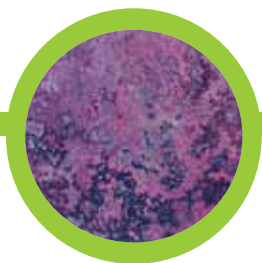


INDIGENOUS APPROACHES TO FASD PREVENTION



INDIGENOUS
MOTHERING



INTRODUCTION

Fetal Alcohol Spectrum Disorder (FASD) affects individuals whose mothers drank alcohol during pregnancy, and can include lifelong physical health problems, behavioural difficulties and learning disabilities.

In many parts of the world, Indigenous communities have taken a leadership role in developing collaborative and culturally relevant approaches to addressing alcohol use during pregnancy. These approaches recognize the historical, social, political, economic, and cultural dimensions of alcohol use during pregnancy. They also work to promote Indigenous women's health and wellness overall.

This booklet provides a brief introduction to how FASD prevention activities can support the health and well-being of Indigenous mothers and their families.

This booklet is intended as a starting place for individuals, organizations, and communities who are interested in learning how they can be involved in supporting FASD prevention in Indigenous communities in ways that are respectful of history, culturally aligned and supportive of Indigenous self-determination and cultural resurgence.



TRADITIONAL AND CONTEMPORARY MOTHERING

Globally, there has been a revitalization of traditional Indigenous language, culture, medicine, healing, and knowledge systems. This has included a resurgence of traditional and contemporary teachings and practices around mothering and childrearing. In Canada, these initiatives have ranged from grassroots organizing to preserve, reclaim, and share traditional parenting knowledge to the development of community-controlled maternity services.¹

For many Indigenous women, mothering is an important pathway to restoring cultural traditions and revitalizing family ties that have been affected by residential schools, the 60s Scoop and other child welfare policies and practices. Mothering can be a source of strength in resisting racism and social inequities as well as a way of asserting identity and self-determination for themselves and their families.

FASD prevention intersects with the different stages of becoming and being a mother – family planning and preconception care, pregnancy, birth, breastfeeding and caring for infants, and parenting children. It can complement existing movements to promote women's wellness and healing by creating spaces for women to share their experiences and by supporting women to examine the role of alcohol in their families and communities. FASD prevention activities also can help to develop systems of care that support the inclusion and full participation of women in their own health, care, and well-being.

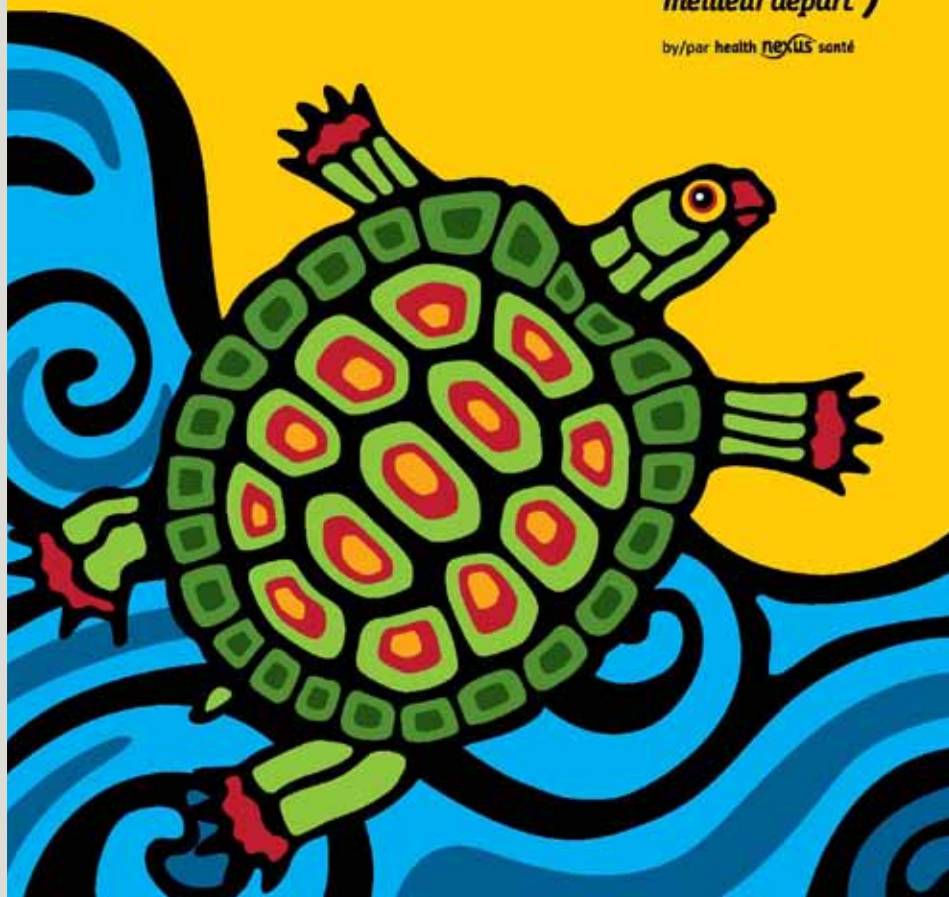
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Supporting the Sacred Journey

From Preconception
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Traditional parenting knowledge and skills support wellness for women throughout pregnancy and beyond. Reproduced with permission from the Best Start Resource Centre.

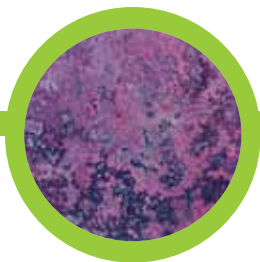


SUPPORTING MOTHER AND CHILD

There are many levels of FASD prevention activities ranging from evidence-based alcohol policy to alcohol and pregnancy awareness campaigns to accessible mental health and substance use services to comprehensive maternal and child health services.²

Decades of research have shown that policies and programs that focus on supporting both the health of mothers and their children are more successful than focusing on women's health and child health separately.³⁻⁵ As well, programs and services that include Indigenous community engagement and participation support Indigenous cultural, political, and social resurgence.





Examples of community programs that support Indigenous mothers include:

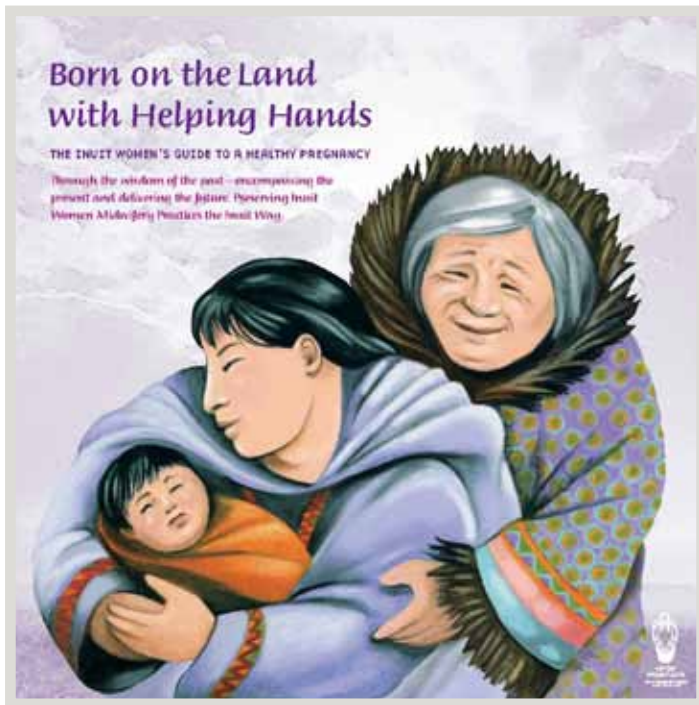
- Community prenatal programs that include local Indigenous community investment and a sense of local ownership have been shown to make a difference for women and their children in a range of areas, including birth outcomes, reduced alcohol and other substance use during pregnancy, increased breastfeeding, and, importantly, child knowledge and use of Indigenous languages and cultural traditions.⁶
- Indigenous midwifery is another example of a successful movement to develop culturally relevant health care services. Since the mid-1980s, there has been a resurgence of Indigenous midwifery in remote, rural, Northern, and urban areas and there are currently over 10 practices in Canada.⁷

► **LEARN MORE**

National Aboriginal Council of Midwives

<http://aboriginalmidwives.ca>

- The “one-stop shop” or single-access programs that have developed in many urban centres is another successful program model.⁸ These programs have developed in response to diverse communities with a range of needs. They offer easy access to prenatal care, health care, social support, advocacy, and child care and focus on creating successful outcomes for the entire family.



Born on the Land with Helping Hands: An Inuit Women's Guide to a Healthy Pregnancy (Pauktuutit Inuit Women of Canada)

Other program models that have been successful in responding to the needs identified by Indigenous mothers are home visiting and mentorship programs which focus on building relationships and long-term parenting success. All of these programs focus on supporting Indigenous women's self-determination through an emphasis on "voice, choice, and control."



COMMUNITY PROGRAM: MANITO IKWE KAGIIKWE (THE MOTHERING PROJECT)

Manito Ikwe Kagiikwe (The Mothering Project), located at Mount Carmel Clinic (MCC) in Winnipeg's North End, provides prenatal care, parenting and child development support, group programming, advocacy, and addiction support for vulnerable pregnant women and new mothers. It is a program that focuses on harm reduction services, trauma informed programming, and relationship based support, with a focus on culture.

The Mount Carmel Clinic was established in Winnipeg in 1926 and has evolved into a community health centre whose purpose is to create and promote healthy inner-city communities. In November 2012, The Mothering Project was given the Spirit Name "Manito Ikwe Kagiikwe", an Ojibwe word which means "spirit woman teachings."

The program works with families over the long-term until children reach the age of 5 and support women who are parenting full-time, part-time, or who have their children in foster care or living with extended family. The expanded Infant Daycare Centre at MCC has 16 infant spaces for program participants which has allowed several mothers to keep their children out of care and at home completely. Once the children



transition out of the infant program, they can attend The Anne Ross Day Nursery, which is the the preschool daycare program at MCC. The program is able to provide addictions counselling and support, culturally informed trauma counselling, and support from a social worker to assist families with navigating the Child and Family Services system.

Many of the women in the program have been disconnected from their Indigenous heritage. As women are ready and interested, they are able to participate in opportunities to learn about culture and Indigenous identity through activities such as smudging and a drumming circle, and group programming that incorporates the 7 Sacred Teachings and Indigenous ways of knowing.

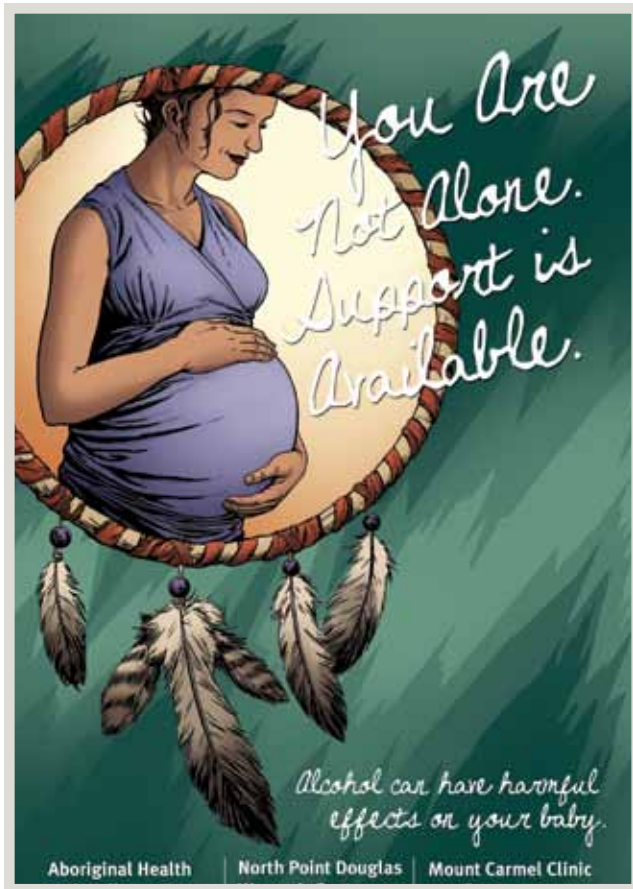
The program has been shown to be effective in a number of areas, including shorter hospital stays and healthier babies, women stopping or reducing substance use, connecting women with social assistance and housing, and making the changes needed to take their children home with them from the hospital.

► **LEARN MORE**

Watch a short video about The Mothering Project. “Meeting Women Where They Are At: Community Making a Difference” is available on the Manitoba FASD Coalition website
www.fasdcoalition.ca



COMMUNITY AWARENESS: “YOU ARE NOT ALONE. SUPPORT IS AVAILABLE.”



Healthy Child Manitoba, 2013

Indigenous women in the city of Winnipeg, Manitoba wanted to share information about the effects of alcohol during pregnancy as well as encourage women who might have difficulties stopping drinking to ask for help. This poster and accompanying brochure were created by women at the North Point Douglas Women's Centre, the Aboriginal Health and Wellness Centre and Mount Carmel Clinic.

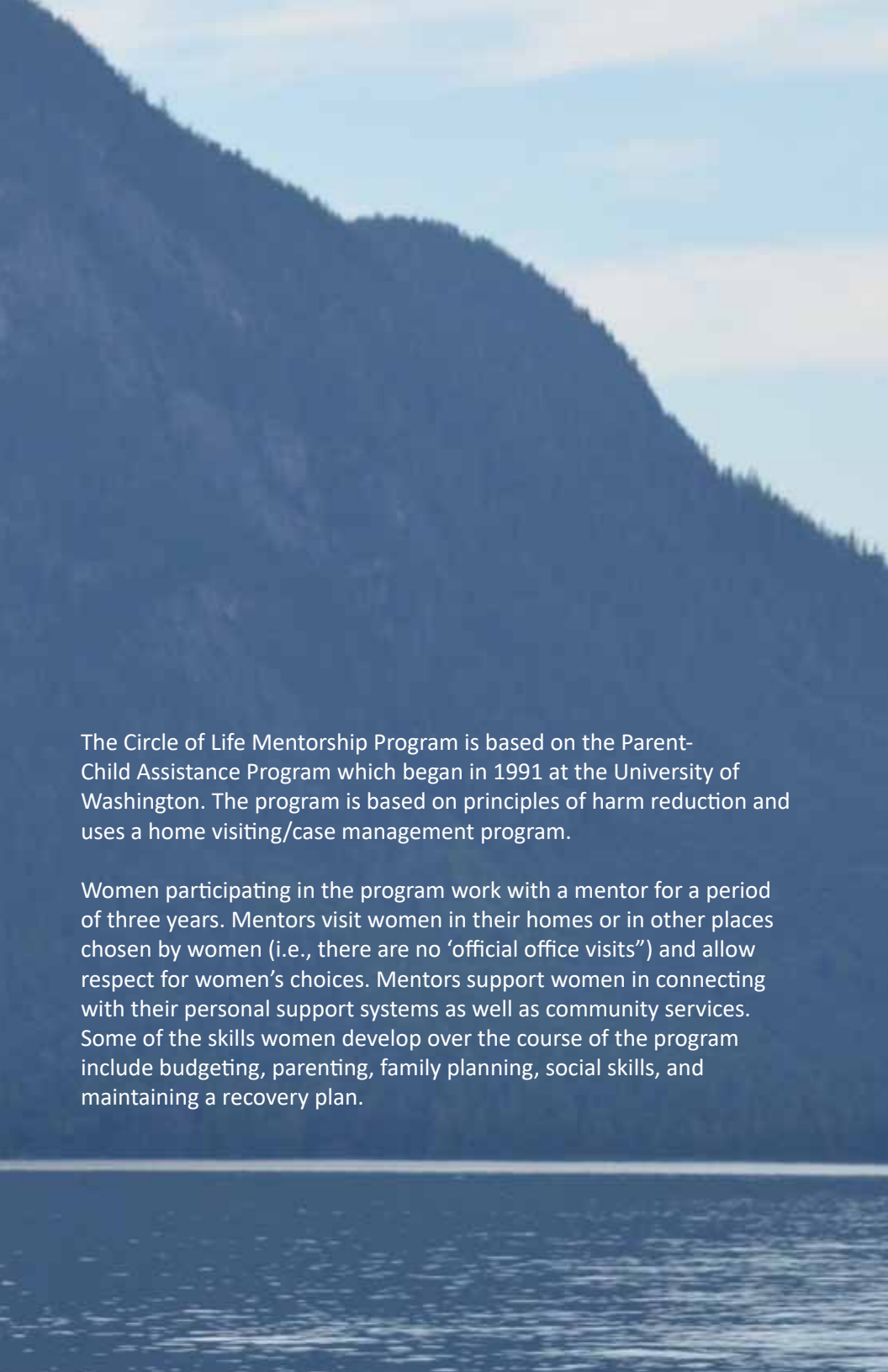


PARENTING SUPPORT: CIRCLE OF LIFE MENTORSHIP PROGRAM

The Circle of Life Mentorship Program runs out of the Kermode Friendship Centre in Terrace, British Columbia.

The program is for First Nations women of child-bearing age with a focus on women who are currently using alcohol and other substances, who have a history of alcohol or substance misuse, who have given birth to a child FASD or who are themselves affected by FASD or have a member who is affected by FASD.

The program is designed to empower all First Nations women to make healthier lifestyle choices and to decrease the number of alcohol-exposed pregnancies in the community.⁹



The Circle of Life Mentorship Program is based on the Parent-Child Assistance Program which began in 1991 at the University of Washington. The program is based on principles of harm reduction and uses a home visiting/case management program.

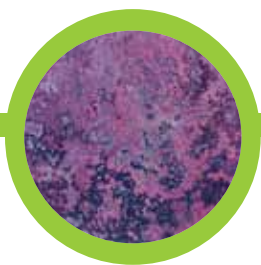
Women participating in the program work with a mentor for a period of three years. Mentors visit women in their homes or in other places chosen by women (i.e., there are no ‘official office visits’) and allow respect for women’s choices. Mentors support women in connecting with their personal support systems as well as community services. Some of the skills women develop over the course of the program include budgeting, parenting, family planning, social skills, and maintaining a recovery plan.

The Parent-Child Assistance Program model has been replicated and evaluated across North America and has been found to be effective in numerous ways, including preventing the birth of children with FASD.¹⁰

The program has been successfully adapted for Indigenous communities in urban and rural contexts, both on- and off-reserve.^{11,12}

As well, research has shown that the program supports the Calls-to-Action described by the Truth and Reconciliation of Canada. “By accompanying women on their journeys towards healing, and with the goals of supporting women to give birth to healthy children,” the program helps to address the impact of residential schools and ongoing colonialism on Indigenous parenting and helps to keep families together.¹³





DISCUSSION QUESTIONS

1. What do you already know about Fetal Alcohol Spectrum Disorder? Where do women, their partners, friends and family learn about drinking alcohol during pregnancy?
2. Community programs and health care services that offer women “voice, choice and control” have been shown to be successful in supporting women to have healthy pregnancies. What programs and services in your community support women in this way? Are there opportunities for greater collaboration in day-to-day program activities or for participation in future program and service development?
3. For many Indigenous women, becoming a mother is an opportunity to connect with cultural identity. Can you describe some of the ways women are able to do this across the lifespan, from before and during pregnancy to birth to parenting and beyond?
4. What does it mean to support both mother AND child? Are you aware of existing programs, services, policies that promote or hurt the mother-child relationship (e.g., rooming-in after birth, breastfeeding support, child welfare reporting, midwifery, day care, substance use services)? Which of these support Indigenous culture, language, and ways of healing? How can we all support strong mother-child relationships?
5. What do you think would be helpful for women in your community? Are there topics or issues that you would like to learn more about? How might you do this?

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Indigenous Approaches to FASD Prevention

This resource grew out of the Dialogue to Action on Prevention of FASD held in May 2017 that was co-organized by the Centre of Excellence for Women's Health, the Thunderbird Partnership Foundation, and the Canada FASD Research Network. The event was held in Vancouver, British Columbia on the Unceded Territories of the Coast Salish Peoples including the xwməθkwəyəm (Musqueam), Skwxwu7mesh (Squamish), Sto:lō and Səlil' Iwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.

This meeting brought together experts from across Canada working in the areas of prevention of Fetal Alcohol Spectrum Disorder (FASD) and Indigenous health and wellness to discuss opportunities for collaborative action on Truth and Reconciliation Commission Call-to-Action #33. Together, participants developed a Consensus Statement which includes eight tenets for how the Call could be met. The full text of this Consensus Statement can be downloaded from the following organizations:

www.canfasd.ca | thunderbirdpf.org | www.bccewh.bc.ca