8.
Birth Places, Embodied Spaces

Tlicho Pregnancy Stories across the Generations

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THE FORCED CULTURE CHANGES of colonization in Canada affected Indigenous societies at different points in time; colonization of the Tlicho (formerly Dogrib) region in the Northwest Territories (NWT) was considered to have been relatively recent. The profound changes to the lives of the Tlicho can be heard in the stories across the generations. To investigate the impact of colonization on Tlicho maternal health, I collected pregnancy and the birth stories from Tlicho women of different generations.[1] Generations were further expanded with the addition of Joan Ryan's work with Tlicho Elders in Whati, NWT, and Pertice Moffitt's discussions with younger Tlicho women in Behchoko, NWT. I collected pregnancy and birth stories from ten Tlicho women between the ages of sixty through ninety in the Tlicho communities of Behchoko and Whati over the summers of 2013 and 2014. The women met with me in their homes and most shared their stories in Tlicho with the aid of an interpreter. Grounded in women's narratives, particularly of Tlicho Elders and a traditional midwife, their stories reveal changes in the lived experiences of pregnancy and birth as reflecting different sociohistoric locations within histories of colonization—from birth on the land with community and midwives, to the beginnings of settlement and birth in the mission hospital in Rae, and to lone evacuation to Yellowknife for medicalized birth in a biomedical hospital.

Birth, however, is not solely a physiological event but is shaped by cultural values and meanings, nor is a birth place simply a location in which a physiological event occurs. Since places are not

only "in the landscape but simultaneously in the land, people's minds, customs, and bodily practices" (Munn qtd. in Low 15), birth places may be seen as social and cultural spaces endowed with cultural values and meanings fundamental in the rituals of birth. Similarly, the body may be seen as both biological and social and cultural. Through the intersection of space, place, and the body, a space becomes embodied or, as Low describes, an "embodied space," in which meaning is inscribed on the body (10-11). By considering changing Tlicho birth places as embodied spaces, I explore the social transformations in time and space brought about by the processes of missionization and medicalization to reveal how colonial histories of controlling birth experiences have become inscribed on Tlicho maternal bodies.

BIRTH ON THE LAND: THE FEMALE BODY AS POWERFUL

The Tlicho are a Dene people occupying the region between Great Slave Lake and Great Bear Lake in the Northwest Territories. Today the Tlicho live in the four communities of Behchoko, Whati, Gameti, and Wekweeti. However, the traditional setting for the Tlicho saw extended families living on the land in bush camps for most of the year—hunting, trapping, and fishing seasonally. Women gave birth in the bush camps with the assistance of other women, including midwives. When a woman was "sick" (in labour), a pole was placed sideways for the woman to hold onto. She would kneel or position herself in a sitting or squat position with someone holding onto her. The midwife, or other women assisting in the birth, would rub her stomach to help reduce the pain and to help the baby to be delivered faster. Once the baby was born, a midwife would tie and cut the umbilical cord, and apply a variety of medicines from the land, including rotten wood, black coal, or burnt dry willow, to help the cord heal and prevent infection. After cleaning the baby, the afterbirth was delivered. The mother was then cleaned up, and the baby was encouraged to breastfeed. The mother was then expected to rest for about a week, with other women assisting her, until she healed. Tlicho women, including Elders, recounted their childhood memories of birth on the land:

Dene woman with baby in a moss carrier Fort Rae, 1924.
NWT Archives/Canada. Dept. of the Interior fonds./G-1979-001: 0165

> I saw twice but an Elder they chase us out. By the time we came back the woman was holding the baby … First I hear a baby cry.... I remember that it was me and my cousin, we're just sleeping, all suddenly whole bunch of women coming in and wood stove going fire … hurry up, hurry up.... I was wondering how come they are all rushing just banging, stove going, fire going, washing water's boiling, so there must have been about four or five midwives there helping each other and if anything goes wrong they know how to, how to [turn the baby]. That's why they were all there you know. Instructing each other like help each other. (TPS003)

Although some Elders recalled tragic birth events in which a woman died during delivery, they told other stories with laughter as they recalled being chased away by Elders: "As little kids, we peek in the little hole in the tent, we peek in there and they say, you guys don't look.... Because of you guys the baby's hard to be born.... It's so funny looking through" (TPS008).

As James Waldram and colleagues (145-6) note, a widespread belief maintains that healing roles in Indigenous societies were primarily held by males (e.g., medicine men), and this may reflect a gender bias in the historical record, as European males would have been excluded from observing female activities or from speaking with them. Indigenous women did occupy healing roles, despite the poor state of the literature. Almost no details on Indigenous childbirth practices exist (147). Indeed, women were highly skilled birth attendants employing a variety of surgical practices and medicines from the land.

Tlicho midwives were "gifted" and attended to not only births but "sicknesses" as well:

> Women whose hands are really gentle that the woman doesn't feel the pain, but still some women who are touching the woman experiencing giving birth they're just in so much pain. "There are some people with different gifts," that's what [my mother-in-law] said. That's the reason she was always being called. It's just like whenever a woman

> is giving birth. Not only that, other kind of sickness too, she was being called. (TPS001)

A traditional Tlicho midwife explained how her own mother, also a midwife, directed her to become a midwife:

> Because [I] had seen so many babies delivered that that's the reason why [my] mom gave [me] the message that, after I'm passed you will help woman's delivery of babies cause you've seen so much and you've seen lots and you know how to do it and you know how they feel, so every woman that's sick with pregnancy [I] come over when her time is near for the delivery of the baby. (TPS005)

Other stories related women's knowledge of a variety of medicines from the land; indeed, in discussions with Elders in Whati, Ryan recorded a variety of spiritual approaches and traditional medicines—including spruce boughs, Labrador tea, tamarack, and otters chin—for a variety of concerns, such as engorged breasts, problems conceiving, breech births, and retained placentas (*Traditional Dene Medicine*, *Part II*, 227-51). As one Tlicho Elder recalled, "After the delivery they boil that kind [of spruce bough] and they let the woman drink the juice, you know, to heal fast and not to feel pain any more cause after delivery they have pain, you know inside their tummy. So they let them drink that kind and then they don't feel pain. They heal fast" (TPS008).

A traditional midwife shared the story of delivering her daughter's baby, which needed to be repositioned:

> [My] daughter was in labour. What happened was the baby was coming out but one side of the arm came out instead, you know the baby was sideway.... What [I] did then was put a lot of soap, lard on [my] hands and asked daughter if she's awake or you know conscious. She said yes so [I] pushed the baby back in and turned the baby around. But that was the way to deliver breech, the baby standing up. And that's how [I] delivered the baby, feet first. (TPS005)

Dene woman with child on her back, Fort Rae, [n.d.].
NWT Archives/Henry Busse fonds/N-1979-052: 1727

Knowledge of wellbeing during pregnancy and birth was passed from Elders, grandmothers, and mothers to daughters: "Wherever they are, wherever the people, women are, you know, they just deliver the baby. Even the mothers they learn it from their mothers. I think that's how it was" (TPS008). By observing, experiencing, storytelling, and teaching, ways of knowing how to be well were passed on:

> The elderly women, their mothers, they always encourage their daughters and they encourage their grandchild, granddaughter.... They carry a child so be careful. Don't eat that kind, they would tell you that ... they were very watchful. But in those days the women were really strong, they were tough. (TPS001)

Another Tlicho woman recalled specific advice:

> They used to tell them.... they have to move around so that their delivery, if the labour comes, it will be easier for them to deliver the baby. They had to move around all the time...so the baby can move around inside their womb. They used to tell them that if they don't move around too much then the baby will ... attach to the womb and it will be hard for the baby to come out.... It's gonna be stuck. (TPS008)

However, birth on the land involved more than the delivery of a child and the wellbeing of the mother. For the Tlicho, life on the land reflected the interconnected nature of humans, animals, and spirituality. Humans had reciprocal and responsible relationships with animals and the land. All living things had a life force, as reflected in the rituals of the hunt and the respect for the animals shown through these rituals. For instance, when a moose was killed, the bell was hung in a tree so other game would know that it had been handled properly and taken with thanks. Moose would then return to that area to be taken again (Ryan, *Traditional Dene Justice* 24). Similarly, after a kill and butchering, no parts could be left on the ground, and bones had to be covered by rocks or put in trees so the moose or caribou might reclaim them for its next life. If these rules were not followed, the animal would be offended and would not return to the area. Blood was handled carefully, since it represented the animal's life force (Ryan, *Traditional Dene Justice* 24-5). Furthermore, mistreatment of bones could lead to sickness and/or bad luck for the hunter as one Tlicho Elder shared:

> They don't throw bones anywhere because people don't go over it ... if its elsewhere and the people go over it, you know, walk over it or something, they can get sick with it ... they live on traditional food off the land and if they don't respect their bones, they just throw them somewhere that's how you're not lucky, even to go on the land, you know, food ... bad luck with the hunter. You have to have respect for it. (TPS006)

As with the invisibility of women in the literature in terms of Indigenous healing roles, most research has focused on the reciprocal relationship of the male hunter and the animals, and not about the responsibilities of females. However, everyone had responsibilities toward the hunt, including women. Beyond the practical aspects of preparing men for the hunt (e.g., clothing, food), woman also had a responsibility to maintain the balance between humans, animals, and the spirit world. In particular, women's blood (i.e., menstrual blood and the blood associated with childbirth) was seen as powerful; therefore, a variety of disciplined female behaviours were expected so as to not endanger the hunt: "A woman's blood could draw strength away from the hunter" (Ryan, *Traditional Dene Justice* 23). Although the concept of "contamination" of trails and gear by women's blood is popular in the ethnographic literature on hunting-trapping societies, as Ryan clarifies, the Elders challenged this term. Instead, the term "endanger" rather than contamination was proposed, as it highlighted women's power and her ability to draw power away from men, which would affect their ability to hunt and endanger the group's survival:

> Women could not step over meat, blood of hunting gear, menstruating women could not handle blood, and pubescent girls could not handle meat or blood, as women's blood could draw strength away from a hunter, even if he was on the trail and she was in camp. Animals also knew when a woman stepped over game or gear and would be affected enough to not allow themselves to be taken. (Ryan, *Traditional Dene Justice* 24)

Upon puberty, Tlicho girls learned how to control their power and followed a variety of rituals. Pubertal girls were isolated in menstrual teepees, where they collected their own wood, water, and sometimes food. The experience was said to make them strong and to connect them to the spirit world (Ryan, *Traditional Dene Justice* 39). Girls (as well as boys) were also "tied" by their grandmothers; moose straps were tied to their ankles, waist, wrist, and neck. This was done to give them strength, courage, and wisdom,

and also protected them from evil spirits (40). As one Tlicho woman recalled:

> After, you know, when they get their first period they have to tie their fingers together with hide. They tie it together; it's always like this. So you know there's not gap in between the fingers. As they grow up, they will always have their fingers like that until their monthly goes.... They have to keep it tied until the monthly goes away and then you know they undo it, and when their monthly comes again they do it like every month. (TPS008)

The desire to balance the relationship between animals, humans, and the spiritual world, as evidenced in the rituals of the hunt, was also mirrored in birth rituals. Because of the male role in hunting, "the husband does not sleep with his wife for a month [following the birth of a child]. She will sleep by herself with the child" (TPS001). Following birth, the mother's movements were restricted because of her power:

> As soon as the baby is born, they don't walk around inside they stay where they are; if they are going out they have to pull up the side of the tent and go out from there, they don't go out the doorway. They go out from the women's side of the tent to avoid sickness. Women would have their own cup and they would tie a string or something around the cup or the handle. That lady who has the baby can't use anybody's cup. This would last until she stops bleeding [either menstruation or the bleeding associated with childbirth]. They would also have their own washroom [similar to the menstrual teepees], separate from the men's. (TPS008)

Another woman explained the interrelationships of people and animals in the traditional treatment of the umbilical cord and afterbirth:

> You cut the cord when the baby you know the cord comes out... Sometimes they cut the trees or the wood... [she] says

> you put it [umbilical cord] up there and then hop around, dance around, you know ... give you luck to this child. Either they dance around or they just talk to it. And so they say when the whiskey jack comes and when it picks up the baby's cord they say this whiskey jack is going to be directing this guy for a good hunt ... I always questioned [my mother-in-law] ... you know when a baby is born, the afterbirth when it comes out, I said what do you do with those things you know because I remember when I worked in the hospital you know they just threw it away ... [She] said sometimes if this child has been gifted, what they do is they bury that thing, they bury it, either on top of the tree or they bury it on top the ... you know, pole rack up there.... Yeah, eagle or some kind of animals ... you know, bear or type of animal ... you know, they say it takes it and that's how the child would grew well healthy and strong, you know, until he grows until manhood. Just like they would have prediction. (TPS001)

Birth on the land, therefore, reflected the interconnected nature of humans, animals, and spirituality. The relationship to the land informed the rituals of birth and emplaced Tlicho birth experiences. However, these rituals of birth would be suppressed as Tlicho spirituality came under the missionaries' agenda of assimilation. As Waldram and his colleagues discuss, Indigenous medical systems were subjected to a variety of oppressive measures; measures not aimed at medical practices per se but rather at aspects of Indigenous spiritualties and social life deemed to be prohibitive of assimilation (147). With suppression of Tlicho spirituality came a new interpretation of the female body.

MISSIONIZED BIRTH: THE FEMALE BODY AS SUFFERING

Missionization in the North, as with other areas of Indigenous Canada, began with a desire to save Indigenous "souls" through conversion to Christianity. As Waldram and colleagues explain, this dominant theme influenced other forms of forced assimilation couched in humanitarian, Christian terms. Since Indigenous

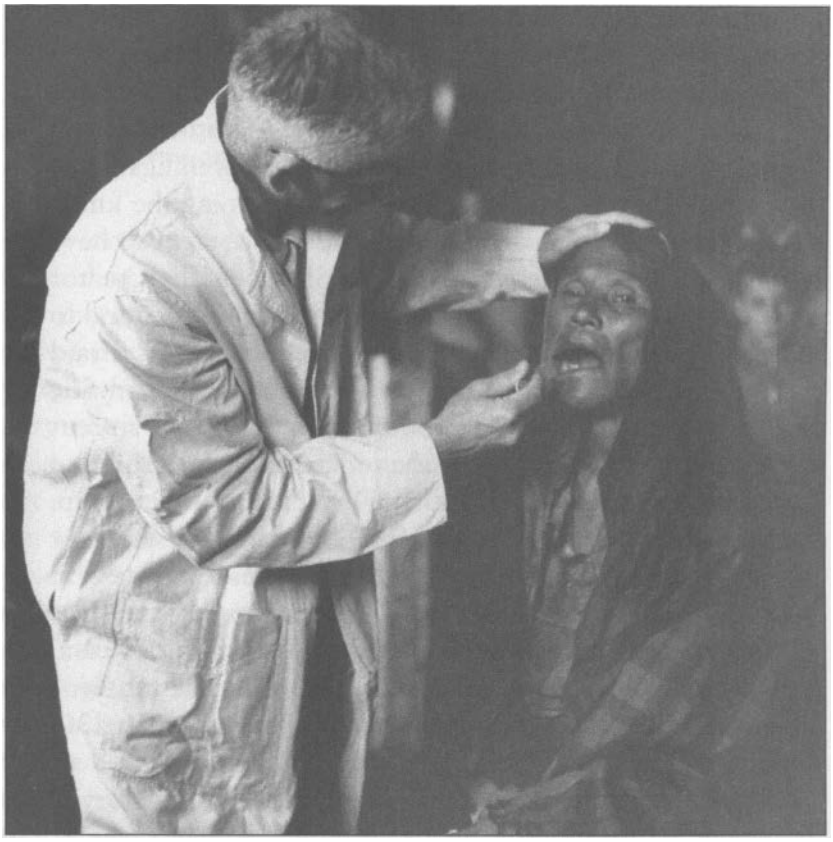
people lacked knowledge of God, Jesus, and the sacraments, they were seen as "savages" in need of paternalistic care to become "civilized" (i.e., assimilated into Euro-Canadian cultural patterns and belief systems) (14). More Catholic institutions were eventually established, including residential schools, which removed the children from their oral traditions and the continuity of their generations.

The first missionaries arrived in the Fort Rae area around 1852, and with the missionaries came epidemics of infectious diseases. The traditional Dene belief systems could not account for, or counteract, the disastrous new epidemics that decimated communities. The loss of significant numbers of community members altered leadership roles and disrupted existing social structures, and paved the way for the onslaught by European Christian missionaries (Waldram et al. 291).

Although the first doctor came to the region in 1900, visiting annually, infectious diseases (measles, tuberculosis, and influenza) took their toll in the 1920s and 1930s (Ryan, *Traditional Dene Justice* 113), and the Faraud Mission Hospital was established in Fort Rae (Behchoko) in 1940. As part of the Roman Catholic Mission, the hospital setting revealed a shift in the transfer of women's knowledge of birth:

> At the hospital, the nuns delivered the babies without a doctor. The nuns would gather all the pregnant women and would teach them on how they're going to deliver the baby. That's how the nuns there explain it to them. Just like teaching so they know. Once we know, once they deliver the baby and everything was good, they took good care of you and everything was okay. (TPS008)

Despite the establishment of the mission hospital, people continued to live and give birth on the land until the development of the communities of Whati, Gameti, and Wekweeti in the 1960s and 1970s. In some cases, some women simply did not want to go to the hospital and wanted a midwife: "She was going to have a baby so they told her to go. Well, there was an old hospital here [Fort Rae] with nuns, sisters, but no doctor. So they asked her to go to



Dr. J.H. Riopel, District Medical Officer and Indian Agent, examines a Dogrib patient at Fort Rae, 1939. NWT Archives/Richard Finnie fonds/N-1979-063: 0053

the hospital but she wouldn't listen. She doesn't want to have the baby deliver there" (TPS005).

As Ryan notes, the overlay between Dene belief systems and Christian ones was extensive in the initial contact period; both became entwined and included many similar interpretations of the world and its Creator and spiritual events. This overlay of interpretations seems evident in stories related by the Elders. In discussions with the Elders about women's role in surgery (i.e., Caesarean sections), Ryan describes how the group had, at first, agreed that a baby would not be removed through Caesarean if the woman had died during pregnancy, but then a story was recounted:

> [A woman] was sick or injured during the pregnancy and

> died. They didn't know what to do with her; they couldn't leave the body like that. The relatives asked Monique [a midwife] for help. Monique felt miserable having to make a decision about what to do. She told the other women not to mourn because she would take care of things. They prepared the body for surgery. While sharping the knife, she thought of the Creator. It would not be right to have the child buried inside the mother. She knew the Creator would give her the courage to perform the surgery and to do his will. She cut the stomach open. She wasn't afraid nor did she feel terrible. The body was partially frozen. She wasn't sure how far to cut down from the ribs so she cut across the abdomen. Then she took the baby out, placed it on a canvas cloth. Then she sewed the mother back up. Monique told this story to Marie Madeline Nitsiza. Not any one could do this type of surgery. It takes someone with a strong mind like herself who has spiritual powers. She was smart to use her spiritual power. She was a powerful spiritual person. They place the child under the mother's arm for burial. (*Traditional Dene Medicine, Part II*, 230)

Monique's daughter, also a midwife, recounted this story. After describing her admiration for her mother's strength, she stated clearly that she wanted the nurses or anyone else to know that if a woman dies with a baby in the womb, it must be taken out and that she wanted the story to go on. As she said, "this is why I give you this story" (TPS005).

Another story recounted by an Elder who worked at the Faraud Hospital provides insight into the overlay of belief systems:

> [The wife] had two kids, two girls, and they all died. [I'd] seen them after they were dead. [The wife] was expecting the baby to be born that's why she died [in delivery]. And she has two babies on her back [gesturing to her shoulders], two girls, they died too so we just look at them. [The nuns] want people to look at them, so they were on a stretcher bed…pulling them around the hospital to let people look…. Couldn't deliver so the mother died … those two babies

> died in the womb too. So they had to take them out, they put them here [gesturing to shoulders]. So all the people has to look at it, that why they were pushing the bed around the hospital, so people can look at the lady that died with twins. (TPS008)

However, the overlay of interpretations is not complete. Whereas the traditional Tlicho perspective, described by the Elders in Whati, was that the baby needed to be taken out so that the spirit could escape (Ryan, *Traditional Dene Medicine* 238), the Christian perspective focused on the importance of removing the fetus for the purpose of baptism, to save the soul (Savona-Ventura 23). As the Faraud Hospital was a mission hospital run by nuns, it reflected not only the spiritual views Christianity informed by biblical stories but also its morality. Shari Julian discusses the story of Eve yielding to the seductions of the serpent, taking fruit from the Tree of Knowledge, and ultimately condemning Adam and all descendants to shame, hard work, painful childbirth, and suffering. Later theologians turned the story into the concept of "original sin," and with it, an eventual fear of female power and tensions about the female body (Julian 258-9; Baik-Chey 169). Eve became equated the "original sin," and the pain of childbirth became the "curse of Eve"—a phrase evident in early medical writings of women in labour (e.g., Purdy 822). The female body was seen to embody suffering. As one Tlicho woman described birth in the mission hospital with the nuns: "It was okay. They just kept praying for your suffering. Unless you were a single mother, then no needle for you" (TPS010). The moral condemnation of childbirth out of wedlock was not part of traditional Tlicho views. If a man got a woman pregnant, whether single or married, he was responsible for her and the child's wellbeing.

Although some Tlicho women had positive birth experiences at the Faraud Hospital, others were ambivalent about their experience. One Elder, who gave birth at the Faraud Hospital and later worked there, did note changing views of birth with the closure of the Faraud Hospital, and the development of the evacuation policy: "But back then every birth was successful, okay. But nowadays if they say the baby is big it can't be born they have to do cesarean;

you know, open them up and take the baby out. Back then [with the nuns] it wasn't like that. It was just successful; every child was born normal [natural birth]. Even big babies were born normal" (TPS008).

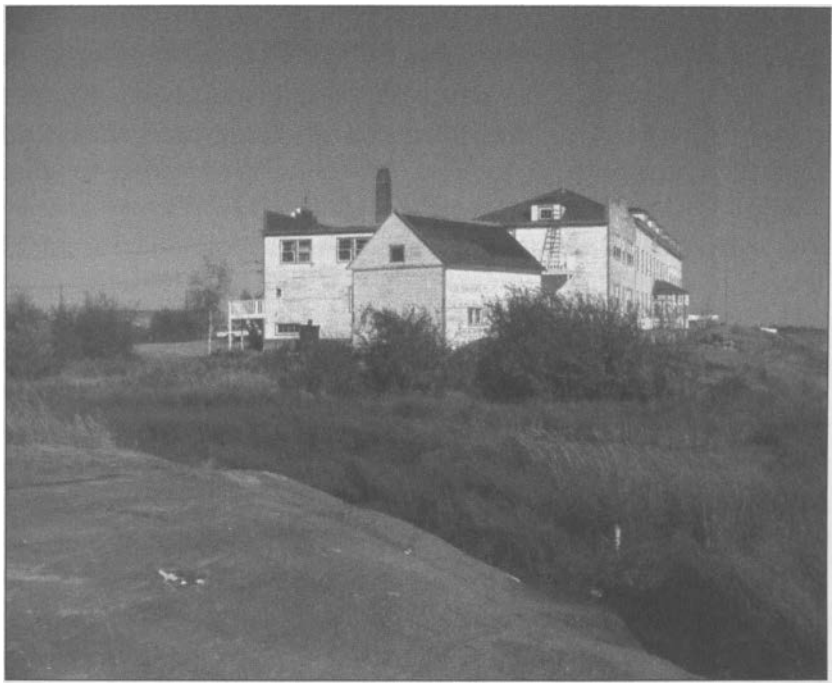
Although the "Indian problem" became medicalized with the onslaught of missionaries and the epidemics of infectious disease decimating Indigenous peoples (Waldram et al. 291), the full extent of the medicalization of birth began with the evacuation policy in the North. Closure of the "Indian hospitals" began in the 1960s, and in contrast, the number of nursing stations increased and developed as the backbone of the Medical Services Branch (198). Spiritualties, both Tlicho and Christian, eventually gave way to dominant biomedical discourse with its emphasis on technology and risk, which lead to new emplaced birth experiences and meanings inscribed on the female body.

EVACUATED BIRTH: THE FEMALE BODY AS RISK

Beginning in the 1970s and still policy today, pregnant Tlicho women, as with other Indigenous women in rural and remote communities, are evacuated at thirty-six to thirty-right weeks gestational age—according to regional policy, or sooner if a high-risk pregnancy (Lawford and Giles 327)—and brought to Yellowknife, where they must give birth. Staying in hotels, boarding homes, or with family or friends, they wait to go into labour and to be admitted to a hospital. As one Elder who was evacuated in the early 1970s recalled her experience, "I had to fly in [to Yellowknife] because the nurse, they made us fly in about a month early. So we have to stay there until, um... Long wait" (TPS002).

Being away from family and community, one Tlicho Elder recalled thinking of her mother-in-law's advice while she waited in Yellowknife:

> I was staying with a friend until the baby comes. I was staying up in Yellowknife and I don't know, I eat whatever I want to eat and she had so many different kinds of food. She cooks, she bakes ... I don't know gave me heart burn,



Roman Catholic Mission and Faraud Hospital in Behchoko (original image in colour). NWT Archives/Thomas Albert Donnelly fonds/N-2010-009: 0239

> it was ever bad ... so that's the reason why I just think of my mother-in-law. If I was at home would I be like this! She always warned me. What are you eating, don't eat that. (TPS001)

As Moffitt discusses, contemporary childbirth for Tlicho women is medicalized and institutionalized predominately on risk discourse; risk informs prenatal evacuation policies (29). Consequently, the "safest birth place" becomes the hospital at the regional centre in Yellowknife. Labour and delivery in Behchoko, or one of the remote Tlicho communities, is considered to put mother and infant "at risk." Such perinatal risk factors include the following remote geographic locations with limited services; the potential for a variety of obstetrical emergencies; lack of skilled midwives perinatal nurses; neonatal problems associated with substance abuse and sexually transmitted infections (30). Although Moffitt acknowledges that there are obstetrical complications associated

with birth, she emphasizes that the socially constructed risk discourse developed not in response to obstetrical emergencies but rather to scientific and technological advances, accumulated knowledge, and colonizing power (30). With advanced technology, pregnancy and birth became more of an anomaly with a narrower range of what is considered a normal pregnancy (Thachuk 49). With pregnancy no longer viewed as a natural process, the female body becomes inherently at risk.

However, Tlicho women evacuated for birth in the 1970s had not lost their belief in their traditional birth practices: "I was [in Whati] and I was ready to give birth, I was in contraction... My [mother-in-law] was with me and I was okay and I was thinking if I don't go she's going to deliver my baby. But then, um, auntie told me that [she] says I think that you're in pain, you know, you should go with the plane" (TPS001). And what is actually informing "risk" is often contested, as one Elder summed up: "I think today you know because of the expensive, and you know, it's kind of difficult for people to be travelling away from home. I think they should have midwives around just in case. You never know when the baby's gonna come" (TPS001).

Traditional knowledge and beliefs are also prevalent in the stories of younger Tlicho women that Moffitt collected in her investigation of Tlicho perinatal health beliefs and health promotion (137-69). Tlicho women aim to keep themselves well in a "world upside down" (117). The metaphor "upside down" refers to a world in conflict with traditional Tlicho values and to the trauma, isolation, and alienation resulting from colonial and assimilationist interventions into the lives and lifeways of the Tlicho. As a result Tlicho, women struggle to "keep themselves well" within their colonized world of poverty, violence, and substance abuse. Risk to maternal and perinatal health, therefore, is not inherent in the female body but rather created by the legacies of colonization and the associated intergenerational trauma.

Accordingly, Karen Lawford and Audrey Giles argue the founding goals of the evacuation policy, which have roots in the late nineteenth century, were not related to good health but attempts to assimilate and "civilize" Indigenous peoples, which led to the marginalization of Indigenous pregnancy and birth practices, and

coercive pressures to adopt the Euro-Canadian's so-called superior biomedical model (327). Indigenous maternal bodies "thus became a site on which colonial goals of assimilation and civilization could be realized" (Lawford and Giles 332).

By considering birth places as embodied spaces, I reveal how colonial histories of missionization and medicalization created new emplaced birth experiences and inscribed Eurocentric meanings on Tlicho maternal bodies. Colonization became integrated into the lived experiences and rituals of birth and created birth places structured by the cultural values of the colonizer, whether saving souls or saving bodies. Evacuating Tlicho women to the "safest birth place" can be seen as removing them from their colonized communities without actually addressing key "risks" to maternal and perinatal health identified by Tlicho women. However, as Moffitt proposes, alternatively birthing in the community promises to improve perinatal health for women and their families, and allow women to have the support of family and friends and a more positive environment by fostering family unity through shared experience. Returning birth to the community would allow for traditional Tlicho customs of care by women during labour and childbirth to be revitalized and for perinatal care to be delivered in the women's language, which would afford more comfort and allow for improved knowledge transfer. Furthermore, attention to traditional practices would demonstrate respect, bolster Tlicho identity, and, in turn, improve overall health and wellness (Moffitt 117). Within this revitalized birthplace, the female body may be decolonized.

ENDNOTE

[1]To provide confidentiality, I coded the Tlicho women sharing their stories as TPS (Tlicho Pregnancy Stories) followed by a number (e.g., TPS001). The women shared their stories in English or in Tlicho with the aid of an interpreter provided by the Tlicho Government.

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