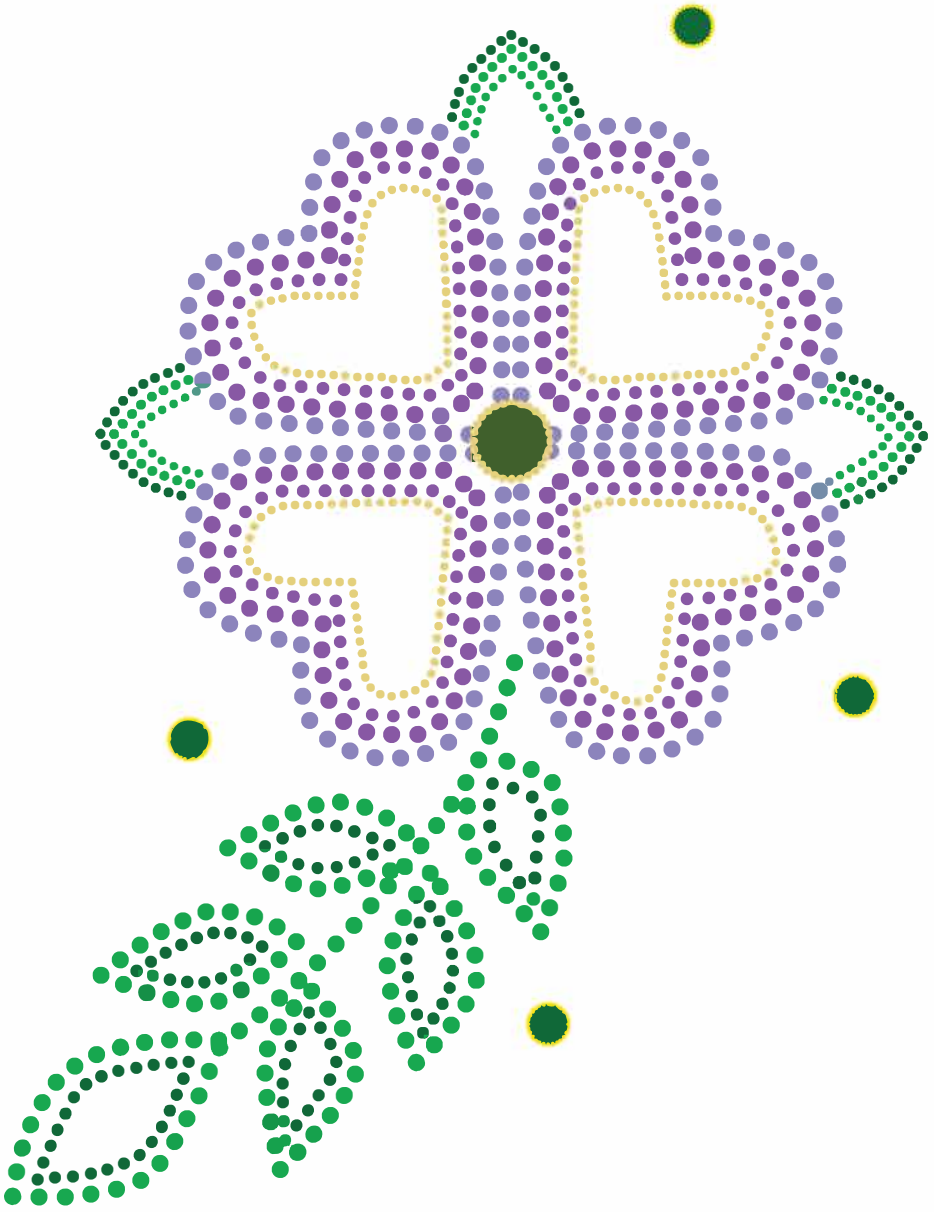
In Our Hands.

Perspectives from Métis Midwives, Doulas, Birth Workers and Life Givers.

WOMEN OF THE MÉTIS NATION • LES FEMMES MICHIF OTIPEMISIWAK •



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Dedication

We dedicate this report to all Métis life givers and birth workers - both past and present. In particular, we wish to thank the midwives, doulas, nurses, birth workers, life givers, and Grandmother Linda Boudreau, who authentically shared their perspectives and time for this report. We hope this report resonates deeply across the Métis homeland, leading to a healthy future for Métis families.

Executive Summary

Les Femmes Michif Otipemisiwak (LFMO) speaks as the national and international voice for Métis women and 2SLGBTQQIA+ Métis. We aim to consult, promote and represent the personal, spiritual, social, cultural, political and economic interests and aspirations of Métis women and 2SLGBTQQIA+ Métis. With these goals, from 2023-2024, LFMO was honoured to hear the stories from Métis birth workers and life-givers about their experiences accessing and/or providing reproductive care for Métis communities. Through these conversations, we learned of the persistent challenges Métis life givers and birth workers experience within Canada's healthcare system and their resiliency and strength.

The stories in this report highlight how Métis midwives, doulas, and birth workers serve not only as healthcare providers but as vital custodians of cultural knowledge and practices, playing a crucial role in the preservation and transmission of Métis traditions and values related to childbirth and parenting. This dual role of Métis birth workers as healthcare providers and cultural bearers underscores the indispensability of their work in fostering healthy, empowered Métis families and communities.

This report's recommendations provide a comprehensive roadmap for improving Métis reproductive health and midwifery care in Canada, emphasizing the need for concerted action across various levels of government, healthcare systems, and educational institutions. Métis families deserve culturally safe, relevant, and holistic reproductive care, and LFMO will continue to advocate for this reality.

INTRODUCTION

Canada is facing unprecedented challenges in its healthcare system, ranging from workforce shortages to surgical backlogs (Flood et al., 2023; Taking the Pulse: A Snapshort of Canadian Health Care, 2023). Pregnancy and birthing care are not immune to this crisis, with an unequal distribution of care providers and resources across Canada (Guliani, 2015). This crisis is even more pronounced for Métis pregnant people, who are disproportionately impacted by anti-Indigenous racism, misogyny, and a lack of culturally safe birthing resources (Ehawawisit, 2022). Furthermore, their cultural needs often go unmet during their pregnancy and birthing care due to the ongoing impacts of colonialism that actively undermined Métis birthing practices (Hayward & Cidro, 2021). This crisis does not have a simple resolution. However, Métis midwives and birth workers play a vital role in providing safe, holistic, high-quality care for Métis pregnant people and their families.

Historically, childbirth and midwifery were central to many Métis communities (Ehawawisit, 2022). With colonization and the increasing medicalization of birth, midwives' roles and cultural teachings were disrupted (Hayward & Cidro, 2021). Despite being disrupted, they were not forgotten. This memory has led to a resurgence of Métis birth workers and families advocating for the growth of Métis midwifery, doula, and birthing care. While advocacy for Indigenous midwifery broadly has continued to gain momentum, the perspectives of Métis birth workers and families have not been well documented in both research and policy. Their voices must be amplified in all decision-making arenas if we are to improve the reproductive care of Métis families. This includes policy, training, practice, accreditation, and research. This report aims to amplify the perspectives of Métis life givers and birth workers to understand better the significance and distinctiveness of Métis midwifery and doula care.

Background

Midwives held pivotal roles within Métis communities, supporting families through the transition of pregnancy into parenthood in a good way (Ehawawisit, 2022). Midwives were highly skilled community members who gained knowledge by working alongside other community midwives (Kermoal, 2016). They aimed to care for pregnant people and their babies and attend to the cultural and ceremonial aspects of pregnancy and birth (Hayward & Cidro, 2021). Birth was often a community affair, with aunties, grandmothers, and other community members supporting the birthing process and the mother and child in the postpartum period. Because of this, pregnancy and birth were central to Métis cultural teachings and viewed as a natural part of the life cycle (Hayward & Cidro, 2021).

Colonization had a profound impact on Métis midwifery care and traditional knowledge. Traditional midwifery practices were criminalized, resulting in the intergenerational loss of these teachings and skills (Shaw, 2013). Residential schools fractured families and communities, the 60s scoop, and forced and coerced sterilizations (LFMO Policy Statement on Forced and Coerced Sterilization; Stote, 2015). Midwifery care was forcibly replaced by increasingly medicalized approaches to pregnancy and birth, resulting in birth moving from home to hospital. Within this new model of care, pregnancy and birth increasingly became the domains of physicians and Obstetricians (Shaw, 2013). While midwives continued to provide care in many rural and

remote communities informally, colonial approaches to birth had distinct costs for Métis families and midwives.

Advocacy for the resurgence of midwifery care gained momentum in the 1970s and 1980s. In 1994, Ontario became the first province to regulate midwifery, recognizing it as a distinct healthcare profession with its own scope of practice and educational requirements (Plummer, 2000). Regulation in other Canadian provinces and territories has been ongoing, with New Brunswick, for example, regulating the profession in 2017. Midwifery programs are offered in Ontario, British Columbia, Manitoba, Alberta, and Quebec. With the growth of midwifery came the recognition of the distinct needs and goals of Indigenous communities in Canada. In 2008, the National Council of Indigenous Midwives (NCIM) was founded to restore and renew Indigenous midwifery. Since then, NCIM has developed two community-based midwifery programs, their own core competencies, and policy and position statements. It is important to note that Métis birth workers are not a monolith and have varied views on regulating birth work, with some wishing to develop models outside of colonial designations. Challenges remain for midwifery care in Canada - particularly for First Nations, Métis, and Inuit peoples. The demand for midwifery care far outpaces the supply, with rural and northern Indigenous communities particularly underserved (Guliani, 2015). This shortage reflects many issues, including limited training programs and - until recently - stagnant investment in midwifery education and practice by federal and provincial governments (Guliani, 2015). This is even more pronounced for midwives seeking community-based Indigenous midwifery training. Midwives report continued devaluing of their skills by other healthcare professionals (Siberry et al., 2023) and inequitable compensation by provincial governments (Ontario Human Rights Commission, 2022). These issues are compounded for many Indigenous midwives whose training and expertise are not recognized by healthcare institutions and, as a result, do not have hospital privileges (Diverse Pathways, 2019). Indigenous midwives continue to fight for community-based births but face a multitude of institutional barriers, such as a lack of investment in birthing centers and/or maternal evacuation policies that constrain their ability to provide this care. Despite these challenges, midwives continue to provide vital, high-quality care. Research has found that midwifery care is safe and has better outcomes on several measures (Hutton et al., 2019). Additionally, research from The Inuulitsivik Health Centre, led by Inuit midwives, showcases the success of community-based Indigenous midwifery (Lee et al., 2022; Van Wagner et al., 2012).

The resurgence of Indigenous midwifery has implications for Métis reproductive health. The Métis population is younger, with a higher percentage of people in their reproductive years (Government of Canada, 2022). Métis mothers tend to be younger and have more children than non-Indigenous women (Government of Canada, 2017). Colonialism, oppressive government policies, and anti-Indigenous racism have resulted in a disproportionate amount of Métis people experiencing poverty, housing inequality, gender-based violence, and traumatic experiences with the child welfare system (Government of Canada, 2022). Furthermore, Métis people report higher rates of racism and discrimination when attempting to access care through the healthcare system (Monchalin et al., 2020). As a result of these complex factors, Métis women experience higher rates of gestational diabetes (Voaklander

et al., 2023), preterm birth, and infant and neonatal mortality than non-Indigenous women (Government of Canada, 2017).

These shocking maternal and infant health disparities must stop. If Canada is to realize its commitments to reconciliation and UNDRIP - particularly articles 23 and 24 - it must invest in Métis reproductive health. An essential step in this direction is recognizing the intrinsic role of Métis birth workers in providing culturally safe, holistic, high-quality reproductive care. Equitable investment in Métis reproductive care - including midwives and doulas - is long overdue. A healthy future for Métis families involves bringing birth back to Métis communities by Métis birth workers.

Methods

In early March 2020, LFMO hosted a women's forum which identified midwifery as an essential health priority for Métis communities. With this established priority, LFMO secured funding from Indigenous Services Canada from 2023-2024 to better understand the perspectives of Métis life givers and midwives, doulas, and birth workers on Métis midwifery care. We selected qualitative methods for this project due to their ability to capture both the depth and breadth of Métis perspectives and because they align with Métis histories of oral storytelling.

In 2023, we invited Métis women and people who can get pregnant, are in their reproductive years, and have received care from a midwife to attend a virtual engagement session. The engagement session started with a review of the project's purpose, ethical considerations (i.e. confidentiality, how their stories will be used, consent for recording and a note taker), and space to answer any participant conversations. A Métis Grandmother then shared a prayer to start the engagement session in a good way and create a culturally safe environment for participants. The session focused on the following questions;

- What are your perspectives on Métis midwifery and doula care? What makes it important and distinct?
- What are your experiences accessing Métis midwifery and/or doula care? Were/are there barriers?
- What was your experience(s) receiving care from a Métis midwife/doula? How did this shape your prenatal, birthing, and postnatal experience?
- How may/can Métis midwifery and doula care support Métis women, children, and families?
- What is needed to further grow Métis midwifery and doula care for Métis families/communities?

A notetaker was present, capturing detailed notes and participant quotations. One participant chose to provide a written response to the questions. This response was included, along with the engagement session, in the dataset.

Following the engagement session, we invited Métis midwives, students, nurses, doulas, and birth workers to participate in semi-structured, one-on-one interviews. We selected interviews as our method with this population because of their flexibility; they could be scheduled at a convenient time, around participants' caseload. Interviews included questions such as: What makes Métis birth work distinct? What does culturally safe care entail? What changes are needed to meet the reproductive care needs of Métis families? Interviews were audio-recorded and transcribed verbatim.

Interview and engagement data were thematically analyzed, and qualitative software was utilized to help organize the analysis. We created a codebook that included the thematic categories and illustrative quotations, and LFMO's health team reviewed the codebook collectively. This enabled the team to refine and validate our analysis, ensuring coherence in interpreting participant's perspectives. We then applied an interpretive lens to the analysis, including concepts such as cultural safety and the Métis social determinants of health, to deepen our understanding of participants' perspectives.

In 2024, these results were written into a draft report and shared in a "what we heard" virtual validation session with participating midwives, birth workers, and doulas. Their feedback was integrated into this final report, including the title. In total, we had the representation of Métis citizens across the homeland, across career stages, and their parenting journeys. Their perspectives are detailed below, including de-identified quotes that participants approved.

Métis Social Determinants of Health *are the social, political, environmental, and institutional factors that uniquely impact Métis people's health. These include factors such as housing, colonialism, access to health services, and culture (please see the Métis Vision for Health for a complete list)*

Cultural Safety *Is a concept that Māori nurses in New Zealand developed. It requires a deep understanding of power differentials and their impact on health and healthcare service delivery (Curtis et al., 2019). The goal of cultural safety is to ensure safe and equitable healthcare experiences for Indigenous peoples*

Results

Métis Life Givers' Perspectives on Métis Midwives, Doulas, and Birth Workers

Participants uniformly shared positive perspectives on Métis midwifery and doula care, connecting current practices to the historically significant role midwives, grandmothers, and aunties played in Métis communities:

> "When the Grandmothers supervised birth, the aunties and the mother of the woman having the child took care of the woman and explained the process as they went, and it was a comforting atmosphere."

Because of this significant role and history, participants shared that Métis midwives and doulas carry more than just clinical knowledge but also the traditional knowledge that enables them to provide holistic pregnancy, birthing, and postpartum care:

> "The importance of midwifery and doula care lies in their ability to preserve cultural traditions and ensure that Indigenous birthing practices are honoured and respected. These practices promote healthy outcomes for both the birthing person and the baby while also fostering a strong sense of community and cultural identity."

With this historical and cultural connection, participants sought the care of Métis midwives and doulas for many often interrelated reasons. First, they valued midwives' expertise and model of care:

> "I wanted a midwife because they are specialists...I did not feel like a lost client to the medical system because the post-natal care was amazing."

Secondly, many felt that midwifery and doula care would offer them emotional and psychological support that had been lacking in their previous birth experiences. For one participant, having a doula was imperative in helping her prepare for her next birth after prior birth trauma:

> "When I was pregnant with my third, I realized that I was having a lot of trouble working myself back up to be able to give birth to her. And, I wanted more assistance. So a friend of mine recommended a doula."

Third, some participants disclosed experiencing anti-Indigenous racism and misogyny when accessing healthcare. They felt that pregnancy and birth were an especially vulnerable time in a person's life, and they did not want to risk experiencing racism when bringing their babies into the world:

> "...there is a lot of medical racism... which has developed in me a hesitancy to seek healthcare... I want to avoid that thinking when I bring new life. I do not want that fear of leaving myself vulnerable for something negative to happen. I want culturally safe and relevant care for me and my child."

Finally, the culturally relevant and safe care midwives and doulas provided were viewed as influential in shaping women's journey into motherhood:

> "When you have someone who understands where you come from and who you are, it allows you to feel safe and have a good birth, even if things do not go according to plan. The way we have our babies affects how we parent, how we care for ourselves as mothers, and how we treat our women in general."

Despite the overwhelmingly positive perspective on midwifery and doula care, participants identified significant barriers to accessing this vital care. For many, there were few midwives in their communities and even fewer Métis midwives. While their midwives could provide comprehensive care, the cultural and spiritual components were often missing. For one participant, this lack of spiritual and cultural care impacted how their partner transitioned into parenthood:

> "I think also that having an Indigenous midwife would have helped him as well coming into fatherhood in a little bit more of a sacred way."

Other participants echoed the important need to include partners, particularly male partners, in the process:

> "Our men and women First Nation ancestors had very distinct roles, but the men were not left alone when the woman was giving birth – both were surrounded by community in the same way."

For many, creating space for male partners to ask questions, find role models, and be included would support fathers and ensure respect for life-givers and their role in the community.

Many participants shared that doulas could play an essential role in bridging the gap when (Métis) midwives were not accessible and/or could not provide the culturally relevant care they sought. The challenge, however, is that the costs of doulas are often not covered by provincial health systems or private insurance. This financial barrier means that those who may benefit most from doula care cannot access it.

Finally, participants wanted to see more opportunities to include tradition and ceremony in their births. This could mean building more birth centers that allow families to be together and ensuring hospital intake forms have space for a person to include the traditional customs important to them (i.e. ceremony with the placenta). This could also include:

> "A database...if we cannot find a local midwife, to have the ability to reach out to a Knowledge Holder who can assist in the birthing journey and allow families to connect to their culture and have that feeling of support."

Participants had a clear vision for the future of Métis pregnancy and birthing care:

> "I hope that the next generations of babies are born connected to our ways and knowing who they are, welcomed with medicines and songs, and given their traditional names if that is what the family wishes. Parents and families should feel safe and cared for throughout the entire process."

Recommendations

- Invest in midwifery training and practice to increase the number of Métis midwives.
- Increase the number of midwives in rural, remote, and northern areas.
- Invest in community-based birth centers.
- Fund doula care for Métis pregnant people.
- Adopt a holistic approach to pregnancy care for Métis people, including culture and ceremony.
- Adopt a family-centered approach that includes birthing partners.

Métis Midwives', Doulas', and Birth Workers' Perspectives

What makes their care distinct?

Métis midwives, doulas, and birth workers adopted a person-centred approach that focused on providing holistic, culturally safe care. For many, this work was deeply personal and spiritual, as caring for pregnant people and babies was part of keeping Métis traditions and cultures alive in the face of colonialism, "it's bringing up these rememberings and this blood memory of these roles that we had in our community generations ago" (Birth Worker). This blood memory and shared lived experience meant that many birth workers felt that they "intuitively understood" the families they cared for because, "What are the barriers you're experiencing? Well, I grew up with that. I understand them because I've lived them, I live them every day. My kids live them every day" (Midwife). This shared understanding allowed Métis birth workers to provide culturally safe care that contextualized their client's needs within the social determinants of health. Having Métis care providers was seen as essential for the health and well-being of Métis families and communities:

> "So it's important for, I think, specifically for Métis folks and for Indigenous folks to be in these positions [midwives] because we know our histories, we know our family dynamics, we know a lot of us come from a harm reduction approach. And trying to keep our kids together, trying to keep our families together. We have those lived experiences that, unfortunately, a lot of non-Indigenous people just can't comprehend and don't understand" (Midwife)

Métis birth workers' care was distinct because it was:

1. culturally relevant and safe,
2. relationship-based,
3. holistic,
4. person, family, and community-centred
5. included advocacy.

These themes are explored in greater detail below.

Relationship Focused

Caring for one's community and kin underpins Métis culture. Similarly, relationship-building underpins Métis midwifery and doula care:

> "What stands out with Indigenous birth workers is that it is relationship-based…a lot of us go way beyond standard midwifery care" (Midwife)

For some birth workers, this involves connecting with the birthing person's partner or supportive networks. One doula shared, for example, that she liked to take the birthing person's partner grocery shopping. This simple act created space for connection and an opportunity to support the partner, who can then better support the birthing partner and baby. For one labour and delivery nurse, this involved spending time with a young mother who was struggling in the hospital after the birth of her baby.

The time spent developing this relationship enabled this nurse to shift the narrative about this mother from uninterested and/or incapable to that of a young woman needing social support. This nurse called the mother's grandmother and was able to get her kin involved to help her transition into motherhood. At the follow-up, the mom and baby thrived. This approach to care involved a significant investment of time and empathy, often extending past Western 'standards of care.'

Many participants indicated that relationship building was so important to their model of care because of the harm done by colonialism and anti-Indigenous racism in the healthcare system. For these community members, relationship-building was the first step in building trust so that families felt safe accessing the prenatal care that they rightfully deserved:

> "And so the one thing that I have found really beneficial and successful is starting out with just purely relationship building and not even really bringing prenatal care into it at all until a relationship is developed. " (Midwife)

Relationship building extended past the pregnant person and their family to the communities in which they lived.

> "We've got really strong relationships within communities, and so we can make really big changes...because there's my eyes seeing all the babies and noticing trends and noticing problems, we can really push things forward earlier and prevent a lot of big problems later on" (MIdwife)

Developing these relationships and trust within communities means that midwives can provide safe and responsive prenatal care and quickly mobilize to address community-wide health issues. In one example, a midwife noticed an unprecedented amount of RSV infections among infants and was able to secure and administer RSV vaccinations to prevent further infection. For Métis midwives and doulas, relationship building is reproductive care and extends to pregnant people, their babies, their families, and their communities.

Culturally Relevant and Safe

The concept of safety within Métis reproductive care extends past clinical outcomes to include psychosocial and cultural safety. Culturally safe care recognizes how oppression produces unjust health outcomes and experiences for Métis people and actively works to provide care that shifts this power imbalance. This more comprehensive understanding of safety has impacts on what we may think of as a 'safe' birth:

> "We are just mammals giving birth. And when you are scared, you are not going to want to give birth. If you were a deer out in the woods, you are not going to want to give birth in front of a wolf. It's going to make things slower. If the hospital is your wolf, then your birth is gonna suck as the deer...Just being able to give birth in whatever way feels safe for you and, comfortable for you and empowered for you is a Métis birth. It's the right birth for you" (Doula).

The practice of cultural safety shapes how Métis midwives and birth workers care for their Métis clients. For some birth workers, it means acknowledging the harm and trauma of colonial health systems and assuring clients that they will be heard, validated and advocated for:

> "What makes my care different is just that understanding and also that ability to come alongside people and say, I am on your side. I know what you're afraid of, and these are the steps I'm going to take to make sure that the thing you're afraid of doesn't happen. And it's also beyond that, it is just like really understanding the cultures" (Midwife).

It includes attending to the cultural needs of the people, babies, and families they are caring for, "When people seek me out… it is because of the traditions I can bring to them. People are craving ceremony. They're craving the identity" (Doula). Integrating cultural teachings into their practice was a meaningful way that midwives challenged harmful stereotypes and made their care culturally safe and relevant:

> "If we just approach breastfeeding from a Western perspective, you can kind of go two ways: You can either have somebody who thinks that breastfeeding is important because it's the optimal food for a baby, or they're coming at it from a food security perspective and saying you should probably breastfeed because I know you can't afford formula. When from a cultural perspective, it's so much more than that" (Midwife)

For these midwives and birth workers, breastfeeding education framed breastfeeding as "a sacred medicine that we carry as part of our bundle" (Birthworker) for both parent and baby.

Foundational to culturally safe care was taking a strength-based approach that viewed pregnant people as equal decision-makers in their prenatal care, "we value each other and each other's strengths… So the actual ways that we carry out prenatal care look different" (Midwife). This difference in care often resulted in communities accessing care that they historically had not and helped parents welcome their babies into the world in a good way.

Holistic Approach

The Métis Vision for Health states that "health is multi-faceted and involves physical, mental, emotional, social, and spiritual well-being." (Métis Vision of Health). This holistic approach to health directly translates into the type of care Métis midwives provide:

> "And a lot of that work isn't necessarily what people would define as healthcare, but it is like caring for the person…I really think that we need to broaden our perspective on the needs of Métis pregnant folk because if we're just looking at health care, we are missing out on the whole cultural perspective and the huge implications that culture can have on overall well-being." (Midwife)

Holistic care for Métis birth workers was, by nature, highly adaptable and expansive because the families they care for often have a wide range of complex needs:

> "We're faced with their housing crisis and housing instability and food instability...So making sure that they're fully supported; they have a safe home, they have food to eat that's nutritious, they have the vitamins that they need (Birth Worker)

Prenatal care included supporting families to find stable housing, helping them move or set up utilities, working with women to develop safety plans, and so on. In addition to the clinical and physical aspects of health, Métis birth workers adapted Western guidelines to provide land-based and traditional teachings:

> "So when we're talking about nutrition, we are talking about it from a land-based perspective...Some of our Métis groups who have less access to grocery stores and that sort of thing really do live off the land and so the traditional Canada food guide doesn't really pertain to them." (Midwife)

This holistic approach that attends to the cultural and spiritual aspects of birth was also seen as an antidote to colonialism, "As a Métis person, I believe that we have actually been stolen of the spiritual aspects of birth. And so that is a big part of what I offer to women." (Doula). Finally, the holistic approach to care was also intergenerational, situating prenatal care as foundational to a person's health across their life course:

> "And so if we're thinking forward and we're bringing these children into the world, if we can set them up with a foundation of not only a healthy pregnancy, healthy feeding options, healthy newborns but also set them up with care that is really appropriate to their cultural needs and their spiritual well-being, then we're really mitigating a lot of problems down the road." (Birth Worker)

Person, Family, and Community Centered

Person-centred care *"means treating [people] as individuals and equal partners in healing; it is personalized, coordinated and enabling...Working this way means recognizing people's capabilities and potential to manage and improve their health..." (Coulter and Oldham 2016)*

Adopting a person-centred approach was central to the types of care Métis birth workers provided to their clients. The goal of this approach was not only to understand what an individual client may need - without judgment - but also to empower clients to participate in their care actively. One midwife described collaborating with Métis clients for prenatal monitoring:

> "One of the things that has been really successful within community has been more of a self-directed prenatal care model. So they have access to their own charts. Then they will record their own blood pressure from a blood pressure machine that they take, they will write down any symptoms, or they can verbally tell us any symptoms, and we can write it down…it's something that is driven by them rather than them coming in and me just going through a checklist" (Midwife).

Person-centred care involved trauma-informed care that met a client 'where they were at.' For some, this meant driving through communities and offering 'mobile' prenatal care. This approach was particularly successful for clients struggling with substance use disorder who were afraid to access prenatal care through the usual methods.

For another midwife, it quite literally meant meeting a client 'where they were at':

> "An obstetrician isn't going to show up at your house at 2 in the afternoon, and you don't want to open the door because of something that's going on, so do a visit through the door or on the phone. We do it through the door because they don't have minutes on the phone…I meet people where they're at, and I'm happy to do that." (Midwife)

What was distinct across Métis birth workers was a broadened understanding of what person-centred care may mean. Métis birth workers understood that kinship and community ties were essential to many of their Métis clients, so person-centred care may also include family-centred care because "it changes the dynamic of the family, right? It is a very important milestone" (Doula). Furthermore, for some clients, person-centred care may also be community-centred:

> "birth can be totally community-centred as well…with the home births, it's like, oh, my family was upstairs while we were labouring downstairs, and they were cooking. Everyone is just brought in… and asking everyone else for resources or child care or sending the dog over to the neighbours kind of thing. It is such a huge community response if someone's having a baby" (Midwifery Student).

This recognition of the value of community was seen as an essential way of honouring the traditional roles community played in Métis births. Raising a child is a community effort in Métis culture. So, too, is birthing one. Métis birth workers work to honour their clients' autonomy to ensure their births reflect their values, which may include their more extensive social networks.

Finally, being community-centred meant bringing birth back to the community: "So really looking to bring that back into the community and have you know our community members surrounded by aunties and uncles and Elders, to really bring our babies in a good way" (Birth Worker). Many midwives spoke about the impacts colonialism and subsequent birth evacuations have had on rural and remote communities and the importance of Métis midwifery in restoring healthy, supportive, community-based births.

Advocacy

Advocacy was intrinsic to Métis birth work; "Advocacy is a big part of what we do" (Birth Worker). Advocacy was necessitated, in part, by the physiologic aspects of birth:

> "There comes a point in birth where sometimes people cannot advocate for themselves…that's why you build a relationship with your client throughout their pregnancy so that when something happens, like their water has broken, their contractions are a minute apart, lasting a minute, you've got them" (Doula).

Birth workers advocated for securing resources for their clients to have healthy pregnancies and births and to include cultural and traditional elements in their births. The more challenging aspect of their advocacy was advocating against anti-Indigenous racism. This racism can be embedded in hospital policies that are inequitably applied to Indigenous people (i.e. contraceptive policies), in demeaning and degrading comments from healthcare providers, and in undermining client's choices and autonomy.

In the face of this, Métis midwives were uniquely positioned to advocate for their clients:

> "There's going to be different needs there and understanding what those needs might be and how I can meet them. And that's the difference I would say in the care that I provide…there's certain policies and procedures that clinics put in place, that hospitals put in place, that are super harmful for my clients… And so it's navigating around those policies and procedures and saying to my clients…I will advocate for you." (Midwife).

This advocacy was on the individual level for their clients and at the institutional and political levels. Métis birth workers described advocating for policy changes within their healthcare systems, in

midwifery and doula training, and at the provincial and federal level with public calls for increased funding. Their advocacy focused on supporting healthy, culturally safe, person-centred births for Métis people now and in the future.

Challenges while Providing Care

The challenges Métis birth workers identified were uniformly institutional and systemic. The clients, families, and communities they care for were not situated as "challenging"; instead, the health systems that harmed their clients were. They identified four key challenges in caring for Métis clients: 1. Inequity, 2. Barriers to Continuing Education, 3. Anti-Indigenous Racism, and 4. Moral Distress & Injury

Inequity

The impacts of colonialism on the social determinants of health for Métis people are widespread and devastating. Birth workers described providing care for clients who did not have access to safe housing, adequate nutrition, healthcare, or economic security. Furthermore, some clients struggled with substance use disorder, houselessness, trauma, and domestic violence. While these experiences meant that their clients had diverse and complex needs, the lack of health benefits and culturally safe resources compounded the issue:

> "And one thing that we're really noticing is that we're still road allowance people in the healthcare system. We are still being visually profiled...We are still being underserved, yet the resources for us are very, very limited... It's been challenging, to say the least " (Midwife)

Finding resources that could support their clients was a full-time job in and of itself, one that was disjointed and rarely culturally safe:

> "If you don't know what the resources are in your community, then you don't know how to access them. And if I find it difficult as a care provider, how much harder is it for people who don't have access to the systems that I do? (Midwife).

These challenges were compounded for their clients who were evacuated from their communities to give birth (referred to as a birth evacuation). These clients often found themselves in unfamiliar communities, living in a hotel without their social networks or family and children. This policy had many negative impacts on clients and their families, as well as presented challenges in providing postpartum support for lactation or postpartum depression. For the birth workers in this project, birth evacuations were part of a colonial system that is "inhumane and not evidence-based." Not being able to give birth in one's community was viewed as a form of inequity that

disproportionately impacted Indigenous families and underscored the need for community-based Métis midwives.

Birth Evacuations *are a complex set of provincial and federal policies that require pregnant people from rural and remote communities [often northern] to relocate to (often southern) urban centers/locations with larger hospitals (Olsen & Couchie, 2013). Birth evacuations overwhelmingly impact Indigenous peoples, resulting in many people giving birth outside of their communities, alone, with little social support.*

Barriers to Continuing Education

The birth workers in this project identified two critical barriers to continuing education. The first was financial. Many participants indicated they wanted to pursue further training, whether in lactation support or switching careers from nursing to midwifery. However, the cost of training made this untenable:

> "I would love to be a doula or a lactation consultant...But the education is so far out of reach. So you kind of just get stuck because you're like, well, I can't afford like $30,000 in school loans on top of a mortgage and having a family...It is really unattainable." (Nurse)

Secondly, some participants described the ongoing impacts of colonialism and the resultant intergenerational trauma on their cultural knowledge. They described their connection to cultural knowledge being disrupted due to the '60s scoop and/or their family members refusing to discuss their Métis identity as a survival strategy.

As a result, many Métis birth workers were still developing their connection to Métis communities and Knowledge Holders:

> "I kind of only ever had my toe dipped in my whole life, so even on my end, it's not like I can just go ask one of the Elders, ask them, please give me a crash course on what is spiritually appropriate and culturally appropriate after having a baby because they don't know me. They're not going to give me that information. So that's kind of tough to navigate" (Nurse).

A doula - who shared the same sentiments as the nurse participant - has been working to develop culturally relevant training for Métis doulas in her region. However, adequate funding is required to ensure that it is accessible and affordable to the Métis people who wish to pursue this training.

Funding and access to culturally relevant training remains an ongoing challenge for Métis birth workers.

Anti-Indigenous Racism

Navigating anti-Indigenous racism in the healthcare system was something all Métis birth workers described having to do on behalf of themselves and their clients. As one doula described:

> "And so my first role in that space - and it's not my favourite part of the work - was just really holding that line of protecting my clients from that institutional racism...I don't want that to be my answer. I want my answer to be, I was able to go in there and really celebrate Indigenous joy while birthing...it felt grim that that was really something that I had to do...with my Indigenous clients" (Doula).

Anti-Indigenous racism shaped their client's prior experiences with the healthcare system. It required Métis birth workers to spend significant time and energy working to establish trust and safety. Many midwives described clients who felt safer forgoing prenatal care than risking the harm of discrimination. They described witnessing birth alerts and unreasonable calls to child and family services. They described the unwarranted stereotypical comments from other healthcare professionals about their clients, such as, "I don't understand why people just can't take care of themselves or their babies" (Midwife). These were compounded when the person was young and/or single. They described how rural and remote healthcare systems' reliance on travelling physicians and nurses often caused harm to communities by exposing them to discrimination from unsafe providers.

Clients were just some of the recipients of these discriminatory comments. Midwives were on the receiving end themselves:

> "And I think that that's my biggest struggle here is being perceived differently than even other midwives are perceived because of the kind of care I provide and because of the clients that I serve." (Midwife)

Many hospital-based healthcare professionals did not understand Métis clients' choices or the broader context that informed these choices. The time and energy Métis birth workers spent on mitigating the impacts of anti-Indigenous racism had many fighting for a future where "we can go beyond insulating people against racism...and have that respect" (Midwife).

Anti-Indigenous Racism in the Canadian Healthcare System: *The In Plain Sight Report found that "35% of healthcare worker respondents reported having personally witnessed discrimination inflicted upon Indigenous patients or their families and friends" (2020, pg 20). A study from Alberta found that 10-25% of physicians reported explicit anti-Indigenous bias (Roach et al., 2023).*

Moral Distress & Injury

Navigating anti-Indigenous racism had a cost - for both clients and providers. Métis birth workers described the moral distress they felt supporting clients who were struggling, who had limited access to resources, and who were experiencing discrimination in the hospital. One midwife described a particularly illustrative example of a morally distressing case where a woman was experiencing domestic violence and had nowhere safe to go. The hospital's response was to call child protective services because they deemed the environment unsafe for the newborn:

> "So when there's the talk of an unsafe home, then resources are mobilized to remove an infant, but not to find a safe home for that mother and child. Interesting. And it's happened to me a couple of times now, and I feel like I'm the only sane person in the room, going if it's not safe for the baby, it's not safe for the mom; separating them does not ensure safety for either of them. That's not the answer. Why are we punishing her because we're failing both of them." (Midwife).

These midwives worked to advocate for their clients, to secure them resources, and to push back against hospital policies that do not mobilize resources to keep families together,

> "You argue until you're blue in the face. Can we make a safety plan? Can we do this? Can we do that? Is there another way? And sometimes they're willing to listen, and sometimes they're not" (Midwife).

Witnessing these cases and not being able to change the outcomes for their clients can cause moral injury to the birth workers involved: "I just always feel like I'm not doing enough. And there's always more that I could be doing for both" (Midwife).

This labour has personal and professional ramifications, with birth workers indicating that it causes burnout: "People who care about these folks, the people who provide good care to these folks, regardless of their life circumstances, are working twice as hard all the time. And then we're getting burnt out" (Midwife). The risk of not addressing anti-Indigenous racism in the healthcare system is that Métis midwives - and culturally safe allies - may struggle to continue in the profession.

Moral Distress *"arises when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action" (Jameton, 1984, p. 6). This includes witnessing the impact of racism on people's health (Molinaro et al., 2023). Moral distress contributes to healthcare provider burnout and providers leaving the profession (Maunder et al., 2023).*

Moral Injury: *As described by Litz et al. (2009), it is "the lasting psychological, biological, spiritual, behavioural, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations."*

Growing Métis Midwifery: Considerations for Training

Central to the growth of Métis midwifery is accessible, affordable, and culturally relevant training. Currently, midwifery programs are often inaccessible to Métis trainees:

> "I think in terms of growing Indigenous midwifery and Métis midwifery, making that more equitable is going to be something that is going to have to be looked at on a variety of levels because systemically, it's just not set up to have Metis individuals succeed—especially rural and remote Métis people" (Midwife).

All midwives in this project identified finances as one of the most significant barriers to broadly increasing the number of Métis midwives and Indigenous midwives. For one midwife, receiving a bursary was the difference between finishing her program or leaving it, "that funding saved my life. Because there is no way I would have been able to afford the last 2 years of my education if it wasn't for that" (Midwife). Midwifery programs are offered in Ontario, Alberta, Quebec, Manitoba, and British Columbia. Because there are no programs in many Canadian provinces and territories, midwifery students from underserved communities often have to relocate - adding financial burden. Combined with the intensity of the program and placements, relocating from one's social networks is a barrier that may be too large for many Métis people to navigate. Relocation also has implications for bringing midwifery back to the communities that may benefit the most from midwives. As one midwifery student shared,

> "I may not return home either, so you're losing residents to other provinces if they move for school" (Midwifery Student).

Midwives had solutions for these challenges, including growing and encouraging community-based placements: "Your placements when you are out in the community, and you're working with clients, and you're working under another midwife, you can do that in your community. That'd be huge" (Midwife).

Midwives and nurses account for 50% of the global healthcare worker shortage (WHO, 2022), with the Canadian Association of Midwives arguing that 9,000 more midwives are needed BY 2030 to meet the needs of Canadians (CAM, 2023).

These shifts will require policy changes at the institutional level, and the midwives in this project hoped that more Indigenous peoples would be at the table to guide these changes.

Relocation also presented challenges for midwives working to provide culturally relevant care to their clients. For a midwifery student who had to relocate for training, losing access to community Knowledge Holders made it challenging to continue to learn Métis-specific teachings about birth:

> "I just don't know where to get these resources, and I don't know who to connect with, and moving provinces as well has made it more difficult…so I feel like I'm just kind of figuring out how this is going to support my practice. But also support my new clients" (Midwifery Student).

While programs are increasingly working to expand their programs to meet the needs of Métis midwives and clients, they often take a pan-Indigenized approach. Participants wished that programs would work to build relationships with local First Nations, Métis, and Inuit communities and Knowledge Holders to develop culturally relevant teachings that could better inform their practice. Finally, Métis midwives wanted to see investment and growth of Indigenous midwifery by Indigenous peoples and organizations, such as the National Council of Indigenous Midwives. They hoped for midwifery to be culturally relevant, safe, community-based, and respect the right to self-determination. In order to do this, Métis people need to be able to access training and care for their communities.

> "the care needs to be given by Métis individuals. There's really no other way to wrap it; the cares are just not the same. And so we really do need to make education equitable and accessible and from a community-led perspective" (Midwife).

Recommendations

In envisioning a healthy and equitable future for Métis communities, fundamental policy changes are needed to support Métis birth workers. These recommendations are as follows:

Government Recommendations

- Invest in Métis-specific healthcare (i.e. nutrition programs, non-insured health benefits).
- Fund and develop accessible, Métis-specific services (i.e. emergency housing).
- Invest in community-based birth centers with wrap-around care.
- End birth evacuations.

- Increase the number of Métis midwives, particularly in rural and remote areas.
- Compensate birth workers equitably and adequately.
- Increase community-based models of care vs. travel/fly-in-fly-out models of care.

Healthcare Systems Recommendations

- Co-develop culturally relevant reproductive care tools and guidelines (i.e. lactation support, nutritional guidelines).
- Co-develop mandatory cultural safety training for all hospital-based healthcare providers and allied health professionals.
- Co-develop and enforce policies against anti-Indigenous racism.
- Grant hospital privileges to Indigenous midwives.
- Hire Indigenous health navigators and/or doulas to support Métid people giving birth.
- Ensure representation of Métis peoples (i.e. Elders) on hospital decision-making committees/ panels/working groups.
- Respect and create space for cultural traditions and ceremonies in birthing units.
- End discriminatory calls to child and family services against Métis families.

> "The federal government does need to step in...We really need more funding...not only just with care providers but for these resources like formula and food and housing" (Birth Worker)

Education, Training, and Research Recommendations

- Invest and grow Indigenous midwifery and doula training programs.
- Invest in midwifery education programs.
- Increase the number of midwifery programs - particularly in provinces/territories without midwifery programs.
- Provide bursaries for Métis trainees entering midwifery and doula programs.
- Collaborate with local Métis communities and Knowledge Holders to inform curriculum and best practices.
- Ensure cultural safety is embedded in all areas of training (curriculum and placement)
- Co-develop transparent, distinctions-based, anti-racism and anti-oppression policies for educators and students.
- Ensure representation of Métis peoples at decision-making committees/panels/working groups.
- Develop more flexible, culturally relevant, and community-based training paths and placements.
- All areas of research led by and for Métis people.

Métis-Specific Community Care Networks Recommendations

- Create a database/network for and by Métis birth workers to share knowledge and expertise.
- Create a database/network for and by Métis birth workers to support clients who have to relocate/ are impacted by birth evacuations.

- Build local programs that connect Métis clients in crisis or impacted by evacuations (birth, fire, flood, etc.) with other Métis community members (aunties, Elders, etc.).
- Create opportunities for Métis birth workers to connect across the Métis homeland.

> "In my dream world, there's just a network of all of us who can connect with each other and pass our clients between each other if we're not able to leave community to go support them somewhere else" (Doula)

Discussion

This report emphasizes the challenges, strengths, and aspirations of Métis communities in reclaiming and revitalizing their birthing practices and the central role Métis birth workers play in this revitalization. The care Métis birth workers provide is distinct and encapsulates far more than what we may think of as 'reproductive care.' It includes providing person-centred, holistic, culturally relevant, trauma-informed care to Métis families. Their care is not just medical but also cultural, working to support Métis families as they navigate the transitions of birth and parenthood in a good way.

The recommendations outlined in this report emphasize the urgent need for government investment in Métis-specific healthcare, the development of community-based birth centers, and the cessation of practices such as birth evacuations that disproportionately harm Indigenous communities. These recommendations also highlight the importance of culturally relevant education and training for midwives and doulas, ensuring that Métis birth workers are supported in their roles and that Métis families receive care that is both clinically excellent and culturally meaningful. In order to make these recommendations a reality, governments, healthcare systems, educational institutions, and Métis communities must collaboratively work towards a future where Métis families are empowered to welcome their children into the world in ways that are safe, respectful, and deeply rooted in Métis culture and traditions.

The stories shared in this report underscore the critical role that culturally safe and responsive midwifery and doula care play in improving health outcomes and fostering a sense of identity, belonging, and resiliency amongst Métis people. The "In Our Hands" recommendations offer a blueprint for reconciliation that can build a more just, equitable, and compassionate future for Métis families. Our goal in this report was to amplify the voices of Métis life givers and birth workers, and now we ask that those reading this report listen. Moreover, after listening, act.

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