Primary Research

Moving Toward Indigenous-Centred Perinatal Care in Urban Quebec

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ABSTRACT

This article explores Abinodjic, an initiative of the Native Friendship Centre in Val-d’Or, Quebec, Canada, which aims to move toward Indigenous-centred perinatal care for Indigenous mothers and families. Drawing on the findings of a three-year collaborative developmental evaluation, this article describes the emergence and relevance of a model of perinatal care in which Mino Pimatisiwin (a wholistic view of well-being) is the overarching goal, and where parental experiences, healthy lifestyles, support networks, and cultural knowledges are four interdependent areas of intervention that support children’s well-being, in the context of culturally safe services and approaches. We discuss three key elements significant to the initiative: (a) valuing Indigenous ways of being, (b) centring relationships and supporting the social networks, and (c) being advocates, both directly for community members as well as for Indigenous Peoples generally within the health and social services system. Findings demonstrate the importance of situating perinatal care within a continuum of Indigenous-led social and health services, and providing specific outreach, support, and guidance that are relational, strengths-based, and empowering for Indigenous families.

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Introduction

Enhancing Indigenous leadership and perspectives in the design and delivery of health services is recognized as a key to addressing the deep and pressing health and well-being disparities between Indigenous and non-Indigenous people in Canada. The high rates of suicide, infant mortality, respiratory illness, infectious disease, diabetes, and heart disease among Indigenous people, as well as other current inequities, call for major transformations in the health system (Greenwood et al., 2018).

Though Indigenous communities and organizations are leading initiatives across the country that aim to change the delivery and approach to health care services, bringing about such shifts is a complex task. High levels of innovation are required. The need to establish “services and programs based on cultural safeguard principles developed for Indigenous people and in cooperation with them” stands at the forefront of the calls for action of the recently released report of a public inquiry into the relationship between Indigenous Peoples in the province of Quebec and certain public services (Commission d’enquête sur les relations entre les Autochtones et certains services publics [CERP], 2019).

This article reflects on a pilot initiative to provide perinatal care to young mothers. The initiative, Abinodjic, which means “child” in Anishinabe, was designed and delivered by the Val-d’Or Native Friendship Centre (VDNFC) in Quebec. The research is informed by a three-year Indigenous community–university partnership in a developmental evaluation undertaken to support and inform progress in implementing appropriate and effective perinatal care. We begin by presenting elements to be considered in moving toward an Indigenous-oriented health care system and perinatal care programs. This is followed by a description of Abinodjic, the developmental evaluation, and the methods that inform this article. In the findings, we present the model of perinatal care that emerged, along with three key elements of the implementation: (a) valuing Indigenous ways of being, (b) centring relationships and supporting the social network, and (c) being advocates.

By sharing this description of the unfolding of the initiative and the development of a model that supports perinatal care we address the current lack of knowledge about Indigenous women and Indigenous-led initiatives in Quebec (National Inquiry into Missing and Murdered Indigenous Women and Girls, 2019). The growing number of Indigenous women moving from rural and remote communities to urban centres (Lévesque & Cloutier, 2013) calls for new arrangements to improve health services that adequately serve Indigenous young mothers.

Shifting Toward Indigenous-Centred Perinatal Care

Indigenous Peoples’ experience of the mainstream health care system has been laden with individual and systemic discrimination (Allan & Smylie, 2015; Browne et al., 2016; Health

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Council of Canada, 2012). The dominant biomedical model, with its focus on the eradication of negative symptoms of the individual, has been at odds with and ineffective in responding to the health needs and perspectives of Indigenous Peoples. This has brought about a general lack of trust in the public health system, with the result that Indigenous Peoples in Canada do not receive adequate provision of services (Arya & Piggott, 2018).

In response, there has been a growing call for approaches and initiatives that draw on Indigenous perspectives and consider health more broadly (Greenwood et al., 2017; Health Council of Canada, 2012). Research on the social determinants of health demonstrates that historical and contemporary political contexts, social structures, and resource distribution are at the root of current health disparities (Greenwood et al., 2018). Colonial practices and policies, including residential schooling, the loss of traditional lands and self-government, and the removal of children from their families and communities, equally impact health. Social problems such as substance misuse and interpersonal violence are connected to discriminatory policies and attempts to assimilate Indigenous Peoples; the social problems are a result of unrelenting stress caused by the exposure to systemic disadvantage. Since health cannot be dissociated from these issues, the approach to health care needs broadening. Access to language, culture and ceremonies, adequate housing, and food security are also integral to health (Beedie et al., 2019).

A framework for Indigenous health and well-being emphasizes balance and harmony between the social, physical, emotional, and spiritual elements (Rountree & Smith, 2016). These elements are represented in many Indigenous cultures by the four quadrants of the medicine wheel, in which well-being comes from coordination and balance within and across the elements. Strengths-based and self-identified aspects of well-being often include connectedness to family, community, culture, and spirituality.

As part of the shift, the practice of cultural safety is gaining credence. The term was originally coined in Aotearoa/New Zealand in response to health inequities among the Māori (Brascoué & Waters, 2009). Key to cultural safety is recognizing that quality of care is defined by how safe, respected, and considered service recipients feel given their cultural location. Its implementation calls for health and social services providers to reflect critically on their own positions, but also to attend more broadly to social inequities and structural factors (Browne et al., 2016). Actualizing the principle of cultural safety requires transforming health programs—not simply adapting but actually creating something novel. It is about decolonizing health services, in the sense of applying Indigenous knowledge systems to transform spaces and places while bringing forward Indigenous leadership (Regan, 2010).

Providing ethical spaces and places with safe platforms or places for conversations, dialogue, and learning to occur needs to be part of the transformation (Greenwood et al., 2017). The process will be difficult, messy, and at times overwhelming but this is necessary in order to respond to Indigenous communities’ priorities and lived realities. Helpful in informing such a transformation are the “two eyed-seeing” teachings, which instruct people to “see from one eye with the strengths of (or best of) Indigenous knowledge and ways of knowing, and … from the
other eye with the strengths of (or best in) western knowledge and ways of knowing” (Marshall et al., 2015, pp. 17–18).

Other ingredients of success are multi-level: renewal in the nature and objectives of services, favourable government policies including respectful collaboration and partnerships with communities, and adequate funding, capacity-building, and awareness of health service providers (Greenwood et al., 2018; Henderson et al., 2018).

The perinatal phase is a period of high vulnerability and potential for pregnant women and young mothers, and is important in reducing the transmission of risk to the next generation. The perinatal phase is viewed as a critical time for individual and collective healing, and cultural and community rebuilding (Gerlach et al., 2017). Research shows that Indigenous mothers are more likely to experience mental health problems during pregnancy and postpartum than non-Indigenous mothers (Owais et al., 2019). Indeed, mainstream maternal and child health care services have focused on the management of women’s pregnancies and their infants’ health and development, with little support and care for the rest of the family and their lives and well-being (McCalman et al., 2017).

In perinatal care, the provision of services that let mothers feel welcome and safe, and where Indigenous perspectives are reflected, is critical (Kandasamy et al., 2017a). While Indigenous practices may have been disrupted by a long history of assimilation and colonial policies, including the forced removal of children from their parents through residential schools, they remain alive and relevant (Muir & Bohr, 2014). Indigenous child-rearing approaches differ from those of dominant settler cultures in several ways, especially when it comes to valuing a child’s autonomy; the role of extended family; the focus on connectedness; parenting roles of males, females, and Two-Spirit and other persons whose gender identity is non-binary or fluid; and views of developmental progress and discipline (BigFoot & Funderburk, 2011). For elder women from the Six Nations of the Grand River in Ontario, for instance, pregnancy is a natural phase and sacred period, where optimal health in postnatal care requires allowing time to build a child’s immunity; providing for security, comfort, and social development; and ensuring parental responsibility (Kandasamy et al., 2017b). Midwifery care for Indigenous women and babies in rural and remote communities is considered a good practice for cultural safety that also improves the experience of pregnancy and birth (Corcoran et al., 2017).

Shifting toward Indigenous-cent red health care involves figuring out how to draw on traditional Indigenous ways to redefine and renew the approach to perinatal care in the contemporary context. In the next section, we present the model that emerged in Abinodjic and key elements involved in implementing the initiative.

**Abinodjic: An Initiative for Perinatal Care**

As an Indigenous organization, the VDNFC has been seeking the resources and rights to define and deliver health services that meet the needs of its community, beginning in 2011 with the Clinique Minowé (Lévesque et al., 2019). Abinodjic is part of a movement to build a
continuum of adequate primary health care services identified as critical to improving the living and health conditions of Indigenous people in Val-d’Or and the vicinity.

When compared to non-Indigenous people throughout Quebec, pregnancy of Indigenous girls between 14 and 18 years of age is eighteen times higher, and Indigenous families are two times more likely to be single-parent families, seven times more likely to be involved with child protection, and much more likely to live in multigenerational housing that is inadequate and inhospitable (Lévesque, 2019). Barriers to health care include lack of transportation, lack of childcare, fear of being judged for lifestyle choices, and general fear and mistrust of the health care system. It is noteworthy that a public outcry against police racism directed at Indigenous women in Val-d’Or caused the Government of Quebec to create a commission to examine the relationship between Indigenous Peoples and public services. Indeed, a survey conducted by the Regroupement des centres d’amitié autochtones du Québec (RCAAQ, 2018) found that while 70% of respondents used the health and social services network, one-fifth reported that the services offered did not correspond to Indigenous values or meet their needs.

Abinodjic identifies social Indigenous perinatal care as:

all the actions and interventions designed to create welcoming, supportive and empowering conditions for pregnant women and their children aged 0 to 2 years; it is about emphasizing the bonds of attachment between the child and his/her mother (and father, if any) and the protection and strengthening of the mother’s emotional, spiritual, mental and physical health as well as that of the child. (Native Friendship Centre Val-d’Or, 2015, p. 6)

The reorganization of practices for Abinodjic was guided by three elements: an ecosystemic approach, social innovation, and cultural safety. The program was initially organized around four target groups (mothers, family, community, practitioners) with different but interrelated goals: (a) creating a safe and stimulating living environment to allow for the optimal development of pregnant mothers, the mother, and the infant; (b) encouraging the active and ongoing involvement of parents and extended family members to ensure well-being and wholistic equilibrium; (c) contributing to the development of a healthy social environment that respects traditional and contemporary Indigenous values; and (d) providing services that reflect consciousness, awareness, competence, and cultural safety.

The initiative received two rounds of pilot funding over a period of five years. In the second phase, 176 mothers and 60 fathers participated in the program, along with 87 children under two years of age. The implementing team consisted of a perinatal care consultant, a family coach, a family educator, and other practitioners providing early childhood and family support at the centre, including a psycho-educator and a social worker, as well as a part-time nurse who weighed and vaccinated the children.
Methodology

This article is based on data gathered during the developmental evaluation (DE) embedded in the second phase of Abinodjic. DE was chosen by the VDNFC as a means of supporting the development of the initiative. It is a flexible, context-attuned type of evaluation that supports innovation and learning, and is gaining credence in innovative Indigenous-led projects (Wehipeihana et al., 2016). DE is consistent with the relational approach to research (Wilson, 2008) and with Indigenous methodologies, as it is focused on relevance and serving to improve conditions in the communities (McGregor et al., 2018). In DE, the evaluator is part of the team. Spaces are created to facilitate feedback, generate learning, and support transformations to actualize the theory of change.

For this article, the authors drew on an eight-year Indigenous community–university partnership. In alphabetical order, the first author has over 20 years’ experience as an ally working collaboratively with Indigenous communities, including eight years with the VDNFC and seven years as a developmental evaluator. The second author, the director of the Friendship Centre, holds the vision for the initiative. The third author heads the learning and evaluation unit at the VDNFC, the fourth is a researcher with more than 40 years’ experience in co-creating initiatives, and the fifth works with the Centre’s learning and evaluation centre.

DE became a means to support the paradigm shift involved in renewing perinatal care and developing the new model. The DE process in Abinodjic (Blanchet-Cohen et al., 2018) entailed building relationships, creating safe spaces for reflection and dialogue, questioning fundamentals, and encouraging co-creation. Each year the process included three reflection sessions with the implementing team, as well as a focus group with community members. The nine reflection sessions over three years varied in design depending on the needs of the team. There were regular opportunities to review progress, reflect on learnings, and identify adjustments. The DE team also conducted 15 interviews with community members (eight mothers, one father, and three couples). Interviews and focus groups with community members were recorded and transcribed. The DE team was also provided with anonymized case notes of six family members who were part of Abinodjic. Throughout, the ethical guidelines of Concordia University’s Human Research Ethics Committee and the mutually established principles of respect, equity, sharing, reciprocity, and confidence between the Friendship Centre and university partners guided the process. The DE was carried out in French, the official language for delivery of the program.

Findings

We begin by presenting the perinatal care approach that emerged, and its relevance given the needs and realities of family members. This is followed by key elements of implementation: (a) valuing Indigenous ways of being, (b) centring relationships and supporting the social network, and (c) being advocates.
Emergence and Appropriateness of a Wholistic Approach

A wholistic approach to perinatal care has been central to the development of Abinodjic. Initially, in the project proposal, the approach was linear and based on the target groups of intervention (mothers, family, community, practitioners), with activities related to each. However, during implementation and then in the DE reflection sessions, it became clear that addressing the complexity and multidimensional aspects involved in providing perinatal care called for a circular model that centred not on the target groups, but on components of perinatal care. This emerged in the second year of the initiative and was clearly articulated by the team in the last year of the initiative with the selection of a capteur de vie (a “life catcher,” similar to a dream catcher) as the symbol that would represent the approach to perinatal care. Overall health, as understood in the Anishinabe term Mino Pimadisi8in, stands as the overarching aim. Mino Pimatisi8in refers to a wholistic view of well-being and evokes “both a state of mind and a certainty that wellness consists of cultivating our desire to be in harmony in everything, in time and in space” (RCAAQ, 2012, pp. 8–9; French original translated by authors).

As shown in Figure 1, the circular model resembles the medicine wheel, widely used across Indigenous Nations, including the Anishinabe in Quebec. Parental experiences, healthy lifestyles, support networks, and cultural knowledges represent focal areas of intervention to support the well-being of the child and are shown as blending together in order to emphasize interconnectedness. For instance, cultural knowledges are part of parental experiences and healthy lifestyles.

Figure 1

Wholistic model of perinatal care
Providing culturally safe services and approaches stands in the outer circle, representing the modus operandi. The three feathers stand for the expected outcomes of the approach: social justice, a safety net, and pride in identity, which is found in the longest feather.

Indeed, interviews, case notes, and reflection sessions with the implementing team point to the complex lived realities of the families using the services. Among 15 mothers interviewed, half were under the age of 30, living in complicated family arrangements. Table 1 provides a summary of the family situations, number and types of contacts, types of support provided by the case worker, and issues raised by expectant or young mothers. These profiles show that family members taking part in Abinodjic seek support not only on questions related to a newborn, but also on many other issues. This is a part of supporting families so they are able to have healthy lifestyles and positive parenting experiences. In the rest of this section, we identify three key elements that were significant in implementing the initiative.

Table 1

*Sample of Situations and Supports Provided to Participants in Abinodjic*

<table>
<thead>
<tr>
<th>Case context</th>
<th>Number and type of contacts</th>
<th>Types of support required/issues raised</th>
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| Mother (late 20s) pregnant, with one child in centre early childhood programs | Over 5 months: 3 in-person meetings (2 more cancelled) Social media (10) | • Space to talk and share concerns  
• Overcome fear around birthing and parenting  
• Couple relations |
| Couple (early 20s) with one child together and other children with other partners | Over 1 year and 10 months: Meetings in person at office and home | • Going to court regarding care of child  
• Linkage with child protection agency  
• Home visits to be witness to child protection agency  
• Violence within couples  
• Transportation to food bank |
| Mother (mid 20s) with five children, recently separated from father (has newborn from different mother) | Over 11 months: Numerous meetings Social media (37) | • Follow-up around making appointments (e.g., doctors)  
• Transportation to appointments  
• Linkages with employer regarding rights to continue working given pregnancy  
• Couple relations |
| Mother (mid 20s) with three children and pregnant with fourth, father absent | Over 6 months: In-person meetings Social media | • Home services provided  
• Doctor appointments  
• Linkage with child protection agency  
• Connection with social worker from network |
| Mother (early 20s) and father (30s) with twins | Over 4 months | • Child protection  
• Post-natal home visit  
• Violence within couples  
• House-cleaning support  
• Couple relations |
Valuing Indigenous Ways of Being

A core issue in the evolution of Abinodjic was figuring out what Indigenous ways of being would be represented in the delivery of perinatal services and how they would be included. Though we began by focusing on identifying specific traditional practices, we found it more helpful to create spaces to uncover and dialogue around defining, understanding, and incorporating Indigenous ways of being into the program.

An illustrative DE activity carried out with community members in the early stages was the use of pictures of animals and nature scenes from the region to identify those that best represented “how they defined a good relationship with their young child.” The responses of young mothers and kokum (“grandmothers” in Anishinabe) conveyed the importance of extended family and connections to culture. A mother (age 35, with seven children) picked the image of a sledge pulled by dogs, which she said represented her extended family and the fact that she wanted her children to value interdependence. Another mother (age 24, with three children) selected moccasins because she felt they represented the balance necessary to maintain one’s values and remain grounded. She said,

These days, we are losing our values. Before, they liked to wear moccasins precisely because one walks better in them, because one can be in contact with the earth. I do not want my child to lose these values. They are Atikamekw.

In this activity, community members pointed to the importance of including the larger family and Indigenous identity in the perinatal care program in order to best provide for the child’s well-being.

Throughout Abinodjic, there were opportunities for parents to reflect on child-rearing practices. As a mother (age 23, with one child) explained, “It’s hard to break away from our heritage, from what we have been left with. With all the activities, I think that it is there that we have the power to do as we were shown before, or to make a better choice.” She shared, for instance, how she was confronted with teachings around the tikinagan (baby carrier), a traditional practice said to be bad for the child’s backbone. She was reevaluating this advice, but appreciated “being left with the choice to make the decision myself” given the knowledge at hand. Other child-rearing practices, such as the walking-out ceremony, resurfaced in this space. The parents in the program felt empowered to make parenting choices based on their teachings as well as on new knowledge, finding that the two systems could complement one another.

The shift from identifying and promoting specific traditional practices to valuing Indigenous ways of being was reflected in the decision to not create an Indigenous version of From Tiny Tot to Toddler, the free guide offered to expectant parents in Quebec (Institut national de santé publique du Québec, 2019). Instead, it was decided to produce an illustrated storybook told by a kokum and organized around the different life stages from conception to old age. The storybook created was relevant to Indigenous families, offering a basis for dialoguing with parents about parenthood in ways that invited conversations rather than being prescriptive. As encapsulated by a community member reflecting on the initiative, “Abinodjic allows us to act...
directly on our health according to our values as First Nations.” Instead of being prescriptive, the
initiative moved toward providing support in ways that allowed community members to be part
of discussions defining health, grappling with their questions of parenting together.

**Centring Relationships and Supporting the Social Network**

Another key aspect of Abinodjic was strengthening the support network of families with
young children and working from a relational perspective. Indeed, in the yearly team evaluations
to track progress in the four areas of intervention, the most progress was seen in strengthening
the support network. There was clear evidence of impact in this element; in other areas, change
was harder to assess.

Group activities were central to strengthening the support network. These ranged from
sport activities (e.g., baby gym, swimming, yoga) and learning (e.g., breast-feeding, collective
cooking) to more traditional activities (e.g., knitting, making a rattle). The group activities had
two functions: socialization and sharing about parenting.

Because they lived in the city and often felt isolated, many of the program participants
found connecting with other parents in similar situations was important. One mother (24, with
three children) explained,

> For me, it was to get out of the house with the baby and to see other moms with
their babies. That was like doing something every week with other moms,
seeing, you know, meeting, then talking, doing activities. Then it was, the
babies started to know each other, too. They saw each other, and then it felt
like a social thing. It was really good. ... It was like something positive for me
and for my daughter.

Another mother (age 36, with five children) identified the value of being among
Indigenous people:

> Yes, it’s good because you live the same thing as others, [and it’s different]
than, let’s say, [what] a white person lives. We do not have the same
background. Say, racism or discrimination. [A white woman] will not
understand what I live. Or, well, drinking or drug use, sometimes you’re not
too comfortable to talk about that with another person. I think that an
Aboriginal woman will understand more, and, I believe, [express] less
judgement.

During the activities, parents connected with their children as well as with other parents.
Conversations were generated on several topics, from how to make the baby sleep to struggles to
remain sober and how sobriety affected their child-rearing. There were often follow-up
conversations that took place on social media. This provision of a safe space for sharing and
understanding helped several mothers. As one (age 22, with two children) explained: “I guess
[the discussions helped in] giving me good confidence, boosting my esteem, and in being a better
mother [from the] help all the other mothers gave. So there’s a lot of comfort there.”
For the practitioners working with the families, building a relationship of trust in which it was safe to talk and share was critical. A mother (age 24, with three children) explained:

They talk to me, you know, they talk to me, there are things that I don’t realize and they help me realize. But I talk to them about it. ... There are things that they are going to propose to me or they are going to advise me about them. ... I’m better, I am doing a lot of things that I wasn’t really talking about. This support was particularly important following the loss of my mother, who died tragically in the fall.

In turn, the team members often talked about how they had to develop skill in finding a balance between listening and advising in ways that were empowering. One community member noticed this approach and said, “I mean, they don’t intervene alone with the child. They involve you as well. They give tools to the parents and then together you know better what to do, what not to do.” One practitioner reflected:

I think that the Friendship Centre has also defined the values with which we wish to get in touch with members of the community. Not only values, but also approaches ... knowledge, well-being, know-how, that’s what makes all the difference when creating the link with some moms and dads.

The Friendship Centre also provides a sense of community and belonging that is important to people who feel isolated in the city.

Being Advocates
Besides incorporating Indigenous ways of being into the program and strengthening the support network, a significant part of Abinodjic involved advocacy, whether for individual participants or more broadly within the social and health service systems. The range of support provided, as shown in Table 1, is indicative of this role.

Direct advocacy for community members involved knowing what resources were available for urban families and then being able to help them request and receive the services. This was important because many families, especially those who were new to the city, were unaware of the resources available or how to request them. A father (age 38, with seven children) commented:

Ah, these are big challenges. I’ve been living [in this home] for four years, and I’ve been here in the city for five years, and I still have a hard time following. This is where we need help from the Friendship Centre, [to] adapt to the rapid rhythm of the city life.

Through Abinodjic, support ranged from dealing with child protection services to finding housing and dealing with doctors. One mother explained, “The Friendship Centre was helping me every day to get back my son. They were letting me do programs and parenting stuff and all that. So I [would have the] support for my son.” She also received help applying for social
housing, which was a prerequisite for being able to take back her son. There were other instances where the team helped participants in the hospital deal with doctors. One team member recalls that when she was contacted by a young mother in hospital, she had to take on the role of advocate and interpreter to overcome a lack of understanding and the feeling of racism experienced by the mother.

More broadly, the Friendship Centre has representation on various intersectoral committees in order to bring attention to the needs and perspectives of Indigenous people in the city. An Abinodjic staff member reflected on how in these meetings, where there are few or no Indigenous people present, she is repeatedly asked, “Why are Indigenous people like this?” She explains how she invites those present to reflect on the question and the reasons.

\begin{quote}
Let them also reflect a little on why! You, there, what you see today is a picture of a state of a people. But if you don’t know the last 150 years and all the colonial history and the results of that history, you won’t understand the snapshot, the picture of today.
\end{quote}

Part of making the call for more appropriate services continues to involve raising awareness about historical wrongs and fostering rapprochement.

**Discussion**

The wholistic approach to perinatal care that emerged from Abinodjic speaks to the importance of situating support for pregnant and young mothers within the broader context of their complex lived realities. When Indigenous people leave their communities and move to cities, they may experience a profound sense of isolation. A reductionist and prescriptive biomedical model stresses this isolation because it does not mesh with their needs for community and belonging, where there is a feeling of safety and no judgement. Provision of services that ensure well-being during pregnancy and birth needs to be Indigenous-led in order to find appropriate forms of maternal and child health care that are in alignment with Indigenous ways of being.

The 2019 public inquiry commission into the relations between Indigenous people and public services in Quebec identified in calls to action 96 and 97 (of a total of 142) the need to “[e]ncourage institutions in the health and social services network to set up services inspired by the Clinique Minowé model in urban settings, working with the Indigenous authorities and organizations in their territory” (CERP, 2019, p. 388), as well as the need for recurring and sustainable funding. Despite the commission’s calls to action, one year later, core funding for this initiative still had not been secured, pointing to the continued obstacles met by Indigenous organizations in obtaining sustainable funding. However, the VDNFC has continued moving ahead with the integration of Abinodjic and the Clinique Minowé pilot initiatives into the broader vision of a Mino Pimadisi8in-based health centre to provide for a continuum of culturally safe social and health services (Lévesque et al., 2019). Further research will be called for to follow the development of this centre, including the integration of other promising
practices such as Indigenous midwifery and land-based strategies in urban health programming, as well as documenting the conditions required for similar but localized initiatives in other urban settings in Quebec. Future research could explore the historic role of gender in Indigenous perinatal care and, through this entry point, shed further light on how gender is understood, especially in the context of parenting and family and community relationships.

Reflecting on the story of Abinodjic sheds light on the multifaceted aspects of putting in place services that better respond to and support perinatal care for Indigenous families living in urban areas. The developmental evaluation undertaken throughout, and the literature from elsewhere in Canada (Greenwood et al., 2017), illustrates that while the process may be messy and progress difficult to track, following this pathway is essential in order to provide for the under-served Indigenous population and meaningfully undertake the journey toward reconciliation.

References


