Recovering the ‘lost art’ of aboriginal midwifery
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The expectant mother, a former sex worker who had been in and out of jail and lived in a shelter, arrived at Seventh Generation Midwives in Toronto toward the end of her pregnancy. She had smoked crack for the first six months and received no prenatal care.

This baby would be her fifth or sixth child. And like the others, she expected the baby would be taken away immediately by Native Child and Family Services.

Shocked that the new client had quit crack on her own, midwife Aimée Carbonneau asked how she was dealing with cravings. Without hesitation, the woman replied she was smoking pot.

“That’s great,” Carbonneau exclaimed, before suggesting pot brownies to lessen the effects of smoking.

Carbonneau shared the anecdote Monday at a special forum about aboriginal midwifery at McMaster University.

After nearly eight years of catching babies for women from all walks of life, Carbonneau, who is Métis, told the crowd she has learned that working with aboriginal clients presents unique challenges and opportunities.

While the average woman who chooses midwifery care in Ontario tends to be middle-class, educated and healthy, the same can’t be said for many of the clients at Carbonneau’s clinic, which caters to aboriginal women. Many are unaccustomed to midwifery’s approach of seeking a woman’s input into her care, said Carbonneau. Often she’s the first professional who has ever asked their opinion.

Respecting cultural differences and adapting formal midwifery training to unique clientele is critical to establish trust, Carbonneau explained. In the case of the crack addict, she noted that harm reduction was her goal, even if most professionals would cringe at the thought of a pregnant woman using drugs.

“If you ask people to do more than they are willing to do, you create a divide,” she explained.

Sharon Smoke, an aboriginal midwife at the Six Nations Birthing Centre, told the crowd of students and instructors that her practice encourages women to talk to their female elders to find out what traditions are important to continue. She’s been moved to see couples using singing and rhythmic drumming to get through labour.

Midwifery is a “lost art” for many aboriginal communities, said Bertha Skye, an elder-in-residence at Mac’s Aboriginal Students Health Sciences office. She recalled female elders assisting with births when she was a child in northern Saskatchewan nearly 80 years ago, a practice now contrasted with women being flown to larger centres to give birth. There’s a desire and need, she explained, to bring birthing traditions back to the community.

While modern midwives are viewed as health professionals, Carbonneau said it’s important that they embrace the spiritual element of their role. An empowering birth experience has the potential to change a woman’s life,
she added.

The former crack addict she referenced went on to have a positive birth experience surrounded by an aboriginal support team. It was so moving the woman decided to fight for her child. She stayed clean, found housing and took two-hour bus rides to deliver pumped milk to her child at a foster home. After a year, the mother and child were reunited.

"I often wonder," said Carboneau, "how her life would have been different if she had midwifery care for her first child."