

## Arielle Perrotta - University of Calgary

Project: *Indigenous Maternal-Child Wellness: Understanding Urban Indigenous Families' Experiences of Pregnancy and Birth in Calgary, Alberta.*

### Background



Indigenous populations experience significantly higher adverse birth outcomes including: infant mortality rates that are between 1.7 to over 4 times higher than for the Canadian/non-Indigenous population and rates of sudden infant death syndrome are more than seven times higher than for the Canadian/non-Indigenous population (Sheppard et al., 2017; Smylie et al., 2010). Indigenous women and families also experience increased stressors related to colonialism, discrimination, and anti-Indigenous bias, which shapes

relationships and trust with healthcare providers (Leason, 2018). This research aligns with areas identified by the Maternal Newborn Child & Youth strategic clinical network, such as community engagement, bringing birth back to the

community, and reducing the perinatal mortality rate gap.

Alberta Health Services (AHS) states a primary commitment to improving equitable access and treatment for Indigenous health is to “remove Indigenous people’s barriers to access and improve Indigenous health outcomes” (AHS, 2020). However, colonial systems of oppression not only prevent Indigenous women from seeking care, but also silence women’s experiences, thereby further marginalizing women’s voices and adversely impacting their overall health and wellness (Browne & Fiske, 2001). Indigenous methodologies and patient oriented research (POR) centre the experiences of Indigenous peoples who have been historically silenced to understand the strengths, barriers, and challenges of maternal-child health faced by Indigenous women and midwives. The research employs decolonizing methodologies through community-based participatory research (CBPR), which emphasizes collaborative and reflexive relationships between the researcher, participants, and relevant organizations (Castellano, 2004; Chilisa, 2020; Smith, 2021).

This research study partners with urban Indigenous midwives and birth workers to document the roles of Indigenous healthcare providers and support services in improving health outcomes and experiences for childbearing Indigenous women and families. Indigenous midwifery and birth-work are rewarding, yet require significant physical, emotional, psychological, and spiritual commitments from care providers. Indigenous women and families experience increased stressors related to colonialism, discrimination, and anti-Indigenous bias, therefore Indigenous midwives and birth workers are faced with increasingly complex patient care needs to establish relationships and trust with healthcare providers. To understand the roles and impacts of Indigenous health care providers and supports on Indigenous maternal-child health, the research follows the experiences of patients, midwives, birth workers, and families to identify models of care that reduce stressors for Indigenous women and families. The anticipated research outcomes will show the value of culturally safe care and the important role of Indigenous led programming as a tool to support Indigenous women and families. The research findings will be utilized by the local community to advocate for increased support for Indigenous midwives and families.

*Arielle Perrotta (she/her) is a PhD candidate at the University of Calgary, mentored by Dr. Jennifer Leason. Her doctoral research focuses on Indigenous maternal health experiences of birthing persons, community support members, midwives, and birth workers in Alberta. Her main research interests include Indigenous maternal health, sexual and reproductive health and justice, feminist theories, and qualitative and decolonizing methodologies.*