INDIGENOUS BIRTHWORKERS AND MAINSTREAM CREDENTIALING, WHY REPRESENTATION MATTERS

Baby Catcher, Auntie,
Indigenous breastfeeding counselor(IBC),
Indigenous doula(IFSD), Nookomis, Sister.
While we recognize, reclaim and integrate vital and sustainable birth and lactation care into program models, something is missing. Indigneous titles and Indigenous language are incessantly lost to our systems and in effect result in health outcomes in dire need recognition.

Exclusion is a historically repetitive harm that perpetuates disadvantageous outcomes in Indigenous health care and quality of life. Exclusion to and from participation in fundamental traditional roles has led to generational interruptions in responsibilities and losses in traditional inheritences of birth and breastfeeding practices. Continued exclusion in modern systems and credentialIng programs can be observed through: lack of competency of unique cultural needs and practices of Indigenous families, perpetual exclusion and lack of referrals to diverse Indigenous specific programs and care providers, minimal to absent representation, and lack of sustainable and appropriate funding to by us for us care. To be entirely Clear, by us for us care is an imperative implantation in healthcare practice in order to create trusted, sustainable, healing, positive health outcomes.

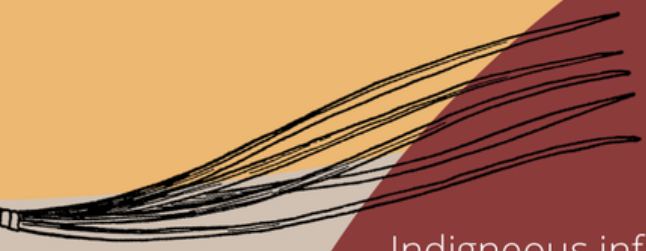
You can find Michigan's "Indigneous Milk Medicine Week" proclamation here; https://www.michigan.gov/whitmer/news/proclamations/2022/08/08/august-8-14-2022-indigenous-milk-medicine-week

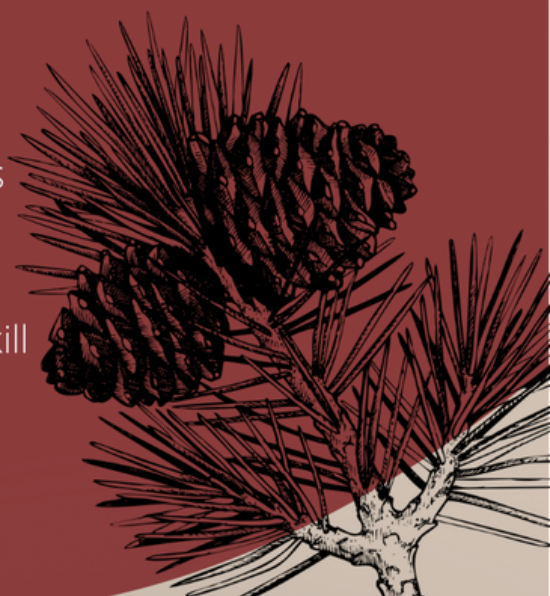
PANORAMIC DOULA

MIBFN
Michigan Breastfeeding Network

INDIGENOUS BIRTHWORKERS AND MAINSTREAM CREDENTIALING, WHY REPRESENTATION MATTERS CONT...

Data is currently largely underestimated due to exclusive and inaccurate reporting of race and ethnicity however the data we have is profoundly unsettling. Data gathered shows an increased risk of Indigenous maternal mortality by 2 to 3 times the rate of white maternal mortality. Indigneous infant mortality is 3 times that of white infant mortality with a 73 percent increased risk of SIDS if an Indigenous infant is not human milk and body-fed. What impacts this data? Historic and present harm and deficiencies in safety within systems resulting in further unsettling statistics. Indigneous women are 2-1/2 times less like to receive prenatal care with a further 50% receiving zero care before birth. Assimilating ideas and molding unique and diverse programs and birthworkers into systemic narratives is an extension of exclusion and it's dangerous. Sovereign care options save lives. Often when assimilating sovereign and unique programs and people into systemic complexes the work becomes underfunded, complicated and unproductive when placed under scope. It's unsustainable. It's common in the birthwork community to hear persons attest to leaving jobs in order to fully serve families with their unique skills and credentialIng. It's also common for families not to seek help in places that feel unsafe. Lack of representation is a red flag. Community led care and skill development historically was, and still is safest.

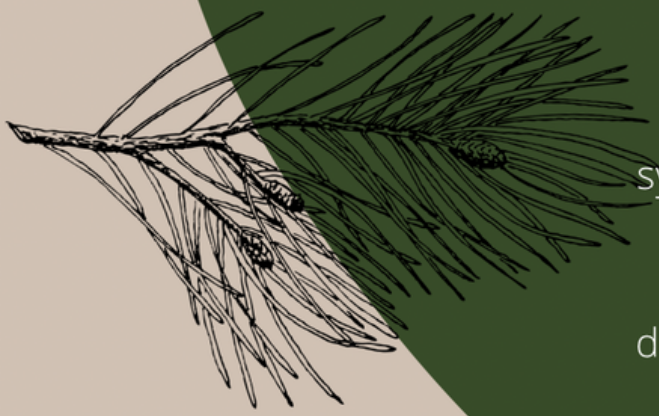




INDIGENOUS BIRTHWORKERS AND MAINSTREAM CREDENTIALING, WHY REPRESENTATION MATTERS CONT...

Why does representation and Indigenous specific credentialing and language matter?

Indigneous specific credentiallng and birthwork titles are an intermixing of: diverse lived experiences, family and mass group historical relevance, solidarity, community specific skills, traditional language, story telling, par clinical education and/or hands on community led learning and traditional care practices packaged into a title or given name. Representation and recognition of timeless and traditional roles and culturally relevent training brings forth mutual reverence and relational care between families and skilled care providers. It erases the power dynamic between patient - provider person centered care and rewrites opportunities for trusted relational care. Thus, promotes healing from years of systemic abuse, assimilation, and exclusion and furthermore creating a sense of safety for families and providers alike. Allowing them to feel safe to seek and provide life saving care. Programs and care should be representative of the populations they are surving. This is not always possible under heavily policy centered, scope limitating, and western medicine systems, especially when historically systems have broken relational trust. However, collaborations and referral policies are the step forward where commingling within systems isn't ideal and safe for all parties. Culturally relevant and community led care perogitives, programs, and credentialailing is different. It's different because it works and it works because it's different. Our ways of operating within our communities is still alive.



PANORAMIC DOULA

MIBFN
Michigan Breastfeeding Network