Obstetric Violence

Realities and resistance from around the world

edited by Angela N. Castañeda,
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Chapter 13

"Only Then Will the Buffalo Return": Disrupting Obstetric Violence through Indigenous Reproductive Justice

Leslie Dawson and Terri Suntjens

In June of 2019, after enduring a C-section delivery at a Kamloops hospital, an Indigenous couple welcomed their first child. However, their joy was short lived, as child welfare workers came to take the baby, saying they had a report of neglect, ninety minutes after the baby was born. Although the maternal grandmother managed to initially hold off the child welfare workers, two days later, they returned to apprehend the infant while the mother slept due to a hospital administered sedative. When she woke up, her newborn baby was gone (Ridgen). This story of Baby H, as the infant has come to be known, is one that many Indigenous women, children, and communities have experienced within the Canadian medical system and is one of the many forms of obstetric violence Indigenous women face.

Indigenous women in Canada experience obstetric violence in the form of reproductive oppressions associated with birth alerts and baby apprehensions, such as that described above, and forced evacuated birth, when women from rural and remote communities are forced to leave their communities to birth in urban centres away from their support networks. These reproductive oppressions are couched in risk discourse and inscribe meanings on Indigenous maternal bodies as at risk or, in postnatal contexts, on Indigenous infant bodies as at risk.

Fundamentally, these inscribed meanings privilege biomedical knowledge and deny Indigenous ways of knowing and being and make the impoverished worlds created by ongoing settler colonialism invisible.

Indigenous peoples in Canada have endured a centuries-long history of colonization and continue to experience ongoing settler colonialism. Forced assimilation policies aimed at "civilizing" Indigenous peoples and ending a perceived "Indian problem" sought to remove Indigenous peoples from their lands, sever the transmission of cultural knowledge and ways of knowing, and end Indigenous identities—practices now referred to as cultural genocide (TRC). More often, colonial policies and practices—such as the Indian Act, which stripped Indigenous women of their status and identity, and the residential school system, which removed children from families and communities—targeted Indigenous women and children. The inherent patriarchal nature of colonialism disenfranchised and displaced Indigenous women from their lands, communities, and central roles and diminished their status in society, leaving them vulnerable to violence (National Inquiry into Missing and Murdered Indigenous Women and Girls). Due to cumulative colonial historical events and forced assimilationist policies, Indigenous peoples experience intergenerational trauma, which underlies a variety of contemporary health and social disparities—including substance abuse, homelessness, and poverty—and informs high rates of violence against Indigenous women and girls. Settler colonialism is ongoing in Canada and manifests itself in various institutions and structures, including biomedical and governmental policies.

In this chapter, we explore how birth alerts and forced evacuated births—as two examples of obstetric violence Indigenous women and their children face—situate Indigenous maternal bodies as sites of ongoing settler colonialism. Drawing on published lived experiences, we reveal the intergenerational trauma and poverty that underlie birth alerts and baby apprehensions, as well as the colonial origins and suppression of Indigenous birth practices with the evacuation policy, to expose the risk discourse underlying these reproductive oppressions as a colonial narrative. Following discussion of returning birth to Indigenous communities, we emphasize how Indigenous women and their communities are seeking justice, and how Indigenous reproductive justice is inherently linked to Indigenous maternal sovereignty, self-determination, and healing. We argue that by reclaiming Indigenous

birth, women's knowledge and central roles would also be reclaimed, and traditional birth practices and ceremonies would be revitalized, thus forming the basis of both maternal and community wellbeing. By reclaiming Indigenous birth, the obstetric violence can be disrupted.

Birth Alerts

> "The Elders have said to me that the most violent act you can commit to a woman is to steal her child. You see that when you witness it."
> —Cora Morgan, First Nations family advocate, Assembly of Manitoba Chiefs (Brohman, para. 8)

Birth alerts occur when medical staff notify child welfare workers if a parent is labelled "high risk," or if they suspect the birth parent of neglect or using alcohol or drugs. Birth alerts often result in infants, such as Baby H, being apprehended. Mainly used in cases involving marginalized women, including a disproportionate number of Indigenous women, birth alerts have often led to babies being seized from mothers just days after they are born (Migdal). Parents end up on high-risk lists for many reasons, including substance abuse and domestic violence; however, motives for issuing a birth alert can involve a variety of reasons, including living in poor or urban neighbourhoods or moving frequently (Wall-Wieler et al.). In some provinces, being in the child welfare system was enough of a reason for a woman to be flagged. That information is attached to her health file, and when she gives birth, child welfare officials are notified and show up at the hospital (Ridgen). Adrienne Montani, a coordinator for First Call: BC Child and Youth Advocacy Coalition, says her office receives messages from parents and their doctors who were surprised to discover they were on a birth-alert list: "What a gross betrayal that is to not share ... to not even tell the parents about it and spring it on them" (Hyslop para. 23).

Not knowing whether they have been deemed high risk and have been put on a birth-alert list has led to fear and trepidation among Indigenous women, which can be seen in Jenn's story:

> [Jenn is] eight months pregnant and weeks from now, in the comfort of her home in Winnipeg's North End, she plans to give birth in secret. Doing so will avoid the sort of alert her last birth

> triggered, she hopes, and help ensure that her next baby is one Indigenous child who doesn't disappear into foster care.... Two years ago, Jen was several hours into labour at Women's Hospital in Winnipeg when she was gripped by the fear that her newborn would be apprehended. Someone had handed her a form demanding answers to a raft of personal questions: where she lived, how much money she made, the state of her mental health and her history of contact with Child and Family Services (CFS). By then the contractions were almost unbearable and Jen ... no longer felt in control of her own body. (Edwards para.1-2)

As Sonia Furstenau, British Columbia (BC) member of the Legislative Assembly, questions: "How many expectant mothers spent what should have been a time of joy, instead in terror and in hiding?" (qtd. in Hyslop para. 30). Furthermore, the fear and trepidation of a birth alert being issued may negate the stated rationale of the policy of protecting children, as Jennifer Charlesworth, BC child and youth representative, explains: "So even if families are struggling and needing help they might not ask for it because they are concerned child welfare intervention is going to happen" (qtd. in Ridgen, para. 6).

The final report of the Missing and Murdered Indigenous Women and Girls (MMIWG) inquiry—which explored the connections between intergenerational trauma and ongoing injustices to the high rates of violence against Indigenous women and girls—has called birth alerts racist and discriminatory and a gross violation of the rights of the child, the mother, and the community:

> As we heard in testimony from family members, survivors, Knowledge Keepers and Expert Witnesses, the removal of a child from its parents at birth represents one of the very worst forms of violence; and that, once removed, it can be exceedingly difficult to get a baby back. One of the most egregious and ongoing examples of violence against mothers and against children is the operation of birth alert or newborn apprehension systems.... While there are, at times, legitimate reasons for child apprehension at birth regarding child safety, evidence suggests that the birth alert system disproportionately impacts Indigenous women and their infants. (National Inquiry into Missing and Murdered Indigenous Women and Girls 364)

The Red Willow Womyn's Society helps Indigenous women in BC's Cowichan Valley with child apprehensions. Patricia Dawn, founder of the Society, says birth alerts leave expectant mothers in a constant state of stress and anxiety: "When she's in that state, it generally affects the child. And then to go in and give birth and have the baby removed within four to six days, that trauma is life-altering for good" (qtd. in Migdal para. 8). Dawn says more innovative measures are needed to support Indigenous mothers and her group is piloting an Indigenous-run facility for single moms that will offer housing and supports

Although there are programs in place for expectant and new parents with substance abuse issues—such as Vancouver's community outreach program Sheway, providing health and social service supports, and the FIR Square program, offering maternity care supports—there is a broader need to address the legacies of colonization that have created circumstances, such as poverty and a loss of community and cultural knowledge that place Indigenous women at risk of birth alerts. The Restoring the Sacred Bond project, for example, will use doulas to support the needs of at-risk mothers: "Mothers will then be connected to doulas, who will be a birth helper and provide support through a traditional cultural lens that the mother can learn and incorporate into her approach to parenting" (qtd. in Ridgen para. 28). However, ending child apprehensions also requires ending poverty for families, as substandard housing, for instance, is often labelled child neglect (Hyslop, para. 46). Mental health and substance abuse programs and cultural supports, as well as addressing poverty, need to be the focus, rather than punishing Indigenous women's reproductive bodies due to circumstance.

The story of Baby H has brought the issue of birth alerts to the forefront and sparked outrage (Kelly and Boothby). BC is now ending the practice of birth alerts—a province that saw 293 birth alerts between September 2017 and September 2018, of which 52 per cent involved Indigenous women (Stueck). In Manitoba, where an average of a newborn a day is apprehended via birth alerts, the government has been reviewing the practice. However, in Saskatchewan, despite the MMIWG Inquiry demanding an end to birth alerts, the practice will continue (Ridgen para. 25-27). These different provincial government responses reveal how different provincial legislative policies shape Indigenous women's birth experiences and, as will be discussed below,

reflect a colonial history of controlling Indigenous maternal bodies.

The First Nations Leadership Council (FNLC) has applauded the BC government ending the practice but noted in a statement that bringing an end to birth alerts does little to address the systemic and institutional racism towards Indigenous families and children (Migdal). Furthermore, as Kukpi7 Judy Wilson of the Union of BC Indian Chiefs, explains:

> For decades we have seen our children stolen from their families as a direct result of colonial and institutional racism. This practice began with the onset of the residential school system in which children were often ripped from their mother's arms, and the practice has been continued in today's welfare and health care systems with disproportionately high rates of apprehensions at birth. Before a First Nations mother had even given birth, hospital alerts allowed for her to be deemed unfit and for her baby to be removed hours after leaving her womb. Ending this practice is a positive step towards the change that is really needed, including the meaningful and timely transition to Indigenous jurisdiction over children and families (Union of BC Indian Chiefs para. 2).

Patricia Dawn of the Red Willow Womyn's Society describes birth alerts as a legacy of colonization's impact on Indigenous women: "The birth alerts are just the beginning of the discrimination. That discrimination is still in place.... The genocide of Indigenous women dates back to first contact when they recognized that within a matrilineal society the women held a lot of power ... for them to get to the land, they'd have to get rid of the women first" (Hyslop, para. 34-36). As Dawn further notes, the success of ending birth alerts will be determined by how safe Indigenous people feel in the maternity ward: "That Indigenous women actually give birth in a safe, nurturing environment and know that they can be with their child without having to fear for the lives of themselves, their children, and their families" (Hyslop para. 47-48). However, Indigenous women in rural and remote communities face another form of obstetric violence involving removal and isolation from family and community, as well as the loss of women's knowledge, through the longstanding evacuated birth policy.

Evacuated Birth

> "I understand that some of you think that birth in remote areas is dangerous. And we have made it clear what it means for our women to give birth in our communities. And you must know that a life without meaning is much more dangerous."
> —Jusapie Padilayat, Elder and Chair, Inuulitsivik Board of Directors, Nunavik (NACM, "Return of Birth")

Originating between the 1960s and 1980s, and still policy today, Indigenous women in rural and remote communities in Canada are evacuated at thirty-six to thirty-eight weeks gestational age—according to regional policy, or sooner if a high-risk pregnancy (Lawford and Giles)—to a hospital 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 hospital. Although the rationale behind the evacuated birth policy was to reduce maternal and infant mortality rates among Indigenous populations, it has led to isolation and lack of support as evidenced in Karen Lawford, Audrey Giles, and Ivy Bourgeault's study of the lived experiences of evacuated birth in Manitoba:

> Well, actually I was just crying most of the time.... It was really hard.... Like it was supposed to be a happy time in my life, like having my first baby. But it didn't seem that way because I was so lonely. (484)

> They are not allowed to bring anybody with them, especially if they are in crisis from a pregnancy ... so you're literally left by yourself on your own in such an important time in your life. (484)

> I think not having my mom there, not having my sisters, not having any like female relations there for her was really hard ... it's such a special time in your life [and] that there should be support there. You should have support and love and encouragement, especially from other women. (484)

As Pertice Moffitt discusses, contemporary childbirth for Indigenous women in northern communities is medicalized and institutionalized predominately on risk discourse. As risk informs prenatal evacuation policies, a hospital at a regional centre, such as Yellowknife, becomes the "safest place" to give birth (Moffitt 29). Labour and delivery in a remote community are considered to put mother and infant at risk. Perinatal risk factors considered include: remote geographic locations with limited services; potential for a variety of obstetrical emergencies; lack of skilled midwives and perinatal nurses; and neonatal problems associated with substance abuse and sexually transmitted infections (Moffitt). Although acknowledging that there are obstetrical complications associated with birth, Moffitt 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. Furthermore, as Angela Thachuk discusses, with advanced technology, pregnancy and birth became viewed as more of an anomaly with a narrow range of what is considered a normal pregnancy. With pregnancy medicalized and no longer viewed as a natural process, the colonial narrative inscribes the Indigenous female body as inherently at risk.

However, Lawford and Giles argue that the founding goals of the evacuation policy, which have roots in the late nineteenth century, were not related to good health and the stated rationale to address maternal and infant mortality; rather, they were attempts to assimilate 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. Indigenous maternal bodies "thus became a site on which colonial goals of assimilation and civilization could be realized" (Lawford and Giles 332). Yet Indigenous communities are working to return birth to the communities and to reclaim midwifery and the cultural authority over childbirth.

In her review, "The Rankin Inlet Birthing Centre: Community Midwifery in the Inuit Context," Vasiliki Kravariotis Douglas explains how the Rankin Inlet Birthing Centre was established in 1993 in order to return birth to the community after a generation of evacuated births to southern hospitals. The birthing centre was established following a major study of childbirth in the Kivalliq Region in the 1980s (O'Neil),

which involved extensive interviews with Inuit women and their families; the study concluded that the practice of evacuated birth had caused cultural and social disruption, and this disruption lay at the root of a spectrum of social problems plaguing both the Kivalliq and Inuit across the Canadian north. Although the centre has become an important part of the healthcare system in Rankin Inlet, it is limited in addressing the concerns of the Inuit community. It is a southern (biomedical) institution in Nunavut with no Inuit communal authority over childbirth. However, insight on how to address these concerns can be gained from the experience of the Inuulitsivik Maternity.

As Douglas explains in her publication "The Inuulitsivik Maternities: Culturally Appropriate Midwifery and Epistemological Accommodation," the first birthing centre in the Arctic was the Innuulitsivik Maternity, which was established in 1986 in Puvurnituq, Nunavik. Although Puvurnituq was chosen as the site for a regional hospital, it was initially met with local resistance. Pauktuutit, the Inuit women's society, threatened to boycott the hospital unless it incorporated a traditional birthing centre, with a training program for Inuit midwives and community involvement. The Inuulitsivik Maternity was one outcome of this assertiveness and built on an existing informal tradition of allowing Inuit midwives to assist with births in the hospital in Puvurnituq. Furthermore, rather than the use a standard risk-scoring mechanism to decide where women would give birth, a perinatal committee—with equal representation from midwives, the community, and the medical profession—was given authority to decide where births would take place (e.g., high-risk pregnancies are still evacuated to obstetric wards of major southern hospitals). The biomedical model of professional decision making was replaced by a model based on community consensus, informing Inuit communal authority over childbirth. It is now the community, in consultation with the mother, the midwife, and the doctor, which makes the decision to evacuate expectant mothers.

Returning birth to community, however, goes beyond birthplace, and the role of midwives is more than birth attendants. Birth in Indigenous perspectives is embedded in relationships and spirituality, as Nipissing First Nation midwife Carol Couchie sums up: "[Birth is] a ceremony. Its [sic] not just a medical event" (NACM, "Aboriginal midwifery"). Through medicalization and risk discourse, the colonial

narrative labels Indigenous maternal bodies, or those of their infants, as at risk and informs obstetric violence, such as birth alerts or forced evacuated birth. However, the maternal body in Indigenous perspectives is not understood in terms of a medical event, or individuality, but rather stresses "the importance of women's bodies as the 'first environment' for community growth" (Finestone and Stirbys 191). And Indigenous women, and their communities, are seeking justice.

Indigenous Reproductive Justice

> "When women return to the land to break water, only then will the buffalo return."—Plains Cree prophecy
> (Personal communication, Roxanne Tootoosis, Cree Knowledge Keeper)

Reproductive justice, or the application of a social justice lens to sexual, reproductive, and maternal health and rights, is "the complete physical, mental, spiritual, political, economic, and social well-being of women and girls" and is considered achieved when "women and girls have the economic, social and political power and resources to make healthy decisions about their bodies, sexuality and reproduction for themselves, their families and their communities, in all areas of their lives" (ACRJ 1). Reproductive justice fights against all forms of sexual, reproductive, and maternal oppressions that affect the lives of women and girls, but it also challenges the social, political, economic, and cultural conditions that contribute to the reinforcement and perpetuation of these oppressions. Moreover, reproductive justice is a transformative movement led by communities most affected by reproductive oppressions that aim to remove power inequities and to create long-term, systemic changes (FPQN).

As Federation du Québec Pour le Planning des Naissances (FQPN) explains, the reproductive justice movement emerged from Indigenous women and women of colour who realized the mainstream prochoice movement in the United States did not address issues most urgent and relative to them, including forced sterilizations or forced removal of their children, and that such infringements on women's rights and reproductive autonomy affected primarily Indigenous women and

women of colour in marginalized and/or impoverished positions. As a result, the concept of "reproductive oppression" was developed by some Indigenous women and women of colour to comprise the various types of violence that affect sexual, reproductive, and maternal health and rights.

Furthermore, by placing reproductive health issues within the larger context of the wellbeing and health of women, families, and communities, reproductive justice integrates individual and group human rights, particularly important to marginalized communities: "Reproductive Justice posits that the ability of any woman to determine her own reproductive destiny is directly linked to the conditions in her community and these conditions are not just a matter of individual choice and access" (Ross 2). The acknowledgment of human rights violations against a community is of significant importance, as there is a direct link between the legacies of colonization and intergenerational trauma and contemporary impoverished conditions informing birth alerts and child apprehensions that see Indigenous infants removed from their families and communities. Similarly, ongoing settler colonial views continue to reinforce the risk discourse advancing the evacuated birth policies and denying Indigenous ways of knowing and being. To combat these reproductive oppressions, Indigenous women and local organizations are addressing practical issues—such as the Red Willow Womyn's Society, which assists with child apprehensions and provides supports, or the Restoring Sacred Bonds project, which supports expectant mothers through a traditional cultural lens. Indigenous leadership and the MMIWG inquiry, meanwhile, focus on more strategic concerns to remove the power inequities and the racism, discrimination, and rights violations that Indigenous women, their children, and their communities face to create long-term systemic change.

For Indigenous women in Canada, colonization is oppression, and reproductive justice involves returning birth to community and ceremony and reclaiming women's central position and knowledge around pregnancy, birth, and mothering. As evident in the Plains Cree prophecy above, "When women return to the land to break water, only then will the buffalo return," there is an inherent connection between Indigenous reproductive justice and the broader processes of cultural revitalization and self-determination. Maternal self-determination and

wellbeing are intimately connected to community wellbeing, as Akwesasne midwife Katsi Cook explains: "We have to begin with midwifery. We have to begin where life itself begins ... midwifery revives a foundation from which women in a given community can rebuild the generations" (qtd. in NACM, "Aboriginal Midwifery"). Birth and midwifery reflect the centrality of women, and of women's knowledge, in Indigenous communities. As Cree lawyer and legislative advocate for children's rights Marie Ellen Turpel-Lafond emphasizes, "It is women who give birth both in the physical and in the spiritual sense to the social, political, and the cultural life of the community" (qtd. in Emberley 55).

We close with a family story shared by coauthor Terri Suntjens. A powerful story not only about the connections of birth to family, community, ceremony, and spirituality but also about how Indigenous women, with their families and communities, are reclaiming birth:

> In August 2019, two months following the birth of Baby H, a young Cree couple welcomed their first child to this physical world. Surrounded by multiple aunties and her own mother, this young woman laboured at a family member's home. The smell of sweetgrass and sage filled the home to ensure the sacredness of this process. Natural oils were massaged on her body to provide comfort. The kokum (grandmother) sat quietly praying for her grandchild. The calm voices of assurance and the joyous laughter that surrounded that young mother to be during her labouring created an environment that was safe, spiritual, nurturing, and loving.
>
> As the contractions became sharper and her labour progressed, mom-to-be went to see her doctor. At the hospital, her mother along with her aunties comforted her, and a traditional ceremonial song was sung from a mother to her daughter. In that sacred moment, tears filled their eyes in the awe of the beauty that was in front of them. This young woman would soon become a mother. This mother and the aunties would soon become kokums (grandmothers) for the first time. Their roles will transform and their responsibilities to that baby will be upheld in the highest regard. The wishes of this family were recognized, valued, and respected at the hospital by the medical staff. They

too had the opportunity to witness a ceremony, for this is the time when we are closest to the spirit world.

wapanachakos iskwew (Morning Star woman) was born into the physical world surrounded by strong women in her family. Following traditional ways of this family, it was requested that no medical staff speak when the child came into this world. The first words that wapanachakos iskwew would hear would be from her chapan (great grandmother) in the Cree language. A sweet message that was between them both. Then a traditional ceremonial song was sung by these women for the gift they all have been blessed with. They honoured her and celebrated her arrival.

Following her discharge from the hospital, the family hosted a ceremony in their community. Protocol was followed in the burial of the placenta, signifying "giving thanks" to the placenta for safely carrying baby and keeping her safe. Gratitude was shared in the ceremony, and a feast was offered for baby wapanachakos iskwew. Indigenous birthing practices ensure that the spiritual realm and physical environment are in balance. In this small glimpse of a story, you learn about the values that encompass Indigenous birthing practices: love, nurturance, relationships, reciprocity, safety, ceremony, and gratitude.

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