

Practical Considerations for Working with Indigenous Mothers

“All the rivers of the earth are milk that comes from the breast of the Great Mother. Our breasts give the waters of life to feed the children”

~ ChoQosh Auh’Ho’oh Elder⁽¹⁾

Introduction

Canada’s Indigenous women traditionally breastfed their babies, as did people of every ethnic and cultural background before infant formula became widely available. Breastfeeding usually continued until the woman became pregnant again, or the child was able to fill all of its nutritional needs by eating adult food. With the development of formula, breastfeeding began to decline worldwide in the first half of the 20th century.

Today, Indigenous women have the lowest breastfeeding initiation and duration rates of all Canadian women. Breastfeeding initiation rates for Indigenous women are 77.8%, compared with 88% for non-Indigenous women⁽²⁾. Fewer off-reserve Indigenous women breastfed their last child exclusively for six months or more (16.6%) than did non-Indigenous women (26.7%)⁽³⁾.

There are historical and social factors that may create barriers to breastfeeding and impact parenting:

- The residential school experience interfered profoundly with the transfer of traditional knowledge about childbirth and child-rearing. As residential school survivors began having families of their own, they did so without having learned parenting skills and these parenting deficits were passed on to their children, becoming an intergenerational problem⁽⁴⁾.

- Colonization affected family and community structures; different living arrangements led to a reduced presence of a circle of supportive women. Female relatives from the extended family had always played an integral part in child-rearing, and it was a communal effort.
- Discrimination and racism in health care have a negative impact on the quality of care provided to Indigenous people, resulting in a loss of trust and confidence in the health care system and health care providers⁽⁵⁾.

Despite this history, there has been a renewed interest in breastfeeding in some Indigenous communities. Several Indigenous communities in Canada have dramatically increased breastfeeding rates through programs based on principles of cultural competency and community capacity building⁽⁶⁾.



Suggestions for Practice

- Find out if there are any specific traditions, rituals or ceremonies for the passage into motherhood and if the expectant woman has any relatives who can teach her about these and/or perform these with her where appropriate.
- Ask Indigenous women about any cultural beliefs or practices they might have regarding infant feeding or stories about breastfeeding they have heard from their female relatives. For women who have other children, ask to hear their stories of previous breastfeeding experience.
- Empower women to make informed feeding decisions. If possible, provide information about the importance of breastfeeding throughout prenatal and postnatal contacts, and provide a realistic picture of what to expect⁽⁷⁾.
- Develop a detailed breastfeeding plan with the woman before she gives birth so that she will have supports and strategies in place once the baby is born. Include small, manageable goals, such as, 'I will watch that my baby is passing urine and stool often enough.'
- Try to ensure the following supports are available for mothers: resources (assisting with information gathering); practical (help with household tasks and childcare); emotional (empathetic, understanding and positive feedback).
- Provide contact information for a breastfeeding consultant, a supportive friend/family member who has successfully breastfed, and babysitting sources.
- Link women to the following supports as needed and according to what is available in their communities: peer support, breastfeeding classes, outreach programs, and one-to-one follow-up.
- Help to set up regular home visits by nurses and experienced mothers from the community⁽⁸⁾.
- In Indigenous communities, help to establish partnerships with neighbouring community resources and healthcare providers.
- Offer breastfeeding education to family members, and provide practical ideas for family members and friends to support mother and baby. When a woman feels supported, she is more likely to feel confident with her decision to breastfeed⁽⁷⁾.

Did you know?

Two-Spirit is a cultural term used by some Indigenous people to mean a person who has both a male and female spirit which may include concepts of spirituality, sexual orientation and gender identity⁽⁹⁾. Your Indigenous patient may not identify as a woman or mother – it's best to follow your patient's cues and ask if you need clarification.

Click here for a useful video resource to show expectant Indigenous women.

The Creator's Gift to Mothers. Shibogama First Nations Council, Sioux Lookout Meno Ya Win Health Centre and Best Start Resource Centre.



Tips for Providing Culturally Safe Care

- **Use a people first approach** – in Indigenous cultures, it is most important to develop a relationship first and establish trust. Care by the same health care providers will create continuity and help establish a relationship.
- **Recognize diversity** – not all Indigenous groups or individuals have the same beliefs, customs, or traditions.
- **Listen carefully and non-judgmentally** – allow the person time to explain their situation or tell their story without interruption. Be comfortable with periods of silence, but don't take silence as agreement – always ask.
- **Explain** – explain fully what is happening and why in clear and simple language, without talking down to the person.
- **Notice eye contact** – direct eye contact can be viewed as disrespectful, but take your cue from the woman and her family.
- **Ask permission before touching** – be sensitive to shyness and modesty, which can be a result of sexual abuse or low self-esteem. Provide private spaces for mothers to breastfeed.
- **Include extended family** – extended family is very important; try to accommodate them. When a young woman is with her mother or another Elder, she may defer to them when being questioned. Respect this relationship by politely addressing the Elder and recognize the role they are playing in the decision-making process⁽⁴⁾.
- **Use a holistic health approach** – address the social, emotional, mental and spiritual aspects of breastfeeding⁽¹⁰⁾.

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