Oshin brings incredible depth, meaning and essence to an experience that no one ever expects will actually happen to them. Her work is a must read for any woman, as it will bring clarity and an invitation into an often hidden, silent world.

*Indigenous Experiences of Pregnancy and Birth*

Hannah Tait Neufeld and Jaime Cidro, eds.
Bradford: Demeter Press, 2017

REVIEWED BY SIMONE BOHN

This meticulously-produced edited volume fills an important void in the knowledge regarding Indigenous birthing and mothering in Canada (as well as the United States and New Zealand). Although the general public may be somewhat familiar with some of First Nations’ scars stemming from (Canadian) white settler colonialism, very little is known about the extent to which governmental interference still shapes Indigenous pregnancy-related and child-rearing practices. The problem is that, as several chapters illustrate, this interference remains having pernicious effects on Indigenous parents, especially mothers and their children.

The contributors to this volume authoritatively demonstrate that Indigenous mothers operate within an institutional framework which almost automatically associates indigeneity with risk (and from the official perspective, self-inflicted risk), and assumes a hierarchy of healthcare-related expertise, in which Indigenous knowledge and practices regarding pre-natal nurturing, birth, and post-natal care are not only devalued, but deemed dangerous in most circumstances. Accordingly, the removal of expecting mothers from their communities and their placement in distant maternity wards are justified as a form of governmental “protection” of the First Nation women.

In contrast to this official narrative and making extensive use of Indigenous women’s voices and their first-hand experiences, this book shows the inadequacy and absurdity of this so-called “birthing evacuation policy” as it currently stands. Not only does this practice impose enormous financial costs on Indigenous pregnant women and their families and affect negatively their mental health (as they experience severe loneliness amidst an already stressful situation). Ultimately, this governmental-imposed evacuation individualizes
an essentially collective experience, which is the arrival of a new member of an Indigenous community. To illustrate this different perspective, the chapter on the Wasauksing First Nation, for instance, shows that when a wife is expecting, her husband is seen as being pregnant as well, and the community supports the couple in a variety of ways, so that the parents-to-be can lead a stress-free and spiritually positive life as they await the arrival of their new child.

Similarly, the narratives point to abundant virtuous practices and knowledge. For example, Indigenous mothers and grandmothers have developed a set of rather elaborate prescriptions regarding diet (foods to eat and to avoid) and levels and types of physical activity which contribute to maternal health, as well as fetus and infant health. Some communities, such as the Stó:lō First Nation, for time immemorial, have made use of birthing techniques that facilitate safe births and decrease women’s hardship during the delivery.

Most importantly, the book’s principle message pertains to the importance, as chapter 7 expounds, of “revitalizing traditional Indigenous birth knowledge.” The acceptance of the legitimacy and safety of Indigenous birthing know-how and practices is paramount to advancing a better healthcare network in which professionals from the mainstream medical establishment can work in collaboration with Indigenous midwives and nurses, and in which more Indigenous individuals can be trained to become healthcare providers in their own communities while also maintaining and making use of their traditional knowledge. Furthermore, culture-sensitive practices, such as the delivery of the placenta to the Indigenous woman giving birth so that she can return it to the ground, can be easily adopted by hospitals and wards. As this edited volume shows, culture-sensitive, community-based healthcare is more successful at modifying behaviors. As it is founded upon important cultural signifiers, this type of communal collaborative approach is better received in the community and better absorbed, and contributes to improving trust in the overall healthcare system.