



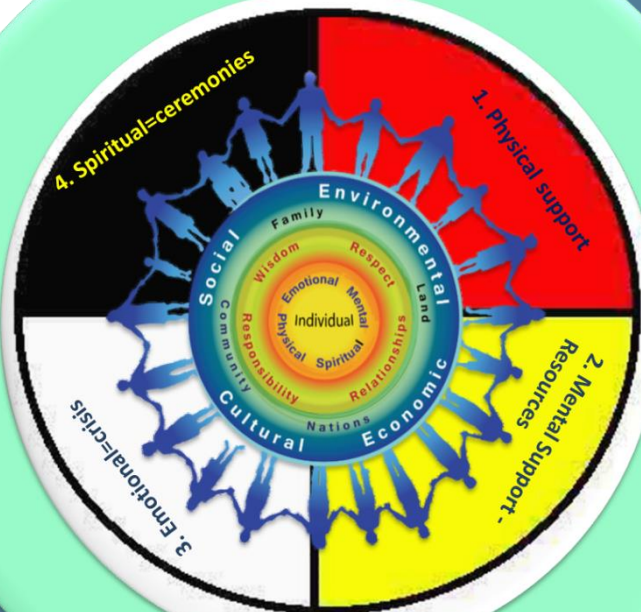
First Nations Health Authority  
Health through wellness

## First Nation Families and Health Care Providers: walking the perinatal journey together.

Leading Change  
across our nation:  
networking on the hill

Perinatal Services BC  
Conference

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# Thank you



First Nations Health Authority  
Health through wellness

- Thank you to The Squamish, Musqueam and Tlewaytuth People for allowing us to do this work on their unceded territory.
- Thank you to our partners: Perinatal Services, Ministry of Health, and Health Canada for the collaborative work on perinatal health with First Nation.
- Thank you to the First Nations and Indigenous Elders, community members, and professionals who helped create this path so that the women can have a safe pregnancy journey.



# Learning Objectives

- Recognize the need to provide culturally based, trauma informed and relational practice care
- Discuss approaches in providing holistic care to First Nation women and families
- Identify culturally relevant resources available to clients and health care providers

# Building the FNHA

## Our Vision

Healthy, self-determining and vibrant, BC First Nations children, families and communities

## Our Values

Respect, Discipline, Relationships, Culture, Excellence & Fairness



FNHA, FNHC, FNHDA SHARED VISION >> Healthy, Self-Determining and Vibrant BC First Nations Children, Families and Communities



Shared by the FNHA | FNHC | FNHDA

### DIRECTIVE #1 COMMUNITY DRIVEN, NATION BASED

- The Community Driven, Nation Based model for a sustainable and Sustainable for the entire health governance programme.
- Empower, nurture and policy development must be informed and driven by the grassroots level.
- First Nations community health agreements and programs must be protected and enhanced.
- Autonomy and leadership of First Nations will remain paramount.

### DIRECTIVE #2 INCREASE FIRST NATIONS DECISION MAKING AND CONTROL

- Increase First Nations influence in health program and service philosophy, design and delivery at the local, regional, provincial, national and international level.
- Develop a systems approach to health covering preventing health promotion and disease and injury prevention.
- Empower greater local control over community level health services.
- Involve First Nations in federal and provincial decision making about health services for First Nations in the highest levels.
- Increase community level flexibility in spending decisions to meet their own needs and priorities.
- Implement the OCAT development, control, access and governance principle regarding First Nations health data, including leading First Nations health reporting.
- Recognize the authority of individual BC First Nations either governance of health services in their communities and receive the delivery of programs local and regional levels as much as possible and when appropriate and feasible.

### DIRECTIVE #3 IMPROVE SERVICES

- PROVIDE OPPORTUNITIES AND PROVIDE FIRST NATIONS Knowledge, skills, talent, practices, medicines and models of health and healing into all health programs and services that serve BC First Nations.
- Improve and revitalize the traditional healing program.
- Increase health for patients care, physicians, nurses, mental health and other allied health care by First Nations communities.
- Through the creation of a First Nations Health Authority and supporting a POC Nations governance model approach, First Nations will work collectively to respond all health services accessed by First Nations.
- Support health and well-being planning and the development of health programs and services delivery health at regional and local levels.

### DIRECTIVE #4 FOSTER MEANINGFUL COLLABORATION AND PARTNERSHIP

- Collaborate with other First Nations and non-First Nations organizations and governments to address social and environmental determinants of First Nations health (eg. racism, water quality, housing, etc.).
- Partnerships are critical to our collective success. First Nations will create opportunities through working collaboratively with Federal, provincial, and regional partners.
- Foster collaboration in research and reporting at all levels.
- Support community engagement hubs.
- Create relationships building between First Nations and the regional health authorities and the First Nations Health Authority with the goal of aligning health care with First Nations priorities and community health plans where applicable.

### DIRECTIVE #5 DEVELOP HUMAN AND ECONOMIC CAPACITY

- Develop content and foster health professionals at all levels through a variety of education and training methods and opportunities.
- Result opportunities to leverage education, training and investments and services from federal and provincial sources for First Nations in BC.
- Result in economic opportunities to generate additional resources for First Nations health programs.

### DIRECTIVE #6 BE WITHOUT PREJUDICE TO FIRST NATIONS INTERESTS

- Recognize an Indigenous title and rights in the treaty rights of First Nations, and for without prejudice treaty self government agreements, in all processes and programs.
- Recognize the history and legacy of the Crown.
- Take impact on existing federal funding agreements with individual First Nations under First Nations with the agreement to change.

### DIRECTIVE #7 FUNCTION AT A HIGH OPERATIONAL STANDARD

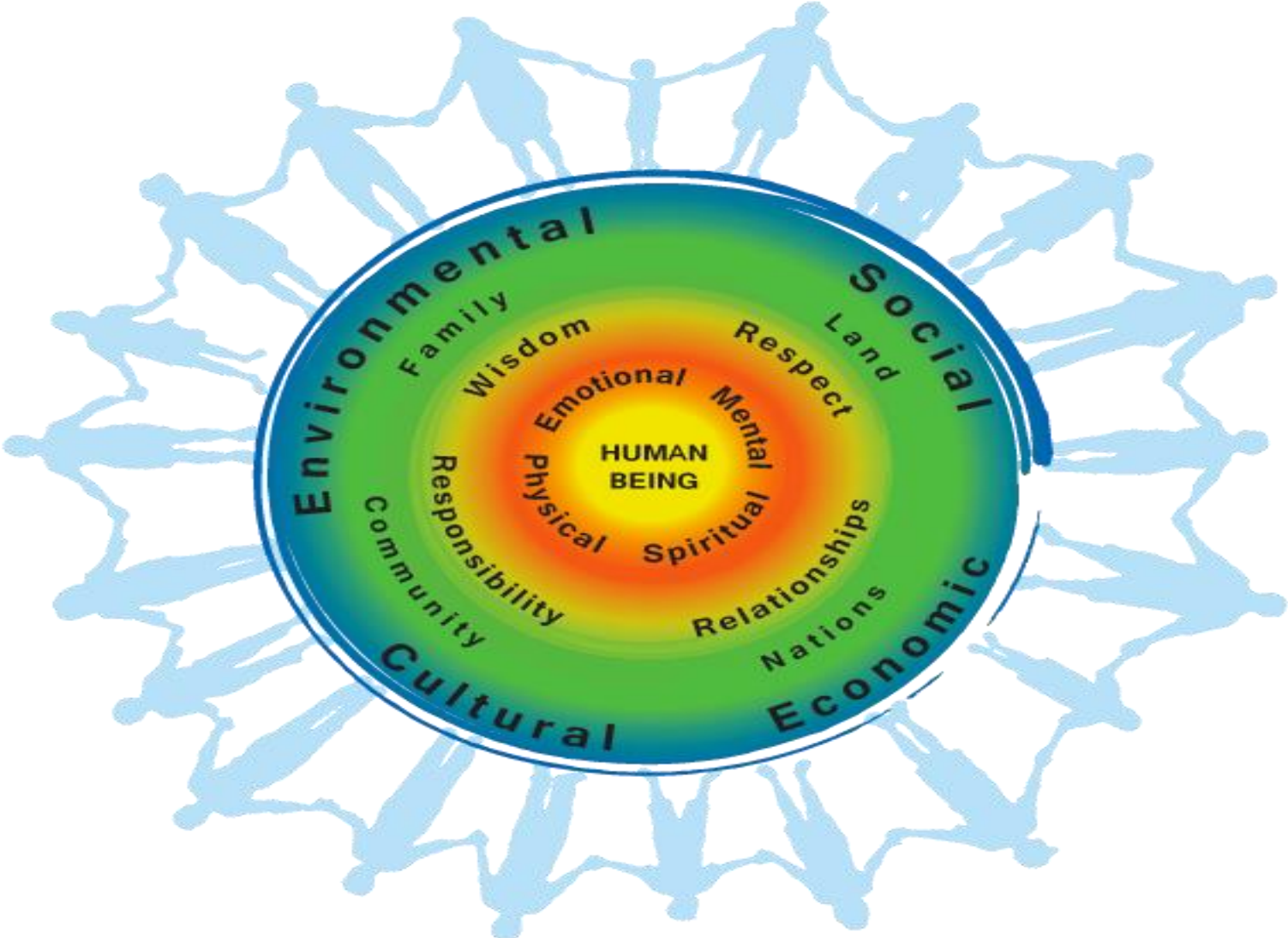
- Be accountable including through clear regular and transparent reporting.
- Make best and prudent use of available resources.
- Implement appropriate mechanisms for buy-in and responsibility at all levels.
- Operate with clear governance documents, policies and procedures including for conflict of interest and dispute resolution.





# FNHA Directives

1. Community-driven, nation based
2. Increase First Nations decision making and control
3. Improve services
4. Foster meaningful collaboration and partnership
5. Develop human and economic capacity
6. Be without prejudice to First Nations interests
7. Function at a high operational standard











# The Legacy of Canada's Residential Schools

Odds of **dying** for **children in Indian residential schools:**

**1 in 25**

Odds of **dying** for **Canadians** serving in **WWII:**

**1 in 26**



# The agenda for Change

Transformative  
Change Accord:  
First Nations Health  
Plan BC  
  
2005

Truth and  
Reconciliation  
on National  
calls to  
Action  
2015

BC Declaration of  
Commitment:  
Cultural Safety & Humility  
BC  
  
2015

CAPWHN Policy  
Statement on  
Cultural Safety  
and Humility  
2017





# The San'yas Journey

Trained 45,000 people in Canada

Grounded in critical anti-racism  
and transformational learning  
pedagogy

Goals are to increase awareness,  
enhance knowledge & develop  
skills



**Images of the 'Indian'**

Mass media plays a significant and powerful role in portraying Indigenous people in distorted ways and one need not go far to find examples. Images promoted by media, education, popular culture and folk myth abound. These images reinforce negative stereotypes.

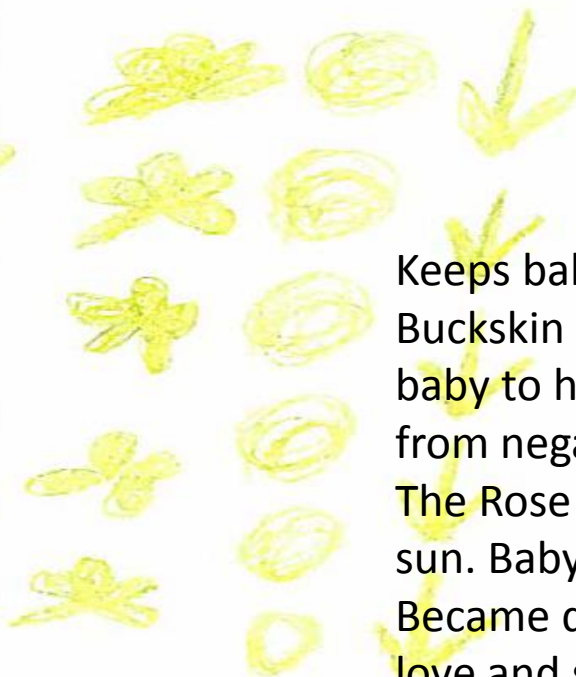
The following video provides examples of stereotypical images of Indigenous people that have been promoted by the media and which have become increasingly embedded in our perception of Indigenous people. While watching the video, take note of how many images and stereotypes in the following video are familiar to you.

**Video:** Watch *Reel Indians*, to learn more about stereotyping in Hollywood! (10.5 min).  
\*Permission Pending\*



What stereotypes of Aboriginal people did you identify in the film? Can you think of other places where you have encountered these stereotypes?

# Cradleboard and cultural teachings.



Keeps babies safe while mom is working. Buckskin and Wild Rose is used to protect baby to have a good mind and protect from negative thoughts. Never left baby. The Rose bush also protected from the sun. Baby learned by watching parents. Became disciplined and had a sense of love and security. Trudy Jack, Nla'Kapamux

# 17 Safe Sleep Illustrated Cards



## IS TUMMY TIME SAFE? WHY IS TUMMY TIME IMPORTANT?

### **SAFE** Tummy Time

Tummy time is safe and good when baby is **AWAKE** and someone is **WATCHING**.

#### **DISCUSSION POINTS**

- Allowing baby time on their tummy decreases the development of flat spots on their head (it can happen if baby is always on their back with head in the same position. When baby is on their back it is important to turn baby's head to different positions: right, left, centre).
- Tummy time is important for:
  - Developing healthy muscles
  - Preparing baby to crawl
  - Developing neck and back muscles
  - Improving head control
  - Brain development
- Placing baby on the tummy can sometimes help if they have gas or cramps.
- Babies should also have supervised "tummy time" when they are awake, for 10 to 15 minutes and at least 3 times a day. This can be started soon after birth but for less time. Start with 1-2 minutes and increase the time as the baby tolerates it. [http://www.caringforkids.cps.ca/handouts/playtime\\_with\\_your\\_baby](http://www.caringforkids.cps.ca/handouts/playtime_with_your_baby)
- Lay on the floor with your baby and have fun playing. Great time to just connect with your baby.
- If baby falls asleep, make sure to turn the baby onto the back or carry baby to crib and place on back.

**HONOURING OUR BABIES: Safe Sleep Cards**





*Babies are gifts of life from the Creator, and all parents and families share a goal to love, care for, and protect their babies.*

Kukstemc over to you Barb!



# Walking the Perinatal Journey together

**How can we do that?**

**Everyone has similar goals:**

**families want to be healthy**

**we want the families we care for to be healthy**

**But often the paths we take**

**are not in harmony**

**What can we do so our paths are similar?**



# Rural versus Urban



















# Walking the Perinatal Journey together

So how do we do this together?

What can we learn from past experiences?

How can we use the past to shape the future?



# Urban versus Rural













# Our Sacred Journey Aboriginal Pregnancy Passport





### Our Sacred Journey Chart

This is how I will keep track of our sacred journey through pregnancy and about the growth of my baby. When I visit my health care person I can ask for help in completing this chart which will help me learn how my baby and I are doing.

	Visit Date #1 _____	Visit Date #2 _____	Visit Date #3 _____	Visit Date #4 _____	Visit Date #5 _____
My blood pressure is					
My weight (kg)					
Weeks of Pregnancy <sup>1</sup>					
My belly size (cm) <sup>2</sup>					
My baby's heart rate-drumbeat <sup>3</sup>	I can hear the drumbeat of my baby! from about 6 weeks on... 				
My baby's movement <sup>4</sup>	20 weeks and baby is letting me know she/he is there! from about 20 weeks on... 				





# Aboriginal Pregnancy Passport

My hopes and dreams for our sacred journey and my baby's birth are:

In our sacred journey my goals include –complete the 4 sections.

My hopes and dreams for our sacred journey and my baby's birth are:

In our sacred journey my goals include (you can list these in the image below):

Goals For My Body

My Emotional Goals

Goals for My Mind

My Spiritual Goals

10



# Aboriginal Pregnancy Passport

What I want to think about right now:

Changes I notice in my body, thinking or emotions

Things I could use help with during our sacred journey:

People I can go to for information, help and support:

Questions I want to ask about my:(fill in 4 sections)

*Our Sacred Journey Notes*

Review my goals for a healthy pregnancy (page 10).

What I want to think about right now:

Changes I notice in my body, thinking or emotions:

Things I could use help with during our sacred journey:

People I can go to for information, help and support:

Questions I want to ask about my:

Body

Emotions

Mind

Spirit

Traditional Teachings



# Clinical forms

3 of 6 60%

### British Columbia Antenatal Record Part 1

1. Hospital  Attending physician medical  Consulting physician medical

Mother's name  Date of birth (m-yy/mm)  Age at EDD

Mother's maiden name  Ethnic origin  Language preferred

Occupation  Work hrs/day  No. of school yrs. completed

Father's name  Age  Ethnic origin of newborn's father  Father's work

2. Allergies  None known  Yes (specify)  Medications/teratols  Inhib. & practices

3. Obstetrical history

Date	Place of birth/ abortion	Gonorrh.	Yrs. in last yr.	Type of birth	Abortion (date/desc)	Spontaneous	Living	Children

4. LMP (m-yy/mm)  Menstr. cycle  Contraception  When stopped (m-yy/mm)  EDD by date (m-yy/mm)  Confirmed EDD (m-yy/mm)  1st US (m-yy/mm)  GA by US (m-yy/mm)

5. Present Pregnancy  No  Yes (specify)

6. Family history  No  Yes (specify)

7. Medical history  No  Yes (specify)

8. Lifestyle & Social  No  Yes (specify)

9. Physical Examination

Date (m-yy/mm)	BP	Height (cm)	Pre-pregnant weight (kg)	Pre-pregnant BMI

10. First Trimester Triage Discussion

11. Summary

12. Planned place of birth  Alternate place of birth (hospital)

PHSC 1502 - OCTOBER 2011 ©Perinatal Services BC WHITE: MOTHER'S CHART YELLOW: NEONATE'S CHART PINK: PHYSICIAN/MIDWIFE H&L: CEXX AREA - 001 801 1302



# Clinical forms continued

RECORD SYSTEM			Prenatal Education and Counseling	
Plan of Care During Pregnancy	Date	Init.	Date and Initial When Topic is Addressed	
			Patient Needs/Comments	
1. Visit Schedule and Content				
2. Screening and Diagnostic Tests				
3. Prescribed Medications				
4. Early Prenatal Classes				
5. Prepared Childbirth Classes				
6. Self Care Needs				
7.				
Changes of Pregnancy				
8. Fetal Growth and Development				
9. Maternal Physical Changes				
10. Maternal Emotional Changes				
11. Management of Common Discomforts				
12. Signs and Symptoms of Labor				
13. Attachment				
14. Family Adjustment				
15.				
Prevention of Complications				
16. Danger Signs to Report				
17. Use of Alcohol, Tobacco, Drugs				
18. Exposure to Teratogens				
19. Signs and Symptoms of Preterm Labor				
20. Stress Management				
21. Seat Belts				
22.				
23.				
Promotion of Health				
24. Nutrition				
25. Activity, Exercise				
26. Rest, Sleep				
27. Hygiene, Clothing				
28. Employment, Travel				
29. Sexuality				
30.				
Birth Plan (33-38 Wks)				
31. Participation of Support Person				
32. Other Family Members in L & D				
33. Method of Delivery				
<input type="checkbox"/> Vaginal <input type="checkbox"/> VBAC <input type="checkbox"/> Cesarean				
34. Episiotomy				
35. Site of Delivery <input type="checkbox"/> LDR <input type="checkbox"/> LDRP				
<input type="checkbox"/> DR <input type="checkbox"/> Birthing Room <input type="checkbox"/> OR				
36. Position For Delivery				
37. Analgesia/Anesthesia				
38. Technology (IVs, Monitor)				
39. Early Interaction with Infant				
40.				
Discharge Plan (32-38 Wks)				
41. Infant Care Giver				
42. Method of Feeding				
<input type="checkbox"/> Breast <input type="checkbox"/> Formula				
43. Rooming-in				
44. Tubal Ligation	Candidate <input type="checkbox"/> No <input type="checkbox"/> Yes	Authorization Signed <input type="checkbox"/> No <input type="checkbox"/> Yes		
45. Circumcision	<input type="checkbox"/> Yes <input type="checkbox"/> No			
46. Length of Stay		Initials	Signature	
47. Follow-up Home Visit by RN				
48. Infant Car Seat		Initials	Signature	
49. Family Planning Preference				
50. Social Service Referral		Initials	Signature	





# Cultural Humility

In order to be Patient-Centred-

**“A life-long process of self-reflection**

**& self-critique to understand**

**personal biases & to develop &**

**maintain mutually respectful**

**partnerships based on mutual trust.”**

Cultural Humility Definition, First Nations Health Authority 2015



# Kwakwaka'wakw initiative





# Nuu-chah-nulth Nursing Program (NNP): The Mother's Story

Shifting the Public Health Nursing  
Care Paradigm in Island Health:  
The Mother's Story



# Networking workshops: FNHA with Health Authorities

- Build relationships
- Learn from each other
- Share stories
- Discuss successes and challenges
- Increase awareness of each others work



**POSTPARTUM PERIOD  
COMMUNICATION / COLLABORATION  
BETWEEN:**  
HEALTH CARE PROVIDERS, COMMUNITY WORKERS,  
OTHER PEOPLE WORKING IN OR FOR THE COMMUNITIES,  
COMMUNITY MEMBERS

When you are communicating and collaborating between these various people, services, health authorities (FNHA, FNA),

1. What have you found to be successful?
2. What resources were helpful?  
(e.g. funding, policies, equipment, training, leadership)

**EMOTIONAL**

**MENTAL**

**PHYSICAL**

**SPIRITUAL**

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# Outcomes

- Many points identified in all 4 areas
- Increased awareness of viewing health from a holistic perspective
- Increased awareness of services / resources
- Tangible suggestions



# Closing Thoughts for you to take away

Curiosity

Listening

Time to pause

Nothing about us without us

Not to do to but with

Wellness and health

Starting where the client is at versus where we are at

“what would like to know, learn today”



# Resources available

