

Position Paper: Indigenous Doulas as Intervention for Violence against Indigenous Women and Girls
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Introduction

For many Indigenous birthing people, pregnancy, birth, and the postpartum period are times of personal and communal transformation; however, this period can also be an extremely vulnerable time. The National Inquiry into Missing and Murdered Indigenous Women and Girls in Canada confirms that survivors recall that, from the time of their birth, they were unsafe. This lack of safety stems from racist systems and policies like child and family services and birth alerts, which often place Indigenous women and mothers at the locus of trauma and discrimination based on their intersectional identities.

It is our position that the emergence of community-based Indigenous doula collectives across Canada and the United States is imperative to addressing the ongoing violence against Indigenous women and girls, including obstetric violence and violations of Indigenous women and girls' sexual and reproductive health and rights. As such, Indigenous doulas require sustainable supports and infrastructure to provide barrier-free access to care.

Doulas are non-medical paraprofessionals who provide continuous physical, emotional, and advocacy support during pregnancy, birth, and in the postpartum period. Support for women during active labor and birth has been proven to reduce the use of medications and interventions, and research shows that the support of a doula, especially a community-based peer doula, leads to improved health and wellbeing for historically excluded populations (Abramson, 2004; Abramson, Breedlove, & Isaacs, 2006; Bey, Brill, Porchia-Albert, Gradilla, & Strauss, 2019; Bohren et al., 2017; Gruber, Cupito, & Dobson, 2013; Hodnett, Gates, Hofmeyr, & Sakala, 2013; Kozhimannil et al., 2016). The community-based doula model provides “culturally appropriate support to women in underserved communities,” and the “services are often more expanded than those of a traditional private-pay doula and may include an increased number of home visits during the prenatal and postpartum period, referral services to relevant social programs, and care coordination between different health care providers” (Bakst et al., 2020, p. 3). Therefore, Indigenous doulas act as a protective support for Indigenous birthing people to deconstruct the negative encounters they face in Western-based healthcare and social services directly through peer-to-peer support (Doenmez et al., 2022).

At the same time, unlike midwives, doulas are unregulated and not publicly funded in Canada and are not often insured by Medicaid in the United States and are therefore largely absent within the public perinatal care system. Instead, doulas must be paid out-of-pocket by

clients, which excludes underserved populations with low socioeconomic statuses. This service model differs from the fee-for-service model practiced by private doula businesses that often serve populations who can afford their fees and expect low-risk pregnancies. The challenges facing community-based Indigenous doula services include responding to complex community needs that often include the need for trauma-informed care and harm reduction; troubleshooting Western systems, including advocating against systemic racism and sexism; maintaining a fair, living wage; and obtaining sustainable funding for their work (Cidro et al., 2021; Cidro et al., forthcoming; Doenmez et al., 2022; Wodtke et al., forthcoming).

Structural Violence against Indigenous Women and Their Children

Societal systems of oppression such as patriarchy, racism, colonization, ableism, classism, and heteronormativity were created through and are maintained by colonization. These invisible systems can manifest what is known as structural violence (Deer, 2015): “the patterning of social institutions that results in violence, oppression, and injustice” (Boulding, 2000, p.161). Structural violence “limits life choices, particularly of women, by racism, sexism, political violence, and grinding poverty” (Menon-Johansson, 2005, p. 2). Systems impact Indigenous women’s health and wellbeing both directly through experiences with service and indirectly through impacts of colonial policies (Bingham et al., 2019).

These systems and structures have led to major disparities in income, educational achievement, economic opportunities, and health outcomes for all women¹ but in particular Indigenous women (WalDRAM, Herring, & Young, 1995). These disparities for Indigenous women and girls are also predicated on the ongoing practice of child removal in Canada and the United States, including the residential school system. Manitoba Family Advocate for First Nations Cora Morgan and Executive Director of the First Nations Child and Family Caring Society Cindy Blackstock argue that there is a direct link between the rates of missing and murdered Indigenous women and girls and the child welfare system (Taylor, 2018a; 2018b). MMIWG Commissioner Marion Buller said throughout the National Inquiry that people identified a “vicious cycle of violence and problems [that] start with children going into the child welfare system” (Taylor, 2018b). Based on the 2016 Census, across Canada, 52.2% of children in foster care are Indigenous, but account for only 7.7% of the child population (Government of Canada, 2021). The overrepresentation of Indigenous children in care is often driven by poverty and circumstances that are referred to as “social problems,” such as sexual exploitation, high suicide rates, low educational achievement, poor housing conditions, exposure to violence, and substance misuse, which are all linked to the multi-generational impacts of residential schools and other forms of colonial trauma (Lavell-Harvard & Lavell, 2006; Hoffart & Jones, 2018; Micklefeld et al., 2018; Trocmé et al., 2011). The final report of the Truth and Reconciliation Commission of Canada (2015) recognizes the interconnected and interdependent issues affecting Indigenous peoples, including the overrepresentation of Indigenous children in care; domestic and sexual violence; racism; poverty; poor educational and health opportunities; discriminatory practices against women; and inadequate supports for urban Indigenous people.

¹ We recognize that many of these systems and structures are equally detrimental to gender-diverse individuals.

By supporting Indigenous birthing people, including women, girls, and those who are gender-diverse, with culturally safe and continuous care from Indigenous doulas, we can intervene in the cycle of child removal and structural violence against Indigenous women and girls.

Bringing Birth Back to Community and Bringing Community Back to Birth

For pregnant Indigenous people living in rural and remote reserve communities throughout Canada, many experience what is known as Health Canada’s “birth evacuation policy,” a complex intersection of federal and provincial jurisdictional policies that mandate the evacuation from rural and remote communities to give birth in hospitals located in Southern metropolises (Olson & Couchie, 2013). While all people living in rural or remote communities who are isolated from health service infrastructures may be required to travel for healthcare, Indigenous women have been particularly affected (Kornelsen & Gryzbowski 2005; Neufeld & Cidro, 2017) as travelling away from their traditional and ancestral homelands to birth is contrary to traditional birthing practices and ontologies (Lawford & Giles 2012a; 2012b). As a result, Indigenous pregnant people must leave their communities for temporary accommodations in a tertiary care centre to wait for labour and ensure that the birth takes place in medical facilities. For Indigenous women living in rural and remote communities without hospitals, birth evacuation results in being transferred out of their home community to unfamiliar places weeks before their due date, putting them under additional psychosocial and financial stress (Chamberlain & Barclay 2000; Cidro, Bach, & Frohlick, 2020; Society of Obstetricians and Gynecologists of Canada 2010).

The policy prioritizes Western biomedicine in obstetrical management of pregnant bodies, often necessitating long-distance travel and lengthy waiting times for the Indigenous women who constitute the targeted demographic (Lawford, Giles, & Bourgeault 2019). The material impacts of this policy perpetuate the loss of traditional sociocultural practices related to pregnancy, labour, childbirth, and post-partum and the forced assimilation of First Nations people (Lawford 2016). Ultimately, this invisible policy serves to create “a reliance on provincial [i.e. off reserve] maternity resources to ensure First Nations women living on reserve have access to intrapartum care” (Lawford 2016, p. 148) while devaluing traditional birthing practices and destabilizing community. Furthermore, “maternal evacuations not only constitute a direct form of human trafficking on the part of the Canadian state, but also powerfully contribute to the vulnerability of indigenous females to being targeted for further human trafficking” (Bourgeois, 2015, p.1454). The emergence of community-based Indigenous doulas who accompany Indigenous birthing people throughout their journeys disrupts the “**hegemonic colonial** approaches to reproductive health care and the mandatory mobility—and immobility—of Indigenous women’s pregnant and reproducing bodies” (Cidro, Hayward, Bach, & Sinclair, forthcoming).

For Indigenous birthing people already living in urban centres, these community-based doula supports are equally as necessary. A review of the Canadian Indigenous Women’s Perspectives of Maternal Health and Health Care Services conducted in 2016 identified that “the existence of health inequities between Indigenous and non-Indigenous women in urban areas reinforces the need to address structural barriers to health” (Kolahdooz, et al., 2016, p. 343). As Indigenous mothering becomes the pivot around which

their intersecting identities coalesce, Indigenous women in particular experience stereotyping as “bad mothers” and are fearful of child apprehension (Herk, Smith, & Andrew, 2011). In addition to the very real threat of child apprehension, Indigenous women and gender-diverse people are bodily harmed and violated by practices such as forced sterilization, which perpetrates acts of reproductive injustice and genocide (Leason, 2021; Stote, 2015). These issues of racism and sexism are exacerbated by a fragmented perinatal care system that often operates in silos and lacks community-based leadership (McCloskey et al., 2021; Sakala, Hernandez-Cancio, Coombs, Essoka, & Mackay, 2020).

Efforts need to be made to honour the right to ceremony and rituals surrounding Indigenous pregnancy and birth, and Indigenous doulas often facilitate a positive experience for the birthing person by encouraging them to incorporate ones that are meaningful in their life (Hayward & CIDRO, 2021). Cultural practices around birth, including ceremonies for welcoming and celebrating the new life and the sharing of traditional knowledge and teachings, help establish strong community roots for the mother and newborn by encouraging healthy lifestyles and a sense of belonging for the family. As a result, the child has a clear sense of their identity and place within the community, which, according to the Society of Obstetricians and Gynaecologists of Canada, “helps them to become resilient and responsible members of that community” (Society of Obstetricians and Gynaecologists of Canada, 2010, p. 1186). In addition to supplying a strong foundation for the child, Indigenous doula support also ensures that “women emerge from their experiences of pregnancy and birth as feeling more connected to their sacred responsibilities as a parent” (CIDRO et al., 2021). These connections can decrease the likelihood of child apprehension and disrupt the cycle of intergenerational violence and trauma affecting Indigenous women and girls. For this change to occur, Indigenous doulas should be embedded within the healthcare system as service providers not only to welcome children into the world in a good way by reinforcing their cultural identity and empowering the community to take care of the child—all of which would positively affect the life courses of Indigenous people and help remedy overall health disparities—but also to protect against structural violence and racism within the medical system.

Recommendations

1. **Provide necessary supports for Indigenous doulas, including accessible, culturally appropriate training and fair compensation for their work.** Mainstream doula training is insufficient for providing holistic support to Indigenous birthing people as it often omits culturally specific content and “fails to address issues such as poverty, housing insecurity, mandatory evacuations, or infant apprehensions” (Doenmez, et al., 2022). Furthermore, Indigenous doulas must be holistically supported themselves, including self-care plans and fair wages to ensure that they can provide continuous and holistic service while mitigating re-traumatizing themselves and their clients (CIDRO, et al, forthcoming).
2. **Integrate Indigenous doulas into community-led and -based perinatal health worker groups with sustainable funding.** As found in our forthcoming article,

“Without being appropriately integrated into existing perinatal care systems and resourced as such, Indigenous community-based doula services will continue to face precarious and unsustainable funding, as well as the resulting negative impacts in terms of high turnover, burnout, and insufficient administration and infrastructure to provide adequate doula care” (Wodtke et al., forthcoming). This integration requires interprofessional collaboration and coordination between perinatal services, including obstetricians, midwives, social workers, and birth centres to avoid duplication of services. By incorporating Indigenous doulas into existing social services and healthcare for Indigenous peoples, resources could be used more efficiently while recognizing the value of doulas as a part of the holistic, continuous care for Indigenous birthing people.

References

- Abramson, R. (2004) The Critical Moment and the Passage of Time: Reflections on Community-Based Doula Support. *International Journal of Childbirth Education*, 19(4): 34-35.
- Abramson, R., Breedlove, G. K., & Isaacs, B. (2006). *The Community-Based Doula: Supporting Families Before, During, and After Childbirth*. Zero to Three.
- Bakst, C., Moore, J. E., George, K. E., et al. (2020). Community-Based Maternal Support Services: The Role of Doulas and Community Health Workers in Medicaid. https://www.medicaidinnovation.org/images/content/2020-IMI-Community_Based_Maternal_Support_Services-Report.pdf
- Bey, A., Brill, A., Porchia-Albert, C., Gradilla, M., & Strauss, N. (2019). *Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities*. Every Mother Counts. <https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf>
- Bingham, B., Moniruzzaman, A., Patterson, M., Sareen, J., Distasio, J., O’Neil, J., & Somers, J. M. (2019). Gender differences among Indigenous Canadians experiencing homelessness and mental illness. *BMC Psychology*, 7(57), 1-12.
- Blackstock, C., Cross, T., George, J., Brown, I., & Formsma, J. (2006). Reconciliation in Child Welfare Touchstones of Hope for Indigenous Children, Youth, and Families. First Nations Child & Family Caring Society of Canada. https://fncaringsociety.com/sites/default/files/reconciliation_in_child_welfare_booklet_-_2019_0.pdf
- Bohren, M. A., Hofmeyr, G. J., Sakala, C., Fukuwaza, R. K., & Cuthbert, A. (2017). Continuous support for women during childbirth (Review). Cochrane Database of Systemic Reviews, 7: CD003766. <https://pubmed.ncbi.nlm.nih.gov/28681500/>
- Boulding, E. (2000). *Culture of Peace: The Hidden Side of History*. Syracuse: Syracuse University Press.

Bourgeois, R. (2015). Colonial Exploitation: The Canadian State and the Trafficking of Indigenous Women and Girls in Canada. *UCLA Law Review*, 62: 1426-1463.

Chamberlain, M., & Barclay, K. (2000). Psychosocial costs of transferring indigenous women from their community for birth. *Midwifery*, 16(2): 116-122.

<https://doi.org/10.1054/midw.1999.0202>

Cidro, J., Bach, R., & Frohlick, S. (2020). Canada's forced birth travel: Towards feminist indigenous reproductive mobilities. *Mobilities*, 15(2), 173-187. Special Issue on Reproductive Mobilities. <https://doi.org/10.1080/17450101.2020.1730611>

Cidro, J., Doenmez, C., Sinclair, S., Nychuk, A., Wodtke, L., & Hayward, A. (2021). Putting them on a Strong Spiritual Path: Indigenous Doulas Responding to the Needs of Indigenous Mothers and Communities. *International Journal for Equity and Health*, 20(189).

<https://doi.org/10.1186/s12939-021-01521-3>

Cidro, J., Wodtke, L., Hayward, A., Doenmez, C., Nychuk, A., & Sinclair, S. (n.d.). Fair Compensation and the Affective Costs for Indigenous Doulas in Canada. (Under review).

Deer, S. (2015). *The Beginning and End of Rape: Confronting Sexual Violence in Native America*. Minneapolis: University of Minnesota Press.

Doenmez, C. F., Cidro, J., Sinclair, S., Hayward, A., Wodtke, L., & Nychuk, A. (2022). Heart work: Indigenous doulas responding to challenges of western systems and revitalizing Indigenous birthing care in Canada. *BMC Pregnancy and Childbirth*, 22(41), 1-14.

Government of Canada. (2021, March 30). Reducing the number of Indigenous children in care. <https://www.sac-isc.gc.ca/eng/1541187352297/1541187392851>

Gruber, K. J., Cupito, S. H., & Dobson, C. F. (2013). Impact of Doulas on Healthy Birth Outcomes. *Journal of Perinatal Education*, 22(1), 49–58. <https://dx.doi.org/10.1891/1058-1243.22.1.49>

Hayward, A., & Cidro, J. (2021). Indigenous Birth as Ceremony and a Human Right. *Health and Human Rights Journal*, 23(1), 213-224.

Herk, K. A., Smith, D., & Andrew, C. (2011). Identity matters: Aboriginal mothers' experiences of accessing health care. *Contemporary Nurse*, 37(1), 57-68.

Hodnett, E. D., Gates, S., Hofmeyr, G. J., & Sakala, C. (2013). Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*, 7(CD003766)

Hoffart, R., & Jones, N. A. (2018). Intimate partner violence and intergenerational trauma among Indigenous women. *International Criminal Justice Review*, 28(1): 25-44.

Kornelsen, J., & Grzybowski, S. (2005). Safety and community: the maternity care needs of rural parturient women. *Journal of obstetrics and gynaecology Canada: JOGC = Journal d'obstetrique et gynecologie du Canada* : JOGC, 27(6), 554–561.

[https://doi.org/10.1016/s1701-2163\(16\)30712-5](https://doi.org/10.1016/s1701-2163(16)30712-5)

- Kolahdooz, F., Launier, K., Nader, F., Yi, K. J., Baker, P., McHugh, T., Vallianatos, H., & Sharma, S. (2016). Canadian Indigenous Women's Perspectives of Maternal Health and Health Care Services: A Systematic Review. *Diversity and Equality in Health and Care*, 13(5): 334-348. <https://diversityhealthcare.imedpub.com/canadian-indigenous-womens-perspectives-ofmaternalhealth-and-health-care-services-asytematic-review.pdf>
- Kozhimannil, K. B., Hardeman, R. R., Alarid-Escudero, F., et al. (2016). Modeling the Cost-Effectiveness of Doula Care Associated with Reductions in Preterm Birth and Cesarean Delivery. *Birth*, 43(1): 20-27. <https://doi.org/10.1111/birt.12218>
- Lavell-Harvard, D., & Lavell, J. (2006). *Until our hearts are on the ground: Aboriginal mothering, oppression, resistance and rebirth*. Toronto: Demeter Press.
- Lawford, K. (2016). Locating invisible policies: Health Canada's evacuation policy as a case study. *Atlantis: Critical Studies in Gender, Culture & Social Justice*, 37(2), 147–160.
- Lawford, K. M., Bourgeault, I. L., & Giles, A. R. (2019). "This policy sucks and it's stupid:" Mapping maternity care for First Nations women on reserves in Manitoba, Canada. *Health Care for Women International*, 40(12): 1302-1335. <https://doi.org/10.1080/07399332.2019.1639706>
- Lawford, K., & Giles, A. R. (2012a). An analysis of the evacuation policy for pregnant First Nations women in Canada. *AlterNative*, 8(3): 329–342. <https://doi.org/10.1177%2F117718011200800308>
- Lawford, K., & Giles, A. R. (2012b). Marginalization and coercion: Canada's evacuation policy for pregnant First Nations women who live on reserves in rural and remote regions. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 10(3): 327–340.
- Leason, J. (2021). Indigenous Women's Stress and Postpartum Depression: Discussions from the Canadian Maternity Experiences Survey and Indigenous Maternity Narratives. *International Journal of Indigenous Health*, 16(2): 225-243.
- McCloskey, L., Bernstein, J., Goler-Blount, L., Greiner, A., Norton, A., Jones, E., & Bird, C. E. (2021). It's Time to Eliminate Racism and Fragmentation in Women's Health Care. *Women's Health Issues*, 31(3): 186-189. <https://doi-org/10.1016/j.whi.2020.12.007>
- Menon-Johansson, A. S. (2005). Good governance and good health: The role of societal structures in the human immunodeficiency virus pandemic. *BMC International Health and Human Rights*, 5(4). <https://doi.org/10.1186/1472-698X-5-4>
- Micklefeld, A., Armbruster, S., Crate, J., Redsky, D., Chartrand, F., Champagne, M., . . . Daniels, N. (2018, September). Transforming Child Welfare Legislation in Manitoba: Opportunities to Improve Outcomes for Children and Youth. https://www.gov.mb.ca/fs/child_welfare_reform/pubs/final_report.pdf
- National Inquiry into Missing and Murdered Indigenous Women and Girls. (2016). The Mandate of the National Inquiry. <http://www.mmiwg-ffada.ca/mandate/>

- National Inquiry into Missing and Murdered Indigenous Women and Girls. (2017). Our Women and Girls Are Sacred. <https://www.mmiwg-ffada.ca/wp-content/uploads/2018/03/ni-mmiwg-interim-report.pdf>
- Neufeld, H. T., & Cidro, J (eds.). (2017). *Indigenous Experiences of Pregnancy and Birth*. Bradford, Ontario: Demeter Press.
- Olson, R., & Couchie, C. (2013). Returning birth: The politics of midwifery implementation on First Nations reserves in Canada. *Midwifery*, 29(8): 981-987. <https://doi.org/10.1016/j.midw.2012.12.005>
- Sakala, C., Hernandez-Cancio, S., Coombs, S., Essoka, N., & Mackay, E. (2020). *Improving Our Maternity Care Now: Four Care Models Decisionmakers Must Implement for Healthier Moms and Babies*. National Partnership for Women & Families. <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/improving-our-maternity-care-now.pdf>
- Society of Obstetricians and Gynaecologists of Canada. (2010). Returning birth to aboriginal, rural, and remote communities. SOGC policy statement. No. 251, December 2010. *Journal of Obstetrics and Gynaecology Canada* 32/12, 1186.
- Stote, K. (2015). *An Act of Genocide, Colonialism and the Sterilization of Aboriginal Women*. Winnipeg: Fernwood Publishing.
- Taylor, J. (2018a, October 3). ‘Tina Fontaine is that direct link’ between MMIWG, child welfare system, advocate says at inquiry hearing. CBC News. <https://www.cbc.ca/news/canada/manitoba/mmiwg-national-inquiry-cindy-blackstockwinnipeg-1.4848538>
- Taylor, J. (2018b, October 1). Direct link between MMIWG and child welfare: First Nations family advocate. CBC News. <https://www.cbc.ca/amp/1.4840825>
- Trocmé, N., MacLaurin, B., Fallon, B., Knoke, D., Pitman, L., & McCormack, M. (2011). *Mesnmimk Wasatek: Catching A Drop of Light. Understanding the Overrepresentation of First Nations Children in Canada’s Child Welfare System: An Analysis of the Canadian Incidence Study of Reported Child Abuse and Neglect*. Centre of Excellence for Child Welfare. <https://cwrp.ca/publications/mesnmimk-wasatek-catching-drop-light-understandingoverrepresentation-first-nation>
- Truth and Reconciliation Commission of Canada. (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. http://www.trc.ca/assets/pdf/Executive_Summary_English_Web.pdf
- Waldram, J., Herring, D., & Young, T. (1995). *Aboriginal health in Canada: historical, cultural, and epidemiological perspectives*. Toronto: University of Toronto Press.
- Wodtke, L., Hayward, A., Nychuk, A., Donemez, C., Sinclair, S., & Cidro, J. (n.d.). The Need for Sustainable Funding for Indigenous Doula Services in Canada. (Under review).