their baby. So, you know, things like that. I told him, no, we work with [First Nations X] Health Society. They have a nurse that comes right in the house and works with the parents and the baby and weighing your baby and nutrition and all...So things like this, we’ve run into in the past. It’s really stressful on the families. And it really impacts, also, and stresses out the mothers, that also puts stress on the baby...it really puts stress on a lot of families when they’re trying to come home, where all their improvements really happen is at home. More peace and quiet, I guess.” – First Nations*

*[Regarding feeling like you run into cultural unawareness/lack of cultural safety when you get into Community X] “Maybe wherever we go, yes. I don’t know, we’ve just seen it lots with [Health Authority X] and at the hospitals. And mainly around when families are going in to have children and give birth to children.” - First Nations*

*“Cultural safety has been a big thing. There are some of us in [First Nations X] community that – I don’t know how to explain this, but we have something living inside of us, and it, kind of, during the winter seasons, affects our health. It affects the way we breathe, the way we move – I don’t know how else to explain it, but it’s never taken into consideration that our culture is a lot different than others. It causes our heart rates to react differently. I think, as well as traditional medicines, we were always told that if we’re taking our traditional medicines, they are – they could affect the western meds to where they’re maxing each other – or, sorry, cancelling each other out. Our traditional medicines are cancelling out the western medicines. And I think – like I was saying, the experience we had with a mom losing her baby in [Community Y] was very traumatizing, and she felt her cultural safety wasn’t met. She wasn’t able to, I guess, bury her fetus...things like that, I think, don’t get taken into consideration.” – First Nations*

## **Importance of Birthing Close to Home/Within One’s Own Community**

A ‘rural fragility’ exists with regards to the sustainability of maternity services across many rural and remote communities. As a result, maternity services that were once offered within communities are no longer accessible by community members seeking out such health care services within their own towns.

*“[Community X] used to have a hospital where women could deliver and then that, they lost that service and so a lot of women in that community wish they could deliver in their community and are quite you know, still upset that that is no longer the case.” – Midwife*

In this context, the desire for patients to receive prenatal care, birth, and receive post-natal care within their own respective communities has become a difficult patient-need to meet.



*[Regarding what keeps you up at night] “Worrying about sustainability of surgical and maternity services...with [having a] large Indigenous population who value having birth, healthcare, and death in the community, it’s hard to meet their needs.” – Health Administrator*

*“Biggest issue disconnecting families is around babies being born. Whenever there’s a birth or death, people gather around. The birth part is getting less – the connection is lacking because children aren’t being born here. It’s a huge impact on the community...The ability for the [First Nation’s X] to witness the birth is how they connect as a family and a community. Even the doctors and nurses in the community were at the birth – the community was very connected and the bond is now lacking and going away.” – Health Administrator*

The importance of having the ability to birth within one’s own territory was emphasized by participants, who highlighted how birthing in one’s community provided the ability to incorporate traditional practices and culture into the birthing process.

*“[First Nation’s X] do feel quite strongly about having their children in their own territory and really push to not have to be sent off island to give birth.” – Municipality Member*

*“I was also at a health directors meeting, and...one of our rural communities was asked if they wanted to be a birthing centre for their moms, and I think something like that would be great here, where we don’t have to send our moms off reserve for three to four weeks. I think it’s really hard for us to leave community as First Nations, you know – people always say, like, oh, why don’t you just leave? And I find it really hard to leave the rez. It’s kind of a safety net, like, we’re all – you grow up with your family, you grow up knowing everybody. I’ve lived off reserve, on and off, for the last 15 years and I always end up back on the reserve. It’s just a comfort feeling. So, I think something like that, where we can bring tradition back into birth, where we can sing our babies back into the world, just bringing more culture and tradition, I think, into birth would be a really neat thing, and I think I’d like to see something like that.” – First Nations*

Indigenous participants further elaborated on how giving birth within one’s own community could allow for a more culturally safe experience by having their own community members assist with the birthing process.

*“When I was in [First Nation’s X] country, they had a birthing house where they had – they’d conduct home births. You know? And we’ve had a lady here, [Person X], that took the birthing course, and she’s able to deliver, and it was about the 1950s that we started going into the hospitals to birth our children. So, I’m thinking, why don’t we have that back here in our community, so that – you know, I mean, there are certain people that can be assessed beforehand that maybe potential problems and – but [here] they’d have their own – they’d be talked to in their language and either their traditional music’s playing – all of that so that when the child is born, with that in their ears and in their – you know, hearing the songs and they’re hearing the language, and there was nothing but high praise for that. And I went to just an ordinary house with bedrooms there, different rooms. You know, I think, why not us? You know, that way you get her out of [the cultural safety] issue of what [Participant X is] talking about...going to the same people. If you have your own community members assisting with the birth.” – First Nations*



## Participant Suggestions and Examples of Success

In an effort to promote and practice culturally safe initiatives, many participants highlighted what other places have done and offered suggestions where midwives and/or other specialized maternity care providers could help provide care.

*“That conversation that’s really happening all across Canada, really. Like, care close to home and bringing birth back to rural communities...I’ve been in other communities where they did bring in a traditional midwife program in – so this is northern Quebec, where I used to work – so they had a system of training local sort of self-identified – you know, people who had that interest. Outside midwives came in and then they trained local people to be midwives, and yeah. I guess, off the top of my head, the only kind of concern I have is the – right now the volume is not that high and you’d need to have a certain number of deliveries a year for people to stay comfortable and sort of up-to-date, but I think, going into the future, I think that’s wonderful to start that conversation in the community and build on it.” – First Nations*

*“I wonder though, as a – I mean, I think this is a long-term kind of idea, but as a small baby step, I’m wondering whether we could look into having kind of a local – you know, I think it would be great if there was someone who had more specialized training in supporting women through pregnancy and childbirth, and then that person would kind of be going back and forth to [Community Y] as well when it was – when someone was in [Community Y] expecting, you know, then there’d be some sort of transition person who’s familiar, you know, at least – if you can’t have your birth at home, well, you could have someone from home with you at your birth, and then supporting – that would be sort of a supporting role for the first few weeks postpartum as well. Anyway, just an idea.” – First Nations*

Participants recalled some examples where midwives have successfully worked with rural and remote Indigenous community members to offer maternity care that is culturally safe and close to home.

*“In terms of unique solutions. I think – I’d like to draw attention to the – just to the – for lack of a better word, I’m going to call it the model, in terms of the midwives working with the band to serve Indigenous populations and the alternate payment kind of model that they’ve implemented. It’s the first of its kind in BC and [Midwife X] has built an incredible program that, you know, as you’ve heard, it’s now expanding. And I think as we look at, you know, again, increasing support of rural communities, but also bringing birth closer to home. There’s a lot of potential in this model for other indigenous communities...that others could start to look at or use.” – Midwife*

*“This is really hard work, working in community, particularly with Indigenous communities like this, and it’s just the small, you know, the really small things that, you know, providing compassionate care, kind of decolonizing care, in ways that we don’t see the outcomes per se in the day-to-day basis, but I hope that, you know, over time it has ripples. And those ripples just, you know, create improvements and joy and, you know, it just – better things in the really, really kind of meta picture for people.” – Midwife*

*“[We have a] midwife through FNHA – provided a salary as well as MSP...[we are] currently at the end of the 3-year program...This is the model that FNHA has been modeling the rest of the midwives after...[Health Authority X] needs to come on board as a partner and invest into the program. [She’s] had 26 clients, does home births as well as hospital births.” – First Nations*



*“A unique aspect of the community has to do with a certain subculture or culture around birth actually and people's values and attitudes and beliefs around the medicalization around birth vs keeping it as protected and as natural as possible...one of our midwives...has her own little, micro solo practice called [Midwifery Practice X] and her area of specialty really is caring for this population of women, so she almost as an individual is a bit of a bridge between women who would otherwise want nothing to do with the medical system, but trust. She lives or has lived in [Region X] so she is part of that community... She is also a Metis midwife and so she is a specialist with aboriginal families as well to help different cultures...She has their trust and so she is able to provide service to a lot of other women.” – Midwife*

## Concluding Summary

Many Indigenous participants shared stories that highlight the absence of culturally safe maternity care, specifically in western-hospital settings. As a result, participants expressed the significance of being able to receive culturally safe maternity care through the ability to birth locally where Indigenous culture, traditions, and practices, can be incorporated throughout the birthing process.

While over half of BC's RSA communities have been visited through the Site Visits Project, a greater number of First Nation's communities are planned to be visited in the upcoming year. As a result, it is anticipated that additional information surrounding culturally safe maternity care will continue to emerge moving forward.