

Do-Dis-Seem

by Carol Terry and Laura
Calm Wind

Cet article explique comment les méthodes traditionnelles d'accouchement à l'aide de sage-femme de la nation Nishnawbe-Aski ont été remplacées

"I stopped delivering babies when doctors and nurses started coming into the community and when women started going out to the hospitals to have their children"

par des procédures médicales occidentales. L'auteure qui démontre les multiples rôles de la sage-femme en tant qu'herboriste, guérisseuse, diététicienne, enseignante, libératrice et conseillère espère que les sages-femmes seront un jour capables de ressusciter les méthodes d'accouchement de la culture Nishnawbe-Aski.

Equay-Wuk (Native Women's) Group of the Nishnawbe-Aski Nation (NAN) represents Nishnawbe women from the 28 communities within Northwestern Ontario. Equay-Wuk is a non-profit organization based in Sioux Lookout. It was established in 1988 to start addressing the needs and concerns of Nishnawbe women from the remote north on issues such as health needs, family violence, suicide prevention, elder concerns, drug/alcohol abuse, daycare needs, economic development, and job training. Most importantly, Equay-Wuk works diligently to reinforce the role of Nishnawbe women as essential and valuable members in our families, in our communities, and in the Canadian society as a whole.

Over the last four years, Equay-Wuk has participated in various provincial level forums as part of the Ministry of Health's efforts towards

the legalization of midwifery practice in Ontario. Near the conclusion of this process, Equay-Wuk requested formal exemption for Aboriginal midwives from the Regulated Health Professions Act, 1991. Equay-Wuk applied for and received provincial funds

to research traditional Aboriginal midwifery practices with a view to define the terms of such an exemption. This article summarizes the contents of the report written for

the Ontario Ministry of Health.

The Aboriginal people of the Treaty number nine area are known as the Nishnawbe-Aski. The name *Nishnawbe-Aski* is based on a principle which is sacred to the people. It is the distinctive relationship of the people and the land. This concept is a central belief, and is the basis of the commitment to promoting self-reliance for the First Nations people and communities.

Geographical area

The area of Nishnawbe-Aski runs from the Manitoba border to the Quebec border within the Hudson and James Bay Watershed. The land is predominantly boreal forest in the Canadian Shield of endless rock, lakes, and rivers. The land becomes the Hudson Bay lowlands as it drops toward the coast.

Nishnawbe-Aski Nation includes 44 Cree and Ojibway communities with a population of approximately 26,000 on-reserve people scattered throughout the area. The Treaty area includes the districts of Cochrane, Timiskaming, Sudbury, Algoma, Thunder Bay, and Kenora. It occupies between one-half to two-thirds of the whole of Ontario, spanning about 700 miles across the north, in

dimensions of about 400 miles in depth—roughly the size of France.

In 1949, an "Indian" hospital was established in Sioux Lookout. Previous to the building of this institution, medical personnel accompanying annual treaty parties made short visits to some NAN communities. As well, teachers and church people provided intermittent medical care. Today, most Nishnawbe-Aski communities contain equipped and staffed Health and Welfare nursing stations supported by periodical visits by doctors from the Zone (Indian) Hospital. The establishment of this regional hospital and locally operated nursing stations has led to the abandonment of the Nishnawbe midwife.

I stopped delivering babies when doctors and nurses started coming into the community and when women started going out to the hospitals to have their children. I believe I would be still helping women to have their babies if there were no medical people around. (Webequin informant)

With respect to midwifery practices, the attempted total elimination of the highly developed Nishnawbe birth culture has contributed to the separation of the midwife from the birthing process; the deterioration of the ties between a woman and her midwife, husband, children, family, community; the birth of children outside traditional areas; the breakdown of the rites of passages (for example: name giving ceremonies); the breakdown of the kinship systems; the forced acceptance of the non-Aboriginal birthing values, norms and culture; further deterioration of the Nishnawbe culture, tradition and language. Before the arrival of airplanes and the construction of airstrips in the northern communities, many people traveled by their own means. Traditional foods once

obtained from the subsistence lifestyle are now seldom eaten as the establishment of stores and outside food sources has created a dependency on other forms of food. This dependency has resulted in disturbing changes to diets and subsequent health problems such as diabetes.

Most certainly they [women] were healthier than they are today because in those days, the women were moving around a lot, and the women worked hard to maintain a living and they hunted, gathered and set their snares, setting their fish nets. (Webequie informant)

This disruption of family and community life with women leaving their home communities to southern based hospitals to deliver their children has effectively removed all responsibilities from the Nishnawbe midwife.

It is an important fact that there are existing Aboriginal midwives within each NAN community. The traditions of Nishnawbe midwifery and its practices have been passed down generation to generation since time immemorial. With the intervention of western/Euro-Canadian medicine and their birthing practices, the official role of the traditional Aboriginal mid-

wife in each NAN community has changed and their skills have been, for the most part, set aside. The NAN midwives had no choice but to accept their fate and diminished role.

Out of 28 communities within the Health and Welfare Canada Sioux Lookout Zone, seven First Nation communities were chosen for midwife interviews. The selection was based on the location of communities and the fact that several formerly active midwives lived in each and were willing to contribute to the study. The communities were Bearskin Lake, Big Trout Lake, Kingfisher Lake, Muskrat Dam, Sandy Lake, Webequie, and Lac Seul. A total of 19 traditional midwives were interviewed during the research period.

Nishnawbe-Aski Nation traditional midwifery practices

To understand traditional midwifery practice as it was and still remains in the Nishnawbe-Aski Nation, one must first appreciate the Nishnawbe concept of the practice of midwifery and the roles fulfilled by Nishnawbe midwives.

Within the Nishnawbe-Aski Nation, the practice of traditional midwifery was holistic, harmonious, and

sacred. The midwife upheld fundamental moral and ethical value systems that reflected the philosophy of life held by the Nishnawbe people. The midwife's spiritual and cultural understanding of humanity's place in creation and the appropriate behaviour required to support the harmonious and holistic existence within the family circle, community and environment shaped all aspects of her work and life as a midwife.

Accordingly, the role of the midwife was that of teacher, herbalist/healer, caregiver, nurturer, dietitian, deliverer, *do-dis-seem*.¹ Traditional midwifery practice involved many teachings from other midwives including child delivery, training, healing, care giving, nurturing, the selection and use of medicinal herbs, natural foods, and delivery techniques.

Previous roles of Aboriginal midwives

The midwife had a holistic knowledge in practicing midwifery, and was expected to pass this knowledge down through subsequent generations of midwives. Women, as a result of their personalities, actions, and abilities, were recognized as a midwife candidate and instructed by other midwives. Often, a new-born was acknowledged during their naming ceremony as possessing the gifts required to do midwifery work. She was expected to conduct herself according to the culture and tradition of her nation. She was respectful, knowledgeable, professional, and performed her sacred duty as a deliverer of new life in adherence to her way of life as an Nishnawbe.

Even though a midwife shared resources and exchanged vital information in order to generate a broad range of knowledge among many people (such as medicine men), she was still required to perform all the roles outlined below.

Herbalist/healer

Traditional midwives were knowledgeable about the natural medicines



Mary Ann Anderson, former midwife of Big Trout Lake, Ontario.
Mary Ann stills lives in Big Trout Lake.

Photo: Wataway News

that were available for use in prenatal care, labour, delivery, and postpartum care. They understood and adhered to the laws of nature and were respectful as they gathered medicines according to their proper use and applications.

In those days there was no medicine that could be used, not like these days. But natural herbs, plants that grow in bushes were used all the time for ailments that needed to be treated. Even the branches from the trees. These natural medicines are still around today and they will be here as long as the world exists. These plants were given to us by Creator for our use. (Webequie informant)

Midwives, in some cases, were the “healers”—that is, the “medicine people” of the community. The midwives were women who had been traditionally instructed since the time of their youth in the natural medicinal plants of the forests, rivers, and

lakes. They were taught the benefits of how each plant was used to heal the body’s ailments.

...Right after birth we used to give them herbal medicines, the ones you gather around the lake, it is called “equaywushkeeshin,” we used to give them that medicine right after child birth. This is what that medicine did, it’s a great medicine, it provided warmth to the lady, it would also heal her internals so she would not lose too much blood.

(Big Trout Lake informant)

Midwives were herbalist/healers. They were knowledgeable in the use of medicines to doctor various complications that might arise with the mother or with the child. Their healing methods were holistic in that they provided healing for the social, spiritual, emotional, and physical ailments that might have arisen during prenatal, labour, birth, and postpartum stages.

In addition, midwives also received training in the treatment of the person’s spiritual and mental well-being. Efforts at spiritual/mental healing often occurred at the same time as medicinal plants were administered. These combined efforts were a natural aspect of the midwife’s holistic efforts towards well-being.

Dietitian

Midwives supported and encouraged the proper diets that were required to ensure healthy pregnancies and healthy babies. Traditionally, certain foods derived from animals were considered taboo and the custom of abstinence from these foods was taught by the midwives. These foods were not recommended as they would create complications in the development of the baby during pregnancy and labour.

They [pregnant women] just all had natural food, a pregnant woman only ate natural food.... There’s one thing I heard

from the elders, when a woman is pregnant, she was not allowed to eat moose fat.

(Kingfisher Lake informant)

Also certain foods could not be consumed by the mother after delivery due to the breast feeding of the baby.

When certain complications arose, midwives knew how to feed the newborn. In the past, often times they used a rabbit ear dipped in nourishing fish broth for the newborn to suck. Midwives knew which foods would enhance the development of the baby, enrich the flow of breast milk, and restore the mother to good health after delivery. The midwife’s role as a dietitian was critical in the birthing process.

Teacher

Midwives were the “teachers” of the birthing community. The role of the midwife as teacher varied, but generally consisted of helping people, individually and collectively, gain knowledge of the history, traditions, customs, values, and beliefs surrounding the practice of midwifery. This involved assisting the people in maintaining their well-being and good health according to the teachings of life.

Midwives passed on their teachings of the practice of midwifery to the apprentice midwife through oral communication and demonstration of all the related duties and responsibilities involved. The apprentice learned by observing, assisting, and sharing the work of the midwife.

...Anybody that was particularly interested in learning how to be a midwife, [what] would happen is that they would have that young lady right along with any deliveries that they might be doing and teaching what was ever needed. They learned by watching, the teachings of these elderly people. That’s how I learned, by actually watching, listening, and learning the skills off these elderly women,



Baby in “tikanagan”

Photo: Wataway News

that's how I learned. And that's what my mother used to tell me. You have to learn these practices in case you ever come across where you have to do the delivery yourself. I had to have first hand experience. That's how I learned.
(Big Trout Lake informant)

Acquiring knowledge of midwifery was a gradual process that began at an early age and continued throughout

The role of do-dis-seem began at the delivery. It occurred precisely at the moment that the midwife cut the umbilical cord which separated mother and child. A special kinship was established.

the apprentice's learning experience until she became knowledgeable and skilled. Actual training in the birthing process occurred through the stages of observing live births, assisting in the delivery, and providing prenatal and postpartum care.

Deliverer

Midwives were professional in their knowledge and practice of birthing. They performed safe deliveries and monitored the well-being of the mother throughout the birthing process and labour. The Nishnawbe midwife's experience included the many normal stages of pregnancy, actual birth, and postpartum. It was her duty to interpret patterns and facilitate a healthy outcome. By giving thorough prenatal care, the midwife became familiar with each mother and was quickly aware of any deviation from normal. Prior to labour, the midwife would assist in the preparation of the birthing area. All the essential tools and equipment would be prepared and organized. During the actual birthing process, the midwife and her apprentice would act as a labour coach, administer necessary medications, monitor the well-being of the mother and baby during labour, and prepare to deal with any

complications that might arise. Every birth had some potential for complications, but the midwife's skills and competence was suited to handling these situations.

There were complications during birth in some of the babies I delivered. I had this experience with this one woman who had a history of losing her babies after birth. During one of her deliveries the midwives called on me to try and save the baby. They were sure the baby would not survive again and they had already given up on her. Everyone had already left

the room. But I didn't give up on her, I kept working over her, giving artificial resuscitation and clearing her nasal passages... She finally took a deep breath and cried out loudly. The colour came back to normal, she was completely blue when she was not breathing. She's alive and well today.
(Webequie informant)

The Nishnawbe midwife's most basic responsibility was to do her utmost to promote a safe birth. Her hands were her most precious tools.

Caregiver

As a caregiver, the role of the midwife varied according to the needs of the family. They have been known to take on the role of mother, housekeeper, baby-sitter, wet nurse, and provider of life's necessity during the birthing process.

I used to take care of the baby after delivery until the mother was better. I enjoyed doing this for the mothers. (Webequie informant)

They essentially fulfilled the role of the mother within the household during the late stages of the pregnancy and until the mother was able

to resume her responsibilities. It is important to note that the midwife was often the grandmother, mother, aunt or other close relative of the expectant mother. The caregiver role of the midwife enabled her to attend to the many needs of the family during this special time.

Nurturer

The nurturing role required for the spiritual and mental well-being of the mother and child differed from the caregiver role. Pregnancy, childbirth, and child care was not always a comfortable experience for the expectant mother and her family. As nurturers of the mind and spirit, the midwife would often provide the mother and family with love, support, and guidance throughout the pregnancy, labour, and postpartum.

There were times when I went to assist in the delivery, that I would just stay there, I would just sleep over and be there for the woman that was in labour, and be there when the delivery actually happened. I would stay over there, I would stay there for awhile, I would stay over there, I would sleep there, and I would be looking after her there. I would have many sleepless nights in tending to the delivery, and tending after the delivery.
(Big Trout Lake informant)

For comfort and reassurance, expectant mothers were sung to by the midwives. They often supported the family by providing nurturing care for the newborn and assisting the parents to provide the best possible care for the family. This is where the special relationship called *do-dis-seem* bonds the midwife to the newborn throughout their cycle life.

Do-dis-seem

The role of *do-dis-seem* began at the delivery. It occurred precisely at the moment that the midwife cut the umbilical cord which separated mother and child. A special kinship

was established which bonded the newborn and midwife and this relationship was acknowledged and respected throughout their co-existence.

I have a close relationship with the children I delivered. They come and visit me often. They know I was the one that delivered them.
(Webequie informant)

Thus, the role of the midwife not only involved midwifery care, delivery, teaching, healing, nurturing, but also included the midwife becoming an intimate part of the newborn's family circle. Her life intermingled with the life of the child throughout the child's development and maturity in much the same manner as the actual parents of the child. In Aboriginal communities, kinship relationships extend beyond the immediate family and are an integral and intimate part of the fabric of family life and community living.

In summarizing the roles of the midwife, the practice of midwifery was holistic as care was provided for

the mental, spiritual, emotional, and physical well being of the baby, mother, family, and community. It was harmonious in that the birthing culture involved the balancing of one's life and practice within the traditional and cultural laws; norms and values of family, community and the environment. The relationship between the midwife and newborn was sacred as birthing was considered to be a sacred event...a gift from the Creator. A midwife held her midwifery practice as a sacred duty to the family and the Creator.

Responsibilities

The responsibilities of the Nishnawbe midwife encompassed the philosophy of life, culture, and tradition of the Nishnawbe people. Midwives have been largely responsible for retaining much of the knowledge of the Nishnawbe culture and traditions regarding the practice of bringing forth new life into the world.

Her responsibilities included:

- To ensure the safe delivery of the newborn, (including the healthy well-being of the expectant mother during pregnancy, labour, birth, and after birth.)

- To provide the best possible prenatal, labour, and delivery and postpartum care for the mother and baby.

- To teach, preserve, and pass on the traditional midwifery skills and practices.

- To observe and adhere to the cultural and traditional norms and values that were associated with the birth culture of the Nishnawbe people (for example, a culture-biased approach

for the disposal of the afterbirth).

- To provide care, support, and guidance that is holistic—emotional, spiritual, mental and physical—for the mother, family and community.

- To respect and acknowledge the special kinship relationship created by the birthing process.

- To assist in the preparation of a birthing area, necessary materials, and tools required for delivery.

- To provide education and teachings of the birthing process to family members.

- To provide teachings on proper parenting, child rearing, and marital relationships.

- To teach proper hygiene for the expectant mother during pregnancy and after giving birth.

- To assist with child care, house-keeping, and basically to perform the duties of the expectant mother during the late stages of her pregnancy and after giving birth.

- To gather and administer natural herbs and medicines required for the birthing process and healing process of the mother and child.

- To educate about the natural foods that would provide healthy diets for the expectant mother. To educate about the foods that would create complication during pregnancy, labour, and breast feeding.

- To attend to the proper delivery and respectful disposal of the after-birth.

- To identify and support others who would carry on these teachings.

In summarizing the roles and responsibilities of the Nishnawbe midwife, the text has been expressed in the past tense, as the Nishnawbe midwives have not been actively practicing since the intervention of modern western medicine.

These roles and responsibilities have been identified by the informants. The discussions with Nishnawbe elder/midwives over the three month research period have demonstrated the importance of traditional midwives, and the roles and responsibilities they once maintained within their communities. The present delivery of Nishnawbe newborns in culturally



Kanina Winter Terry is Carol Terry's daughter. She was born on October 1st, 1981 at 10:30 p.m. in their home on Abram Lake. She was delivered by Lillian Dun, midwife. Lillian, for years, worked in northern NAN communities as an outpost nurse. She received her midwifery training in Europe. Lillian now lives in New Zealand with her family.
Photo: Wataway News

sterile hospital environments remains devoid of crucial aspects of the traditional birthing culture. The oppression of traditional midwives by the medical establishment along with the dominance of foreign religions, technologies, education, and other Euro-Canadian institutions has contributed to significant cultural losses and the further erosion of family ties and kinship systems of the Nishnawbe people.

Equay-Wuk's research into traditional midwifery revealed that midwifery practices are still in the memories of the living midwives, even though, many knowledgeable and experienced midwives have already passed on. As well, living midwives

eagerly anticipate the day when they may again work with younger women to revive and pass on the Nishnawbe midwifery culture. The practice of midwifery within the Nishnawbe-Aski Nation can be revived.

This article is a shortened version of the Report, Nishnawbe-Aski Nation Traditional Practices, prepared in August 1993 by Laura Calm Wind and Carol Terry on behalf of the Equay-Wuk Women's Group, Sioux Lookout, Ontario and presented to the Aboriginal Health Office, Ministry of Health of Ontario, on the formal exemption of Aboriginal Traditional Midwives in regards to the Regulated Health Professions Act, 1991.

Carol Terry was birthed by a Lac Seul traditional midwife. She is a midwifery consumer advocate. She has three children; one was born at home with the aid of a midwife. She and her husband, Tom, own and run their own business, Voyageurs North.

Laura Calm Wind was birthed by a traditional midwife in Big Trout Lake. Her Do-dis-seem still lives in Big Trout Lake. Laura is currently employed as Justice Coordinator at Windigo Tribal Council, Sioux Lookout.

¹A special kinship or relationship established between the new-born and the midwife and extending from the moment of birth onwards.

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