Volume XXX Number 4 Summer 2017 FREE

birthissues

CURRENT OPTIONS IN PREGNANCY, BIRTH AND PARENTING

INDIGENOUS WOMEN
HEALING THROUGH TRADITIONAL PRACTICES

What does culturally appropriate indigenous midwifery care look like? How can it heal indigenous mothers, families, and communities?

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CURRENT OPTIONS IN PREGNANCY, BIRTH AND PARENTING

Join the conversation about options in birth and parenting

ASAC (Association for Safe Alternatives in Childbirth) @BirthIssues

Volume XXX Number 4 Summer 2017

To contact an ASAC board member, please see **page 64**.

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For more information, please read the editorial policy on the website www.birthissues.org.

Each issue prominently features an advertising photographer. This is a wonderful opportunity to showcase your work and obtain extended advertising exposure. For more information, please read the writing guideline in the 'Get Involved' tab of www.birthissues.org

UPCOMING THEMES & SUBMISSION DEADLINES

Send us your birth stories, articles, and photos at any time during the year (or by the deadlines if you want your article to fit the upcoming theme). If you have a topic or a story that is dear to you, and does not fit the theme, please submit it anyway—we want to publish those too!

Fall 2017 **Tribute to Noreen Walker: Remembering a Pioneer** Send submissions by June 15. On stands September 4.

Winter 2017 **Maternal Mental Health: Birth Trauma and Loss** Send submissions by October 1. On stands December 4.

Spring 2017 **Empowering Birth: Self Advocacy and Coming into our Power** Send submissions by January 4. On stands March 5.

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Read back issues of *Birth Issues* magazine, visit www.birthissues.org

What a tremendous honour it is to step into the role of Editor in Chief. I have been with Birth Issues since 2011 as an editor and have felt a great pride in sharing your birth stories over the years. Some have stayed with me ever since – telepathic twins are one, and a child lost during residential school – some have haunted me, some have lifted me up and helped me heal from my own births. I hope I have helped some of you heal a little along the way as well.

I have to give tremendous thanks to our former Editor in Chief, Claire MacDonald. She did all the amazing and obvious things to make it possible for me to take on this position: from mentoring me through the editing process five years ago, to developing meticulously detailed guides for everything *Birth Issues*. More importantly, Claire, you believed in me at a time when I was having a hard time doing that for myself. This is something I struggle with, generally, but you have always been a strong and steady support. I know so many women over the last decade, and more, have felt that from you in your work with *Birth Issues*, as a doula, and in your birth advocacy. Thank you for all you give to the community!

I would also like to thank Niko Palmer for stepping in to help with the last few issues, putting out the last issue, and guiding me—as well as just plain old encouraging me—as I took on this new position. Your hard work towards ASAC over the many years is such an asset. I am glad I first connected with you several years ago, on the edge of my interest in the birth world. I hope I can make you, and so many strong women working in the birth community, proud.

I also need to say thank you to the *Birth Issues* team. Thank you to Sarah Ligon and Rosie Macdonald for returning in your roles as editor and proofreader respectively. Samantha Stupak was a fledgling editor of stories when she was last with *Birth Issues* and is now returning as a graduated midwife tackling our articles. Congratulations, Sam, on all your hard work and coming into your new role as midwife! I also have to say I am so proud and amazed at the 13 new members of the team: from Morgan Reid as our new Ads Rep and Michelle Neraasen with Distribution, to the almost entirely new editing and proofreading team. It was tight timelines but we made it, and I am tremendously proud of everyone.

Finally on to the bones of this issue! How amazingly proud and excited I am to be the one to put out this issue on Indigenous birth. It has been nearly a year in the making and I get to be the one to wrap it up and send it to the printers. As a woman whose four children have ancestry from northern Manitoba Ojibwe, I hope that they grow to feel pride in this the same way I feel connected to being French or Irish. I can only hope that the hard work many are doing to share their stories—here in this issue but also through reconciliation work—will help my children, as they get older, understand their own family history, as well as a cultural history that I can only stand on the outskirts of. I sometimes feel lost as how to be a supportive ally without overstepping my bounds: how do I show my true admiration and respect for a culture that was taught to me as a child without the eyes of appropriation or cultural genocide? The first spiritual teachings I was taught by my Caucasian mother was of the medicine wheel, it was only later as a young adult that I learned these teachings were denied to Indigenous people that believe in them; that Indigenous people from across the world have been ridiculed, mocked, and abused for these beliefs. Is it appropriate for me to identify with it then? I still do not have a good answer for that. I can only hope my children will feel proud in their skin, however they end up identifying.

My partner has often made the lewd joke, with a little wink, that I have a little Ojibwe in me. I have read scientific studies that tell me the mother and her fetus exchange genetic material, and others that tell me a woman can have genetic material left in her from the sperm of her sexual partners. I know in a completely different sense than he does, that, indeed, what my partner says is true. It certainly has never given me any sense of blood memories, although being an empath I believe I may have experienced what my friend calls, "Land memories." The land I am on was once territory the Plains Cree used freely and hunted upon. Incidentally, just southwest of me, the Battle River was named because it acted as a natural border during a long standing battle between the Plains Cree and the Tsuu T'ina. However, I do not know much of that history as when I tried to research it, I found it to be very white washed: colonial settlers, European descendants of settlements, little history of the peoples that were already here on the land. Now perhaps it is the phase of life that I am in, being a stay-at-home mom for the last seven years, or perhaps that my undergraduate anthropology classes shaped the way I look out at the world, or that in one poetry class I heard a Cree woman speak about the importance of honouring the people whose land you are on and so I sometimes think of those early Cree women when standing looking out my kitchen window.

I can feel them in a warm breeze in very late winter, when the snow is still thick on the ground but a sudden spring front brings life and renewed spirits to the dull landscape. I think, "This is when the men would leave. This is where I would wait, hoping for a good hunt, and that they return home swiftly before the weather turns foul again," as we know it quickly does in the early months of the year in Alberta.

In my herbology classes at MacEwan University, my professor, Robert Rogers, spoke of a lesson he was taught by an elder. This particular case involved sarsaparilla, but I think it applies to herbal knowledge generally. The elder told him, to learn the nature of a plant you have to listen to it: see how it interacts in its environment, look at its characteristics. These will give you a clue to the plant's purpose. I think about the grove of red raspberry bushes that are on the outskirts of the small town of 300 people where I live and have grown up. When I listen to them they tell me that their roots run deep, they have been there for a long time. Knowing the plant is not indigenous to North America, I wonder if it was brought by the settlers who first built the farm that later became this town, or perhaps one of the early families that built their houses on the fringes of that farm, essentially building up what would become our village. I listen to the plant and it tells me it is a plant of women's stories. Despite it not being an indigenous plant, Indigenous women have a long history of using this herb for all sorts of soft muscle conditions: which makes it a perfect plant for women of childbearing years, a gentle tonic during pregnancy, and a common herb to have on hand for the mother. This tells me that the plant itself, and knowledge about it, were crossing between the two cultures. I would like to hope that this quiet knowledge, "Women's work," on how we were birthing before hospitals dotted this province, was sometimes shared between the women. I truly believe that maternity care provides a ground for our cultures to heal and reconcile differences; it provides us a meeting ground where we can stand in support as allies, but allow room for Indigenous cultures to grow and heal themselves.

Listening again to that whispering wind of early spring, a wind of seasons changing, I heard them calling to me to tell these women's stories: stories from the raspberry bushes. However, it has been a point of care and pride for us at *Birth Issues* not to tell the stories of Indigenous women for them. I am proud that only a small handful of voices in this issue are non-self-identifying Indigenous, most of those being ASAC board

Email me at bi_editor@asac.ab.ca

members. We really wanted this story to be of Indigenous women, for Indigenous women. In the same regard I do not want to speak at length on what Indigenous women need from our maternity care. I feel to do so would be to inappropriately prioritize care that I cannot personally speak on. I think this issue of our magazine does an amazing job of speaking for itself. I hope I have done well in providing these women space to tell their stories.

The last thing I would like to say is, keep your voices coming. Request midwifery care in your communities. Talk about it to each other. Request it from your band members, council, or Chief. Fill out the request form for midwifery care: you can find the website on the last page of this issue. Write your MLA or show up in groups at their office if you are able. Remember it is not about a fight of us, the consumer, versus the government. Midwifery continues to prove that it offers excellent care, at lower costs, for low-risk healthy women. Our government has increased funding to midwifery in the past years and is committed to increasing midwifery in rural and remote areas. Show those Members of the Legislature where those midwifery practices could be sustainable. Convince your Member of Legislature that women want midwives, women want to be trained as traditional midwives or that the Indigenous women of Alberta want to have traditional birth practices considered as a valid choice in maternity care. ❋

Email me at president@asac.ab.ca

Hello Dear Members,

Well here we are again with another issue of *Birth Issues* full of so much hard work, love and passion. So much has happened since our last issue. It is hard to know where to start.

I want to first of all thank our readers and advertisers for your patience with the delays we have experienced with *Birth Issues* over the past while. We know so many of you love to receive this magazine and read the content as much as we do. With our new team assembled, we move forward hopeful we can get back to being a quarterly magazine. Your continued support is valued beyond words.

A big ASAC welcome to our new Editor-In-Chief, Erin Mayou. She is no stranger to *Birth Issues* and we are so grateful for her stepping into this new role. Her knowledge and work with *Birth Issues* in the past as an editor has made the transition almost seamless. We know she is the right person to lead this magazine and continue on its amazing legacy.

I would also like to thank Morgan Reid for stepping in last minute to help with advertising. She is wise beyond her years and amazes me daily with her ability to wear multiple hats with grace.

A special thank you to Niko Palmer for her dedication to train our new *Birth Issues* team and continuing to be our behind the scenes backbone.

We also have a full board for the first time in many years. I am so thankful for our new additions: Christine Armitage, Cynthia Zische, and Morgan Reid. We said goodbye to Colleen and Jennifer which are big shoes to fill. Their presence will be missed.

To all our members, I cannot thank you enough for all the help you have provided at our various events and volunteer opportunities. It is so great seeing our volunteer base grow and I look forward to seeing you at our next Community Meeting in September.

Thank you to everyone who came out to our AGM, completed our survey and sent in personal emails on what they would like to see ASAC working on and Birth Issue feature in upcoming issues.

We have listened and as a result will be focusing very hard on the areas you would like to see us shed light on. With our continued vision of, "Helping Women Have Better Births," by educating women so they can make informed choices.

Access to maternity care providers so all women have informed choice is still a top priority. We are meeting with various government officials over the next month to discuss our Cost of Maternity Care report in hopes change will come.

After our meetings with government officials, we will be doing another call to action for members to reach out to their MLAs. I know many of us our tired but the election is close. MLAs gave us their commitment through our MLA Election Survey. We were told we needed to show demand, provide current

costs and educate on midwifery. We have done all that has been asked. It is time for action.

We have made a Diversity Committee led by Monica Eggink, to focus on underserved populations. We are working with the Indigenous Birth of Alberta (IBA), Muslim community as well as Jennifer Summerfeldt and the Jewish Family Services to focus on healing after trauma in childbirth

This issue is one that has been in the works for so long and I am so overwhelmed with appreciation to see if finally come to light. A special thank you to Nadia Houle for all her hard work and to the families for submitting their stories. We are honoured to have *Birth Issues* as your medium to share your story. May "healing through traditional practices" come to you all.

Our Gala was a huge success. We raised almost $8,000 for the IBA. I cannot thank Rita and Vanlee and all the volunteers enough. Without them, none of this would have been possible.

The loss of Noreen Walker, the pioneer midwife who birthed my two boys, has rocked my world as I know it has rocked many others. She was part of my birth story. Her gentle touch was all I needed to know it was time to get this baby out. She did not say it, but I knew if I did not I would most likely be transferred for a caesarean. That touch has left a mark in my heart that will never leave. My boys a memory of her love.

Hearing the words of the speakers commend her for her work and her legacy, left me feeling somewhat defeated with how little has changed, but also reenergized and empowered to move forward to make sure we carry on ...in her memory. We owe it to our future generations to continue. May we do so with her light in our hearts and love in our hands.

I know this work is not easy and I see so many tired and broken women, but this is our village. We need our tribe. My hope in 2017 is that we all come together and heal and move on together united.

ASAC is what our members make of it. We continue to produce Birth and Baby Talks, Movie Screenings, Events, etc. based on your feedback and support so please keep telling us what you need suggestions so we can continue to help women have better births.

Please enjoy your summer. ❋

ASAC is OPEN

Public Hours Every:
Friday from 10am to noon
2nd Tuesday of the month
from 7:00pm to 8:30pm

You can Book the ASAC office Space!
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Address: 7219 – 106 Street, Edmonton

(next to Whyte ave and Gateway Boulevard)

Facts

Alberta regulated midwifery in 1992. It is the only province that did not immediately begin funding midwifery at the time it was regulated. It took Alberta 17 years!

2013 stats showed that 48% of midwife-attended births in Alberta occur at home or in a birth centre, however midwives offer a choice: you can birth with a midwife in a hospital!

ASAC's 2016 report on Maternity Care in Alberta, found that out-of- hospital births with a midwife offer a savings of $2055/birth and in-hospital births with a midwife offer a savings of $540/birth when compared to maternity care with an OBGYN.

In 2013, 93% of midwifery clients in Alberta delivered vaginally, with less than 7% requiring c-section (compared to 28.9% Alberta overall c-section rate). Additionally, 79.5% of clients who attempted VBAC (vaginal birth after caesarian section) under midwifery care were successful.

What is Midwifery?

Alberta midwives are primary care providers which means that you do not need to see another care provider for a typical, low risk, healthy pregnancy. Midwives do not require referrals from a physician. They can consult with physicians and transfer care if a woman becomes high risk. Often midwives will have different comfort levels regarding when they will transfer care. Make sure to talk to yours prenatally.

Being a primary care provider also means that midwives can order diagnostic tests and prescribe and carry certain pregnancy related medications. I know during my own homebirths with midwives my mother was very surprised to see how much the midwives brought to a birth and how quickly it was all taken out and packed away: oxygen tanks, IVs, Doppler, medications.

Midwives are independent contractors to midwifery practices who are compensated by Alberta Health Services (AHS). AHS allocates funds granted by the Alberta Government through Courses of Care (the money allotted to pay for one client's care from pregnancy through birth to six weeks postpartum). These courses of care (CoC) are divided up to existing midwifery practices through a new joint process being developed between AHS and the Alberta Association of Midwives (AAM). Often the midwives in the collective are sharing courses of care and many are not working full time.

Midwifery is fully funded which means that the consumer, or client, does not have to pay out of pocket. Legally midwives are able to accept private clients in addition to the AHS CoCs they are provided, this is where the client pays personally, but this depends on the midwife and practice if they are willing to do so.

There are currently 25 Midwifery Practices in the province, and just over 100 midwives. It was really exciting to update the midwifery listings and see all the new midwives added to the practices, particularly in the south; three new practices were created since our listings were last updated, which is wonderful news!

2016 was the first time the AAM has seen funding allocated over three years—investing $49 million between 2016 and 2019—or a two year contract; these seem optimistic signs the government is looking to the future. Let us hope that as midwifery proves to save the government money, that we continue to see further growth; not only in the number of babies born under midwifery care, but also in the number of women that can be trained as midwives within our province: once again, looking boldly towards the future.

What's New

Proving the power of media CBC released an article in early November, 2016, that discussed Lethbridge professor, Sociologist Claudia Malacrida, who researched women's birthing experiences in Lethbridge and Red Deer. The study showed women in Red Deer had overall positive birth experiences while many of the women from Lethbridge reported feelings of isolation or not having their needs listened to. Malacrida attributed this difference to the midwives afforded hospital privileges in Red Deer. The article ended by calling out Medicine Hat and two of Edmonton's hospitals for not allowing midwives admitting privileges.

In an exciting turn of events two of the three hospitals mentioned at the end of that press release ended up having a change of opinion. Medicine Hat midwives gained hospital privileges in January of this year, and Edmonton midwives gained privileges at Misericordia shortly after in February. This is an exciting step forward for collaboration of care, particularly with Edmonton's birth centre being only minutes from the Misericordia.

Not all has been good news however. Noreen Walker's passing came to a shock to our community on April 19, 2017. Her Celebration of Life was held on May 7, but many are still left

in mourning, wondering, "What will midwifery in Alberta look like without Noreen Walker?" The community has certainly lost many things in the passing of this remarkable pioneer, but I hope it has not lost its dedicated passion towards pushing grounds in maternity care. We will continue to hold space for the rights of birthing women in your honour Noreen.

In 2016 I picketed on the steps of the Legislature with other Albertans asking the government for more funding to meet the high demands for midwifery services. The government listened to those requests with a three year plan to increase the number of CoCs by 400 births each year. By the end of 2016 the government had found funds for another 400 CoCs for this current fiscal year!

On May 5, the International Day of the Midwife, the Alberta Government made an announcement reminding the public of the extra CoCs (double their original amount for this fiscal year). They stated their commitment to expanding the growth of midwifery: keeping our students within our province as well as making sure new midwifery practices remain sustainable.

Mount Royal University

Currently the direct entry, four year Bachelor of Midwifery program, offered at MRU is the only midwifery program in Alberta. It began classes in 2011 and currently the third year of graduates will be celebrating all their hard work. Welcome to your new professions! I hope that within the next year or two we see some of these emerging midwives and practices representing the women of the north as well.

Speak with your local political representatives and request that funding also addresses increasing midwifery education within our province. We could see the MRU program expanded in the future. You could request a fund is created to train Indigenous women who wish to work in their communities. Perhaps further down the line we could even see more than one program!

Rural Maternity

"We know that Albertans want access and choice in quality maternity care, and that there is an identified service gap in rural and remote communities and for vulnerable and indigenous populations." This statement comes from the new website from the AAM. Their mission is, "To promote the growth and sustainability of midwives and midwifery services in Alberta." Dr. Verna Yiu, president and CEO of Alberta Health Services, acknowledges, "We know that more and more Albertans are turning to midwifery as a preferred option and we intend to support this growth." Several of our current MLAs are on record stating positive comments about midwifery and seeing its growth in our province. It is agreed, we all love midwives!

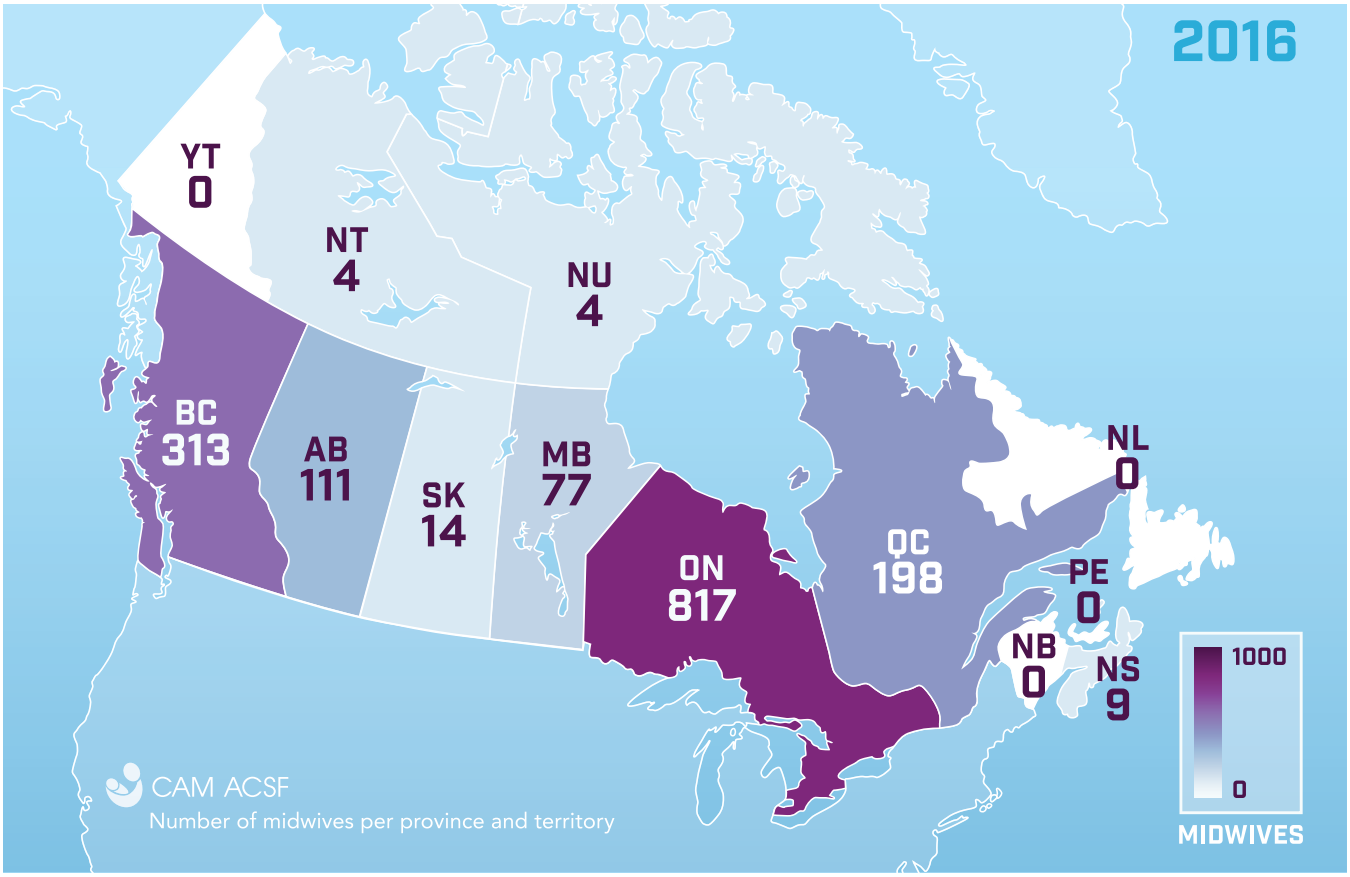
So our job now—as consumers, mothers, women, allies—is to let our voices be heard. Meet in groups and visit your local MLAs: with this issue in hand! If you cannot meet them, call them, or write them a letter. Let them know where it is women want midwives so that new sustainable practices can be established. Be the squeaky wheel and let them know you demand midwifery services in the north, in rural communities, and in Indigenous and Metis communities. Ask your council, band members, or Chief about midwifery services. Send this issue to your women friends that live in rural communities; better yet send her two or three copies! Most importantly make sure you, your friends and family, are filling out the request for midwifery services at www.aamclientcare.ca/waitlist/register. Even if you do not have midwifery services in your community, by filling out the request form it can help both the AAM and AHS with future planning for where to create new practices.

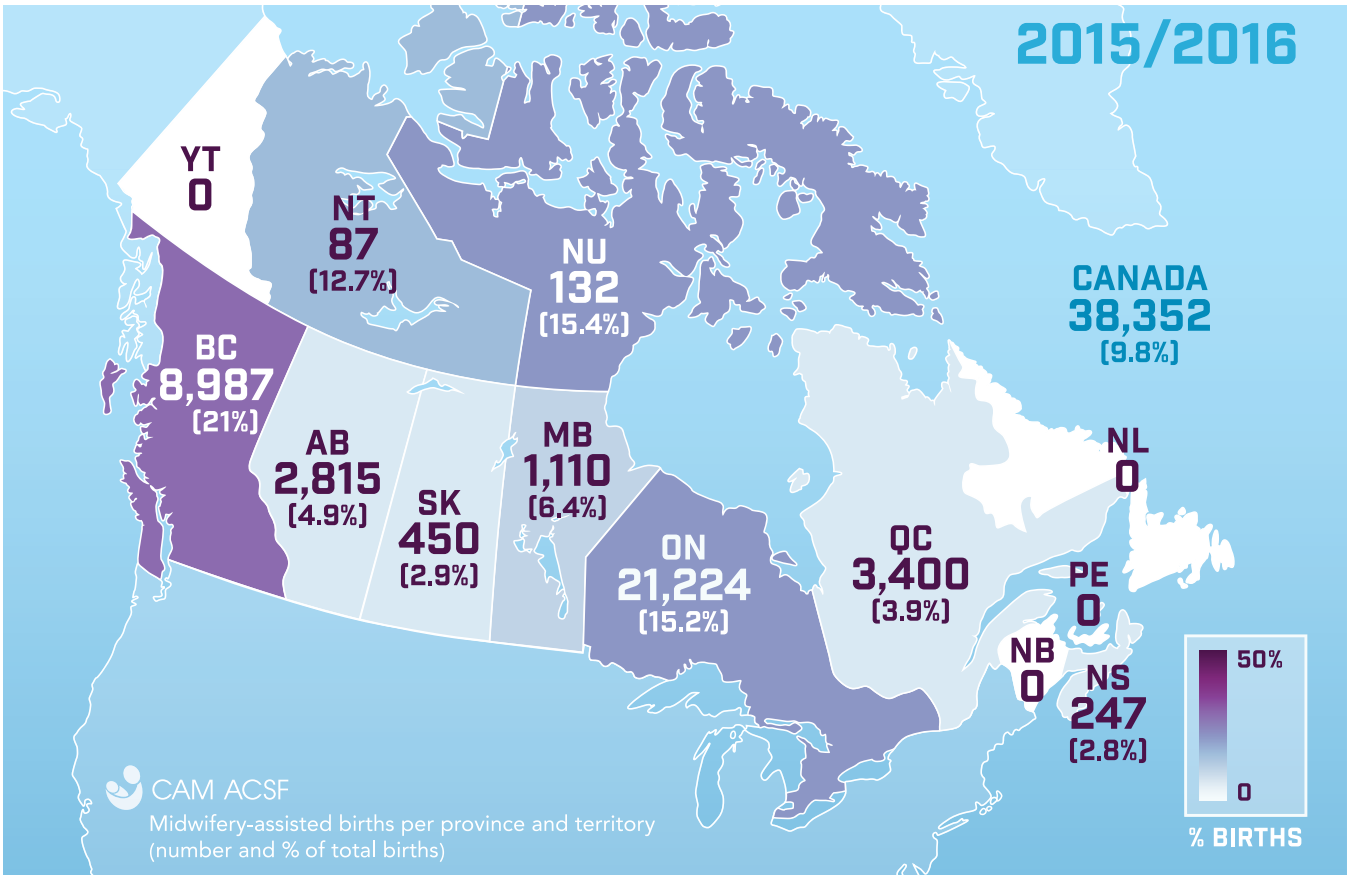
In Closing

Hopefully as midwifery proves to be high quality, and lower cost, we will see it expand into northern communities like Peace River, Ft. McMurray and Indigenous practices in the north. Not only do we need to see the funding keep up, and begin to tackle the ever increasing wait list for a midwife, but to truly expand midwifery we could also see an increase to the highly competitive MRU program. If government funding was created to establish a small program, or component to MRU, with a focus on Indigenous traditional practices, or to create one placement for an Indigenous woman who wishes to practice in her own rural community, we would not only be looking to the future growth of midwifery but helping the sustainability of midwifery in our Indigenous and Metis communities.

To see a full list of Alberta midwives see page 74 inside the back cover.

To learn more visit AAM's brand new website abmidwives.ca





Data based on Statistics Canada 2015-2016 and data from individual provinces. Reference time period may be slightly different in different jurisdictions. For more details contact CAM at admin@canadianmidwives.org

birth announcements

Please email your birth announcements with a photo of your babes to the Editor-in-chief at bi_editor@asac.ab.ca

Nikosis Sakihaw Kingfisher

July 16, 10:01 p.m., 9 lbs, 8 oz, 21 in

Nikosis' parents Madison and Harlan and his big brother and sisters Prosper, Meadow and Luna are so happy to announce the birth of our beautiful baby boy! He was born in our home in daddy's hands with our beautiful midwife Noreen Walker in attendance.

Ruby Eleanor Kyler

Ruby Eleanor Kyler was welcomed into this world on August 20, 2016, surrounded by her family. She was 7 lb, 1 oz and born into the water. As our second daughter she has completed our family beautifully. Many thanks to the Midwives of Meadowlark Midwifery, Doula Misti McFarlane and photographer Melissa Appleton.

Prairie Kathleen Margaret Maidens

Peter, Liz and big brother Weston so lovingly welcomed Prairie Kathleen Margaret Maidens to the world, November 8, 2016. She was greeted by her family, doula, and caring midwives.

Maddox John Richard O'Shea

Amber and Alex, with big brother Spencer are overjoyed to announce our little boy. Arriving September 14, 5:48 a.m., in warm waters in the comfort of our own home: 7 lbs, 14 oz, 20.5 in.

We are grateful for the incredible care from our midwives Heather King, Teilya Keily and student midwife Jessica Idris.

Quinn Ann-Louise Parker

We are so happy to finally meet our precious little girl. On April 26, at 5:58pm, in the comfort of our living room, we welcomed this 10lb, 8oz bundle. This was a healing HBAC for mom and dad. Words cannot express our gratitude for our birth team—midwives Megan Dusterhoft, Rae Veillard, Heather King and our doula Valerie Plante.

Margot Anne Poitras

Lisa-May, Chris, and big sister Norah are thrilled to announce the arrival of Margot Anne Poitras. Splashing in at 9 lb and 20 in: welcomed into water in the comfort of her new home. We couldn't imagine a more carefree, kind, funny little woman. Grateful for Barb Scriver's guidance on this journey.

Sheri Lynn Sarauer

Andrew and Mandy joyfully announce the birth of their beautiful baby girl, Sheri Lynn. She was born Jan 28, at 4:13 p.m. weighing 6 lb, 14 oz. We would like to say a special thank you to Megan Dusterhoft, Rae Veillard and Heather King from Beginnings Midwifery for making our experience amazing and truly unforgettable.

Sabrina Annabel Starchuk

Nathan, Sunday and big sister Scarlett Starchuk would like to introduce Sabrina Annabel. Born Dec 9, 2016, at 12:15 p.m.

Fox Gordon Thomas

Brent and Asha Thomas are overjoyed to announce the birth of their son, Fox Gordon, on February 25, 2017. He weighed 7 lb, 1 oz making his grand appearance at 8:35 p.m. Brent and Asha are thankful for their birthing team including their doula, Vanessa.

Ryker Turner

Ryker Turner was born into water on April 8, 2017. He was welcomed calmly into the world surrounded by incredible love and support. A special thank you to our doula, Heidi, and our midwife Jenna Craig for their support and vast knowledge which allowed Ryker's birth to begin healing past birth experiences.

Everley Corinne Schreiber

Everley Corinne Schreiber made her hurried & healing arrival at home at 05:43 on April 14, a very snowy Good Friday weighing 8lb, 13oz.

We are so grateful for our midwife Noreen Walker, dearly missed, who made her home VBAC a reality and thank our birth team: Jenny, Heather and Heidi.

ASAC is OPEN

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You can Book the ASAC office Space!
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Address: 7219 – 106 Street, Edmonton

(next to Whyte ave and Gateway Boulevard)

"NIKOSIS SAKIHAW: MY SON HE IS LOVED."

By Harlan Kingfisher

Photos by: Carrie Jane Photography

Nikosis Sakihaw, your name means, "My son he is loved." As your mom, brother, sisters and I all waited for you to join our family, the amount of love we had for you was infinite. We gave you a Cree name because it is the language of our people. Our grandfathers and grandmothers spoke it and despite all efforts to wipe out our people and our language, we are still strong. You are strong, my beautiful Cree baby. You are proof of the resilience of our people. We want you to be able to stand strong and be proud of your culture as you grow. You are our last baby and giving you a Cree name was something that became very important to your mom and myself. This year, I began focusing on ways to help the people of our band, in Sturgeon Lake, where I grew up. I feel one of the greatest ways our people and the families of our community can heal is through our deep connection with our culture. My reserve is also yours and your siblings' band and I want it to be a place you are proud to be a part of. It is important to me that we will be working as a family to continue to help our community heal.

We were not sure that Nikosis Sakihaw would be the name we were going to give you. However, the moment we saw your beautiful face, your mom and I both knew nothing would ever suit you more. My son, you are loved. You are our last baby, a gift from the Creator, loved and anticipated by every member of our family. You could not be called anything else. As we were awaiting your arrival, while your mom was in labour with you, she began to feel a bit nervous about the hard work that is birth. She needed help knowing that both of you would be safe and surrounded by love. I lit some sweet grass for both of you. I lit sweet grass before the birth of each of your siblings. Sweet grass was lit to ask our grandparents, who are in the spirit world, to ensure you made this journey earth side safely and with ease. I asked the Spirits to hold you before you arrived and to give you strength on your journey. I knew that they were listening and present because you came out strong and happy! I lit this sweet grass because it represents our mind, body, and spirit in each of the braid strands. Woven together, the sweet grass represents family. Your birth was an important and wonderful event for our whole family.

The moment I started to pray and smudge your mom, you in her belly and everyone that was present, I knew that we were all working together as a family to bring you into this world with lots of love. Soon we were going to meet you. Everyone that was present was asked to smudge and mommy got into the warm bathtub, where she would give birth to you. I would get to catch you as you entered our world. Your mommy was beautiful as she brought you into this world. She was calm, happy, and overflowing with love for you. You entered the world with a strong heart. Your big brother and sisters greeted you with smiles and hugs. When Mommy needed to shower I

got to hold you against my chest so I could keep you calm. You could feel and hear my heartbeat. The sound of my heartbeat mimicked your womb home, where you had spent your entire life, until you were born. We all love you and we could not be happier that you chose to become a part of our family. I love you, our Nikosis Sakihaw.

"Your beautiful birth story written to Niko by Mommy."

By Madison Kingfisher

I loved being pregnant with you, my beautiful baby. We loved you from the moment we knew you would be joining our family! We were so excited at the idea of adding a fourth beautiful baby to round out our family and make us a family of six. Your big brother Prosper, and big sisters Meadow and Luna, could not wait to have a tiny baby and another sibling to play with in our house. The weeks leading up to your birth were filled with such excitement and anticipation. Since your siblings' births had all been such wonderful and fun experiences, I looked forward to the day you were going to be born like I would look forward to a big party or holiday. The weeks and days leading up to your due date were filled with planning, as well as gathering all of the elements I needed to set exactly the right atmosphere to welcome you into our family. Prodromal labour[1] kept coming on strong, and then disappearing, just as I would start to get excited that I would get to see your little face. The constant starting and stopping of contractions caused me to be cautious about getting too excited.

On July 15, before bed, I had strong, constant contractions that were coming every 15-20 minutes. They were not getting closer together or increasing in intensity, but they continued through the night, occasionally waking me up.

When I woke up, the morning of your due date, I was still having contractions. I even had a tiny streak of pink blood when I wiped, which made me cheer, "Yay cervical changes[2]!" I was doubtful that this was the real thing. I joked to your dad that today was the day. It was your due date. Months ago, I had marked it in the calendar on my phone, at a midwife appointment, needing to pick an arbitrary time to 'set' the date. It was to start at 4 p.m. We laughed about how nice it would be for you to be a punctual baby and show up not only on your due date, like your big brother did, but to also follow the time I had set for labour to begin. I held my belly and told you to come out today and meet us. We did not want to wait any longer!

I was not sure that the contractions would progress or stop, like they had so many times before. Despite my suspicion that you were indeed going to be joining us today, we got ready to head to a friend's birthday party. The birthday was fun. It was nice to watch your brother and sisters run around having a good time with their buddies. I loved excitedly telling all of my friends that I thought that this could be labour! I remember happily sitting in a chair thinking about what a beautiful day it was outside and imagining your future sunny birthday parties on this day, with gorgeous weather, parks and friends. As each wave of contractions came, even though they were becoming more intense, I would try to talk through them and carry on my conversation. I did this while quietly rubbing my belly, feeling your little feet in my side and excitedly savoring each tightening. Each contraction brought me so much joy and anticipation. You wiggled and kicked in response to them. I think you were just as excited about the big event as I was!

Driving home from the party seemed to make the contractions feel much stronger. I did not like the seat belt pressing on my belly and I did not like sitting. I wanted to stand or walk. Pulling into our driveway was a great relief. Your dad was supposed to go into work that night and I felt unsure if things were going to progress quickly or not. I still had that small doubt in my mind, that labour was going to fizzle out, despite the fact that contractions were coming every five minutes. I told him that we would go for a walk to catch some

Pokemon, an app on our phones, and then make a decision about him going to work. The whole family headed out the door. As soon as we were out walking, I started timing the contractions. They were three minutes apart and it was 4 p.m., just like I had marked in my calendar!

At this point, I knew I wanted your daddy to stay home from work. This was definitely labour. It still felt early to me though because I was so happy and felt fabulous between every contraction. We turned around and walked home fairly quickly because everyone was hot and hungry. I was texting with my friend and birth photographer about how I still was not sure how things were progressing. The contractions were three minutes apart, but I still felt, "Too good," to think that you were arriving anytime soon. I decided to jump in the shower and told your daddy to order us all some pizza!

In the shower, things really started to feel more real. I swayed in the warm water, smiling as I felt each contraction and each kick and wiggle from you! I wanted to remember the heavy feeling I had with you in my belly. I sang you the song I sang to your big brother and sisters since I was pregnant with each of them, "As long as the grass grows" by Ernest Monias. It was the song that was playing in your dad's car when I first realized I was going to marry him. "As long as the grass grows, river flows, as long as the wind blows, that's how long I'll love you babe for all eternity."

I spent about 20 minutes in the shower washing my hair, singing and swaying and enjoying the feeling of the warm water running over my belly while you stretched and kicked.

Getting out of the shower I felt that excited birthing energy. I was really loving labour. I knew each contraction was bringing us closer to each other. I called Lala to come play with your brother and sisters so I could just relax with your daddy and enjoy the process. I found my favorite, comfiest clothes and underwear combed my hair and began having to vocalize through contractions. I sat on the toilet. The contractions were so strong that I yelled for your dad that I needed to hug him! These were the best contractions yet and I instantly burst into happy tears. Every sign of progress meant it was that much closer to your arrival! Getting up, I realized that I had a ton of bloody show[3]. I cheered and laughed. I had never had bloody

show like this with any other labour so this was an exciting sign that it was time to call the midwife. Daddy phoned our midwife, to say it was baby time, as well as our friend Carrie, who was coming to support mommy and take pictures of your entrance into our family. It was just after 5 p.m. and we were ready for them to get here.

Immediately after making the call I got worried that we had called too soon. I felt so normal between each contraction. I joked that either I was a pro at labour and things were going to be easy or we still had a long labour ahead of us. The pizza arrived and we stood in the kitchen eating and waiting for everyone to arrive. I laughed with your dad about how I knew I would be throwing this pizza up in a few hours. Throwing up is always a good sign for me that it is almost time to push[4].

After eating, I went upstairs to lie in bed and cuddle with your dad[5]. The positive energy that had been created in our birthing space was completely perfect. I had spent the months leading up to your birth collecting and planning all of the things I needed for you to be born in the most beautiful spot I could think of. I made sure I had lots of fresh flowers so it would smell beautiful and bring in some of the outdoors. There was inspirational birth art hung on the walls drawn by Prosper, Meadow, Luna and Daddy. Around the tub hung gorgeous birth flags decorated by mommy's friends, depicting all the things I wanted to focus on during your birth. I also had the most beautiful amethyst light next to the tub, gifted to me by those same amazing friends! Being in a space I thought was so perfect for welcoming you earth-side relaxed me and made me happy. It brought me into the perfect empowered mindset that I needed to be in. The midwife showed up just after 6 p.m. I asked her to check how dilated I was because I felt so happy and wonderful. I thought this could still be early labour and I was so surprised when she said 6 cm!

Your daddy and I both started laughing. I was overjoyed to have confirmation that this was active labour and that you would be here any time. This was a much different feeling than how I felt at 6 cm in any of my other labours. The midwife went back downstairs to start the paper work while your daddy and I laughed, joked and cuddled. Your big sister Luna came in to help mommy during contractions. She held my hands and hugged me while I bounced on the ball. Carrie arrived and your daddy and I were happy to see her. We decided to go downstairs and visit for a while. Your Lala brought lots of delicious treats when she showed up so I snacked on berries. Everyone chatted, laughed and told stories. Any time I talked about getting to see you, I started crying the happiest tears. Sometimes I started laughing at the same time! I was just a big, happy, crying mess.

Your daddy and I decided that we should start walking around more so we did stairs for a while, then back to my birth ball. Through every contraction I had your dad close by my side, rubbing my back, comforting me and cheering me on. He was a constant source of strength and loving energy. When I was sitting on the birth ball, the contractions were very strong and I started to feel a little nervous thinking about the road we still had ahead of us. Your dad thought it would be a good time to get out the sweet grass and smudge. I cried while your daddy smudged because I instantly felt safe, calmer and so ready to meet you. Our midwife joined us upstairs and we chatted. I remember laughing because I was telling your daddy and the midwife how I kept trying to smile through contractions, but that it made me feel like a crazy person.

The contractions kept picking up in intensity. I was starting to feel uncomfortable so I decided to try getting into the tub. The tub felt amazing. I felt an instant sense of relief. The sun was shining through the windows and I could smell the gorgeous lilies your sister picked for me at the park in the vase next to me. Carrie brought me a sparkling water and everything just seemed calm and perfect. At 8:15 p.m., the second midwife showed up and it was a reassuring feeling knowing that our midwife felt you would be here soon. Through the tub contractions, you kicked and wiggled and everyone laughed about how crazy active you still were. Your brother and sisters came in and out of the bathroom checking in on how things were going, feeling my belly, holding my hand, and singing to us. They were just as excited for your arrival as we were!

For a while, just your daddy and I hung out in the quiet of the bathroom, cuddling and kissing while he told me what a good job I was doing. We both could not wait to hold you and see your tiny face. At this point I started feeling a little bit restless and shaky. I also needed to throw up. I had definitely hit transition! Shortly after that I started to think I wanted to push but I was not sure if it was because I was just ready to meet you or if my body was actually ready. The fact that your amniotic sac had not broken yet was making me feel a little confused about what stage my body was at, so I asked the midwife to check if I was at 10 cm. I almost was and my cervix was very stretchy. She said if I felt like pushing, to do it. I decided to wait just a little bit, but nearly immediately the urge to push was so strong, I could not wait anymore.

The excitement really picked up in the room when I said I was going to start pushing at around 8:45 p.m. Your Lala and brother and sisters were coming in and out of the room more and everyone was looking forward to seeing you. The whole pushing portion of your birth feels a little foggy to me. I was focusing so much on holding you in my arms that I just remember little bits and pieces. Pushing with your amniotic sac intact felt very different than what I was used to and I was starting to feel frustrated. I did not think my pushes were effective enough. Finally, after I had been pushing for much longer than I did with your brother and sisters, I was feeling discouraged.

I went onto my hands and knees and kept pushing with all my might. I began giving some big yells and a few swears while I pushed, to help me direct all my frustration and longing to hold you, into effective pushing. The midwife gave me a check to see if she needed to hold my cervix out of the way to push you out. My cervix was clear and after that check with my next big push I felt your waters pop. I instantly felt the pressure from your head and I needed to get you out. I asked if your amniotic fluid was clear because I was worried that all the pushing was stressing you out a bit. I felt relieved to know that it was clear[6].

I decided to move positions to a reclining one for the final pushes. We were all laughing about the fact that even while I was pushing you were kicking, wiggling around and had the hiccups. The midwife checked your heart rate while I pushed and your heart beat stayed steady and strong the entire time. You were happy and comfortable and did not seem to realize that you were being born! These pushes were good ones. I remember crying a bit and just saying over and over that I just want my baby. I want to hold my baby. I was so ready, after all these months of holding you in my body, to hold you in my arms, to get to look at your beautiful face and to examine those little feet that were always kicking me.

After a few more pushes in this position, I could feel your head coming down. I kept reaching to see if I could feel it. When I finally felt your head, the sense of relief that washed over me was amazing. I was so happy to finally be touching my baby. I pushed again and again, until I had your head in my hand. I did about two more pushes to try and get your shoulders out. Then our midwife helped, while I pushed to finally get them out.

As soon as we saw your chubby little shoulders your daddy reached into the water and held you while I delivered you into his hands. Then he passed you up to me. I remember looking at your beautiful little face as you were raised out of the water. I just wanted to scream with joy! You looked so much like your dad and brother that I knew you were a boy. I held you as tight to me as I could. Finally you were here. Every contraction, every push brought you into my arms and we finally got to see each other's faces. You were so relaxed, happy and calm, lying on my chest. The other midwife came over to peak at you to be sure you were breathing because you were not crying. You were just perfectly content in my arms. Your sister Meadow, who had happily watched your whole birth, checked to see if you had a penis or vulva and announced to the room you were a boy. Everyone in the room thought you were perfect. Your brother and sisters were all so interested in looking at your feet, your hands and your hair. We all loved how you were completely covered in vernix! None of my babies had ever been covered like that. It was so thick on your little back. It was just adorable. You were born at 10:01 p.m. You were a big beautiful baby, 9 lb, 8 oz and 21 in long. Nikosis, you are the perfect final piece to our family. We were waiting for you!

Editor's Notes

1. Prodromal labour can sometimes be referred to as false labour. Although the body is in fact working hard already, and the sensations felt are certainly real, this refers to the fact that a steady contraction pattern has not yet developed. Contractions may stop after several hours. This phase can last hours, days, and even weeks.
2. Cervical changes in labour refer to the opening, dilation, and thinning, effacement, of the cervix. Women can sometimes notice the mucous released by the cervix during these changes. This can be an exciting sign of progress!
3. Bloody show is noticed by some women as spotting when they are in labour that looks like a mixture of blood and mucous.
4. Transition is commonly characterized by nausea for many women as the mother becomes flooded with hormones designed to wake her up out of her euphoric trance state and prepare to birth and care for the infant.
5. Oxytocin is naturally released when cuddling and kissing. This hormone, in labour, contracts smooth tissues in the body; it causes uterine contractions, milk let down, and bonding. It is called the hormone of love!
6. Meconium staining is when a baby has a bowel movement in utero. When a baby lacks oxygenation, even for a split second, it causes an automatic bowel movement. This can indicate that the baby may be compromised.

To become more familiar with the boldface, childbirth related terms in this story, please check out the Dictionary of Terms on page 72.

Harlan and Madison Kingfisher are the parents to four amazing children Prosper (8), Meadow (6), Luna (3), and Nikosis. Harlan is Cree and grew up on Sturgeon Lake reserve in northern Saskatchewan. He is a power engineer, interested in running for council, and currently working to improve the lives of families and children on his reserve. Madison stays home with the four kids. She focuses on homeschooling the kids and just having fun. The family loves to spend their free time going to pow wows, going on adventures to new parks, travelling when they can and just hanging out. ❋

THE DAY I TAPPED INTO MY INNER WARRIOR

By Rachael Baart

It was midnight. I got out of bed to go to the washroom; it was now five days passed my due date and I was feeling so pregnant and sore. As soon as I sat down on the toilet, my water broke. I sat there for a minute, not sure what just happened. I sat there thinking to myself, "Did my water just break or did my bladder give out?" I felt so huge at this point that I was sure it could be a possibility! I called my midwife and told her what happened. She sounded so happy and congratulated me saying, "Your body is doing exactly what it is supposed to be doing." She said she had a task for me: I had to sleep. Even though this was a very exciting time, she told me I needed to prepare myself and rest, just in case I have a long labour. "Okay." I thought to myself, "I can do this!"

My husband and I were lying in bed alongside each other in shock, "Can you believe this is really happening? He is going to be here so soon!" We could not wait to meet our baby boy; neither could the rest of our family. He was the first grand baby in our family. After seven years of us being together, our family was always teasing us as to when we were going to finally have a baby. We excitedly talked for a couple of hours and then decided we needed to get some sleep.

Right when I thought I should go to sleep, I started feeling some small cramps but decided it is only the beginning; I am going to sleep it off. I tried to get some sleep. At 2 a.m. my first contraction hit, and I jumped out of bed and started walking around the bedroom. At the end of it, I went to the bathroom to get sick. Contractions were happening about ten minutes apart. By the third one, my husband heard me walking around and came to see what was going on. I was not sure if this was the early birthing time that I was supposed to be sleeping through, or if these were real contractions. So I asked him if he could google it to try to find out, and also time the next one. He did and said, "I think this is just the early birthing time that we learned about in our prenatal classes." The next contraction was at eight minutes.

"Okay," I said, "I will try and get some sleep then." I lied back down and tried to relax and focus on sleeping. My next contraction was six minutes away, then it leaped to four. I jumped out of bed at each one and started walking around our bedroom as there was no way I could lay down for this. It felt like really intense menstrual cramps, my lower back was hurting, and then I would feel nausous at the end of each contraction. I started crying, tears running down my face, "Brennan! I do not know how I can sleep through this. I am messing everything up by not sleeping, and now I am going to be so tired when my contractions really start."

Brennan decided to call our midwife for some advice. It was around 5:30 a.m. He phoned and described what was going on. "Congratulations!" our midwife said, "Everything has started!" "Oh thank God!" I thought. Our midwife told us we could go ahead and call our doula for some birth support. Brennan and I had taken hypnobirthing classes through our doula. We felt so comfortable with her and felt a sense of reassurance that she would be there helping me, and also help Brennan, so he could help me as best as he could.

Our doula arrived 45 minutes later and set up the birthing pool. I got in at 7:35 a.m. and the water felt nice and warm. I felt so much lighter in the pool. During every contraction Brennan was massaging my lower back, and our doula was using the hypnosis cues on me. "Peace…" she would say slowly, as she pressed her palm down onto my shoulder. 'Peace' was such a powerful word during this moment. It reminded me to stay calm and grounded. Everything is just as it should be. My body is working hard and doing exactly what it is supposed to be doing. It reminded me that I am safe, and I am supported. This was a word we had chosen during our hypnobirthing classes[1]. A word that Brennan had said to me every night as we would

Photos by: Ricky Issler

practice our hypnosis. It was a word to create the atmosphere we wanted our son to be born into. Looking back it is amazing to see how quickly my body went from a state of panic and uncertainty, to acceptance and confidence. Taking the time to work with hypnobirthing and my support team prenatally gave me a solid tool to use in labour; an anchor in the chaos of birth.

I was not in the pool for very long when our doula said she was going to call my midwife and tell her it is time for her to come. I was shocked at how fast everything was moving. I was so prepared for everything to take a very long time!

Our midwife arrived at 8:40 a.m. with her shadowing student and told me she was just going to observe what is going on for a while to see where I am at. They set up their equipment on a table as I laboured in the pool. My doula and Brennan were taking turns massaging my back and holding my puke bowl, as I was still getting sick after every contraction. Brennan had set up my hypnosis tracks over the speakers, and they were both helping me breathe slow and calm, keeping me focused on using my 'hypno-amnesia'[2]. I kept thinking to myself, "Okay, I can handle this, but I heard it gets so much worse. Handle this and prepare for more."

It got to a point where it felt like the pain was right at the peak of what I could handle. I began to get worried because I had no idea how far along I was, what time it was, or how much more intense this was going to get. I told my birthing team that I was getting worried, "I am scared it is going to get so much more intense." My midwife seemed to know exactly what I needed to hear, "Birthing is about letting go of control," she said. "You need to let go of control and just let your body do what it needs to do and just go with it. Just know, whatever happens, you are strong enough and you can handle this."

"Okay!" I said, and I really did feel so much better after that. It reminded me why I chose to have a birth this way. It reminded

me of all the strong and capable women before me who have laboured and birthed just like I can. I thought of all the women before me, my mother, grandmother, and my ancestors' way before them. How they were warrior women. How I am exactly what they are. I focused again on staying relaxed, keeping my hands relaxed, my breathing low, staying calm and remembering I am safe.

My midwife was hesitant on checking my cervix while I was labouring. She said it really does not tell us a lot as to how much longer I would be in labour for, and it could be discouraging if I was not as far along as I felt I should be. I told her I was starting to feel 'pushy' so she said she could check me at this point. I was really curious to know where I was at. She checked me and told me not only am I fully dilated but my baby was already out of my cervix! She told me I could start pushing whenever I wanted. Wow! I felt huge relief that this was as intense as it was going to get. I was actually in shock that this was all happening so fast, and my baby boy could be here any minute, "Beautiful!" I exclaimed, with a huge smile. It was around 11:30 a.m., I reached down and could feel the top of his little head. He was so close!

I started pushing in the birthing pool. I was on all fours and pushed for an hour. He just was not coming out. They had me turn around and lay on my back, as my husband held me elevated in the water, and I tried pushing like that for a while. It was not working. My midwife said she had a position that is great for getting stubborn babies out. So she got me out of the pool and had me squatting on the floor, while hanging onto the kitchen sink: no luck. They had me squatting and reaching up, holding my husband's hands as he supported my

weight[3]. No luck. We tried some other positions but nothing was working. My midwives decided they would check me to see what was going on. What they found was baby's head was stuck behind my pelvic bone, so no matter how hard I pushed he was blocked and could not come out. They said the best thing I can do is rest.

They made a bed for me on the living room floor and had me lay down on my left side, with my right leg up. They said resting in this position for an hour may help baby get into the right position. This was the longest hour of my life, and was the hardest part of the entire day. Who would have thought it would be so much work to just rest? My doula stayed by my side the entire time, feeding me water and helping me breathe through every contraction. The backup midwife put an IV on me for fluids, as I still could not keep any liquids down. My midwife said I had to try not to push. My body just could not stop pushing, as much as I was trying to relax. My doula kept using the hypnosis cues on me. Both she and my midwives were making low breathing sounds along with me, keeping me on track. It was so comforting and helped me relax. Having them breath with me made me feel like I was not alone in this. They were my team and had my back, and I felt a sense of reassurance in that.

When that hour was finally up I felt so relieved. "Get this baby out! I am ready!" The midwives said it still was not time to push; baby was still not in the right position. They had me walking up and down the stairs swinging my hips back and forth with every step. Then crawling up the stairs. Crawling down the stairs backwards. Then walking up the stairs sideways. They had me hang onto the rails[3] as one person stood on each side of me, pushing my hips back and forth like a pendulum swing. We were doing whatever we could to shake baby into the right position.

Baby was still not coming out. Everyone was getting tired, and we were running out of options. Our midwife pulled Brennan aside at about 3:45 p.m. and told him to start the car and make sure the car seat was in it, as we were going to go to the hospital for a caesarean.

Our back up midwife came up to me and asked me, "Do you want to try one last thing?" "Yes!" I said, as I was willing to do anything. She had me lie on the floor and make my spine like the letter 'C'. She said, "If you curve as much as possible, it may be enough to get baby's head around your pelvic bone." We tried this position for a while making very slow progress[4].

The midwife student said to me, "Rachael, do you notice there are different types of pushing? Notice it feels different when you push different ways?" I had not even thought of this! I started to be more consciously aware of my body and what it was doing. More conscious of how everything felt. I focused not only on pushing, but also on being more open. I knew I did not have much time left. I started praying to my guardian angels in between contractions. I asked them to help guide baby, and give me the strength to push him out. If there was ever a time when I needed them, it was now. I changed positions so I was squatting, and reaching up, holding my husband's hands. He was supporting all of my weight. My backup midwife said she was going to get on the floor and try to move my pelvic bone a little bit. She said it may just be enough to get baby out. The next contraction I focused on where I was pushing, I focused on deep, steady breaths to get as much strength as possible. I focused on giving it everything I had. That was it! His head finally started crowning. I could hear everyone start cheering, oh the energy of that moment!

Our midwife said I could move over to the birthing pool before the next contraction, so I did. When I was getting ready for the next contraction, I could hear the midwife student coaching Brennan on how to catch the baby once he comes out. It was one more push and he was here! 4:35 p.m. on October 24, 2016, our baby boy was born. They scooped him up and placed him in my arms. They put a blanket over his little tiny body. I was holding him and I could not believe he was finally here. I started crying instantly, so in shock, "Brennan, he is here! Our baby. He is here!" I looked up at him, and he was crying too.

"I am so proud of you Rachael. I am so proud of you!" Brennan exclaimed. I was sitting in the birthing pool, little Braxton on my chest, and my husband holding us both from behind. We both cried and held each other as a family for the first time. Braxton was so calm, his eyes were wide open and he was just looking around. We stared and stared. We could not believe how beautiful he was and how tiny he was. We must have stared at him for 45 minutes in awe.

Once it was time for us to come out of the pool, Brennan went skin to skin with Braxton as the midwives helped me upstairs to my bedroom. I was so happy and felt like I was on cloud nine. I started telling the midwife student how it was the best day ever. "Really?" she asked, she looked genuinely shocked to hear me say that after everything I had been through. "Absolutely! I do not think any birth goes exactly as planned. Sure there were some obstacles, but this is exactly how I pictured my dream birth: at home, completely surrounded by supportive people that I trust. Most of all coming from a place of positivity, not from a place of fear." I would not change anything about that day. It was exactly how I had envisioned it.

The midwives weighed, measured, and checked Braxton over. He was 7 lb, 14 oz and 20 in long. They gave him to me, so I could breastfeed him, as Brennan and our puppy lay next to us. We were so comfy in our bed together and that is exactly how we slept that night: all of us in our bed as a brand new family.

Editorial Notes

1. Hypnosis can be used to help a woman relax during labour and birth. Self-hypnosis has been reported to create an altered state of mind, which facilitates relaxation and in turn enables a woman to have a more pleasant, satisfying and controlled birth experience. Women under hypnosis are completely aware of their surroundings.
2. Hypno-amnesia is a term that has circulated the hypnobirthing community. It refers to when a mother has seemingly fallen asleep during her hypnosis sound tracks during prenatal practice, but then has instant knowledge of how to use the cues and visualizations, or someone has observed her being lucid, but aware, without her being able to remember the experience.
3. Traditional birth postures are depicted in InJoy's video *The Timeless Way* (1998) from anthropologist Engelmann. His (1882) illustrations show Comanche and Blackfoot women holding themselves upright using large wooden stakes buried deeply into the ground. The Sioux are seen holding tightly onto a strong male figure as he supports her weight.
4. Walcher's technique can be considered when occasionally labour has begun but the baby's head will not dip into the pelvis, as though it is stuck on the pelvic bone. Dr. Walcher taught his technique for unusual cases when the baby could not engage and labour had already begun. Walcher's position opens the brim of the pelvis front to back. The pubic bone opens away from the spine. This makes more room for the baby to get into the pelvis.

To become more familiar with the boldfaced, childbirth related terms in this story, please check out the Dictionary of Terms on page 72.

Rachael grew up on the Tsilhqot'in (Toosey) reserve in BC. She met Brennan in Edmonton. They travelled everywhere, and now want to show Braxton the world. Rachael is a stay at home mom and Brennan is an entrepreneur. They love helping people, inspiring people, and finding laughter in everyday life. ✵

MARGOT ANNE: A HEALING HOME BIRTH

By Lisa-May Poitras

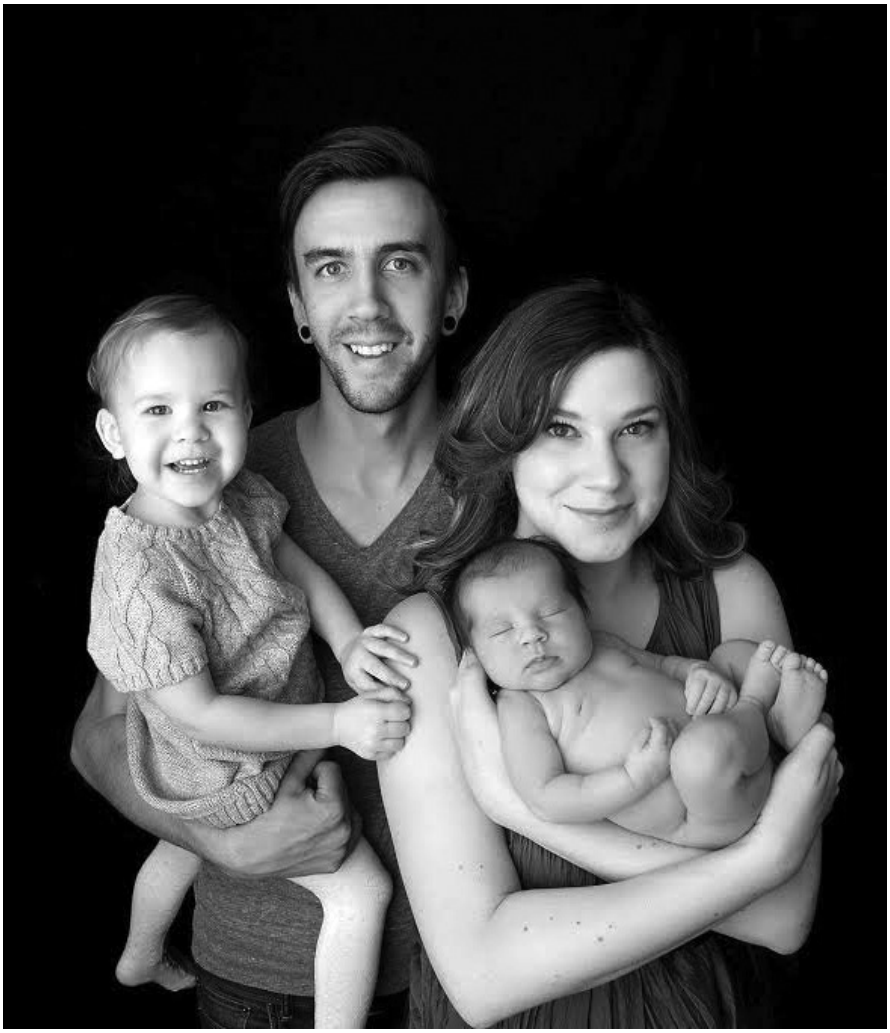

Photo by: Teagan Photography

Everything about Margot's journey was a surprise to us. On February 7, 2016, I asked my partner, Chris, to venture to the store for a pregnancy test—the old, "Why has my period not come with these cramps?"—and some delicious ginger beer. Needless to say, I did not get to enjoy that beer until the end of October. This pregnancy was unexpected: we were overwhelmed, panicked, happy, and sad. I did not know what to think as I found myself on the computer ten minutes later filling out the intake form for midwifery care. Midwifery care in Alberta is highly sought after; the waiting lists are enormous. I knew that if I had hope to secure a spot with a midwife, I needed to apply as quickly as possible. After all, I did not know how far along I was. All the while, I was smothering Norah (our then 16-month-old) telling her that she was going to be a big sister. I was happy that our children would be close together, but sorry we did not get more time with Norah as an only child. I dealt with guilt because this new baby would never experience 100% of its parents' attention. Additionally, I was gutted that one of my best friends was experiencing infertility and I was going to have to tell her we were expecting again.

Then, there was a calm. A week of silence occurred before I fully realized that I was expecting another October baby. The panic struck. I keep it no secret that I suffer(ed) with postpartum depression, anxiety, and PTSD symptoms following the birth of our first daughter. Another fall baby, heading into the darkness that is a Canadian winter, with which comes the sense of isolation that new mothers do not seem to speak about (lest we seem ungrateful for our gift). I was terrified.

I still struggle, a lot, but there is no shame in that. I began taking medication for depression and anxiety shortly after high school. When I found out that I was pregnant with Norah, I made the decision to wean off of my medication without consulting my health care provider, or objectively weighing the benefits and risks of such a decision. I chose to seek

counselling at four months postpartum after it was brought to my attention, by my husband and my own mother, that I was not coping effectively. It is so important to educate partners and family members about signs and symptoms of mental health struggles, as sometimes it does go unnoticed by those affected. I simply thought that I was bad at being a parent. My postpartum depression and anxiety manifested into isolation and outbursts of rage. After a lengthy conversation with my doctor, I began taking my medication again and have been on it since. I once again chose to encapsulate my placenta and have a tincture prepared[1]. Most importantly though, I have been investing in self-care. For me, self-care is taking the time to nurture my relationships: with my husband, my friends, and myself. This has meant that I will occasionally pump so that I can go out for a movie, concert, or just to frighten people at our local grocery store.

Everything started to come together when we met our midwife; a beautiful woman whom I felt that I could open up to about anything. My aloof comments did not go unnoticed by her. If I would hesitate before saying, "I am fine," or mention that I was facing some fear-mongering, she would talk with me about it, reaffirm what I already knew, "I have this." A previous, difficult postpartum experience did not mean that I would have to re-experience it. I was no longer the same person I was two years ago. Norah taught, and continues to teach, me the hardest lessons about myself. I am not patient but I am trying. I have a temper but we are learning together. She will hug me when Mommy seems sad. I will hold her when we need to calm down. When an empath gives life to an empath, they can build each other up or tear each other down. We have been making lots of towers but some get knocked over.

My pregnancy with Margot started much like the first time: uncontrollable nausea and mutterings of do-it-yourself vasectomies. Luckily, this passed by about 20 weeks and my little bump wiggled and rolled her way into my lungs for the remainder of her gestation. I felt her move for the first time

when she was 17 weeks and then it was real. I was having another baby. At this point, Norah was still nursing a few times a day and continued to do so until I was 37 weeks along. After we had Norah's lip and tongue tie revised, I promised her that she could nurse as long as she wanted to. I was prepared to tandem feed when the baby arrived. I struggled with aversion and hormonal changes with this pregnancy, making latching incredibly painful until about 23 weeks. Still, we kept going. There were so many changes coming our way; neither of us were ready to let go of those moments. So, we would take our time in the mornings when she wanted to nurse after breakfast and we would snuggle up at night. It was her choice when she refused at bedtime on September 22, 2016. And though I smiled and said goodnight, I was crying shortly after.

On Thursday, October 13, I called Chris home from work at 10 a.m. I was two days past my due date and had felt some mild contractions during breakfast time. While I felt that I could continue my day as (not) planned, I wanted him home to focus 100% on Norah, while I tried to manifest these contractions into the real deal. I had a shower when he got home and, after Norah's nap, we decided to go to Chapters.

I had no intention of telling family members when I went into labour. I am a chronic over-sharer in all aspects of my life, except for this. I did not want the weight of the waiting. I knew that I would feel the pressure of my family and friends waiting for an update. I worried that they would be sitting on their phones trying to guess what was going on. I had a dear friend who would come focus on Norah if I were birthing during the day, and my brother and his girlfriend were a short walk away if we needed to transfer. However, we were not expecting to see him driving into the neighbourhood as we were on our way out. Busted. He knew. Chris would never be home in the middle of the day had there not been a reason. He was now waiting.

At Chapters, I meandered through Atwood and Lindqvist, pausing occasionally to point out a good author to my unborn bub. All the while, I was having steady contractions as I occasionally paused to sway in the aisles. A gentleman approached me. I think his coworkers dared him to ask if I needed help finding anything. The interaction occurred from a fair distance away. I am sure it looked like my water was going to burst – akin to a Hollywood romantic comedy. He asked me, "When are you due?"

"I am labouring right now." He stared with wide eyes and shocked silence. I wonder if I would have gotten discounts forever if she had been born in the store.

We returned home for our last dinner as a family of three. It is odd how poignant that felt. My mom had previously had plans to come over and I did not want to cancel on the opportunity for a snuggle. As she was leaving, she hugged me and told me she thought it would be soon. I told her I was already labouring. More wide eyes and shocked silence and then a big hug. I assured her that we would call if we needed anything. My mother and I are incredibly close and I know that in some ways I may have hurt her by wishing to be alone with my husband during our birth. I know that for myself, it would be so odd to not be present should my children ever choose to become parents. I can only hope she felt how sincerely grateful I was to her for trusting me.

Putting Norah to bed for the last time as an only child was emotional for me. I held her close on top of my bump and smothered her with kisses and muttered love in her ear. Off she went to sleep: not a peep, not her usual stalling tactics. She knew. She always knows.

Luckily Chris had already blown up the birth pool (I came home from work to find him gaming from inside the pool) and thrown the car seat base in the car a few weeks prior. Keeping with tradition, I sent him for a Slurpee and we settled down to watch I Love You Man. Laughing helps your cervix open, right[2]? I had texted our midwife around 7 p.m. to let her know that she, "Might want to head to bed a little earlier tonight." We decided to head to bed around midnight and try to get some sleep. We were figuring that active labour would be very drawn out like Norah's had been. Foolish.

An hour passed and I was definitely not going to be able to sleep. I was having contractions that were two minutes apart and was getting quite vocal. Chris called our midwife while I swayed at the bedside. When she walked into the room 30 minutes later, I informed her that I had changed my mind and we were not going to have another kid. She told me I looked wonderful and snapped a few pictures. There is a series of three photos she took through a contraction: smiling, building a wave, crashing. These pictures are something that I often look back on. I have no images of myself in labour the first time. It is pleasantly uncomfortable to see myself surrendering in the photos. She instructed Chris to start filling up the pool. I had a moment of query, "Do I wear bikini bottoms?" We all

kind of laughed at that. Being organized is how I cope with feeling out of control, so everything was ready in the bedroom when she got there. Towels, a set up for the baby, water, ice, cloths, a Margaritaville (okay no, but that would have been nice).

When I got into the pool, I had about five minutes of reprieve from my contractions. It was wonderful. We had borrowed a sump pump from my father in law's pond to fill and empty the birthing pool. Detail oriented as I tend to be, I spent my five minutes of rest scooping out bits of grass that had made it from the Poitras family pond, into the Poitras family birthing pool.

It was a short five minutes. Soon my contractions were on top of one another, hitting me with full force. I had never experienced something so out of body as when I was roaring through those contractions. How Norah slept through them is a mystery I cannot comprehend. I was trying so hard to compose myself, outwardly expressing my apologies and embarrassment for being so vocal. Looking back, I still wonder why I was so insistent on apologizing. This was no time to be coy or embarrassed: I was connected to all mothers in the world, to all children, and to the Earth. Society's silent and heavy expectations had no role in my birth. There is no room for social constructs in a birthing room. I have never felt more primal, more animal, than I did in labour.

I needed to push. My water broke. I was loud about it. I had my waters artificially ruptured the first time. I had never felt this specific force exerted by my own body. It shocked me. Our midwife checked me; I was at 8 cm. I was encouraged to breathe through my contractions to avoid pushing. Nearly impossible. How long had I been doing this? Was it spring time again? When my midwife encouraged me to lay back, instead of laying over the side of the pool, I was able to relax and release. I do not know how but I went silent. I glazed over and just moved my head back and forth, letting the water carry my weight. I remember seeing Chris' face over mine asking if I was okay. I was not answering, but my eyes were open and 'gone[3]' according to him. I was having a contraction. My outside self was calm and steady, while my inside voice was saying, "Dude, get out of my face!"

It was at that time that our midwife called her back up, as I was once again feeling very pushy. She introduced herself when she walked in, to which I replied, "Hi! I am naked." I was encouraged to move back into a kneeling position as our main midwife felt that I would be able to give birth quicker in that position. I was scared though, because kneeling is when I felt out of control. However, I found that being able to push, rather than trying to, "Breathe through it," was easier. It was easier for me to exert force than endure. I was able to catch my baby at 3:56 a.m., 28 minutes after I started pushing. Later, my dad pointed out that I would have been born at the exact same time, Manitoba time. Being detail oriented runs in the family. Considering it was 3.5 hours of pushing my first time, I was absolutely shocked to be holding her: a girl, Margot Anne. The first time a woman in my family has had two daughters for eight generations. Anne was my paternal grandmother: a no-nonsense, strong, resilient, indigenous woman.

I tell Margot every day how grateful I am that she is who she is. I tell her that I am her mother and I have the privilege of loving her. After all the months of panic, of waiting for the world to come crashing down again, it did not. Margot's birth brought calm to my life. She is observant, carefree, and kind. Her little personality is a quiet kind of funny that I can see growing every day. She is the kind that will one day throw out a zinger at the dinner table and leave us in stitches. Her birth was my re-birth as a mother of two and as a woman searching to embrace her Indigenous roots and Cree ancestry, previously lost over generations of colonization. She is what I needed to heal, to complete our family. Her name is a gift, not only to her, but to my history and family; I hope it brings her pride. She was a new beginning for our family. She was born on the day of the first snow. Kōna.

Editor's Notes

1. Placenta encapsulation services are commonly used when a mother wishes to keep her placenta in pill form. A tincture can also be used and allows the item tinctured to remain much more potent indefinitely, unlike capsules which lose their potency over time. A placenta tincture could be kept all the way until menopause!
2. Laughter in labour has several physiological benefits. It lowers blood pressure, reduces stress and blocks the flow of stress hormones. It increases the body's flow of oxygen, increases muscle flexion and releases the flow of beta endorphins, all of which can act together to help control pain.
3. Labourland is a term used to describe this mental state that a woman enters when she is deeply engaged in active labour. This is a natural state induced by the production of a cocktail of hormones, which enables a woman to enter in a state of mind inside herself.

To become more familiar with the boldface, childbirth related terms in this story, please check out the Dictionary of Terms on page 72.

Lisa-May Poitras is the mother of Norah Lillian and Margot Anne. She is a feminist, an advocate for mental health, a registered nurse, and a lover of books and whiskey. She has no idea what she is doing. Her midwife was Barbara Scriver. ❋

BECOMING A MOTHER: MY MEMORIES OF GIVING BIRTH

By Karen Pelletier

Karen Pelletier

Karen's daughter Natasha during her home birth

I was so excited for my daughter when she said she was going to have her second child at home. More so, I was envious of her. Being in your own home, deciding where you would give birth, surrounded by the people you love and choose to be there, hearing the sounds of your other child laughing and being able to kiss him good night. Relaxing on your couch and the tea being the way you want it. No unknown hospital staff and strangers outside your small maternity room mistakenly walking in on your private moments. No hospital noises over the loud speaker into your rest times. A home birth sounded perfect to me. My daughter's choice made me remember my own three birthing experiences.

My three births were as natural as you could get at a Saskatchewan hospital during the 1980s. I am a control freak and wanted to know what was happening. I never had an epidural or any kind of drugs. This was understood by my family doctor who delivered all three of my children. The thought of not being able to make a decision in regards to my child's birth was very important to me. I needed to know what was happening at all times. My mother was with me during all three births. She was my rock and support. As an Anishanabe woman, I learned that I had to be in control of my emotions during the birth. I had to stay focused at all times. These beliefs just reaffirmed my controlling attitude.

I recall the hospital staff changeover but I do not recall a single nurse by name. They all blended together. The staff changeover was done by one nurse introducing the next one. I had no choice of my nurse. They were assigned by the head maternity ward nurse. These women I had never previously met would exam, poke and prod me – I was part of their maternity assembly line. Although professional, their polite faces all blended together as one. I am sure these ladies' intentions were of the highest, but the hospital order and their training were more important than the emotional part of child birth. I appreciate the work they did, but I truly wish there had been more of an emotional connection that I later saw with my daughter's home delivery.

During my first pregnancy with Tristan, I was insanely sick all the time, from a few weeks into month number eight! I recall one evening, lying on the bed. I did not want to move. I was scared I would lose the third meal of the day. I was so tired of throwing up all the time. My husband found me on the bed crying. I asked him not to move the bed. He climbed on to lie down beside me. It was not a good idea. I had to throw up. I went running to the bathroom. I did not make it. I threw up all over the wall and bathroom door. All I could hear was laughter from behind me! Well, you can guess who cleaned up the mess. I went back to the kitchen for another meal.

I recall having one specific craving, only once, during all of my three pregnancies. That is why it stands out for me. It was with my first pregnancy, around month three. I woke up wanting a Dairy Queen (DQ) banana split. I was waiting for my husband to get ready. I wanted that food now. We pulled up to the

Karen's Grandchildren: Marcus (home birth) at 6 months, Jesse at 2 ½, and Charlee at 8

nearest DQ and I got out of the car. I smelled the fried air and could not move an inch from where I stood – not any closer to the DQ. I went home and ate a salad.

Shortly after this incident I found out I was 95 lb. For a 5'7" four-month pregnant woman that is not healthy. Normally I was 110 to 114 lb to begin with, extremely thin, healthy, but slightly underweight. Ninety-five pounds was a danger for both my health, and my baby's[1]. I recall crying and trembling while the doctor explained he could order me to be bedridden at a hospital and monitored if I did not start eating. I felt like I was doing everything I should to have a healthy pregnancy: eating the right foods, drinking plenty of water, resting, walking, not smoking or drinking alcohol, and reading every book about pregnancy. I felt lost and confused. What else could I do? I quit work. It did not really matter since I was missing so much of it due to my constant throwing up.

It was hard to eat all the time. I was put on a liver, whole milk, bread, and eat-everything-all-day diet. Yes, liver! I heard it was on the forbidden pregnancy food list. Meal times were constant and they were my new job. Who eats a meal and cries because they have to eat dessert? To shovel food into your body when your body is saying stop causes strange thinking. I was hearing in my head, "You are fat, you are a glutton, you are failing as a mother and you have not even started." Other times, I felt guilty for being able to eat whatever I wanted, although mostly I could not because all fried foods made my nauseated. These thoughts and feelings did not feel like they were coming from me. I had to tell myself there were hormones going wild in my body: although natural, they were messing with my mind and body. The only way I was able to pull through was forced positive thinking and singing to my baby. I gained 37 lb during the last five months, even with the constant daily trips to the porcelain god.

My first pregnancy put stretch marks all over my body: my stomach, back, side, thighs, breasts, hips, and places I cannot even see. My body felt damaged by the time month nine rolled around, and this kid kept growing. Tristan was ten days overdue. He decided he was going to occupy my body. I was itchy as my skin continued to stretch and tear. To top it all off this itchiness was hard to reach in certain places. My experience tells me it is total bull when you hear, "Use this oil, or that lotion, and you will never get stretch marks." Some of us are not born lucky. My doctor disagreed with me and I do not know if it is medically true, but it made me feel better. He said, "Women who get stretch marks will maintain youthful looks. It has to do with elastin of the skin." So ladies with those stretch marks you have something to smile about!

At 5:30 a.m. on December 2, 1985, I lost my plug. I was so happy that I was going to see my baby. I phoned my doctor immediately. He told me to rest and start counting contractions. I felt ready to go, excited; the doctor's advice felt disappointing because I knew things were not happening as immediately as I felt prepared for. More waiting when all I wanted was my baby. Once at the hospital I was freezing cold. Blankets were thrown on top of me after all the monitors were attached. Labour was hard and painful. My mother and husband took turns holding my hand and kept my breathing focused. I was moved from my room to the delivery room: a big room with lots of equipment and monitors. People had masks on, including my mother and husband. The birth was a blur and I did not find out why until two years later. I lost a lot of blood[2]. I recall my mother being very concerned with the amount of blood coming out of me. The doctor had a nurse take her out of the room and told the nurse not to let her back in until she kept herself together. I kept on saying, "I want my mommy." I never call my mother 'Mommy.' I must have been in serious pain, a primal and childlike sense of desperation and need for security.

My first born was taken from me because he stopped breathing after he was born[3]. I can still see his little limp body in the doctor's hand. I saw a flashing light and my baby surrounded by nurses. I feel the tears falling now at the thought of losing my child just as they fall each time at the memory. Time dragged on and seconds became hours until

I heard a high-pitched cry. I could breathe again. I was able to give him a quick kiss. The masked team who worked on him took him away. I did not get to hold my baby until the following day. I was kept from him. The doctor said we needed to concentrate on Tristan's mother: stop my bleeding and get me healthy. Tristan would be taken care of at the unit he was going to. I was young, confused, low on blood, tired and wanted my Tristan.

When I did get to see Tristan, I was so delighted to see my 8 lb 3 oz baby. I was finally holding this enormous baby. He was so huge compared to the preemies in the neonatal intensive care unit (NICU): an enormous baby needing special lights surrounded by all these teeny tiny babies. The nurses said he was doing well and would have to stay for up to seven days to address the jaundice – but I could try to breastfeed him. This was the reason I wheel chaired myself to the NICU as soon as I woke from a restless sleep. The maternity ward told me I was ready to go. I asked to call my doctor. I was not going anywhere without my new baby. Tristan needed me as much as I needed him so we both could heal. How dare they try to send me home. I was angry and mad. I had read every modern pregnancy book available in 1985. I knew my breastfeeding would help my son and me to bond. My breastmilk just after delivery was filled with the nutrients Tristan needed right after birth and it would help with my heavy bleeding by healing my womb[4]. My doctor agreed. Tristan and I were moved to a semi-private room where he could use his lighted incubator. If it was not for my doctor, that hospital could have kicked me out and kept my baby.

My second child, Natasha, was a breeze compared to my first and last pregnancies. I could not eat anything sweet. I recall tasting a sugar-coated donut: one bite, that was it! I could not stand the taste or feel of the sugar in my mouth. I had no choice but to eat healthily throughout the pregnancy. I gained 22 lb steadily and weighed 132 lb again. The due date was February 14, 1988. Right on time, at 5:30 a.m., the plug appeared. I crawled back into bed with my husband and told him. He said, "You promised to make me pancakes for Valentine's Day." Of course, "I am going to give birth to your second child and you want pancakes?" Yes... I did make him pancakes for brunch before heading out. The doctor beat us to the hospital and shook his head at my husband when he found out what kept him waiting. I spent the afternoon in a maternity room with my husband and mother. I was informed that I was dehydrated and required an intravenous (IV) to hydrate. I would have preferred water, since I consume it by the tonne. I felt stronger, clearheaded and more confident with this labour. As the contractions got longer and more painful around supper time I knew my baby was going to arrive soon. I knew it was supper time because I could smell the meals being delivered and I wanted to eat, but I was allowed only a slice of toast and water to sip on.

As they wheeled me in to the delivery room, I asked for the lights to be dimmed just like the first time around. After some discussion I found out I was fainting on and off during my first delivery; this is when I first found out about my blood loss during my last birth. I was shocked it took more than two years to find out how serious my condition had been. I much preferred the fainting dimness compared to this bright, cold, large room. No one would turn down the lights for me. I complained of how hard and uncomfortable I felt on the delivery table. The doctor was happy I was very observant of the room, but not in the way he would have preferred. Natasha was a perfect, easy birth in this bright, uncomfortable delivery room. She arrived at 7:37 p.m. in the same room I delivered her older sibling in. Like his birth, I was lying on a thin mattress, on a delivery table. I said it. It was a delivery table, not a bed. I was in this delivery room for at least two hours, on my back with my feet up in stirrups before my daughter arrived. This style of delivery is for the convenience of the doctor and staff, not the mother. There are some things we typically do not question when we think they are normal.

Natasha weighed 8 lb 4 oz with a thick head of hair. I had to wait to hold my daughter, but not as long as her brother. I required stitches, since the doctor did an episiotomy[5] and she was taken from the room. I waited at least an hour or more before she was brought to me. She was held by the staff, her father and my mother before I got to hold her. Once I had her in my arms, she was searching. Like her brothers, she took to breastfeeding quite easily. I was told it was because my nipples are small. Yep, just like my breasts. I do not recall postpartum blues. I do remember a little bit of crying and frustration at my saggy waist.

My last child, Rory, was born in a birthing room with a modern birthing bed in 1990. It was worth more than my $5,000 second-hand car. It was more comfortable than the delivery room. I had my own bathroom, too! That made me happy. The only blight on this birth was the male intern who made

me feel like an inferior woman with his comments, "It is not that bad. You had two already," during long, painful, intense contractions within the last two hours before birth. His flippant comment during my labour made me feel he thought giving birth was easy, not the powerful and sacred act that it is. Would a woman doctor or midwife say that? I never got to share my opinion with this male intern. My doctor had him removed and left the room to speak with him. I knew it was a good talk when the intern came back with a red face and stood quietly and safely behind my doctor – probably to protect him from the nurses, my mother and me. Those words still stick in my head. A man will never know the experience of giving birth. We women should not have to hear dismissive or disrespectful comments when experiencing the joys of giving birth. It is hard to feel empowered and fully supported when you hear those comments.

My last was the crown of all births: a long wait for a very overdue last child. I was two weeks overdue. On my last prenatal visit, on a Friday morning, the doctor directed me to the hospital for an induction. He assured me the baby would be born within 12-14 hours or less. It was time. I laugh now. Mother Nature decided it was not. A couple hours later I was hooked up to IVs at the hospital, which were giving me some contractions. The baby's heart was as strong as my pains. This child was going to come when he wanted to and there was nothing anyone could do about it. The following day I was sent home when the contractions lessened and then came to a stop. This time there was no husband wanting pancakes; there were two children wanting spaghetti. We walked to the neighbourhood grocery store and picked up the ingredients. Supper was spaghetti made by a still pregnant mom. As supper came to a close I grew tired. I went to lie down and a few hours later I was back in the hospital with strong contractions, only to spend another night on the same expensive birthing bed, with the contractions coming and going as they pleased! Later the next day I was getting ready to get sent home, with tears running down my face...when suddenly my water broke. Yes, finally! I told my doctor I should have an episiotomy because this baby was big. I had stretch marks inside stretch marks. He did not agree. The next thing I was screaming and bearing down. My Rory was born a whole 9.5 lb on September 9, 1990, at 12:45 a.m. I was torn[6] at like a wild beast and I said to the doctor, "Told ya so!"

I share my birthing stories with my children on their birthdays: a constant reminder of the gift of life. No one should forget their births. So as not to forget they should be told of those moments every year. After my daughter introduced me to reading about home births, the stories became more tender, more about the family and the baby entering this family life.

Natasha shared home birth articles with me. I watched videos and read magazines she had at her home. I considered myself lucky since I can recall all my births. I knew what was coming for her. I knew she needed a home birth after her hospital caesarean birth with her first born. I could see her determination and happiness when she told me she was going to deliver her baby at home. I watched her prepare meals for the weeks following her home birth. I saw her share videos with Jesse, her son, on home births as she explained what was happening. I saw her pack her suitcase for a, "Just in case," trip to the hospital.

I was happy to be there when Natasha gave birth at home. I was delighted to be with my grandson, two year old Jesse and his other grandmother who joined us for the experience, allowing his momma and dad to prepare for the birth of their second child. The air was filled with excitement and anticipation. When will this baby arrive? Jesse and I had taken his momma, my Natasha, to acupuncture the day before the birth. I occupied Jesse with a walk to the bookstore, ensuring he would have a full sleep that night after some healthy walking. The acupuncture worked as Natasha started with the pains that evening. At times I felt useless as a mother. I wanted to take away her pains. As I heard my daughter's moans of discomfort, I knew, mentally, what her body was preparing for. Still as her mother one wants to remove the pain.

We two grandmothers waited and listened. We prayed, each in our own ways, for a safe delivery. We kept ourselves occupied with Jesse: making tea, which we drank, making more tea, which we drank. We listened to Natasha, her hubby and the midwives. We were so quiet that Natasha thought we had left the house. No way, girl, we were listening intently, patiently waiting – except for those breaks to use the bathroom given all the tea we drank.

We could hear the midwives working with Natasha. Their voices were comforting to me. It was wonderful and awesome to be there when my daughter gave birth in her own home. It was a comfort for me to know her husband was doing everything she needed during the delivery. It was a blessing to be able to share those moments immediately as family in the

same house during the whole birth. Wow. So awesome! No long vehicle rides from the hospital, leaving the mother and baby behind. We all fell asleep in the same house. We all woke up together to greet the next day, with Marcus joining us.

The midwives worked in such a way that they never intruded, but simply blended right in. There was a sweetness about the way they worked. You could feel the love they had for their profession. They cleaned up and the place was just as it was before their arrival. This is the way birth should be, without all the craziness of a hospital. Midwives make the birth about the baby and the parents. To be part of a home birth experience firsthand was a marvel that is imprinted on my mind.

Home birth experiences – all mothers should encourage and support their daughters if this is their birthing choice.

Editorial Notes

1. Weight gain in pregnancy can be a concern if the woman is suffering from extreme nausea. Infant mortality rates can be up to 3% higher for women who do not gain an adequate amount of weight during pregnancy, and up to 6% higher for women who are underweight pre-pregnancy and who do not gain the recommended amount. For an underweight woman the recommended amount according to the Institute of Medicine is 28-40 lb.
2. Bleeding that is heavy and continuous (imagine a line flowing down your leg all day long, rather than spots of blood in a pad) during pregnancy, labour, and postpartum should always be checked by your doctor or midwife. In labour, it can also be due to the placenta (detaching from the uterus or when it is covering the cervix), a uterine scar opening, or the cervix tearing.
3. Breathing trouble in babies can occur. Some babies may have immature lungs at birth because their due date was miscalculated or their growth was restricted during pregnancy. Sometimes lungs do not function properly immediately after birth because the baby is under shock.
4. If you would like to learn more about breastfeeding supports and benefits, please visit https://birthissues.org/breast-and-community/
5. An episiotomy is when a doctor or midwife cuts into the perineum to make the vaginal opening larger. Routine episiotomies are not beneficial as they cut much more deeply into a woman's pelvic floor than a natural tear would. However, if the baby is compromised it is an effective way to quickly birth a baby and to prevent surgery or an instrument delivery.
6. Tearing in labour refers to the tearing of the perineum, which is the area between a woman's legs that includes the urethra, vagina, and anus. When a woman pushes her baby out, this area can tear as the head emerges. Extensive tearing is due to forced pushing or fast pushing.

To become more familiar with the boldface, childbirth related terms in this story, please check out the Dictionary of Terms on page 72.

Karen Pelletier, proud Anishanabe Mother of three, is a Cocoo (grandmother) to three grandchildren and the children of her nieces and nephews. By modern-day definition a single mother, in Anishanabe culture her mother, sisters, and her two-spirited cousin, Melvin, played big parenting roles. She raised her children to take parenting a child seriously. ❋

COMING FULL CIRCLE

By Emma Cardinal

PHOTO BY: STEINHAUER PHOTOGRAPHY

My first birth five years ago will forever be emblazoned on my being. Hot, burning, painful, beautiful and powerful. Since then, the angry red coals that once smoldered, slowly burning into my life, have been blown and fanned into a warm cheery blaze, and I am feasting on the nutritious healing soul food that has increased as our family has grown. Part of overcoming my anger has been coming back to my roots, roots that I will grow deep. I have dropped three seeds into the ground. I nourish them.

I seemed to know that I would have my first child before I turned 25, and we discovered we were expecting as a wonderful 24th birthday gift. As a sexual abuse survivor, and having PTSD, I was aware that birth could trigger flashbacks and disassociation[1]. I did not want that in my birth. I was open and transparent with my care providers about my mental health. I was honest with them about using marijuana for panic attacks, and not a single one of my doctors that I saw throughout my prenatal visits raised an objection or pushed that I needed to change. They agreed this had worked for ten of my 24 years.

My first birth ended up being traumatic, and trauma sticks with us. It impacts the very fiber of our beings. I have read that trauma can be remembered in our DNA and that it can be intergenerational, passed through us to our children, coming from our parents and our grandparents. I did not know this, though, at the time.

We knew that our first child would be tiny. An ultrasound revealed that she had a two-vessel umbilical cord[2], instead of the usual three-vessel cord. My Doctor had warned about a likely induction for weeks, saying our baby would be, "Better outside than inside." My instincts really told me otherwise. They wanted me to go to 37 weeks at least, but intended for a while to induce at that point without much input from me. When I voiced the idea of seeing how it went, I was given a talk about daily ultrasounds, checking in, the drain it would be and how much better it would be to just induce. The focus on this in prenatals was distracting from the focus on my very real fears and anxieties about birth. My doctor never seemed interested in helping me find ideas to cope. Everything 'extra' such as doulas and classes often cost a lot of money that we did not have.

At 36 weeks, 3 days pregnant, my water started leaking[3]. After checking me, my doctor sent me home and told me to wait for labour and sleep. I was so scared, full of fear, and I had no idea what to expect or what to watch for. Neither of us really slept that night. I remember being content with her coming early, but nervous as the pre-37 week delivery automatically would put us in the NICU. I was trying to rest and relax, but waiting for anything to start happening.

The next morning my husband and I went back to the hospital as directed. There was no presence of amniotic fluid at that point. Apparently, my amniotic sac had sealed again. However, because the hospital had already prepared to admit me, the plan, at that point, was for me to stay and be induced. I did not feel like I had any choice. It was presented as the only option, and I had a blind trust in my Doctors. I remember asking if we could wait any longer, and recall being met with an eye roll and contempt, as though I could not possibly weigh the risks myself. I was told, "There is a higher risk of infection and your baby could die." Her heart beat was strong, there was no presence of amniotic fluid or of fever in myself after 12 hours. Knowing what I know now, I

do not believe the risk was truly worth the interventions we were offered.

I was hooked to machines and tubes and felt the physical and mental pain of being invaded and having my water broken. I walked around all day but was not allowed to eat or drink in case I later needed a Caesarean[4]. I had a birth plan[5] that simply covered, "Do not cut my baby out of me," meaning I did not want an episiotomy or Caesarean. I knew native women have been sterilized without their consent in surgery and that filled me with a fear I had never experienced before. I also did not want any men or students in the room, this was previously discussed and noted in my file; as a survivor of sexual abuse, I do not trust men I do not know, nor did I want to be on display or an educational object.

By that evening there was little progress, about 4 cm after almost 12 hr. My Doctor and the high risk OB talked about a Caesarean. They had begun the induction process, and broken my water twice at that point. The risk of infection was high. I begged for more time. I tried to talk to my baby and said, "We have to do this." I managed to convince them to allow an increase in the induction drugs and let me labour a few hours longer, but with the increase in pitocin[6] something switched and the contractions began to come more consistently. The pain, though, was intense and began triggering flashbacks of previous abuse. At this point I requested an epidural and, once it took effect, finally I felt myself relax into a calm that was entirely from my ability to control this part of our experience.

After the epidural I was able to rest, and sleep. I was still woken by surges and for them to check dilation. Finally they told me I was 10 cm and could push, and it did not seem like I had very much choice in that, they placed an internal monitor on her head so that they could track her heart beat. They cannot control what they cannot see or feel.

I was able to get into a zone with pushing, that I was finally getting somewhere. Then the internal heart monitor fell off, and our doctors could no longer track our baby's heart rate. They had lost control. So, quickly, they called the high-risk OB back in. I remember having a contraction. My eyes were closed. Then, when I opened my eyes, there was a man sitting between my legs. Not only was I not expecting him to be there, but his expression felt dehumanizing. I immediately froze and went into protection mode. I have come to understand that fear, can cause labour to pause or stop completely.

The doctors began talking about an episiotomy. I said no. Then, after observing a few contractions with no movement, they started talking again about a Caesarean. They spoke with my husband about getting into scrubs. In a last-ditch attempt to avoid surgery I asked if there was anything else that could be done. My doctor shrugged and said, offhand, "We could try vacuum or forceps. The baby is down enough." My response was, "Get the damn salad tongs and get her out!" They had to send a nurse to search for them, but in the end the forceps achieved getting her out. I did get my wish for a vaginal delivery. I delivered a healthy, strong, 4 lb baby, one minute before the sun came up. She is my sunshine.

She was immediately cut from her cord and taken to a warmer. In her first pictures, she looks stunned. In some ways, she has never been able to release to calm. Within an hour of birth, she had been poked and prodded seven times in her head and in every limb just to get an IV into her, which they never even used. She does not trust easily. We were disconnected for hours. She was first held and fed by her dad, and they have a very special attachment to this day.

Throughout this experience, I was not honoured: not my body, my choices, my mind, my emotions, my spirit, my ancestry, my relationship with my child, nor my relationship with my partner. Then, because my daughter was two days preterm, she had an automatic stay in the NICU, which set us on the path for another series of painful events, adding further trauma to my early days of motherhood

I was not given access to breastfeeding support in the NICU, although I knew I wanted to breastfeed. After I had asked repeatedly to see the in-hospital lactation consultant, I was told by a nurse, "Native women do not normally breastfeed so we did not think you were serious." That hurt, but the words did not fully impact me until I had left. At the hospital, I was in a dissociative state, my brain protecting my soul from further trauma and stress.

When the lactation consultant finally came around, I watched her sit with a white family for almost an hour. When she came to see me, she gave me about fifteen minutes of her time. She said of my baby, "She has a good latch," and that was about it. She vaguely answered my questions about how I could transition from the bottles they had used in the NICU to exclusively breastfeeding. It was not until the next day that I found out that the hospital also held daily breastfeeding classes. I felt let down with the lack of support I received postpartum, and I could not help but notice the difference, from what I could see, between the help I was offered and what was offered to other families.

While in the hospital, my file was flagged by Child Family Services because of my past marijuana use. Incidentally, I had stopped using marijuana in my excitement for motherhood,

but I had already been labelled because of something that was no longer a part of my life. I was interviewed in the hospital by a CFS worker, while in the vulnerable time immediately after birth, in a new strange and frightening place, while my baby was hooked up to tubes and away from me. My ability to mother was judged at every turn. My every motive was questioned and needed to be defended. Yet for all the fear and emotional stress that CFS injected in our lives in their attempt to 'protect' my daughter, they never once performed an in-home evaluation to ensure our child's safety. They simply judged us. In the end, I needed my doctor's 'permission' to take my own daughter home from the hospital.

When we were finally allowed to go home, I was still getting daily harassing phone calls from CFS that left me in tears and angry enough to want to punch someone. I was so angry that I had absolutely no joy. Society expects that the birth of a new baby automatically brings happiness. So, when you try to talk about traumatic birth experiences, even loved ones will say, "Just be grateful for a healthy baby." Or when you speak of the systematic racism you endured, they will say you are, "Overthinking it. The doctors and nurses are just doing their job," they said. No one wanted to hear about what happened to us. No one wanted to hear what my story exposes: that racism is systematic, that mental health is ignored. In the end, it was my white doctor who finally got CFS out of my life when she saw how their involvement with our family was increasing my postpartum depression. Some would say I should be grateful for this, and I am because it worked, but it also enrages me. My voice should have been heard at face value. Her voice was heard, mine was not. Instead they silenced me, ignored me and smothered my fire, stamping it out.

When I finally found people, who empathized with me and validated my experiences and perceptions, I felt the glow of life come back into my soul. It is amazing what happens when you have safe space where you can be heard. I grew up disconnected from my roots, with only half of my family and, consequently, only half of myself. I needed to reclaim myself, and so I began to educate myself on birth knowledge and inner knowledge. As one searches for dry wood for fire, I have searched for the knowledge that I need.

My second birth was just 16 months after our first, but we were much more prepared. I had what I call my, "Birth guidelines:" delayed cord clamping, immediate skin-to-skin contact and uninterrupted time between mother and baby in the hours after birth. I had them written down, but everything on that page was either in relation to breastfeeding, or being a sexual abuse survivor.

As my due date came and went, my doctors tried to convince me that I was going to have a 9 lb baby if they did not induce me[7]. I knew I was close to the end of pregnancy, but I remember having an internal feeling to just wait and wait. After 40 week my doctors started expressing a lot of worry and stressing the risks to not delivering. I honestly feel like I was very bullied in this decision, and that the, "9 lb baby," was a last ditch attempt to convince me into an induction which I was hesitant to accept. I was scared of having a repeat of the last time if I was induced, and again fear dominated the end of my pregnancy, which I believe stopped progression. We had a few false labour episodes. By 40 weeks five days I was exhausted. I submitted and we went to the hospital to be induced.

My husband and I arrived at the hospital at 6:00 p.m. and hooked up. Labour was fast. I requested an epidural again. I knew I wanted a calmer birth and I had planned to try a natural birth, but my entire team knew that if I said I needed it, that I needed it. The induction took however, and contractions came, so did the fear. I was so scared honestly of having two kids so close together. I did not feel ready yet. When the panic came the pain increased, and I had the epidural again. I could walk, but my nurse really did not want me moving around too much. I really just wanted to rest and let my body do its thing. I knew more than I did before, we walked a bit but towards the end I just wanted to sleep. I was checked around 11 p.m. and was 7 cm, but it was not long before I felt an urge to push. The nurse told me I should not, I was just 7 cm, and should not be feeling anything with the epidural. I remember saying after, "I felt everything, it just did not hurt." I found out later, that the drip was never actually turned on, I got the initial pain relief from the epidural injection but not much else.

My second daughter zoomed into the world just after midnight, a day before my own birthday. She was a healthy but small 6 lb 9 oz. She is my moon. I got my birth requests this time: delayed cord clamping, immediate skin-to-skin contact. Right away she found my breast and latched, and we were left alone just the three of us—my baby, her father, and me—to bond.

The next morning, I was woken up by a social worker because my file was flagged, but it seems I had gained some allies this time around. My doctor walked into the room right behind her and pulled her outside the room to talk to her. I do not know what was said, but when the social worker came back, she asked a few questions she had to ask and essentially closed her file. Again, I escaped harm, thanks to a white 'savior,' a detail that still makes me angry. It bothers me incredibly, that they approach mothers on their own, alone and unsupported, requiring us to tap into a protective strength that is all consuming and

overwhelming. With the hormonal and emotional aspects of birth, this tactic is incredibly harmful. I was put into fight mode, another aspect of PTSD. When I should have been recovering from giving birth 7 hr before.

For the birth of my third child, I knew I wanted to birth at home. For generations, countless other women had given birth without medical intervention. I researched every local midwife online before making a choice. I ended up having the power of choices. With my midwifery team I was seen, heard and validated. I asked them, "Do you intend to make a phone call to CFS because I smoke pot?" They said they would not, although I should not have had to ask. They trusted me. They asked my partner for his input as well and for his perceptions of our past and present experiences. We were treated as the partners in life and love that we are. We were honoured.

The difference was huge. I had less stress and could focus and felt supported which allowed me to open up and address a more internal focus on the changes that were happening mentally, emotionally, physically and spiritually. I knew my birth could be so healing and I embraced that fully. This time I was mentally and emotionally prepared to face my triggers and beat them down. I began to view my body as a sacred vessel, worthy of filling with only the most nutritious things. The process became a sacred journey, with an intensive focus on the internal feelings and emotions. I knew birth could be healing, and I was determined to make it so. I knew my challenges, and found ways to fight them. I knew my enemies, and found diversions and alternate routes.

A natural birth at home is what I envisioned. In hospital, I had asked for a mirror to view the birth. Both times it was not possible. This time I had a huge mirror at home that was in front of my bed, where I wanted to deliver our baby. I had contractions starting at 12:30 a.m., but could fall asleep between them. At 2:30 a.m. I could not fall back asleep any more. I honestly previously thought our baby was just being annoying and it did not fully register I was in labour until I had a contraction on the toilet that was extremely painful. We called our midwife and doula, my water had not broken so our midwife told me to get into the bathtub to relieve some tension and pain. I knew my support was on the way, I was in a warm tub, and relaxed.

My husband sat on the toilet and my head was in his lap, he rubbed my back with a tennis ball. I was so calm, just waiting. I had about 20 minutes of peace. I thought that maybe it was a false alarm as contractions stopped. My husband whispered in my ear, "Just relax and wait and see what our midwife says." Then, in a moment I had a surge, and my water broke. I was able to catch my breath and tell my husband what happened. He was going to help me out of the tub but I intuitively knew that there was no time at all. The next surge I felt his head emerge, my hands went down and began to feel for the cord around his neck while I caught my breath and told my husband, "Yeah, his head is out." I knew I had to move onto my side, or else he would hit his head on the bottom of our tub, as I shifted, another surge had him completely emerge. From the first contraction I was aware of through birth, was 3 hr. In the end, I did not do a thing, I just breathed and recovered. "Precipitous birth," they call it. "Fetal ejection reflex." I call it calm and beautiful. Intuitive knowing. Tuned into a space where I could hear my Kokum, my grandmother, speaking into my ear. Knowing that if she, and so many others had done it, then I could too.

When I was pregnant, I saw the beautiful moss bags created by Lisa Shepherd, a Metis Artisan in Alberta. I told my mother I would probably never learn the skills in my own mothering, but that I was determined to learn how to make a moss bag for my grandchildren. My mother gifted us with a beautiful moss bag for our family. It was a dream made reality. A gift of connection to culture. I nursed our baby, so snug, and my fingers traced the beautiful beads. I followed the flowers and the leaves and the very seams with my fingers. I have always loved beading, and this was the inspiration in my life I needed to push myself to learn the art. As I have beaded I have processed what I have learned, and healed many old wounds. I have reconnected with my own father after 29 years apart. I have used my new skills to help fund a trip back home to meet him, which I hope to take this summer with our family. One of my first projects was a beaded card holder with a wild rose for my dad.

Where I once felt so isolated in my feelings, I have learned that I am not alone. I have gained the unfortunate solidarity from others who have been treated horribly by the system because of their ancestry. And I want to be a voice that speaks out. Intergenerational trauma is real and so is intergenerational knowing. When I birthed our third child at home, I was thinking about families who did not have doctors and medical interventions, just simply their intuition and knowledge, wisdom passed down from generation to generation.

Families often feel so alone, and this isolation is increased, I have learned, for many if not most families of colour. Our government has recently said it will pay for a support partner to travel with those who must leave their remote communities to give birth in city hospitals. My heart breaks, because our government should be paying for every community to have a midwife. Every single one. I am sure they think they have given us progress, but continuing to ship our families out of their communities, and forcing them to birth in strange cities and

hospitals, they are missing the mark in reconciliation entirely. I do understand that when white women are still fighting for increased access to midwives, it is not a priority to ensure there is midwifery care in First Nations communities.

So, I will end by saying to the mothers, the grandmothers, the aunties, the cousins, the uncles and grandfathers: support midwifery and doulas within your community. Advocate and ask for midwifery care! Support life-bringers by empowering them, and uplifting those who are learning the wisdom of birth. Learn about these things yourself. We need to support each other and help the next generation come into this world from a place of empowerment, without stress and fear.

Intergenerational trauma is the passing on of pain; however, intergenerational healing can happen as well, and I found that healing in birth. I found that connection to my roots, through birth. Coming back full circle, to where we began.

Editor's Notes

1. Disassociation includes a wide variety of experiences which are characterized by the desire to disassociate from reality, rather than a loss of reality such as in a psychosis. This can range from mild disassociation with immediate surroundings to a more serious disassociation from a physical or emotional trauma.
2. Two-vessel cords occur in approximately 2% of infants. The baby may be at risk for being born preterm or underweight.
3. Leaking in pregnancy often refers to a small tear in the amniotic sac, or bag of waters, in which the baby is contained inside the womb. The amniotic sac is made of two layers, the amnion is the innermost layer in which the baby is directly within, while the chorion is the outer layer, or fore-bag. When a woman experiences a leak that repairs itself it is this outer membrane that has resealed.
4. Eating and drinking in labour is natural. Although, like most exercise, labour often acts as a natural food suppressant sometimes the body will crave food before or during active labour in order to gain the energy needed to push baby out.
5. Birth Plans can act as your, written, voice during labour when you may not otherwise have the ability to express yourself. Making a written, "Birth Preferences," can add a level of accountability to your care provider's decisions.
6. Pitocin is a synthetic form of the naturally occurring hormone oxytocin. It is administered with an IV and used to contract smooth tissues in the body, which causes uterine contractions.
7. Cephalopelvic disproportion (CPD) is sometimes referred to when a woman is told that her baby is too big to be born vaginally. The pelvis is hyper-mobile in pregnancy and has the ability to increase the size of the passage. Also the baby's head molds like play-do to fit into most passages. This combination enables most babies to be born, especially if a woman is given extra time and has the patience to endure.

To become more familiar with the boldfaced, childbirth related terms in this story, please check out the Dictionary of Terms on page 72.

Emma Cardinal is a Metis artist, birth advocate, medical marijuana activist and blogger who grew up in urban Alberta. She now has Health Canada-approved access to marijuana to relieve her stress and anxiety, and it has improved her mental health incredibly. ✻

LIKE A LIGHTENING BOLT: A HOME BIRTH STORY

By Keesha Charlebois

Photo credits: Appletree Photography

"It always seems impossible until it is done" – Nelson Mandela. I could not relate to this more in my life until the day I was in labour with my son. It is truly amazing and humbling what a woman's body can accomplish.

Pregnancy has always been the best time of my life. There is nothing more amazing and mind blowing than growing a little person! Cravings and the worst morning sickness aside, I genuinely love being pregnant. So, when I found out I was pregnant with my son I was totally prepared to have my head in the toilet bowl everyday of my first and second trimester. However, it was completely different than my first pregnancy. I was not sick once and I did not crave anything that was not ultimately good for my body. I went to the gym consistently and overall could not tell I was pregnant other than my belly growing! It is crazy that even from the start, just like each child, every pregnancy is unique.

The midwife I had for my daughter was also my sister's midwife. I had seen her at work and knew her already, so when I found out she was going to be on vacation during the month I was due, I was nervous. I had done a home water birth with my daughter and I feared not being able to get that experience with my second pregnancy. I wanted nothing more in the world! So, since he was not planned I had to find someone else... and soon. Luckily, I found a midwife and the experience was everything I had hoped for and more! In the beginning, I was really nervous to work with her. I had a midwife that I watched deliver my niece so a relationship was already established by time I got pregnant and I was already comfortable with her. So naturally, having a brand-new person

whom you have never seen in action before can be quite a big step to take. However I had no choice.

After the weeks went by I got more and more comfortable with my midwife and started to get excited about delivering my baby with her. I had expressed to her my concerns about her being new and never seeing her in action. I was also worried about having another huge baby and how she would deal with that when the time came. She put me into contact with one of her previous clients so I could chat and get a feel of how she is during labour. Her client also had a huge baby and was pregnant with her second. She broke down her labour for me to live through. She talked to me about her techniques and individual ways of doing things. I found a lot of comfort in that!

2:40 a.m.: I was sure I would deliver a week earlier, or more, in fact I had banked on it! My son however, had other plans. The night after my due date had passed, just hours into the night my two year old daughter woke up crying. After finally getting her back to sleep I felt a cramp. My first thoughts were that I had to poop. Little did I know this was my first contraction and the start of a very quick labour! My son decided he was not waiting anymore, not even for me. By the time I had caught up with the idea that I could possibly be in labour (still unsure at this point) it was just after 3:00 a.m. So naturally I was hesitant to call everyone, just in case it was in fact a false alarm. I quietly woke my fiancé, trying to avoid also waking my sleeping daughter again. My exact words were, "I think I am in labour but do not worry, nothing will happen for a couple more hours." I did not have to ask him twice to lay back down! I snuck downstairs and I called my mom and sister. They headed over almost immediately. They had been more impatient than I, waiting for his arrival. Next, I called my photographer knowing she had a long drive ahead of her even though I was still unsure if I was in labour or not.

3:13 a.m.: I sent my midwife this text, "Hey, just a heads up, I think I might be in labour. Not too sure yet as I have been having some weird Braxton Hicks lately, but these are pretty intense!" I had run myself a bath since that is what I did when I was in labor with my daughter and it had helped immensely then. When I got in to the bath this time, I could not get comfortable. I actually got out because I was sure I was going to poop myself. Naturally I got out and sat on the toilet, but I was in so much pain I had to get up.

Through each contraction my body would force me to squat down into it. I already had the urge to push, and I still denied being in labour! I went downstairs and walked around my living room, waiting for my mom and sister in the meantime. I did try and sit on my yoga ball but that position was not for me.

I did not think I was in labour because of how easily I was dealing with the contractions. They hurt and came suddenly, but in between each contraction I was fine. I was completely calm and excited that I was going to meet my son soon. Sooner than I or anyone had expected! When I was fully dilated with my daughter I cried out for help, I wanted to give up, I could not focus on anything or talk to anyone. This, however, was a completely different experience!

3:45 a.m.: My family arrived a half hour later and my contractions had become so intense that I could not even dial my midwife. I liked to be mobile and walking during contractions. I did not have much time in between them so I asked my sister to call the midwife for me and we got her voicemail, twice, which is something every labouring mother fears! So, we got a hold of the backup midwife and told her my contractions were two and a half minutes apart lasting one to one and a half minutes. She told us calmly that she was heading out immediately and that she would try and get a hold of my midwife.

Meanwhile I sent my sister to wake up my fiancé and got him to start setting up the pool. Even though I was still in denial about being in labour, I wanted to be prepared. My fiancé sleepily wandered downstairs. He seemed relaxed, I asked him where the hose was. We thought it was downstairs. To our surprise it was outside, frozen! I was trying to remain calm and even encourage my fiancé by telling him, "It is okay baby we have time, do not worry." I was trying to focus on my contractions and stay positive. My fiancé was upstairs soaking the hose and trying to break the ice inside of it.

The best way I found to deal with my contractions was to pace with a hot magic bag that I held tightly against my lower belly. It helped with the pressure and the pain. I paced with my eyes closed and just focused on my contractions the best I could. Something my sister told me before I had any babies was not to be scared to make noise. That was some of the best advice I had gotten. Moaning through contractions really helped me take some attention off the pain and let everyone around me know where I was in my contractions. I was still talking through them at this point, even though occasionally I needed to stop and squat into the contractions. Once my contraction was

Photo credits: My Unique Birth Story

done, I would open my eyes and check in on how everyone else was doing. We had a lot to do and I needed to make sure it was getting done. I ordered them to sweep, move the couches around and continue trying to prepare the pool. My contractions were different at this point. I knew I was having a baby and not just a bowel movement!

4:20 a.m.: My midwife finally had texted saying she was on her way as well. I was relieved. My family and I started to joke that I would have to deliver the baby on my own. So, when she finally texted me, I was glad that I did not need to worry about that! Even though it was a joke, I knew there was a possibility. Fortunately, she only lived seven minutes away from me. When she arrived, she started organizing her stuff and said to me, "Once this contraction finishes, I am going to check the baby's heartbeat." So, while she was doing that I asked her if we could check how dilated I was, but told her I needed to wait because I could feel another contraction starting. I started pacing again and concentrating on my breathing. Once I was finished with that contraction I rushed over to her again knowing I did not have much time. The pool had finally started to fill, but it was nowhere near done! We also had to hook it up to the laundry room so it was only hot water. My fiancé was filling pots of cold water at the same time trying to even out the water temperature!

4:45 a.m.: My midwife finished checking me and I asked her how far along I was. She replied with, "How set are you on having a water birth?" I was not sure why she was asking since that had always been the plan. Honestly, I was a little confused. So, I asked her, "Well how far along am I?" which she replied with, "Ten centimetres." I could not believe it, I was in pure shock! I thought, "How am I already ten centimetres dilated? I just started!" Luckily my water was still intact and my midwife informed me that if I can breathe through the contractions and resist the urge to push I might make it into the pool. We had finally started to fill it, and it seemed like it was taking forever! The idea of a dry birth was making me nervous. My first birth was also a water birth so it was all I knew. I also never even considered the idea of having to deliver dry. I think a part of me would not let my body begin fully pushing until I was in the pool. At that moment in time, making it into the pool was my number one priority! I was doing everything in my power to breathe through each contraction and praying my water did not break in the mean time because I would be forced to deliver right then. However even with everything happening, I was calm and excited and my body seemed to know what it was doing, so I just tried to focus on my contractions. It still had not set in that I was fully dilated and about to be holding my son. I physically and mentally could not comprehend how I was already at ten centimeters.

4:55 a.m.: The pool was finally ready and I hopped in; I did not want to waste any time! Immediately after getting in I had to start pushing. I could not resist the urge anymore. My body just took over and I let it. I listened to my body and I trusted it completely. It was truly an empowering feeling, knowing what your body can and will do for you. Honestly, I was a little surprised, kind of like I was a passenger to my own body. It did all the driving and I was just along for the ride.

5:20 a.m.: My baby's head started to crown. This is the moment that stands out the most during my labour, even now, four months later. This was the moment when I had finally accepted what the last three hours had brought me. This was also the moment that I began to feel completely helpless. I went from being so confident in my body to being scared and nervous. I was in so much pain I could not comprehend what was going on around me or even with my body! I cried to my fiancé and to my midwife that I could not do it, that I needed help. I screamed at them that something was not right. I was sure he was stuck and would stay there with his head half out forever. I was desperate for someone to take the pain away, to get me out of my head. That trust I had in my body quickly ran out and I was scared. It all happened so fast that I could not process what was going on. I was having the longest contraction I had ever had. I even told my midwife, "It is not stopping." When it finally did I reached down and felt how close I was to holding my son. Feeling your baby's head is such an amazing thing to do if you ever get the chance! If feels like velvet, or everything soft and perfect in the world. It is also super reassuring because at this point you feel like the pain is never going to stop. It kind of kicks you into reality, and when you are about to give up you can physically feel how close you are! It is all the motivation in the world a mother needs to get through. It is this perfect little head that is the beginning of something so much greater. And that is all I could think about in that moment.

I quickly became excited again. Little did I know that the person who I needed the most at the time, was almost there. I did not have much time to think before my next contraction started and I pushed with all my might. Knowing I was so much closer to meeting my son, was all the encouragement I needed. During this contraction, I felt a 'pop' which I knew was my water breaking. His head followed shortly after. "Reach in front and grab him Keesha, there is your baby!" That is what my midwife said to me after three of the most painful minutes of my life. I replied with, "What? No!" I could not believe I had done it. Moments before I would have given up if I had the choice. Seconds previously I was crying out for help. I yelled things like, "I cannot!" and, "Something is wrong!" Suddenly there I was holding my son, feeling nothing but love and a little confusion. "How am I holding my son already?"

I had done it. Even when I thought I could not. Even when I thought I was not ready. I did it! I just sat there in awe looking at my son. He was perfect in every single way, and just like that it did not seem impossible anymore. Nothing seemed impossible in that moment. That is also my fondest memory of my labour. Because that is the moment I overcame myself. That is the moment I will reflect on when I am overwhelmed and discouraged. That is the moment I did what I thought was impossible!

Keesha is a stay at home mom of two gorgeous children. In her spare time she enjoys cake decorating and crocheting. Thanks to midwife Jenna Craig with Meadowlark Midwifery. Keesha had her story captured by Dawn Wickhorst, My Unique Birth Story, and Melissa Appleton, Appletree Photography. ❋

NATIONAL ABORIGINAL COUNCIL OF MIDWIVES' CORE VALUES

Recognizing that the good health and well-being of Aboriginal mothers and their babies is crucial to the empowerment of Aboriginal families and communities, Aboriginal midwives uphold the following Core Values:

HEALING: Aboriginal midwives enhance the capacity of a community to heal from historical and ongoing traumas, addictions, and violences. Aboriginal midwives draw from a rich tradition of language, Indigenous knowledge, and cultural practice as they work with women to restore health to Aboriginal families and communities.

RESPECT: Aboriginal midwives respect birth as a healthy physiologic process and honour each birth as a spiritual journey.

AUTONOMY: Aboriginal women, families and communities have the inherent right to choose their caregivers and to be active decision makers in their health care.

COMPASSION: Aboriginal midwives act as guides and compassionate caregivers in all Aboriginal communities, rural, urban and remote. The dignity of Aboriginal women is upheld through the provision of kind, considerate and respectful services.

BONDING: Well-being is based on an intact mother and baby bond that must be supported by families, communities and duty bearers in health and social service systems.

BREASTFEEDING: Aboriginal midwives uphold breastfeeding as sacred medicine for the mother and baby that connects the bodies of women to the sustaining powers of our mother earth.

CULTURAL SAFETY: Aboriginal midwives create and protect the sacred space in which each woman, in her uniqueness, can feel safe to express who she is and what she needs.

CLINICAL EXCELLENCE: Aboriginal midwives uphold the standards and principles of exemplary clinical care for women and babies throughout the lifecycle. This includes reproductive health care, well woman and baby care and the creation of sacred, powerful spaces for Aboriginal girls, women, families, and communities.

EDUCATION: Aboriginal midwifery education and practice respects diverse ways of knowing and learning, is responsive to Aboriginal women, families and communities and must be accessible to all who choose this pathway.

RESPONSIBILITY: Aboriginal midwives are responsible for upholding the above values through reciprocal and equal relationships with women, families and their communities.

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SANDY LAKE TO TORONTO:
A FUTURE INDIGENOUS MIDWIFE RECALLS HER FAMILY'S HISTORY OF BIRTH

By Shazeal Taylor

Photo credits: Wynne Taylor

I grew up in an indigenous community three hours north of Edmonton in treaty seven land. With a small population of 150 people, Edmonton was the closest city for necessities, such as groceries, entertainment, medical appointments and birth. It was a normal part of life to watch women leave pregnant and return a few days later with a baby. It was a normal part of life to drive to the next community for the small hospital, take an ambulance to the airport, take a small plane to the city center airport and finally take another ambulance to one of Edmonton's hospitals. For any medical emergency this was the norm. For birth, women went in early to ensure they could make it to the city in time, usually at the first signs of labour or in the last weeks of pregnancy. I was not exposed to active labour until I was about ten. I began to understand and empathize with women who were forced to travel so early and who wanted to avoid being in transport during strong labour.

My family moved to Edmonton when I was 12 and I began to become more aware and involved in what happened to these women after they were flown from my community. My mother would often bring me along to meet women from our community and sit with them during labour so they were not alone. It was hard to be a woman alone in the city. Most travelled alone, did not have the finances to stay in the city, or have anywhere to go that was a comfortable or safe place. I knew of women who would wander hospitals or malls while in labour because they could not be admitted until they had progressed to the hospital policy's standard. We would have women come to our house to labour in a comfortable home environment or stay with us for a few days until labour started. Often, women would opt for induction, having no other options. I become more involved in birth work and eventually became a doula, in my mid-twenties. The more I learned, the more I became concerned with the model of care women from my community experienced and the consequences of disempowering birth leading to disempowered women, families, and eventually communities.

My grandmother is a nurse practitioner who not only provided care for our community, but also helped establish health centers in multiple rural communities. Her commitment to the health of our community and her blending of traditional practice and culture has been immeasurably influential on my own career path. As an elder in my community, she has lived through many transitions in health care, residential schools, cultural loss, and recent cultural revival. Her own birth highlights the stark differences between her generation and mine. She was born in 1943, second in a set of unexpected twins in her family's home. My great-grandmother was attended by her husband, brother, and sister-in-law. My great-grandfather was a medicine man; he caught a healthy baby girl and handed her to my great-grandmother. As they enjoyed the new baby they later named Iris, my great-grandmother said, "There is another baby," and handed Iris to her brother. My great-grandfather caught the second baby, who was blue and lifeless. He attempted to resuscitate the baby but was unsuccessful. He left my great-grandmother in the care of her family and took the baby to sing and pray over her. It was during these prayers that baby Alice, my grandmother, began to cry.

My mother's experience in 1993 with twins was quite different. At 32 weeks gestation, my mother and I were in a car accident, and my mother's water later broke as a consequence. She was flown out to Edmonton and I was sent to stay with my grandparents. My mother had hoped to deliver naturally and the obstetrician agreed to let her labour while my dad drove the ten hours from his work camp. The obstetrician went home to rest and left my mom to labour on her own overnight in the hospital. Eventually my mother began to have significant pain and called the nurse. My mother was met with disregard as the nurse refused to check her cervix and told her to keep quiet, as others were trying to rest. My mother wanted to call my grandmother to come be with her but she was unable to walk. The woman in the bed next to her, also in labour, walked to a payphone and called my grandmother. When my grandmother arrived and confronted the nurse she was met with the same disrespect and contempt. The mother of the baby and a nurse practitioner calling for help in labour, yet the nurse refused to call the obstetrician. My grandmother took it into her own hands and called the obstetrician, who immediately rushed over. When the obstetrician went to examine my mother, he or she was met by a foot already out of the birth canal.

My mother laboured for hours with a premature breech baby, voicing that something was wrong, and was never examined. The obstetrician was furious as he helped prep my mother for an emergency caesarean section. My dad arrived at the hospital just as they were wheeling my mother to the operating room. The twins were delivered safely but my mother was put on general anesthetic and overdosed and remained unconscious for three days after the birth. Once my mother awoke and was able to go to the Neonatal Intensive Care Unit, she was met with even more hostility. My mother was not allowed to pick up or hold her twins and was discouraged or, at times, outright denied the chance to breastfeed her babies. She had to fight to be allowed to pump and bottlefeed the twins. My Caucasian father and aunt were allowed to pick up, hold, and feed the twins without any concern. My mother, on the other hand, was denied access to her twins, chastised by the nurses, and was only allowed supervised visits. To this day, there are very few pictures of my mother with the twins in the hospital but many of my aunt and dad. It is hard to ignore the undertones of racism and discrimination in my mother's story. Unfortunately, this type of story is not unique.

Hearing these types of stories and learning more about birth from my doula training course, books and conferences has really pushed me to reevaluate how birth is handled in rural and Indigenous communities. Working as a doula in Edmonton has highlighted the positive outcomes simple support and information can provide to empower women, families, and communities. I remember the day I first said to myself, "I need to be a midwife." I felt an instant calm and powerful energy in my choice. I felt like I had found my path and that I had the support of my ancestors behind me.

Every step has been wrought with stress, barriers, and doubt. I applied to every school I was able to in Canada, I wrote countless personal essays, and I flew to Toronto to interview. I was recently accepted to Ryerson in Toronto and will soon be leaving my family and community. One of my biggest difficulties is the reality of being away from my community of birth workers, friends, family, elders and community. Leaving my home, my land and my support is like leaving pieces of myself behind.

As an Indigenous midwife, I hope to follow in my Grandmother's footsteps and provide traditional cultural practice blended with midwifery care. I hope to bring birth back to Indigenous communities and, most importantly, back to women. I hope to leave and come back stronger, to add my energy and knowledge back into my community. Indigenous women are still facing discrimination, poverty, decreased access to care, and loss of autonomy. I aim to use my time and energy to make positive changes for my community and the Indigenous population as a whole. I want families to be active and empowered as they transition through birth into parenthood. I want to bring the sacredness of birth and babies back to communities. I want my community and myself to remember: we are strong and we are resilient.

Shazeal is an Indigenous woman raised in Sandy Lake, Alberta, and Edmonton. Currently a self-employed Doula, including supporting Indigenous Birth of Alberta, she will be moving to Ontario for schooling to become a midwife in fall. Shazeal is passionate about bringing culture and tradition back to birth and Indigenous communities. ❋

IMPROVING INDIGENOUS1 MATERNITY CARE BY IMPROVING ACCESS TO TRADITIONAL BIRTH PRACTICES

By Nadia Houle

Photo credits: Wynne Taylor

Starting off motherhood feeling respected, empowered and confident is very important for the health of the birthing person, the baby, the community, and the nation. Indigenous communities have experienced the effects of forgotten traditional systems of care and intergenerational trauma precipitated by children being torn from their parents and their community.

As part of Canada's dark history of Residential Schools, tens of thousands of children were taken from their homes and forced to live in schools outside of their own communities for long periods of time, assimilating them into colonial culture, where many experienced inhumane abusive treatment. When residential schools started to close in the 1960s, many children were taken by the child intervention system from their birth parents and placed in a different family, usually Caucasian – a dark period of time now known as the Sixties Scoop. The last residential school only just closed in the 1990s, but we still see a high volume of Indigenous children in the child welfare system[2].

We are currently living with what these traumas and separations have done to our culture and our own families. We have many who do not know their language, traditions or where we come from. We are impacted by intergenerational trauma that often manifests as poverty, addictions, abuse and suicide. It is time to ground in our roots, heal our people and begin supporting families from the very beginning of life—at birth. It is my belief that this can start with women birthing with support, either in their own communities or their place of choice with a care provider they choose. Improving the health of our people involves having access to indigenized maternity care services. Currently there are 12 identified midwifery practices in Canada and 3 self-identifying indigenous midwives within Alberta.

My Thoughts: Birth is a sacred ceremony, one in which the mother should have all the teachings for pregnancy and birth, the ability to choose her care provider and where she chooses to give birth. Culturally appropriate maternity care should be available in the community or at the birth place to allow the mother access to traditional birth practices, if she wants. Indigenous midwives should be accessible to women of a community to provide a full spectrum of care, from early reproductive care and education from prenatal through postpartum to parenting. Higher risk women requiring an obstetrician at the nearest urban centre should have supportive hospitality available to them during their perinatal and postpartum stay. Services available to women coming from out of community should include culturally appropriate

Photo credits: Wynne Taylor

Photo credits: Shazeal Taylor

breastfeeding resources, prenatal education, cultural advisors and nutritional support.

Goals for Improved Maternity Care for Indigenous Women in Alberta:

1) Increased access to elders for traditional birthing knowledge and ceremonies
2) Creation of local indigenous birth spaces in urban centres (birth centre & hospital)
3) Increased number of indigenous midwives in Alberta
4) Implementation of an indigenous midwifery program in Alberta

Current roadblocks:

1) Colonization has changed how we view birth, doctors, medicine and our own cultural practices. Traditionally, we would have lots of family around us, traditional teachings and medicines given to help the mother, singing and drumming for baby's arrival. Our ancestors relied on the skill of the local midwife and other community members to help them during their pregnancy, birth, breastfeeding and child rearing. Indigenous midwives had knowledge around medicines and ceremonies to help the pregnant and birthing person. Many of those skills have been lost, along with the trust our ancestors had with our traditional medicine. Many women are not familiar with the skills a midwife possesses and are often under the care of an obstetrician, medical doctor or general practitioner, which can be unnecessary and require travel for a low risk pregnancy. Even a non-indigenous midwife can be an ally as the midwifery care model is closer to our traditional care than the obstetrical model[3].
2) Alberta has only one post secondary institution in Calgary, Mount Royal University, offering a (very competitive) Bachelor of Midwifery program. This program does not meet the need for teaching indigenous students about their own cultural midwifery practices3. Provinces such as Ontario have community based programs that allow traditionally trained midwives to practice in indigenous communities.
3) Alberta Health Services has capped funding for midwives. As of April 2017, Alberta currently has a waiting list of close to 2000 women wanting midwifery care3. This list only recognizes those that have requested care, and excludes women who may want a midwife but have not filled out a form because: they do not know what midwifery is or it is not an option in their area, they do not have access to the internet or have English as a second language.
4) Since many remote communities do not have a local maternity care provider, women are sent to the nearest urban centre for prenatal and post partum care and to birth. This separates women from their families for about one to six weeks, isolating them during the most sacred time of their lives. At an already vulnerable time in a woman's life, she may stay in a hospital or hotel room and waits for labour to begin or for her scheduled surgery. This kind of situation occurs for an existing medical induction, premature labour or if the birthing person does not have maternity care in her community. As of April 2017, the federal government will fund an escort to go with the birthing person to the nearest hospital. Only high risk cases were previously allowed a paid escort. The

majority of rural and remote communities do not have access to midwifery care or a hospital so women birth at the nearest urban hospital. Most of these women are transported before labour begins or during labour. In having to leave their own community, many indigenous women have limited to no access to culturally appropriate care or support that family would normally provide. Due to not wanting to leave their communities, some birth at home without any medical support at all.

The Indigenous Birth of Alberta Society's Vision:

Indigenous Birth of Alberta (IBA) Society recognizes the need to decolonize birth and support cultural and traditional practices in reproductive knowledge, childbirth preparation, postpartum care, and parenthood. IBA recognizes that the child is at the center of the community and how important it is to nurture the mother, the life giver, so she can, in turn, be the care giver. IBA advocates for indigenous families by working to indigenize maternity care, provide childbirth and breastfeeding education in a culturally appropriate way, increase the practice of trauma informed care, decrease racism in the health care setting, increase the number of indigenous midwives, decolonize birth and bring back sacred knowledge so our children can grow up embraced by culture and leading a healthy, abundant life.

In order to really know what Indigenous women in Alberta currently experience in birth, and to move forward in supporting a culturally appropriate model of maternity care, IBA would encourage indigenous women in first nation communities, as well as from key stakeholders in maternity care such as: Alberta Association of Midwives (AAM), the College of Midwives of Alberta, Alberta Health Services (AHS), First Nations and Inuit Health Branch, Sarah Hoffman (Minister of Alberta Health), Richard Feehan (Minister of Alberta Indigenous Relations), Rachel Notley (Premier of Alberta), as well as the Federal Government's First Nations and Inuit Health Branch and Carolyn Bennett (Minister of Indigenous and Northern Affairs).

Important questions pointed to Alberta's first nation communities and current key stakeholders to answer, in regards to indigenous women living in different areas – remote, rural and urban, compared to the general public rates:

1) How do indigenous women rate their birth satisfaction?
2) What are their caesarean section rates in each Alberta Health Region?
3) What are the top health issues in pregnancy leading to premature birth?
4) What are the high risk pregnancy rates?
5) What are the breastfeeding success rates? At birth, 3, 6, and 12 months?
6) What are the rates of perinatal and postpartum mood disorders?
7) What are the rates of hospital readmission?
8) What is the rate of using or requesting traditional birth practices?

Encourage women to tell their stories and find out how they feel about their experiences of maternity care and what they would like to see change. Educate local health centres working with indigenous communities of Alberta to create spaces dedicated to indigenous birth, led by indigenous midwives or helpers to assist in culturally appropriate maternity care. Having access to breastfeeding education in communities and in urban centres, for those women who have to be closer to a high level hospital. Support can increase the strength and health of our new mothers and their babies. Improved maternity care will also bring healing to our people. All of this work coincides with the call to action of the Truth and Reconciliation Council, specifically under the Health section, points 19-24.

Editor's Notes:

1. Indigenous peoples is a collective name for the original peoples of North America and their descendants. The Canadian Constitution recognizes three groups of Indigenous peoples: First Nations, Inuit, and Métis. As of 2011, more than 1.4 million people in Canada identify themselves as an Indigenous person. Government of Canada. "Indigenous and Northern Affairs Canada" Accessed May 14, 2017. www.aadnc-aandc.gc.ca/eng/1100100013785/1304467449155
2. Truth and Reconciliation Commission of Canada. "The History: Part 1 & 2" Accessed May 14, 2017. www.trc.ca/websites/trcinstitution/index.php?p=890
3. See the National Council of Aboriginal Midwives (NACM)'s policy recommendations in the following article. National Council of Aboriginal Midwives. "The Landscape of Midwifery Care for Aboriginal Communities in Canada" Accessed May 14, 2017. aboriginalmidwives.ca/sites/aboriginalmidwives.ca/files/uploaded-documents/articles/%5Bsite-date-yyyy%5D/%5Bsite-date-mm%5D/%5Bsite-date-dd%5D/NACM_LandscapeReport_2016_REV_July18_LOW.pdf

Nadia is a mixed race Nehiyaw iskwew, a wife and mother of 4 warrior children. She is an acupuncturist by trade, birth junkie by passion and warrior by DNA. Guiding women is her purpose and bringing back her indigenous traditions and culture has been her newest journey. ✻

NACM'S POLICY RECOMMENDATIONS

PHOTO BY: STEINHAUER PHOTOGRAPHY

The National Aboriginal Council of Midwives (NACM) is a diverse group of approximately ninety-five Indigenous midwives, midwife Elders, and student midwives from all regions of Canada. There are currently eleven midwifery practices in Canada dedicated to providing care in Aboriginal communities. NACM clearly articulates the need for midwifery as part of an overall health strategy for Aboriginal communities. Midwifery can also play a role in reconciliation, addressing the historical inequalities brought about by government practices and policies of assimilation, as well as the relationship to Western medical care.

To improve provision of midwifery services on First Nations reserves:

- The Treasury Board of Canada should develop an occupational classification for midwives. This will enable Health Canada and the First Nations Inuit Health to hire midwives to work in federal jurisdictions, in particular, on First Nation reserves (currently midwifery is not listed as a recognized profession under the Health Services Occupational Group Structure within the Treasury Board).
- The Federal government should provide resources to develop a funding mechanism for primary care maternal and child health services to be delivered through midwifery care in federal jurisdictions across Canada.

To increase the number of Aboriginal midwives available to serve in Aboriginal communities:

- All levels of governments must work together with post-secondary institutions and communities to support the development of Indigenous midwifery training programs across Canada. This training must incorporate Indigenous cultural components from local Indigenous communities and can build on currently existing models. NACM recognizes that there are many locations that currently have no training programs in existence therefore recommend that the Federal government fund the development of new training programs in areas where there are currently none offered.

- Extend Canada Student Loan forgiveness to registered midwives who work in rural or remote communities.
- Promote midwifery education programs within Aboriginal communities, including the training of doulas and traditional practitioners.

In health regions that currently limit the number of clients allowed into midwifery care in each region:

- All levels of government and decision making bodies should work together to eliminate or minimize the limits on access to midwifery care to meet the consumer demand by Aboriginal families.

Where there is demand by Aboriginal families to access midwifery care, all levels of government and decision making bodies should work together to eliminate the institutional barriers that limit access to culturally safe care in families' local area:

- Where this is not currently possible, the practice of sending pregnant client alone to give birth out of community must be revised by providing travel expense coverage for family members or trusted persons selected by the client.
- All levels of government should coordinate to allow the pregnant client choice of referral centre if transport is necessary.
- All levels of government should work with current authorities and decision makers to support and encourage travel arrangements that foster the transfer of care to midwives working in referral centres.

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HISTORICAL TRAUMA, BREASTFEEDING, AND HEALING WITH CAMIE JAE GOLDHAMMER[1]

By Rita Brhel

Carrie Goldhammer

It is often noted that part of what makes breastfeeding so challenging at times is that in our Western culture, we just do not see breastfeeding happening on a regular basis.

Nursing in public is still a rare occurrence relatively, especially without a nursing cover. Breastfeeding mothers are still getting kicked out of restaurants and stores. A photo of a breastfeeding baby with more of the breast exposed than a tidbit between folds of fabric can result in an entire Facebook page being shut down. Children are still encouraged to feed their dolls with a bottle, rather than at the breast, in public places like childcare centers and preschool. Working mothers, at many places of employment, continue to be directed to broom closets and bathrooms to pump...if they are allowed adequate pump breaks at all. The working and breastfeeding law does not cover everyone!

Even with all the advances our medical community has made in promoting and supporting breastfeeding, our culture remains woefully behind in some ways. What shame there is in strangers' claims of indecency!

In May of 2015, I attended a portion of the Standing Bear Symposium in Lincoln, Nebraska, USA, to hear Camie Jae Goldhammer, MSW, LICSW, IBCLC, present "Mitakuye Oyasin: Health and Healing through Motherhood."

Camie is a clinical social worker and lactation consultant, the founder and chair of the Native American Breastfeeding Coalition of Washington, a founding member of the Collaborative for Breastfeeding Action and Justice, and a member of the Native American Women's Dialogue on Infant Mortality.

As a Native American herself -- Sisseton-Wahpeton -- she is intimately aware of the challenges of breastfeeding women among Native Americans. It helps put non-Native American cultural challenges surrounding breastfeeding into perspective and can give us understanding of why culture can seem to be so slow to change on the view of breastfeeding. Let's look at the very critical factor of historical trauma.

What is Historical Trauma?

We understand what trauma is: something horrific that happened, that has lasting, often debilitating, effects collectively known as Post-traumatic Stress Disorder (PTSD). Symptoms can include:

- Flashbacks
- Disturbing dreams of the traumatic event
- Emotional distress
- Avoidance of places, activities or people that remind of the traumatic event
- Becoming emotionally numb or inability to feel happiness
- Negativity toward self or others

PHOTO BY: STEINHAUER PHOTOGRAPHY

- Amnesia about the traumatic event
- Difficulty in close relationships
- Irritability and aggression
- High anxiety, particularly a feeling to always be on guard for danger
- A sense of overwhelming guilt or shame; and others.

Historical trauma is when the same traumatic event happens to an entire generation of people. Because it happened to the entire generation, there was no guidance within that generation as to how to heal from the trauma so that the PTSD behavior is transferred inter-generationally through the parents' thinking and behavior. And the same PTSD behavior continues to be passed down through the family tree, when healing has not occurred, with the trauma showing up generations later in certain stereotypical mannerisms attributed to that particular culture.

Camie shared an example of the Jewish people, in whom traits like high anxiety, overprotectiveness, and extreme frugality are seen as the stereotypical traits of this culture. These traits are also documented byproducts of the Holocaust among survivors. Without knowing it, Holocaust survivors passed these PTSD behaviors as family values to their children in how they coped with their trauma. And their children passed them to their children as part of their lifestyle, and so on and so on... to a point in their family tree where people with no firsthand exposure to the Holocaust continue to display the same PTSD-like behavior generations later.

That's historical trauma.

Camie gave other examples of culture suffering from historical trauma: the peoples of Cambodia, Russia and India as well as the Native Americans.

How Does Historical Trauma Relate to Breastfeeding?

Among Native Americans living on a reservation, breastfeeding rates are extremely low. Statistics depend on the exact location, but here are the breastfeeding hurdles common to most reservation, to give you the big picture:

- High teen pregnancy rates
- No local obstetrician services so most women do not receive any prenatal care and therefore no breastfeeding education
- Very few local lactation specialists, especially among peers
- Low pump-at-work support from employers
- Access to free formula through federal nutrition programs.

But these are surface symptoms of the real problem: The historical trauma of generations of oppression of native parenting, including breastfeeding.

Camie detailed 6 phases of unresolved grief through the generations of Native Americans:

1. **Colonization by white people** - Besides introducing disease and alcohol, there was much death among native peoples at this time, including genocide.
2. **Economic competition** - Native peoples began losing their ability to be self-sufficient, beginning to rely on trade with the white people for supplies.
3. **Invasion and war** - White people begin exterminating native peoples, and those who do not die become refugees.
4. **Subjugation through reservations** - Native peoples are confined to locations often very different than their homelands and are forced to depend on their oppressors.
5. **Boarding schools** - Native children are forcibly removed from their birth families to be educated in a foreign religion and customs, and were severely physically punished as they were forced to conform. This generation is called the "lost generation," as 70% of native children were taken from their families and culture.
6. **Forced out of reservations** - After the boarding schools were closed, white people resorted to forcing adolescent native youth to live off the reservations in what they called "red ghettos" in U.S. cities, away from their families and culture as an attempt to give them a better life than on the reservations.

From generation to generation – because each of these traumas were happening to all the peoples of each generation – there have been terrible, widespread effects on Native Americans, particularly those who live on reservations. The poorest areas in the United States – some without running water, even – are located on reservations. The generational response to this succession of historical trauma has resulted in:

- Clinical PTSD
- Depression
- Unidentified/unsettled emotional trauma, which is displayed through mental illness, anxiety disorders and anger issues
- High mortality rates, including suicide and murder
- High rates of alcoholism, domestic violence and child abuse.

What's more, there is also a prevalent discouragement from bettering oneself, because it feels like a betrayal of past generations that suffered and lost so much.

Women, specifically, have lost confidence in their bodies and their ability to mother, and have learned to defer their decision-making potential to a male-dominated culture. Native women see menstruation, childbirth and breastfeeding as shameful. The generational wounds of native women include:

- Loss of empowerment in the mother role
- Devaluation of native parenting, which embodies a feeling that parenting is a sacred responsibility, that children have wisdom, that children are the future of the Nation and therefore need to be raised with a sense of incredible value.

Because breastfeeding equals maternal power, how do we expect a native woman to breastfeed if this – disempowerment and devaluation – is what she feels like?

Breastfeeding Can Heal Generations

In her private practice, Camie works off the 7th Principle, meaning that whatever a person's choices, that person's actions have a ripple effect to the next 7 generations. Camie believes that breastfeeding can change everything... in how we view children, mothers, families, parenting, community, generations and humankind overall.

Breastfeeding is a statement: that a mother, family, community and culture is willing to give the best to their children. Breastfeeding is a protest to a culture that devalues children and families.

Breastfeeding is an act of power. The top causes of infant mortality among native peoples are Sudden Infant Death Syndrome (SIDS), respiratory infection and influenza. The risk of each can be lowered through breastfeeding.

Camie's great-great-great-grandmother was the last generation since Camie to breastfeed her children. This relative had 5 sons and all were forcibly removed one day by the U.S. government to grow up in boarding schools. How they each coped with this separation and loss of culture rippled through the generations until it seemed that the knowledge and art of breastfeeding, and mothering, had been lost.

But it was not lost on Camie. She breastfed her oldest for 4 years, and is currently breastfeeding her 3 1/2 year old[2]. Camie seemed to be born with the desire to always question the status quo.

Camie talked about how trauma, historical or individual, will always be passed down through each generation until someone is able to step back and question why their family does things a certain way and is willing to look deeply into that family's trauma to heal.

Cultural Changes Helping Mothers to Breastfeed, Too

The culture has changed its attitude toward native mothers, too. Western culture has worked to help heal the emotional wounds of Native Americans, though there is still so much work to do. Camie identified these needs among native mothers to improve breastfeeding rates, which are not so different than what we all – Native American or not – need from Western society:

- Support from peers, especially those trained as lactation specialists
- Prenatal education specific to breastfeeding and emotional barriers, such as not wanting baby to be physically close, a sign of unidentified trauma
- Targeted breastfeeding education to mother's support persons, especially grandmothers, sisters, aunts and other women who the mother relies on for emotional support.

The Strength of a Breastfeeding Mother

After Camie's talk ended, several native mothers shared their amazing stories of breastfeeding success against all odds. One woman told of how her boyfriend threatened to beat her if she continued to breastfeed past six months, so she would sneak the baby into the shower and other out-of-the-way places in the home to breastfeed until she was able to get out of that abusive relationship. It took months, but she is still breastfeeding – now tandem-nursing that older child alongside a newborn[2].

Another mom told of how she gave birth to her first child when she was still a high school student, but the school would not allow her to pump, so she hand-expressed breastmilk in the school bathroom. She talked about how she would leak breastmilk during the day and would have to put up with negative comments from peers and teachers about that.

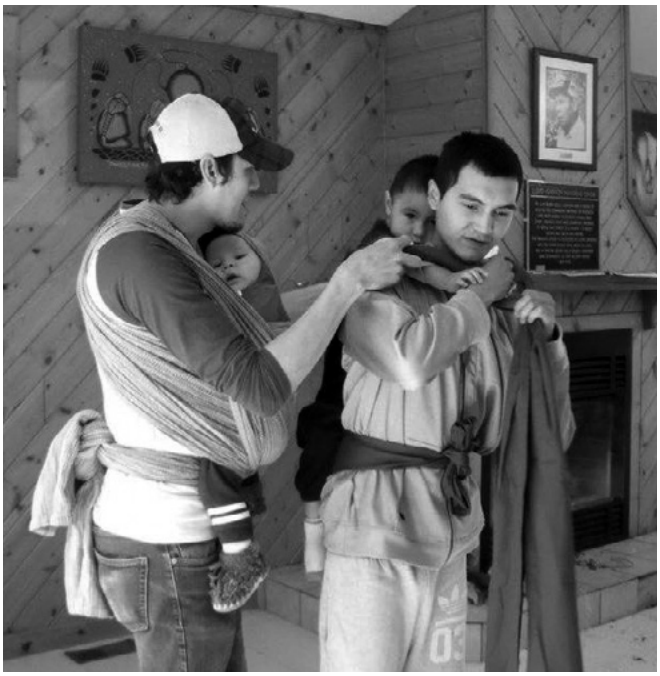
The undercurrent through both of these and other stories is women finding their power as mothers, reclaiming their confidence as women.

Editorial Notes

1. Reprinted in part with permission by Attachment Parenting International, www.attachmentparenting.org. Copyright (2015). All rights reserved. Although this article comes from the United States, the main points outlined could be said for Indigenous communities across Canada.
2. As of the original publishing of this article, August 2015.

HOW BABYWEARING PRESERVES CULTURE AND REVITALIZES COMMUNITIES

By Harlan Kingfisher



I grew up on Sturgeon Lake First Nation in Saskatchewan, a small community of around 2400 members. As a child in my community I was surrounded by family and friends. I was always out of the house and rarely indoors. As a kid my life was like most of the other kids who grew up around me. I was raised by my grandparents and was always loved and fed. I have mostly positive memories of my childhood, playing outside, fishing, hunting, riding bikes and playing bingo with my grandma. Looking back I see things were much more difficult than I realized and that we were much poorer than I knew. There are things that seem like normal necessities of life that we just did not have. We did not have a toilet in our house until I was seven or eight and did not have a phone until I was 12. Most of the food that we had were potatoes that we grew and meat that I hunted with my uncles. My community had, and continues to have, alcohol and drug problems so that was always something I was around.

As an adult and parent, I see a definite need for babywearing and breastfeeding program's in First Nation communities. As First Nations we used wraps and cradle boards for many years but these practices have declined. There has been a great loss of traditional parenting practices and knowledge in our communities due to the damage that has been done from children being taken out of our communities to attend residential schools, and this continues now with First Nations children being removed at a much higher rate into foster care. Babywearing using wraps is similar teachings to a cradle board, you keep your baby close and cuddled and are able to be more mobile. The use of strollers is not an option in many First Nation communities because of the dirt roads and these wraps will be used for parents to go visit or to go fishing and hunting with their little ones. The bond that is created between parents and babies by promoting breastfeeding and babywearing also helps to heal the damage that has been done in our

communities by generations of parents not being able to raise their children in our culture.

I know that babywearing teachings have been brought to First Nations communities in Alberta by the Canadian School of babywearing a few years ago, but it is a very new concept to most of the reserves in Saskatchewan that we have spoken with. Most communities have great prenatal and postpartum programs through their health centres that follow the children until five. Our program is a new and needed area of teaching: a support to add to what the health centres are already doing. In some communities, like my own, the health centres are often tasked with so much. Dealing with extreme issues such as drug abuse forces these health centres to spend a lot of time and resources towards this high risk care, it does not leave a lot of funds or administrative time to create new programs.

There is such a need in many communities on reserve to give new parents and families additional support. Our work with Victory Song, sharing babywearing and breastfeeding classes, so far has been mostly in Saskatchewan since that is where I grew up. We ran our first workshop on the reserve that the kids and I are from, this March, and since word has spread to other neighbouring reserves, and we have made connections with other nearby communities. We hope to bring our program to more communities in Alberta as well soon. Since we have had these classes we have been in touch with the health centres that we have worked with to put these classes on and they have said that the wraps are being used and that a lot of families have asked for us to come back. Right now we are in the planning stages to do even more classes and follow ups with the communities we have worked with. We have been working so far with communities on reserve since we are running our program in partnership with the Chief and council to help cover some of the costs of the carriers. We definitely need more access to funding so that we are able to reach and support more families. Hopefully our program, which focuses

on the importance of a healthy beginning for our babies and healing our community through loving our children, can be preventative and help avoid issues of alcohol or drug abuse in future generations.

Our priority has been on reserve communities as there is often not as many resources available to families who live on reserve, also because of how close knit communities who live on reserve are the information and positive impact of babywearing can spread even quicker as people see their friends wearing and then want to learn more. Some of the fathers that came to our class have been sharing and posting pictures on our Facebook page of how much they love the wrap and have been telling people that they need to go out and get one! It is amazing to see the instant connection that happens between parent and baby when a mom or dad wraps their baby on them, you just see them light up, they always start kissing their baby on the head and you just see that beautiful connection between them. It has also been great after our courses have run seeing pictures of people using their carriers and teaching other people how too. One of my favourite stories is a foster mom who we taught to wear her foster baby, she made sure she knew how to use that carrier very well because the baby was going back to his mom in a few weeks so she was going to pass on the carrier and what we taught her so that the mom could wear the baby once he was back in her care.

It is stories like those that make me know that we are making a difference and that the babywearing love and knowledge is getting passed on to other people. We want to celebrate these victories as a community! We want to go to First Nations communities and have celebrations where we gather and teach about different ways we can wear our babies and why wearing is so important. We want to provide carriers to babies and their caregivers. We want to involve all important members of babies' lives: their parents, their grandparents, their aunts and uncles, their siblings and cousins, everyone is welcome to attend and learn. We want to include elders and hear what they have to teach us all about the traditional ways they were taught to carry babies, and the roles of mossbags and cradle boards in our communities. We want our program to provide more than a class we want it to be an opportunity for band members to visit, laugh, learn, share, eat and pray because gathering as a community to focus on the importance of our babies, our children, our families is good medicine for everyone.

In First Nations cultures children are to be cherished and to be treated like gifts from the creator. Wearing our babies and breastfeeding them and giving them the best most loving start in life is the best way we can honour our children. Many First Nations cultures had traditional carrying practices like mossbags and cradle boards. These methods of carrying are awesome and it is wonderful when you see these traditional practices being used and taught still in communities but in some communities this knowledge had been lost. Talking about babywearing can renew this conversation. Carrying our babies in a different way than what was traditionally practiced still has many positives!

A Victory Song is a pow wow song that is played during grand entry once all of the dancers have entered the arbour. Often the reason to dance to a victory song is to celebrate our victories as a culture, after years of colonization the perseverance and very existence of First Nations people and our culture is a victory. The birth of every Indigenous baby is a victory. Every time we smudge, lift our pipes or practice our medicine it is a victory. Every time we speak our languages it is a victory. Every time we cherish, honour and love our children as the gifts they are, as we are traditionally taught, it is a victory. As we wear our children close to us they can feel and hear the love we have for them and the victory song that is the beat of our hearts.

Harlan Kingfisher is a power engineer from Sturgeon Lake First Nation. He runs a babywearing and breastfeeding support program with his wife Madison. ❋

INDIGENOUS MOTHERING AND CEREMONY: CONTEMPORARY ART PRACTICES OF THE EPHEMERALS

By Becca Taylor

PHOTO BY: STEINHAUER PHOTOGRAPHY

Indigenous women have historically been and are presently active in the birthing of babies in their communities: learning from generations of women before them, and passing down practices of ceremony and birthing to the generations of women after them. Even during European settlement Indigenous midwives were relied upon on to assist European women in the birthing and care of their children—even though colonialism attempted to destroy Indigenous knowledge of midwifery and birth—using traditional methods and medicines, these women helped with the survival of European infants[1]. The birthing practice for many Indigenous women is, and was, "Heavy with meaning at each new birth, for such rituals were elemental to the existence of women[2]," both in the birth and the aftercare. In After Birth, a short film made by the Winnipeg-based art collective, The Ephemerals artists perform an afterbirth ceremony, taught to them by a respected Anicinabe Ojibwa Matriarch as an act of reclaiming traditional practices that have been lost due to colonialism.

The Ephemerals is comprised of three Aboriginal women of mixed cultural backgrounds: Jaimie Isaac, Niki Little, and Jenny Western. The Ephemerals are known for their film work and community interventions that explore and respond to contemporary issues of Indigenous culture within a political


PHOTO BY: STEINHAUER PHOTOGRAPHY


PHOTO BY: STEINHAUER PHOTOGRAPHY

and social context, that importantly push the boundaries of perceived Indigeneity, and respond to contemporary visual and material culture. All of them are working mothers who balance their curatorial, artistic, and collective practices while simultaneously maintaining their identities as Indigenous mothers. Having their children within the same year informed their individual and collective practices as Indigenous mothers. In the film After Birth, shot in Bird's Hill Park forty-five minutes North of Winnipeg, the teachings shared with them by Jaimie Isaac's grandmother, Mary Courchene, is spoken in the traditional language of their family, Ojibwa. The teaching is important in reclaiming of the ceremonial birthing practice: Mary Courchene uses her native tongue to explain the ceremonial practice of the mother burying the placenta. Isaac's grandmother and mother are known for their advocacy of Indigenous women's right to health and midwifery, and often share their teachings and experiences with the collective. Kim Anderson, in her essay Giving life to the people: An indigenous ideology of motherhood, states that the, "Guidance that women receive from their mothers, aunts and grandmothers, shapes the way they learn to understand themselves and their positions in the world[3]." The experienced knowledge passed down through the generation allows Indigenous women to access traditional knowledge, even if it has not been practiced for a period of time, which allows for the chance to reclaim traditional practices, and adjust them to our generation's needs as contemporary Indigenous mothers.

The shots in the film follow Isaac, Little, and Western as they walk with their toddlers down softly lit paths amongst trees, matching child to mother through coordinated ceremonial outfits. We find them in moments without their children next to a patch of trees preparing for the afterbirth ceremony by tying broadcloth to the trees, digging up earth, and placing tobacco with their wrapped placentas amongst the roots of the trees: collectively preparing the spot, and performing the ceremony. Rather than practicing the ceremony individually, they decided to share it amongst the collective and with the film viewers, demonstrating that, "Interdependent supportive networks of kin have shaped Indigenous motherhood; the legacy of which continues to influence our collective experience today[4]." This action affirms that mothering is communal and shared. The practice and relationship to mothering is a social and cultural act, occurring between many generations – individually and communally – these

PHOTO BY: STEINHAUER PHOTOGRAPHY

relationships revitalize communities, and understandings of Indigeneity[5].

It is within these actions that the, "Renew(ing) (of) understanding that birth is not only a deeply connecting community event, but also a political act that inspires the continued assertion of Indigenous identities and sovereignty[6]" becomes clear. Not allowing this life event to be isolated, and by maintaining community connections within our Indigenous communities, is a political act of reclamation. The Ephemerals share this not only within this film, but within their practices as curators, artists, educators and writers. By bringing their children to work events, and having all three of them playing in the background as they give talks and discuss ideas around Indigeneity, they show their strength as mothers, and their resilience and resistance to and for future generations. The Ephemerals are not the only indigenous mothers working within their experience of motherhood; there is now a resurgence of Indigenous mothers collaborating, and working, with their children in the arts industry, such as Wendy Red Star, Tanya Lukin Linklater and Jamie Black, forcing the industry to revaluate its ideas surrounding the working artist mother. As stated by Kim Andersen, "Empower(ing) motherhood (is) not only a practice but also an ideology that allow(s) women to assert their authority[7]."

The more we see the visible actions of Indigenous mothers, the more we recognize them as the backbone of our communities that birth and nurture us: they have the ability to heal us, and lead our communities with their acts of resilience and resistance. Anchored in the resistance and resilience of the generations prior, The Ephemerals are shaping the representation of Indigenous motherhood through their actions: literally and figuratively birthing a new generation4. Doing so by journeying with their children, down the paths of reclaiming traditional ceremonial practices of birth, and the aftercare that follows, all while defining what it means to be an Indigenous Mother, curator, artist, educator and writer.

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Becca Taylor is a multi-disciplinary artist, youth coordinator and curator with Cree, Scottish and Irish descent. She was recently the Aboriginal curator-in-residence at Urban Shaman, and is currently the Indigenous Curatorial Research Practicum at the Banff Centre. ❋

JOURNEYING HOME

By Nadia Houle

Confinement.

the word throws me and I cannot remember what it means

Evacuation.

another blast of confusion sets in

Words so out of place in Birth, I am sent into a tunnel of confusion

while holding onto my empathy

She speaks the words

again

and again

This is not okay

to treat our women and children with such disrespect

Life givers alone in hotel rooms, flying out in labour, babies born on the highway

Trauma inducing continues during one of the most sacred ceremonies, oksipimatis.

I close my eyes

while the smudge burns and we cleanse

The room is filled with Nehiyawewin

and prayers.

It feels like home

but I do not live here

I feel them all around me

dancing, praying, singing

My tongue has been asleep

but I feel it waking with each sound that I hear them speak

It is like I already know what they are saying

yet, like awasisak, I need to learn from the beginning, with innocence and determination

A vision comes—

I'm carrying mothers and babies in my arms

I feel strong and happy—pimatisowin

everyone is safe.

The first sounds outside the womb is the voices of our aunties

Tawaw oskawasis! Kisakihitin!

'I am here to welcome you, new baby

I love you!'

We will take care of you and protect you

and keep you onto living a good life.

We are calling them back

singing for them to come home.

The wise ones,

they always knew what to do

Our women were kept safe

and reminded of our strength

I pray for their return

so we can remember the way

Remember the ceremony

that brings the oskawasisak here

Beginning life with

love, honour and safety to allow pimatisowin

Aiy Hiy Mistahi.

CONSUMER NEWS

By Morgan Reid

PHOTO BY: STEINHAUER PHOTOGRAPHY

Recently ASAC has gone under a great deal of change! We have introduced new board members and have a brand new *Birth Issues* team. Though our volunteers have shifted, our mission will always be the same – to help women have better births.

After imperative information was gathered from our Maternity Care Report, ASAC has been working more closely with the diverse communities around us. In response to this need, Monica Eggink has started a new diversity committee and is working on relations with the Muslim community. ASAC has also decided to partner with IBA to offer culturally appropriate support to pregnant Indigenous women that we otherwise would not be able to offer. Collaboratively with IBA, a wonderful gala was put on by Rita Ramkissoon and Vanlee Robblee. There was $7,241 raised at this event that went directly towards IBA's action in assisting aboriginal women in the birthing community.

Following the response that came from the CBC Mistreatment in Childbirth feature, it was clear that childbirth trauma was a topic that women needed to address, but also needed the support to address it. We are working collaboratively with Jennifer Summerfeldt to help subsidize the cost of group programs to assist women in healing from traumatic birth experiences.

In our last issue, consumers were presented with our Maternity Care Report. This report was also sent to government leaders and midwifery associations. We continue to follow up with these organizations frequently. On May 25, 2017, the ASAC board will be meeting with key members of the Wild Rose party to discuss the gap in our current funding model and need for midwifery in our province. While our current NDP government is listening and responding to consumer demands, we urge consumers to continue to push for more midwifery funding. We have seen funding rise, but we have also seen the waitlist rise simultaneously.

This April we lost Noreen Walker, a midwife trailblazer and true inspiration in our province. A beautiful celebration of life was supported by ASAC, and through donations from members in our community we were able to fully cover the costs of the venue. Over 500 people attended the event, and many viewed the livestream on Facebook. Excess donations will be put towards our Tribute to Noreen issue in September. At the celebration of life, we were reminded that while there has been so much work done to regulate and fund midwifery, we still have so much further to go. We thank Noreen for her passion, determination, and hard work. Without her, we would not be. ❋


Truth and Reconciliation Commission Call to Action #22:
We call upon those who can effect change within the Canadian health-care system to recognize the value of aboriginal healing practices and use them in the treatment of aboriginal patients in collaboration with aboriginal healers and elders where requested by aboriginal patients.
– Truth and Reconciliation Commission of Canada: Calls to Action
PHOTO BY: ELICIA MUNRO PHOTOGRAPHY

TIARAS AND BOWTIES GALA – FOURTH YEAR EXCEEDED OUR GOAL!

The Association for Safe Alternatives in Childbirth and Indigenous Birth of Alberta would like to send out a huge, "Thank you!" to all supporters, contributors and attendees to the fourth Tiaras and Bowties Children's Fundraiser Gala, held in Edmonton on April 22, 2017, at The Sultan Banquet Hall. The event was a huge success and exceeded our goal by raising over $7,200 for ASAC and the IBA.

With a drive to support ASAC and all that they do to support the birthing community, the organizing sponsors volunteered countless hours to ensure the night went off without a hitch. Children were delighted with the entertainment and activities that kept them busy all night long. The silent auction tables had many watching carefully to ensure they could take home the item of their desire.

"My daughter had such an amazing time!" – Brandy

"Our team had so much fun making the night even more special for all of the little princes and princesses." – Heroes Unleased

Would you like to be a part of the fun? The organizing committee needs your help to put together another family fun gala. Contact us through our webpage and check back often for more details – www.asacgala.com.













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Baby Birth Pools

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Sultan Banquet Hall

Dictionary of Terms

Check back in with this section often as we develop this new feature of the magazine. It is here to expand upon the concepts introduced in the stories, and to help us to eventually develop a list of resources and scholarly articles to support each issue. Thank you for your patience as we excitedly develop this new addition to the magazine.

Feedback is welcomed at bi_editor@asac.ab.ca

Bleeding: Labour is not a gory experience. In a normal healthy labour you will see minimal bleeding. This means that you may see a mucous plug with some blood or spotting (also called bloody show) when your cervix is dilating. The most blood you will see is right after pushing if a woman tears and in the first 24 hours after birth there is often heavy menstrual flow from the area where the placenta used to be attached in the uterine lining. You may also see some blood clots come out in the first week after birth. These are all normal.

Bloody show occurs because when the cervix dilates little blood vessels can break and bleed. Some women have a sensitive cervix and have bloody show fairly early, others show only when they are in transition. Bloody show can appear after going to the bathroom when the woman is wiping, in the toilet bowl, or in her underwear.

Breathing (babies): Babies don't breathe with their lungs while in utero, they use the oxygen provided by cord blood. Because lungs are the last organ to mature, usually around 36-37 weeks gestation, steroid injections are given to help mature the lungs of a fetus who is suspected to be born premature (so that they can breathe after their birth). Some babies cry and breathe well immediately after birth, they may become pink but then become blue or grey again, be flaring their nostrils trying to intake more air, or be breathing shallowly with a noticeable concave of the throat rising and falling as the baby struggles to pull in a deep breath quickly enough. It may mean that baby needs to go to an intensive care for a few days and be under some ventilation until baby can breathe on his/her own. In any case, your caregivers are trained at responding to any emergencies.

Cephalopelvic disproportion (CPD) can also be called Fetopelvic disproportion and means that woman's care team believes the size of the baby's head (or body) is too large to fit through the mother's pelvis. This diagnosis is one of the leading reasons used for offering a caesarean section. This diagnosis is often overly used for a labour that is not progressing, or for an extended pushing stage. CPD is a rare condition, most likely for women who have suffered from malnutrition when they were teens or are still undernourished. The idea that couple of mixed ethnicity may have issues, such as, "A small Asian woman cannot give birth to a big white man's baby," is based on myth rather than fact.

Drinking and eating in labour happens normally. Commonly a woman in labour will naturally not feel like eating much by the end of her labour. However, she will need to drink. If she forgets, which she will, it is the birth team's responsibility to give her water or juice after each contraction. Hospitals have a wide variety of protocols, including ones for solid and liquid intake during childbirth. Some hospitals are more conservative than others, that is they do not allow anything in the mouth while others do. It is up to you to make an informed decision regarding eating and drinking. You may want to consider drinking in labour rather than accepting an IV with saline. No athlete would ever accept if his coach told him he could not drink during a game, think about it. Dehydration can cause muscle cramping, increased pain, ineffective contractions and exhaustion. Lack of calories too!

Hypnosis: can be used with a variety of different techniques. You can learn these techniques by taking a class with a certified instructor, studying from a book, CD or Youtube channel, as well as by practicing exercises such as breathing and visualization.

Labour land is when the labour mother becomes really focused on her labour and enters a hypnotic-like state. Although she is aware of her environment, she appears withdrawn and altered. This state enables her to cope with the intensity and length of labour. This is very similar to states of mind that extreme athletes such as cyclists, runners, and mountaineers enter to accomplish their goals. Classes that teach hypnosis in childbirth can further help women, especially ones that are anxious, to enter this state of calm and safety. One warning however, women who are in this state are highly suggestable, so the birth team ought to be aware that they could negatively influence her with their fears or personal needs. Make sure also to not disturb a woman who is in labour: do not ask her questions, move her, or propose drugs or interventions. Let her be, she is obviously coping! Sometimes siting silently is the best you can do.

Meconium staining is only noticed when the bag of water breaks and we see that the amniotic fluid isn't its usual clear colour; instead it has a yellow, green or brown tinge. This can indicate that the baby may be compromised. However, sometimes it just means that the umbilical cord is kinked and the labouring mom needs to adopt a different position. Or that the baby is presenting breech. Intervention is dependent on the colour, thickness of the stain, the stage of labour, and fetal heartrate. In any rate, consult with your caregiver if you notice that your amniotic fluid looks stained. With meconium staining babies often have their airways aspirated immediately after birth to clear up their airways and prevent lung infection.

Mucous Plug refers to the plug that closes the cervix. When the cervix opens up it releases the plug. The plug is a blob of mucous, it can be clear or be tainted with blood. The blood often comes from the vessels that are being stretched and bleed a little during the dilation and effacement of the cervix. It is normal. It can come out in several pieces or in one piece. It can be released in early labour or weeks before going into labour. It is a sure sign that your cervix is changing and your body preparing to go into labour.

Pitocin and other synthetic forms of the naturally occurring hormone oxytocin, are given when a woman has an epidural, during an induction or an augment. There may be different reasons for it: perhaps your labour is long and you are tired, your contractions have slowed down, your contractions are far apart, your contractions are not long enough, we need to start labour, to rotate a baby in a more optimal position, or to prevent your labour from stopping altogether. Sometimes

if your bag of water has broken some caregivers like to speed labour with this form of synthetic oxytocin to minimize the risks of infection. When present, it reduces the ability of the body to produce the natural form of the hormone, which in turn means that a woman will have to keep the IV for several hours postpartum or until her uterus is firm and low. It may impede with breastfeeding and increase the feeling of being sick and dependent. In any case, when you are administered this form your labour is now managed and mobility reduced. Contractions will often feel stronger and closer together than they would in a labour without a synthetic oxytocin.

Prodromal labour can sometimes last hours, days, or even weeks. Since there is no way to distinguish the difference between prodromal labour and early labour until you have actually passed through it into active labour, it is best to treat this early time the same. Ignore contractions until you need to focus during and in between them. It is a time to rest and lay low. Do not try to make things faster in this early phase. If it starts at night, go back to bed and turn the lights off. It can sometimes be caused by a baby in a poor position, as your body and baby work together to get better aligned for birth. If this occurs for several days use this opportunity to stay positive, you are giving your baby all the chance they need to get into a better position for birth. Practice wide open poses like lunges, birth stools, hands and knees, or chest to the ground with your bum in the air. Make sure not to use strenuous exercises or exhaust yourself, this phase could still go on for several days.

Tearing can occur in four degrees. 1st degree being skid marks within the vaginal wall and a little of the vulva. 2nd to 3rd degree tears include the tearing within and out of the vulva. 4th degree is tearing from the vagina to the anus. The last 2 degrees of tearing are usually repaired by obstetricians in hospital. Extensive tearing can also be due to epidurals, instrument deliveries and if babies present a hand by their head. Tearing weakens the pelvic floor, which can cause organ prolapse, sexual discomfort, incontinence and general discomfort. Extensive tearing is difficult for new moms as the healing of the perineum can take a while—they will find it difficult to sit, walk, or carry their babies.

Traditional birth postures and art have been depicted through human history since as early as the last ice age, 20,000 years ago. Anthropologist Engelmann studied (1882), among other things, women in traditional birth positions and illustrated what he saw. After his studies from North America he concluded that women around the world naturally give birth in an upright position. These postures mirror other birth art from around the globe. The keep the mother upright, allow her to focus her energy downwards with gravity and keep her in control of her contractions: confident, purposeful, and capable.

Transition is the most intense time of active labour (between 8-10 cm dilation). Contractions are very close apart and last the longest (between 2-3 minutes apart lasting 1 minute or more). Some women find that they are back-to-back and this requires 100% of their focus and a positive mental attitude. It is when most women may feel overwhelmed and become anxious. Some even regress and become childlike. Others ask for an epidural or think of going to the hospital when they were planning a home birth. Many want to call it quits, have a wee break and just sleep. It can be hard for the woman's spouse to witness. This is the time when the birth team is most needed—stay positive, tell her you believe in her, remind her of her achievements, encourage her, massage her, hold her, allow her cry, and let her know that "this is the most intense time but also the shortest". Indeed, it usually does not last more than a couple of hours.

Two-vessel cords can occur because the second artery vessel did not form, or it was lost during development of the fetus, or due to chromosomal abnormalities. In rare cases other abnormalities may also be found or a second ultrasound may be called for to look in more detail. Sometimes the baby can form birth defects such as liver or kidney problems but usually the babies are born without any other birth defect or developmental issues.

Walcher's Technique described moving a labouring woman to the edge of the bed and letting her legs hang off so the weight of her legs could pull her symphysis pubis far from her spine. The wide arch opens the anterior posterior (AP) diameter to let the baby's head enter the pelvis. Walcher's position opens the brim front to back. The pubic bone opens away from the spine. This makes more room for the baby to get into the pelvis. Kneeling opens the brim. A back bend opens the brim. Standing and letting the belly hang opens the brim a little. Walcher's opens the brim a lot. Slouching closes the brim. Squatting closes the inlet while it opens the outlet.

Weight Gain: According to the American Institute of Medicine a healthy weight gain by BMI includes 28-40 lb for underweight women, 25-35 lb for a normal weight, 15-25 lb for overweight women, and 11-20 lb for obese women. Studies have found not gaining enough weight during pregnancy can lead to infant mortality rates 3% higher, and 6% higher if the mother was underweight pre-pregnancy. Being overweight before pregnancy reduced the chances of infant mortality by nearly half yet increased the complications to maternal health significantly enough that it is not recommended. According to the study only 34% of women gained the recommended amounts for their weight categories. Davis RR, Hofferth SL, Shenassa ED. Gestational weight gain and risk of infant death in the United States. *Am J Public Health*. 2013;doi:10.2105/AJPH.2013.301425.

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Contact the *Birth Issues* Advertising Representative and book your ad today!

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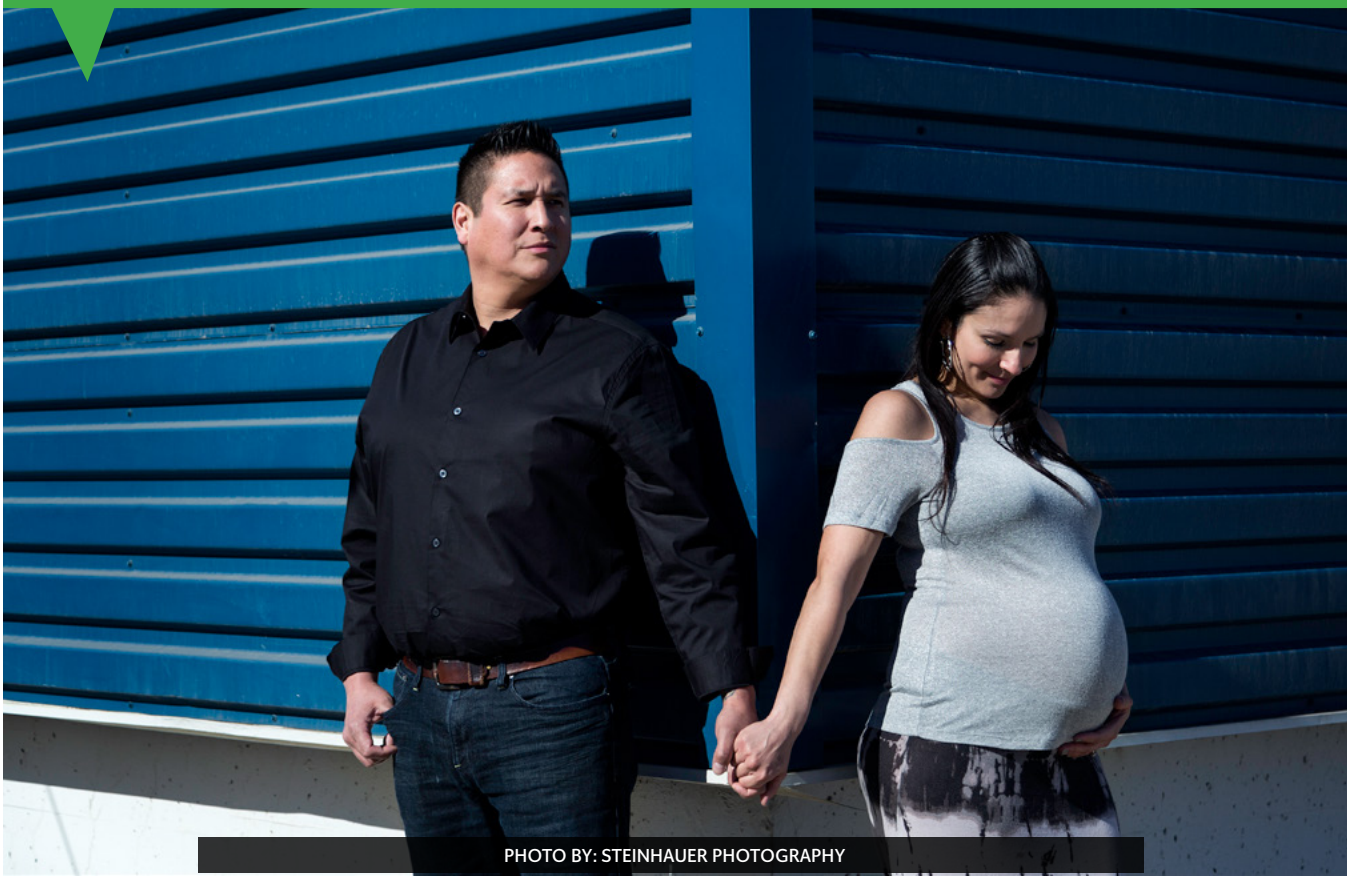
Another free series begins Fall 2017



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Keep an eye on our website and for our next volume of *Birth Issues* out September 4.

All Sessions at the ASAC office, 7219 106 Street, side door

Please pre-register to presentations@asac.ab.ca

You may register for as many, as few, evenings as you are able to attend.

All welcome, including babes in arms.

Come discuss topics like:

Making the Best of your Hospital Birth; Breastfeeding; Pelvic Floor Health; Baby Wearing; Cloth Diapering and EC; as well as many more.

PLACENTA ENCAPSULATION SERVICES IN ALBERTA

Your baby's placenta contains your own natural hormones and is perfectly adapted to your needs. Thanks to it some women dehydrate their placentas and put it in capsules to use during the initial months after giving birth. It is believed to balance your hormonal system, replenish depleted iron, lessen bleeding, increase breastmilk production, ease your postpartum moods, and hasten the return of your uterus' pre-pregnancy state! To include a listing contact info@asac.ab.ca and become an ASAC member! Go to www.asac.ab.ca, click on "About ASAC" and "Join/Renew Membership".

A Beautiful Child: Marissa Dean
Serving Calgary and surrounding communities
marissadean2009@hotmail.com
403-560-6470
www.facebook.com/abeautifulchildservices

A Conscious Birth: Candyce Morris
Serving Edmonton and area
candyce@aconsciousbirth.com
780-709-9514
www.AConsciousBirth.com

Alicia Farvolden
Serving Edmonton and surrounding areas
doula.alicia@live.ca
780.982.0175

Amanda Radcliffe
Serving Whitecourt and area
amanda.collin@hotmail.com
780-706-3929

Birth Roots Placenta Encapsulation Services
Lexi Shepetys
Serving Calgary 403 612 1626
lexi@birthroots.net
www.birthroots.net

Central Alberta Placenta Encapsulation
Serving Red Deer and Central Alberta
www.centralalbertaplacentaencapsulation.com
info@centralalbertadoulas.com
403.396.3747

Doula Moon Birth Services: Justyna Czort
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Doulamoonbirthservices@gmail.com
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Instagram: doulamoon
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erin.117@gmail.com
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sfinlan@frombabywithlove.com
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www.facebook.com/frombabywithlove

Full Circle Birth Collective
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Serving Edmonton
fullcirclebirthcollective@gmail.com
587-521-2717
www.facebook.com/FCBCdoula

Healing Tree Essentials: Sara Dvorak
Serving Lethbridge
healingtreeessentials.com
587-220-0936

Krista Oestreich
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kristaoestreich@yahoo.com
403-559-9329

Lacey Park (Chinook City Doulas)
Serving Calgary and Southern Alberta
www.chinookcitydoulas.com
info@chinookcitydoulas.com
403-510-8834

Natasha Longridge CD(DONA), PES
Serving Edmonton and area
natashalongridge@hotmail.com
www.placentaedmonton.webs.com
780-318-9336

Nine Months & Beyond, Doula
Krystal Bartz
Serving Lethbridge and area
403-360-5357
krystal@ninemonthsdoula.com
www.ninemonthsdoula.com

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Pure Birth Services: Susan Stewart LaForest and Kitana Demers
Serving Calgary, Cardston, Okotoks, Airdrie, High River, Bragg Creek, Banff, Canmore, Red Deer, Didsbury, and Nanton
susan@purebirth.ca | www.purebirth.ca
403-668-7732 or 403-801-4081

Roots of Life Placenta Encapsulation
RootsofLifetn@gmail.com
www.placentaroots.com
Serving Edmonton and area: Trudi Rumball RAc., HHP, PES
780-298-9811
Serving Calgary and area: Nicole Stevens RAc., HHP, PES
587-984-4915

Stefanie McKinnon CD(DONA), CBE, PES
Serving Edmonton and area
beautiful.beginnings@shaw.ca
780-966-3828
www.beautiful-beginnings.ca

Women's Balance Health
Serving Sherwood Park and Edmonton
Addie Baklinski PE
info@womensbalancehealth.ca
780-919-6870
womensbalancehealth.ca

The Crunchy Mommy: Elisabeth Hoffman
Serving Central Alberta,
located minutes south of Red Deer
elisabeth@thecrunchymommy.ca
403-357-2444

Niko Palmer CD(DONA), PES
Serving Edmonton and area
niko.palmer@gmail.com
780-965-6585

Lactation Consultants @ Home

This section is reserved for lactation consultants who do home visits in Alberta. They do not ask their clients to come to them, at their office or clinic.

We know that there may be many Lactation Consultants in hospital and clinical settings; however most mothers find it difficult to leave home when they have a newborn. They will delay accessing help because of it, which has an impact on her breastfeeding success.

There are a number of other professionals who can also support your breastfeeding journey without you needing to leave your home. Some Public Health Nurses are certified lactation consultants. You can call the Alberta Public Health line and ask for a nurse who has the IBCLC certification. They can then combine the postpartum home visit with breastfeeding support. Also many senior birth and postpartum doulas have taken breastfeeding courses and can provide a certain level of hands-on support and reassurance. Search for your local doula association website. It will have their names and contact info. La Leche League leaders (LLL) are enthusiastic women who have breastfed their children and are leaders in their community. They can be of great help. Give them a call.

To include a listing contact info@asac.ab.ca and become an ASAC member! Go to www.asac.ab.ca, click on "About ASAC" and "Join/Renew Membership".

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www.ailc.ca

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www.ailc.ca

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info@ellithia.com | 780-293-6999
http://www.ellithia.com/

BScN: Bachelor of Science in Nursing
CBE: Certified Breastfeeding Educator
CD(DONA): DONA certified doula
IBCLC: International Board of Certified Lactation Consultants
LE: Lactation Educator
LLL: La Leche League
MN: Master of Nursing
NP: Nurse Practitioner
RLC: Registered Lactation Consultant
RN: Registered Nurse

Community Resource Listing

Alberta Health Advocate

Alberta's health system is complex and people don't always find or receive the kind of care they are looking for. The Office of the Alberta Health Advocates brings together Alberta's Mental Health Patient Advocate, the Health Advocate and Seniors' Advocate. It's a place where Albertans can come to for advice and help in dealing with their issues. People will be helped to find their way to the services and patient concerns offices they need. Albertans don't have to know which Advocate they need before calling or writing. The Office will help people sort through the issues and solve problems.
Address: 12th Floor, Centre West Building 10035-108 Street
Edmonton, AB T5J 3E1
In Edmonton: 780.422.1812
Toll-Free: 310.0000
healthadvocates@gov.ab.ca
www.albertahealthadvocates.ca

Bent Arrow Traditional Healing Society

Bent Arrow is a non-profit organization that provides unique programs and services to Edmonton's urban Aboriginal population. Their mission is to "build on the strengths of Aboriginal children, youth, and their families to enable them to develop spiritually, emotionally, physically, and mentally so they can walk proudly in both the Aboriginal and non-Aboriginal communities."
780-481-3451
reception@bentarrow.ca
bentarrow.ca

Doula Association of Edmonton

Are you pregnant? Have you just given birth? Would you like extra professional support during your pregnancy, birth or even after? Talk with a doula from the Doula Association of Alberta.
780-945-8080
contactus@edmontondoula.org
www.edmontondoula.org

Friends of Freebirth

Planning to freebirth? Experienced freebirth? Support the freebirth option? Our growing community of families shares wisdom and resources.
friendsoffreebirth@yahoo.ca

Friends of Medicare

Do you care about your healthcare system? FOM is a non-partisan provincial coalition raising public awareness on concerns related to Medicare in Alberta and Canada, lobbying governments to maintain a health care system that adheres to the spirit and the letter of the Canada Health Act, and opposing investor-owned, for-profit, two tiered or private health care.
780-423-4581
info@friendsofmedicare.org
www.friendsofmedicare.org

Edmonton VBAC Support Association/ICAN of Edmonton

Cesarean and VBAC parent meetings. Cesarean prevention class. Our Facebook page is where everything happens.
#201, 8135 - 102 Street, Edmonton, Alberta
edmontonVBAC@gmail.com

Postpartum Depression Awareness

Resources for families and women who suffer from postpartum depression. Find about the many groups and professionals that can support you.
780-903-7418
info@ppda.ca
www.ppda.ca

Postpartum Progress

Postpartum progress is a nonprofit that offers resources for moms suffering/recovering from a maternal mental illness. Resources like the Mom Checklist, list of local specialist and support groups and peer-to-peer support.
780-554-7383
kayla.yttri@gmail.com
www.postpartumprogress.org

Victory Song

Creating a space for celebration within First Nations communities, this group gathers and teaches about different ways we can wear our babies and why wearing is so important. They provide carriers to babies and their caregivers and their classes act as an opportunity for band members to visit, laugh, learn, share, eat and pray, "Because gathering as a community to focus on the importance of our babies, our children, our families is good medicine for everyone."
Facebook.com/Victorysongbabywearingandbreastfeeding/

PRENATAL CLASSES IN EDMONTON AREA

To include a listing contact info@asac.ab.ca and become an ASAC member! Go to www.asac.ab.ca, click on "About ASAC" and "Join/Renew Membership".

A Helping Hand: Nancy Johnson
Location: Edmonton
Time: 6 weeks, 2 hours/class—12 hours
Phone: 780.916.8066
Email: helping_hand@shaw.ca
Website: www.helpinghandprenatal.weebly.com

Alicia Farvolden
Location: Edmonton
Time: Private customized prenatal classes in your home on your schedule
Phone: 780.982.0175
Email: doula.alicia@live.ca

Ananda Labour & Birth Workshops
Annemarie van Oploo, BScN, mom of four, doula and childbirth educator and Ryan Vogelaar, new dad, yoga and prenatal yoga teacher
Location: Grow Centre on Whyte, 10516 - 82 Avenue, Edmonton
Time: Sundays, 4 hour workshop
Phone: 780-721-5430
E-mail: birthspace@yahoo.ca
Website: www.facebook.com/birthspace

Conscious Birth Circles: Claire MacDonald, MA, (CD)DONA
Location: Edmonton
Time: 6 weeks, 2 hours/class—12 hours
Phone: 587-920-7911
Email: cveisseire@yahoo.ca

Doula Care: Mitzi Gerber CLD, LE(CAPPA), CBE
Niko Palmer (CD)DONA, Stefanie McKinnon CD(DONA), PES, Heather Hill
Location: Edmonton, Lucina Center
Phone: 780-450-0983 or 780-266-3773
Email: mitger@telus.net
Website: doulacare.vpweb.ca

Energy of Birthing: Ava Curtola R.N.
Location: Spruce Grove and Edmonton
Time: Weekend, 4 hours/class—8 hours
Phone: 780-963-3111
Website: www.theEnergyofBirthing.com

Hypnobabies Childbirth Education: Full Circle Birth Collective
Nicole Sailes, Certified Hypnobabies Instructor
Serving Edmonton, Beaumont and area
Time: Sundays at 1 pm and weeknights at 6 pm
Website: www.fullcirclebirthcollective.com
Email: Nicole@fullcirclebirthcollective.com
Telephone: 780-929-0103

Hypnobabies Childbirth Education: Ricky Issler CD(DONA), HCHI
Location: Edmonton and Beaumont
Time: Weekly for 6 weeks, 3 hour/class (see website for class schedule)
Phone: 780-929-4669
Email: comfortinghands@telus.net
Website: www.comfortinghandsdoula.com

International Cesarean Awareness Network (ICAN) Canada
Location: Online
Time: Ongoing web seminars—unlimited!
Phone: (780) 444-9527
Email: edmontonVBAC@gmail.com
Website: edmontonvbac.com

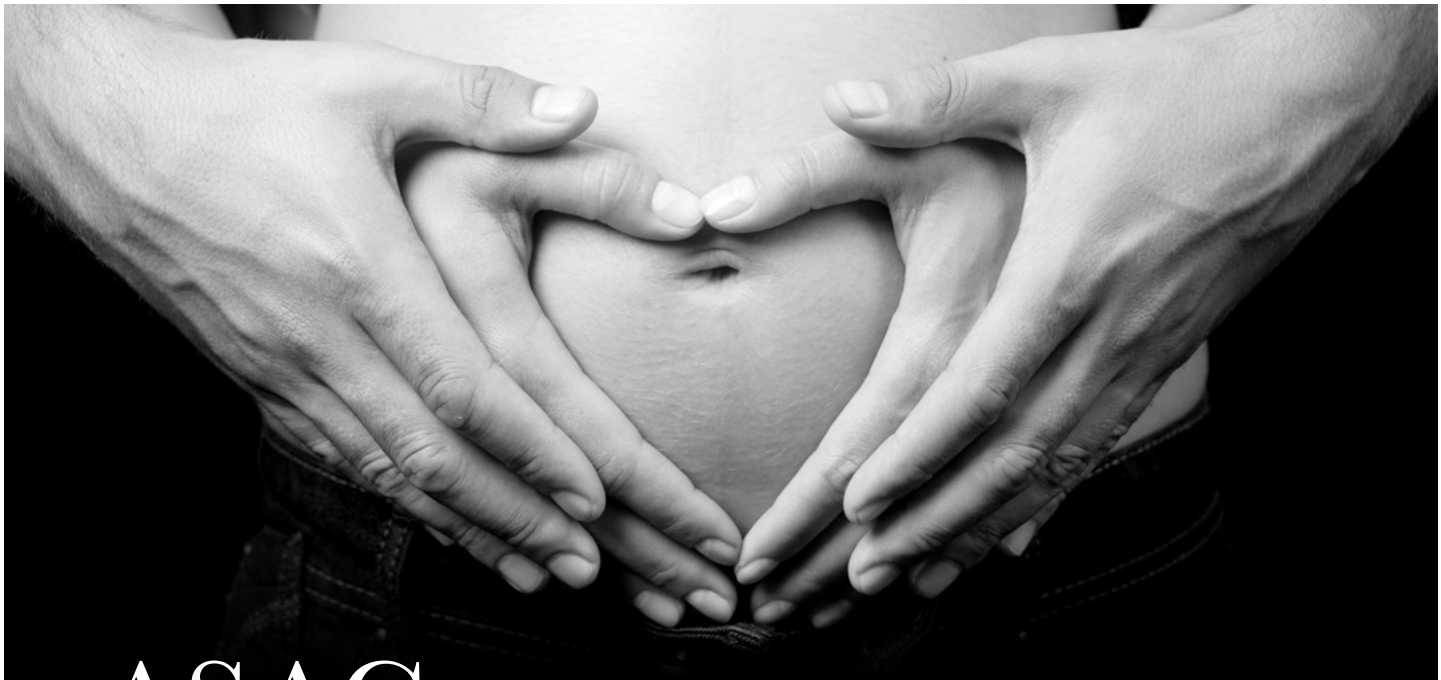
Midwifery Care Partners: Barbara Scriver, RM
Location: Edmonton South
Time: Weekly, Mondays, 2 hours/class—6 hours
Phone: 780-490-5383
Email: barb@midwiferycp.ca
Website: www.midwiferycp.ca

Motherizing Childbirth Education: Lisa Cryderman, R.N.
Location: Edmonton
Time: Weekend (Fri, Sat, Sun) or over 4 weeks—12 hours
Phone: 780–901-1178
Email: lisa@motherizing.com
Website: www.motherizing.com

Soul Birth ~ Midwifery for the Soul: Jennifer Summerfeldt
Location: online
Time: 8 modules in your own time
Email: Jennifer@soulbirth.ca
Website: www.onlinechildbirthclasses.org

Terra – Centre for Pregnant & Parenting Teens
Location: Edmonton Centre
Times: Weekly, 2 hours
Phone: 780-428-3772
Email: terra@terraassociation.com
Website: terracentre.ca

Transition Doula Collective
Trish Walker, Kayla Becvar & Erin Liber Birthing From Within Mentors & Doulas
Location: Edmonton
Times: Six Weekly Sessions (2hrs each) or Weekend (six hours each day)
Phone: 587-596-5878
Email: transitiondoulas@gmail.com
Website: www.transitiondoulas.ca



ASAC
Association for Safe Alternatives in Childbirth

birthissues

BIRTH ISSUES is published by ASAC

The Association for Safe Alternatives in Childbirth (ASAC) is a unique Canadian organization. ASAC is the longest surviving consumer advocacy group dedicated to childbirth options in Canada! ASAC was created in 1979 in Edmonton, Alberta, and benefits from more than 30 years of experience and consumer advocacy.

ASAC was created to encourage alternatives to the technological approach of medicine. ASAC believes parents have the right and the responsibility to make informed choices about childbirth and that a full range of options should be available to them—in the hospital, at home, in a birthing centre and with professional care givers of their choice. We are particularly oriented toward midwifery.

ASAC's mission is to help women to have better births. ASAC envisions a world in which every woman gives birth with dignity, and experiences an empowered transition into motherhood, allowing her children to have the best start possible to their lives.

The Association for Safe Alternatives in Childbirth (ASAC) is part of a growing network of natural childbirth consumer advocacy groups which inspires parents and professionals that childbirth is a normal and healthy part of life—and of special significance to the pregnant woman and her family.

Join the conversation about options in birth and parenting

ASAC (Association for Safe Alternatives in Childbirth) @BirthIssues

ASAC

Association for Safe Alternatives in Childbirth

birthissues

Be part of a unique organization!

ASAC educates women about pregnancy, birth and parenting.

- Publishes Birth Issues magazine (Current options in pregnancy, birth and parenting)
- Makes available its extensive library of books, periodicals and DVDs
- Is a wealth of information on midwifery care, doulas, VBAC, and natural childbirth options
- Presents free lecture series on natural childbirth and parenting
- Organizes guest speaker special events
- Distributes fact sheets and pamphlets from the natural childbirth community
- Does outreach to general public at Mom Pop & Tot Fair, Women's Shows, and baby fairs

ASAC creates community and support for new families

- Weekly playgroup
- Monthly meetings
- Birth movie screenings
- Support other local groups such as doula associations, VBAC associations, Alberta Association of Midwives, and a large network of Alberta and Canadian natural childbirth consumers

ASAC is working to increase the number of midwives in Northern Alberta

- Lobby for midwifery education
- Political action through rallies and letter writing campaigns
- Social networking
- Membership to boards
- Policy work

ASAC improves birthing conditions for local women

- Donating birth stools to Lois Hole Hospital
- Campaigning to change waterbirth bans at hospitals
- Encouraging cooperation between doctors, midwives and nurses

For more information | ASAC meetings 7219 – 106 Street, side door ASAC mailing address Box 1197, Main P.O. Edmonton, Alberta T5J 2M4 | Website www.asac.ab.ca | E-mail info@asac.ab.ca

Become a Member of ASAC

for just $25 a year (or $100 for a 5-year membership), you can support the organization that supports safe childbirth and parenting alternatives! Become a member @ www.asac.ab.ca

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Vacant

Playgroup Coordinator
Joanna Gajdos
playgroup@asac.ab.ca

Bookings Coordinator
Ricky Issler
bookings@asac.ab.ca

Mail Pick-up
Niko Palmer

To look up the most up to date list of midwives in your area go to abmidwives.ca/find/now

* These midwifery practices are not on the central intake form. It is recommended that you fill out the intake form found at the link in the top right corner, as well as contacting each of the midwifery practices in your area that are not on the central form.

Edmonton, Sherwood Park, and Stony Plain areas

Beginnings Midwifery Care
Megan Dusterhoft, Mia Fothergill, Teilya Kiely, Heather King, RaeVeillard
beginningsmidwiferycare@gmail.com
780-490-0906

HOPE Midwives*
Heidi Coughlin, Samantha Stupak, Tara Tilroe
www.hopemidwives.ca | hopemidwives@gmail.com

JoySpring Midwifery
Cathy Harness, Heather Martin, Ola Mebude
joyspringmidwifery.ca
loveyourbaby@joyspringmidwifery.ca

Lucina Midwives
Frances Ahmed, Carly Beaulieu, Mélanie Chevarie, Jeneve Edwards, Joanna Greenhalgh, Megan Lalonde, Michelle McEwen, Marita Obst, Samantha Stupak,
www.lucinacentre.ca | midwives@lucinacentre.ca
780-756-7226

Meadowlark Midwifery
Jenna Craig, Marie Tutt
www.meadowlarkmidwifery.com
meadowlark.midwives@gmail.com
587-523-0099

Midwifery Care Partners*
Barbara Scriver
www.midwiferycp.ca | info@midwiferycp.ca
780-490-5383

Passages Midwifery
Jenni Cruse, Melanna Mamo
www.passagesmidwifery.com
info@passagesmidwifery.com | 780-968-2784

Serving Red Deer and Rocky Mountain House areas

Blessingway Midwifery
Barb Bodiguel, Nicole Matheson
www.blessingwaymidwifery.ca
blessingwaymidwives@gmail.com

Prairie Midwives
Jenn Binden, Tina Henry, Melissa Roberts, Shehana Woodland
prairiemidwives.ca | midwives@prairiemidwives.ca

Serving Calgary area

Alba Midwifery
Vivian Maclean
www.albamidwifery.com | vivmaclean@me.com
403-370-9773

Aurora Midwifery
Anne-Marie Brash, Robyn Cowie, Laura Dhanwant, Sara Grundle, Alisha Julien Reid, Ali Reimer, Rebecca Poitras, Caroline Rocliffe, Hayley Schmidt, Kimberley Schmidt, Jessica Swain
www.auroramidwifery.ca
info@auroramidwifery.ca
403-203-5105

Birth Partnership Midwifery
Theresa Barrett, Helen Cotter, Catherine Nicole Dakin, Tiffany Harrison, Susan Jacoby, Patricia Lenstra, Taryn Lynkowski, Chelsea Miklos, Jeannette Page, Elise Pellegrini-Ferraro, Julie Pohoresky, Deborah Smith-Keen, Nicola Strydom, Nemi Tobins, Deepali (Deepa) Upadhyaya, Jennifer Wright-Maley
www.birthpartnershipmidwives.com
birthpartnershipinfo@telus.net
403-246-8968

Briar Hill Midwives
Natalie Beauchamp, Maura Burns, Tony Douglas, Nicole Guay, Rachel Kemp, Tamara Lacelle, Mary Landsiedel, Kim Little, Carol Stehmeir, Wendy Wood
www.briarhillmidwives.ca
info@briarhillmidwives.ca
403-474-8260

Calgary Midwives Collective
Alissa Bergsma, Anne Leblond, Eileen March, Avery Nixon, Aura-Taina Turcasso
www.calgarymidwivescollective.com
info@calgarymidwivescooperative.com
403-452-6070

Honeycomb Midwives
Melissa Andrusiak, Cassondra Evans, Krysta Hatlen, Christy LeBlanc, Shannon Sutherland
www.honeycombmidwives.ca
admin@honeycombmidwives.ca
403-286-9945

Matronae Midwifery
JoanMargaret Laine
www.matronae.ca
jm@matronae.ca

Red Community Midwives
Maryam Gjerde, Erin Laing, Babil Pobee, Hsiao Lan (Nancy) Tsao, Monique Unrau
www.redcommunitymidwives.com
info@redcommunitymidwives.com

Serving High Level area and Mackenzie County areas

Loving Arms
Tamar Quist
(currently on maternity leave)
780-464-3082

Serving Lac La Bche County areas

Tree de la Vie Midwives
Chantal Gauthier-Vaillancourt, Marianne King
www.treedelavie.weebly.com
treedelaviemidwifery@gmail.com | 780-798-2395

Serving St Albert areas

St Albert Community Midwives
Anna Gimpel, Janelle McLeod, Jennifer Thomson
www.stalbertmidwives.ca
info@stalbertmidwives.ca | 780-470-0707

Serving Fort Saskatchewan area

Comfort Midwives
Bolanle Oyewole

Serving High River and Okotoks areas

Foothills Midwifery
Gisela Becker, Kathleen Miller-Jabson, Marie Wilkinson
www.foothillsmidwifery.com
information@foothillsmidwifery.com
403-995-3995

Serving Bow Valley, Cochrane, Canmore and West Calgary area

Cochrane Community Midwives
Elizabeth Larsson, Carly Scrymgeour, Hannah Stewart-Vermette
www.cochranemidwives.ca
cochranemidwives@gmail.com | 403-932-3176

Serving Lethbridge, Medicine Hat and Fort Mcleod areas

Grassland Midwifery
Erin Giles
www.facebook.com/pg/grasslandmidwifery
erin@grasslandmidwifery.com | 403-977-3391

Midwives of Medicine Hat
Cherry MacLagan, Terri Shaw
www.facebook.com/pg/midwivesofmedicinehat
403-866-1416

Serving Cardston County and Pincher Creek areas

Cardston Midwives
Terri Demers, Eve Verdon
www.birthpartnershipmidwives.com
403-246-8968

Supporting Indigenous Families throughout Treaty 6,7,8 and Metis settlements

INDIGENOUS *Birth* of Alberta

Indigenous Birth of Alberta advocates for indigenous families by working to

- Indigenize Maternity Health Care
- Support pregnancy, birth, breastfeeding and parenting,
- Revitalize Indigenous Midwifery
- Decolonize Birth

780.919.6870
indigenousbirthalberta@gmail.com
www.indigenousbirthalberta.org

NOW TAKING CLIENTS
for birth, breastfeeding, midwifery care, trauma informed mental health support.

Supported by Lucina Midwives