



Aboriginal Midwifery Education Program

Aboriginal Envelope

Lead and Partner Organization(s)

Manitoba Health; with Manitoba Advanced Education and Training; University College of the North; Burntwood Regional Health Authority; NOR-MAN Regional Health Authority; Health Canada, First Nations Inuit Health Branch; Norway House Cree Nation; College of Midwives of Manitoba; Kagike Danikobidan

Background and Goals

Many Aboriginal communities have limited access to maternal/newborn services. The women have poorer outcomes and no opportunity to give birth in the community. Due to the shortage of care providers in northern Manitoba, most pregnant women north of the 53rd parallel must leave their communities and families several weeks prior to their due date. Rather than birth being a joyous event for the mother, it is often a sad and lonely experience. Taking women out of their communities is an expensive practice, which adversely affects families, deprives the community of a reason for celebration, and ignores—and thereby hastens the loss of—traditional birthing knowledge. Manitoba Health believes that regulated midwifery is a key strategy to address the shortage of qualified maternity care providers in its province and elsewhere. Midwifery can contribute to better maternal and child health, assist with reclaiming traditional knowledge and self-respect within communities, and ultimately aid in returning the birth experience to the community. Hence, the Aboriginal Midwifery Education Program, whose overall goal was “to establish a comprehensive and sustainable midwifery program in Manitoba that reflects a blend of traditional Aboriginal and western methods of practice, and the necessary support systems, for persons of Aboriginal ancestry.” After graduating from a four-year baccalaureate program in midwifery with a specialty in Aboriginal midwifery, these midwives will enable women to give birth closer to home and receive culturally appropriate care, reducing the stress, risks and costs associated with routine evacuation for birth. They will also be trained to identify social issues that may interfere with clients’ health and well-being, as well as work with other service providers to coordinate care.

Activities

The Aboriginal Midwifery Education Program (AMEP) was a multifaceted initiative that involved many significant partners and stakeholders. Over the two years of this initiative (December 2004 to September 2006), the AMEP team used a two-pronged approach to develop the program.

First and foremost, it engaged in extensive consultations with Aboriginal communities, one of which was a Roundtable on Aboriginal Education, held in Winnipeg in April 2005. The purpose of the consultations was to:

- Seek input into the content and teaching methodologies of the program;
• Learn from Elders about traditions and practices that should be incorporated into the program;
• Obtain community and political support;
• Identify suitable teaching sites; and
• Recruit potential students.

Second, it consulted with experts in Aboriginal education and learning on how best to review and adapt existing models of successful curricula to reflect an Aboriginal focus. AMEP purchased midwifery curricula from the Ontario Midwifery Education Consortium (the McMaster Consortium) and from the Otago Polytechnic University School of Midwifery in Dunedin, New Zealand. In some instances, course material from these two programs was included without significant revision; in the majority of cases, considerable adaptation was required in order to meet the overall goals of the new program. New courses were developed to incorporate the Aboriginal content unique to the program.



Resources

- The Bachelor of Midwifery Program, “Kanaci Otinowawosowin Baccalaureate Program” (KOPB), which means “sacred midwifery” in Cree, is being delivered as of September 2006 at University College of the North. It consists of 26 courses, a total of 122 credit hours, and more than four years of full-time study. The program allows both direct entry midwifery students and students with significant prior learning—who would be granted advanced standing—to pursue a degree in midwifery with a specialty in Aboriginal midwifery. Upon graduation, students will be eligible to apply for registration with the College of Midwives of Manitoba as a practising midwife. The initial intake will admit nine students, five direct entry students and four students who already possess relevant training and experience and who may not require the full four years to meet baccalaureate requirements. The program will be offered at two northern sites: Norway House Cree Nation and The Pas.
- The AMEP initiative’s website, www.amep.ca, has direct links to all stakeholder websites and provides information about AMEP progress, promotional materials, community consultation progress reports, latest events and contact information.

Key Learnings

This was a challenging initiative in many respects. First, it focused on midwifery, an occupation that is not particularly common—nor unconditionally accepted—in North America. Second, it sought to develop a curriculum that blends traditional knowledge and practices with what is considered to be quality care

by Western standards. To do this, it had to manage the expectations of many communities and adhere to academic standards. Third, it had to market itself to potential students *and* to potential users. For the former, it sought to create a flexible program that offers mentorship and support, allows various entry and exit points and that thoroughly prepares the student for the challenging work she will face as a midwife in isolated northern communities. For the latter, it meant overcoming fears of inferior or inadequate care.

Some key learnings arose from this initiative. First, it is of critical importance to have all the key stakeholders involved right from the beginning of the initiative (Manitoba Health held the initiative back until it had the right players from the communities, academia, professional associations and governments involved). Once they are in place and motivated, change can happen quite quickly. Second, consultations are necessary when trying to effect a profound change that will have ramifications for both individuals and communities, such as where and how women give birth. Third, even significant challenges can be overcome providing that there is the will to do so at many levels. In short, one can learn how to “walk in two worlds.”

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The full report is available in the language of the author on the PHCTF website, www.healthcanada.gc.ca/phctf.

