WITH CHILD

EHAWAWISIT

Experiences and Perspectives of Métis Women on Pregnancy, Birth, and Motherhood

UNIVERSITY OF ALBERTA

MÉTIS NATION of ALBERTA

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The *Ehawawisit* project was completed in partnership with the Métis Nation of Alberta (MNA) and academics from the University of Alberta and McMaster University. It was made possible through financial support from the Canadian Institutes of Health Research (CIHR) and the generous support of the Alberta Women's Health Foundation, through the Women and Children's Health Research Institute.

A MESSAGE
FROM THE PRESIDENT

Mothers have always held power within the Métis community. They are the backbone of our community. Their stories have kept our people grounded to where we come from, so we may have a clear path forward.

As the President of the Métis Nation of Alberta, I am pleased to share with you our health report, "*Ehawawisit* (With Child): Experiences and Perspectives of Métis Women in Pregnancy, Birth, and Motherhood." In conjunction with our report "*Ehawawisit* (With Child): The Epidemiology of Maternal and Neonatal Health among the Métis in Alberta: A Population-Based Retrospective Cohort Study," this report demonstrates Métis women experience many difficulties during their journeys of pregnancy, childbirth, and motherhood. Despite many challenges, Métis women show great strength and resiliency in the face of hardships and have come together to propose solutions to improve their lives and the lives of all Métis women in the future.

Finally, I would like to acknowledge and thank our academic partner, Dr. Maria B. Ospina, at the University of Alberta, and the *Ehawawisit* research team for their continued support and expertise in the creation and completion of this project, as well as in the preparation of this report.

Sincerely,

Audrey Poitras

President, Métis Nation of Alberta

FOREWORD

Storying with Métis Women: Honouring Our Lives

We salute you, our Métis sisters, for your courage, honesty, vulnerability, your deep love for your children, and for the hope you have given our Nation. It is an honour to reflect together with Métis women on such a significant, and life-centered project, *Ehawawisit*. Learning from your stories was made possible with the commitment, care, and leadership of Dr. Maria B. Ospina, the Métis Nation of Alberta, and the diverse knowledge of the *Ehawawisit* research team. We came together to document and privilege the lives, experiences, and stories of Métis women because their well-being matters to the health of our families, our communities, and our lands.

The stories generously shared by the women speak to a range of experiences, resulting in rich themes central to the ethics of care that are collectively needed to support maternal health and motherhood, adequately and fairly. Being "with child" — as we learned from the women's stories — touches on the strengths, challenges, and pains of our kinship systems and the daily struggles, and the systemic adversity women face on their maternal journey. Without their stories, solutions are created in vacuums, distant from the roots of truth, wellness, identity, and reality. We risk compartmentalizing and politicizing the sacred stages of motherhood and birth, further reproducing fragmented ways forward, harmful stereotypes and stigmatization, inequitable health care services, inadequate basic resources, loss of identity and traditional knowledge, and ongoing trauma.

The need to address urgent economic, social, emotional, and spiritual challenges is critical if we are to regenerate healthy, thriving, and prosperous Métis families. We learned challenges stem from various factors, clearly identified by the women themselves. Listening and engaging with their stories and wisdom holds promise as they move forward with their daily lives.

With this in mind, the title chosen for this project is *Ehawawisit*, meaning "with child" in the Michif language. This title carries a

frequency of the heart that invites a renewed sense of being in relationships that are considered sacred stages of carrying life, including birth and motherhood. Being "with child" also renews a way of being in good relations as a family and a community. It calls us back to our deeply-rooted ethics of care and the responsibility held in the belly button knowledge connecting our grandmothers, mothers, sisters, and aunties.

In visiting with the women, through their stories, we were reminded these ethics belong to everyone, including our governments, health care systems, kinship systems, and political institutions. When we listen to their stories through a three-eyed lens made of two ears and one heart, we can imagine the ways of our Métis matriarchs: gathering and visiting together as Metis women, the old way of taking care of our families.

The loving and caring spaces created as part of this research provided a platform to feel uplifted, heard, valued, and cared for, knowing that Métis women's lives and their children's lives matter as nations themselves. In these safe spaces — "stress free," as some women noted — interactions, teachings, and exchanges reaffirmed the roots of power as Métis women, where we come from, what we know deep in our bones, and how we move forward to continue owning our lives, our bodies, our laughter, and our stages of life. The gift of owning ourselves as courageous, vibrant, and generous means concretely and actively placing women and children's wellness at the heart of our identity and life principles honouring all that being *Ehawawisit* encompasses.

With appreciation and respect to our Métis sisters,

Cindy Gaudet & Chelsea Gabel

1.0 INTRODUCTION

Métis stories and experiences on health and wellness are largely absent in health literature. This has created a gap in understanding the diverse perspectives and concepts of health and wellness among Métis people in Alberta and across the Métis Nation Homeland.[1,2] This absence is noted in all areas of Métis health,[3] and is particularly true when it comes to the health of mothers and babies in Métis communities.[4,5] In response to this, the Métis Nation of Alberta (MNA), along with our academic partners at the University of Alberta and McMaster University, have undertaken the *Ehawawisit* project as an opportunity to better understand and give voice to the knowledge and unique ways Métis women in Alberta experience pregnancy, birth, and motherhood.

The *Ehawawisit* project aimed to explore how social determinants of health impact the health and well-being of Métis women through a variety of research methods, including quantitative, qualitative, and arts-based methods. The results of the epidemiological analysis of administrative health data of Métis women and babies' health outcomes are detailed in the report "*Ehawawisit (With Child): The Epidemiology of Maternal and Neonatal Health among the Métis in Alberta: A Population-Based Retrospective Cohort Study.*"

The findings detailed here allow us to better understand the context of these health outcomes, and the ways social determinants of health interact to influence Métis women's experiences in pregnancy and childbirth. Through this project, 61 Métis women came together from across Alberta to participate in six Gatherings. During these Gatherings, Métis women shared their experiences, knowledge, and perspectives on pregnancy, birth, and motherhood, and proposed solutions to support Métis women and babies moving forward.

SOCIAL DETERMINANTS OF HEALTH

"The social and economic factors that can influencing an individual's health, including: but not limited to income, education, employment, discrimination, and historical trauma."[6]

Social determinants of health can be differentiated as proximal, intermediate, and distal determinants of health.[7]

- **Proximal determinants of health:** Factors having a direct impact on health, such as health behaviours, and physical and social environments. These include employment, income, and education.
- **Intermediate determinants of health:** Factors that influence proximal determinants of health. These include health care and education systems, and social and cultural community.
- **Distal determinants of health:** Factors that influence both intermediate and proximal determinants of health. These can include colonialism, racism, and self-determination.

INDIGENOUS DETERMINANTS OF HEALTH

Understanding the determinants of health by considering Indigenous knowledges and ways of being as fundamental to Indigenous people's experiences of health and well-being. The concept of Indigenous determinants of health includes determinants that are not always captured within social determinants of health, such as spirituality, relationship to the land, geography, history, culture, language, and knowledge systems.[8]

The concept of Indigenous determinants of health arose from the understanding where that "colonization and colonialism cross-cut and influence all other social determinants of health" for Indigenous peoples, including for Métis individuals, families, and communities.[9]

The health of mothers and babies is influenced by individual factors, living conditions, social relations,[10,11] and historical power structures[12] intersecting throughout life and across generations. The health experiences of Indigenous mothers and babies are shaped by the effects of colonialism, racism, social exclusion, and suppression of self-determination, creating structural conditions that inform social determinants of health in an Indigenous context (Figure 1).[9, 13-14] Until very recently, social determinants of health were understood as distinct systems of oppression; an approach ignoring the intersection of the multiple conditions in which people are born, live, and grow. Social determinants related to socioeconomic position, gender, and age interact in complex ways with Métis identity to perpetuate inequalities affecting Métis women individually and across generations.

There is limited academic literature on the lived experiences of Indigenous women in Canada during pregnancy, childbirth, and motherhood. Previous research has shown that Indigenous women in Canada experience barriers to accessing care, especially women in rural and remote communities, and often encounter racism within the health care system.[15] While some previous studies have explored the combined effects of colonialism, identity, and connection to culture on Indigenous women and mothers' well-being outside of the health care system, these studies are few and far between.[16] Furthermore, prior to this study, no research specific to the lived experiences of Métis women in Alberta throughout pregnancy and childbirth has been documented.

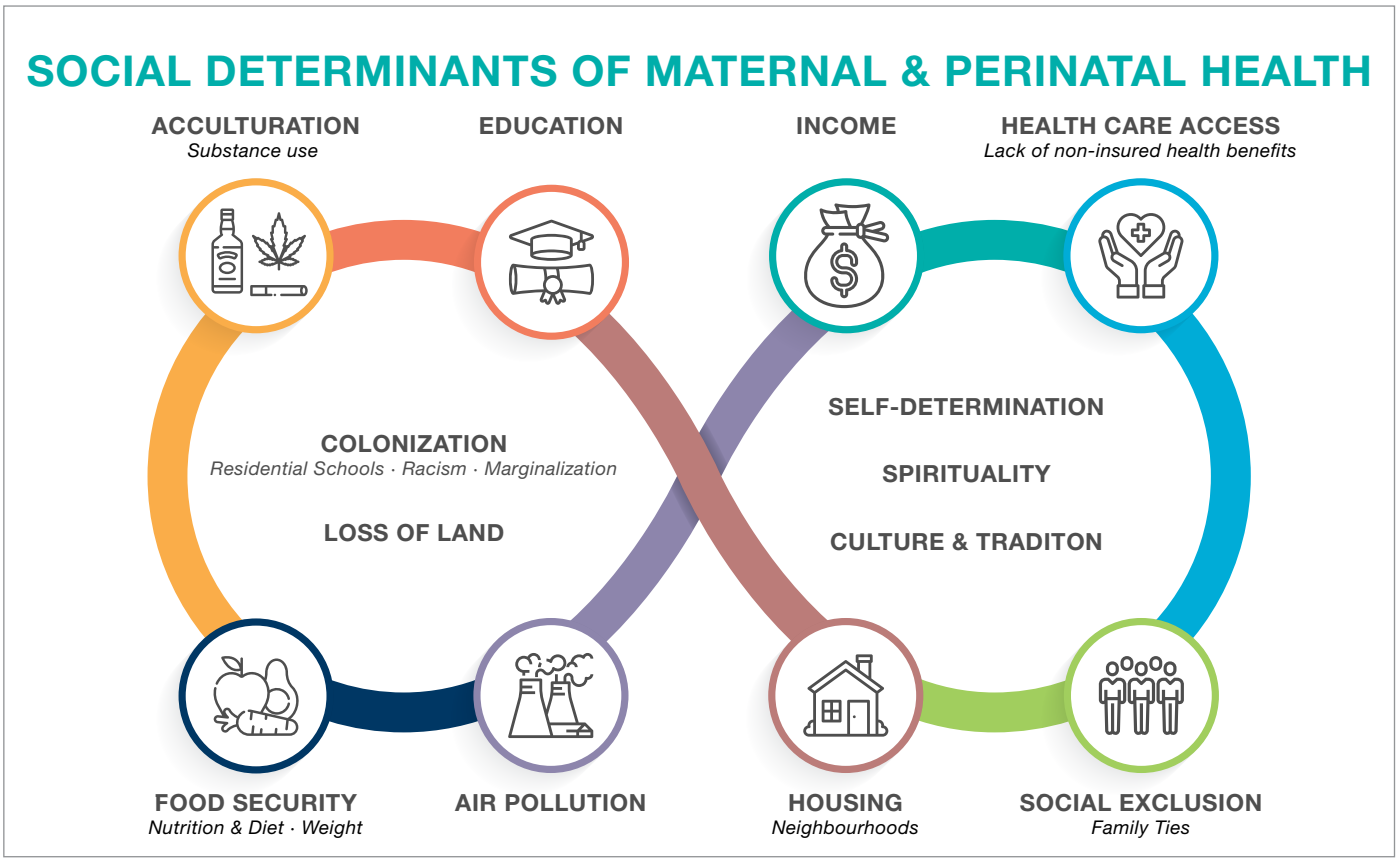


Figure 1. Social determinants of maternal and perinatal health in an Indigenous context.

Pregnancy and birth, expressed with the Michif word *Ehawawisit*, meaning "with child," are times of reflection for Métis women. It is also time to connect with heritage and identity as they prepare for, welcome, and support the arrival and gift of their children. Métis ways of knowing reiterate the health of the mother and the newborn and reflect the community's health.[8] In the words of Métis Elder Tom McCallum, "we see each other as being related to everything,"[17] which speaks to the Métis holistic concept of health and aligns closely with the concepts of Indigenous and social determinants of health.

The research presented in this report provides a unique Métis perspective about the strengths and challenges Métis women face through pregnancy, childbirth, and motherhood as critical periods of human development. Hearing from and honouring Métis women as they share their stories is integral to creating comprehensive programs and services that respond to and are rooted in the lived experiences of Métis women in Alberta.

1.1 Métis People in Alberta

The Métis are one of three Indigenous peoples[18,19] in Canada with a unique identity, values, language, and cultural traditions. They are distinct from First Nations and Inuit peoples, all of whom are recognized in section 35(2) of the *Constitution Act* of 1982.[20] The MNA uses the national definition of Métis, defined as "a person who self-identifies as Métis, is distinct from other Aboriginal peoples, is of historic Métis Nation ancestry, and is accepted by the Métis Nation."[21] One in three Indigenous persons in Canada self-identifies as Métis.[22] Alberta has the second largest population of self-identified Métis, accounting for 19.5% of all Métis in Canada,[22] and is home to the largest share of Métis women across Canada (22%).[23] The MNA is the governing body for Métis people in Alberta and actively represents over 48,000 Métis Citizens. The MNA advances Métis self-determination through cultural, economic, health, educational, political, and social development.[24]

1.2 Objectives of this Report

Our hope through this project is to make the stories and lived experiences of Métis women visible, and celebrate their resilience and deep love for their children. This report presents the findings from six Gatherings of Métis women across Alberta who came together to discuss their experiences with pregnancy, childbirth, and motherhood. These findings have been interpreted and analyzed by the MNA and academic partners. This report has been compiled to share what we learned with the Métis community in Alberta, as well as provide an evidence base on which the MNA can advocate for change and implement solutions.

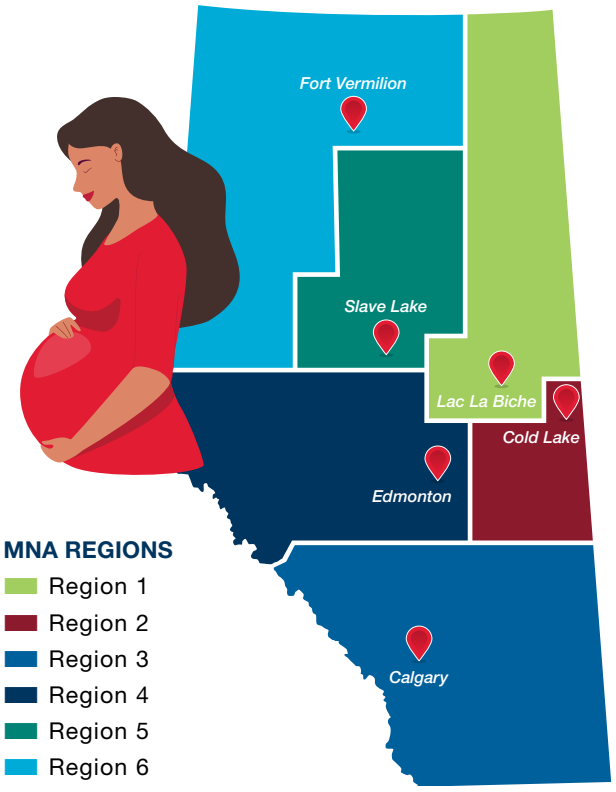


Figure 2. Locations of Gatherings held across Alberta in each MNA Region.

2.0 OUR APPROACH: OVERVIEW OF STUDY METHODS

This section provides a brief overview of how the qualitative and arts-based components of the *Ehawawisit* project were completed. A full description of the study methods can be found in Appendix 1.

2.1 Gatherings of Métis Women

Gatherings are a celebration of Métis ways of living and an important social function where kinship connections, traditions, and histories are shared. Gatherings of Métis women were organized in each of the six MNA regions between November 2018 and September 2019, in Edmonton, Slave Lake, Lac La Biche, Cold Lake, Calgary, and Fort Vermilion (Figure 2). A total of 61 Métis women participated in the Gatherings.

To encourage reciprocal knowledge-sharing and transmit traditional knowledge, each Gathering began with a workshop based on traditional activities that are meaningful to Métis mothers, babies, and communities. These workshops were led by Métis community members and Elders in traditional arts-based activities such as making moss bags, baby moccasins, beading, and fish scale art. Arts-based methods are grounded in Indigenous knowledge, and facilitate participants' engagement, building relationships, knowledge co-creation, and community action.[25]

Gatherings employed conversational methods such as talking circles[26], storytelling[27], and yarning[28] as they emphasize a sense of connectedness and exchange of traditional knowledge in a respectful and reciprocal manner.

Examples of prompting questions to foster conversation:

> *"Tell us why you feel it is important to talk about pregnancy and childbirth"*
>
> *"Tell us about your experience with pregnancy and childbirth."*
>
> *"Tell us about the people in your life who have helped you during pregnancy and childbirth."*

Conversations flowed organically to explore and discuss topics important to women, without heavy influence from the research team members who attended the Gatherings.

Conversations during the Gatherings were audio recorded and later transcribed by staff from the MNA's Department of Health. Transcripts were shared with women for validation, including confirmation the stories and knowledge shared were captured accurately. Transcripts were then analyzed by academic partners at the University of Alberta. The resulting themes from this preliminary analysis were shared with the MNA's Department of Health and Métis academic partners, who provided additional contextualization of the data. The final resulting themes are shared in section 3.0 of this report.

2.2 Trees of Knowledge

The women who participated in the Gatherings collectively created "trees of knowledge" summarizing the main themes and topics of each discussion, representing them visually as branches on a tree. The creation of "trees of knowledge" is an Indigenous research methodology previously used by Métis researchers in Saskatchewan to explore Métis women's wellness and well-being.[29,30] This "learning by doing" methodology is based on relationality and is grounded in Métis women's relationships with one another.[29,30] The tree model is often used in understanding Indigenous health research, including determinants of health in an Indigenous context.[31] The tree model, according to Dr. Charlotte Loppie, is useful because "it illustrates the complex and interconnected systems found in nature as well as in human health."[31]

Each Gathering employed the "trees of knowledge" methodology to centre the voices of Métis women and the multiple ways of understanding their experiences and perspectives of pregnancy and childbirth. The "tree of knowledge" methodology visually demonstrates and preserves the knowledge created by Métis women. Each branch defines and reflects the wisdom of the 61 Métis women who participated in the Gatherings. Branches are also a metaphor for areas where "research will need to reground itself by going back to the original intent for gathering knowledge and information"[32] and connect Métis women's lived experiences with actions to address their needs. With each Gathering, our bundle of knowledge grew to better learn from the experiences of Métis women during pregnancy and childbirth, and how social determinants of health influence and shape these experiences.

At the conclusion of all six Gatherings, members of the research team combined the six individual trees to create a final "tree of knowledge" that summarized themes across all Gatherings. The resulting "tree of knowledge" is included in section 3.0 of this report (Figure 4). By creating "trees of knowledge" together throughout the Gatherings, the perspectives, beauty, and knowledge of Métis women was reflected and showcased.

2.3 Ethical Considerations

This project's approach was grounded in the Principles of Ethical Métis Research, developed by the Métis Centre of the National Aboriginal Health Organization (NAHO)[33] (Figure 3). The research team identified centering Métis voices and direct benefit to Métis people — both central to the NAHO Principles of Ethical Métis Research — as integral to ensuring the project's success. Careful consideration was given to hear, understand, and respect the participating women at all stages of the research process.

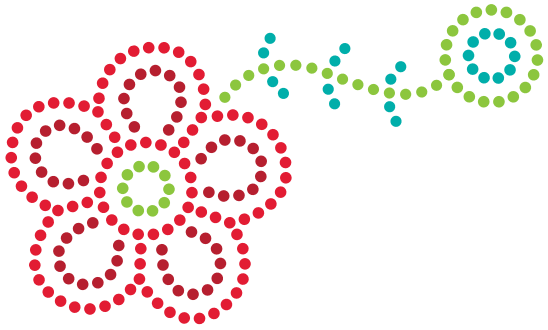
The proposal was presented to the MNA Health Committee for discussion and feedback, and a formal research agreement between the

Reciprocal Relationships Equal involvement in research design; responsibility in data collection and analysis	**Respect For** Collective consent from MNA for data linkage, confidentiality and anonymity of data, data analyzed and released in aggregate form
Safe & Inclusive Environments Study incorporates perspectives of MNA knowledge users in planning, data analysis and interpretation of results	**Diversity** Project promotes equal partnership between MNA knowledge users and academic partners; acknowledgement of diverse disciplines and ways of living for contributions
Research Should Provide evidence base for planning of MNA intiatives supporting maternal and perinatal health	**Métis Context** Insights into Métis protocols and context through collaboration with MNA governance and community consultation

Figure 3. The NAHO principles of ethical Métis research

MNA and Principal Investigator, Dr. Maria B. Ospina, was signed formalizing the research collaboration. The ethics application for this project was co-developed by the MNA and academic partners at the University of Alberta, and approved by the University of Alberta Human Research Ethics Board to conduct this study. The stories and experiences of the Métis women collected as part of the Gatherings are stored securely by the MNA. The MNA acted as a steward of the data collected, on behalf of the Métis community.

Prior to participation in the Gatherings, Métis women were provided with information about the project and an opportunity to ask questions to the research team. The consent forms provided can be found in Appendix 2. The women who chose to participate were welcomed to share as little or as much as they wished at the Gatherings and were provided with an opportunity to review the full transcript of what had been shared at the Gathering. When reviewing the transcript, participants were invited to remove any part of their stories they did not wish to be included in the analysis and/or to provide additional clarifying information. In keeping with the NAHO Principles of Ethical Métis Research and the principle of reciprocal relationships, women were compensated for their time and knowledge with an honorarium and reimbursement for travel expenses incurred.[33]



3.0 STUDY RESULTS: EXPERIENCES AND PERSPECTIVES OF MÉTIS WOMEN ABOUT PREGNANCY, CHILDBIRTH, AND MOTHERHOOD

During the Gatherings, Métis women shared stories highlighting knowledge and perspectives gained from their own experiences and passed down from their mothers, aunties, kokums (grandmothers), and other relations. The stories of Métis women converged on six main themes, shown in Figure 4:

- Impacts of colonialism
- Interactions with the health care system
- "Missing stories" and storytelling of pregnancy and birth
- Reconnecting and reclaiming Metis Identity
- Community support, resilience, and challenges
- Asserting Métis women's well-being

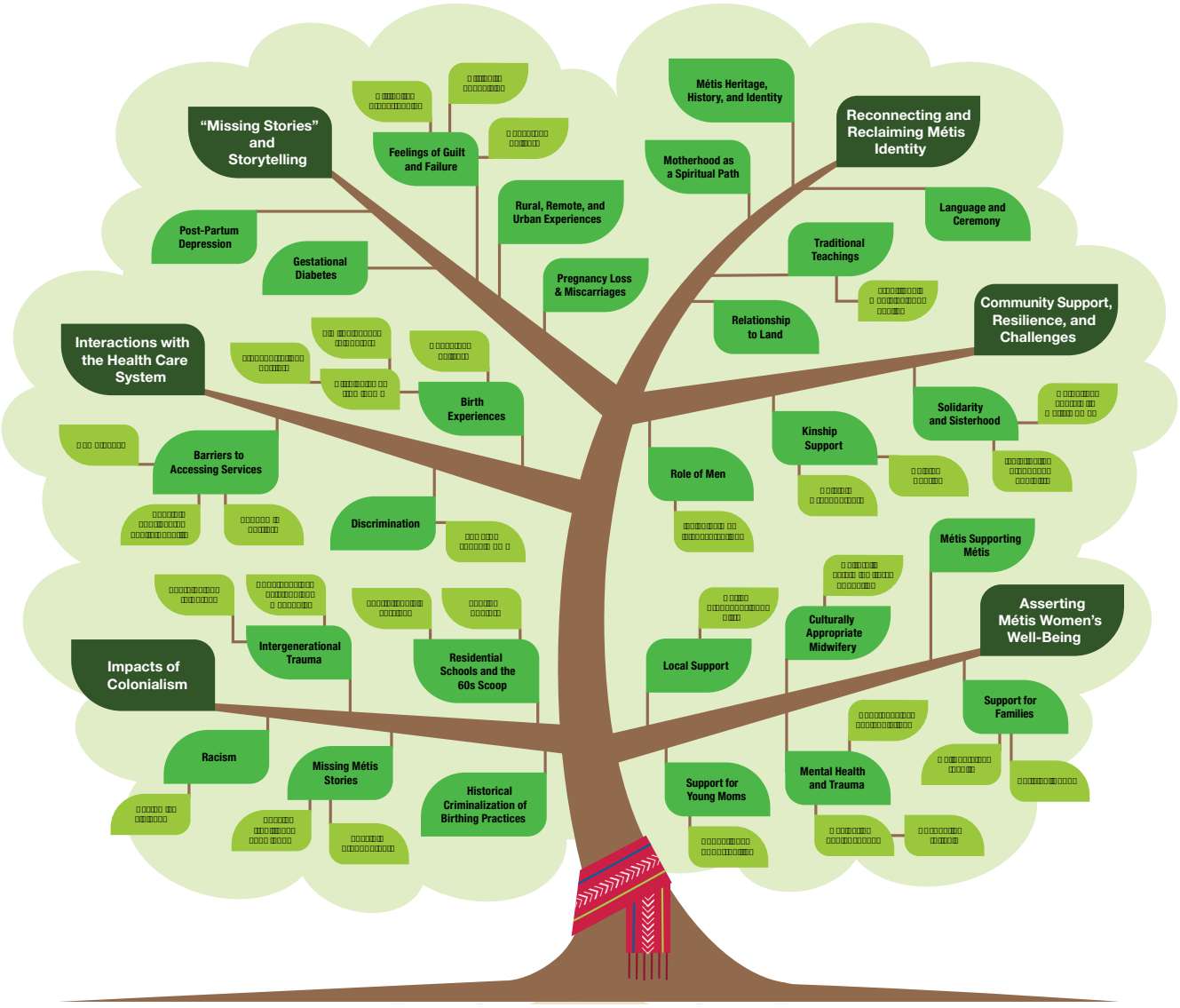


Figure 4. Tree of Knowledge illustrating the six overarching themes.

These themes are further described in this section using quotes from participants to honour and preserve the voices of Métis women who contributed to this project.

Colonialism is regarded by some as "the most important determinant" of health for Indigenous people in countries where settler-colonial powers are dominant.[6] Colonialism is a unique sociohistorical determinant shaping our identities and perceptions in society. The influence of colonialism over other determinants of health for Indigenous people is pervasive, impacting the lives of Indigenous women in multifaceted ways that are gendered. Because of this, colonialism must first be described to situate the stories and experiences of Métis women.

In spite of the barriers that Indigenous women face, Métis author Chelsea Vowel suggests that considering the context of colonialism, "to exist as an Indigenous woman […] is an inherently political act. Simply resisting erasure is part of the work."[34] Colonialism's direct and indirect impacts on Métis women's lives informs and shapes many of their experiences of pregnancy, birth, and motherhood.

COLONIALISM

Métis author Chelsea Vowel defines colonialism as "the deliberate physical occupation of land as a method of asserting ownership over land and resources."[34 (p.16)] The health of Indigenous communities is inextricably linked to the health of Indigenous women.[10,35] The subjugation of Indigenous women and erasure of their ways of health and wellness can be understood as a direct method of settler colonialism impacting Indigenous peoples as a whole.[35] Women's health has been impacted by historical and contemporary colonial practices and policies, such as outlawing traditional midwifery, medical evacuation from remote communities, and racism in health care systems.[36]

Their stories of "existing erasure" as women and mothers — defying the "erasing" effects of colonialism — will be explored in this section. These stories are testimony of Métis women's resilience, strength, positivity, and love for their children, and their views on solutions to improve the experiences of their daughters and all other Métis women.

3.1 Impacts of Colonialism

MISSING MÉTIS STORIES

> *"We listen to our aunties and our kokums, learning from a generation or two generations that have been colonized and traumatized. So how do we get back to normal and knowing what that support is and what those healthy options are, rather than being stuck in this mindset that our young babies need Pablum to sleep? They need moss bags and they need swings."*

Métis women's lives are affected by diverse experiences with colonialism. For many, colonialism has impacted their ability to tell their stories as Métis women and led to their absence in narratives about pregnancy, birth, and motherhood. These absent stories include knowledge about traditional midwifery practices, which were historically criminalized by colonial governments. In some instances, stories and traditional knowledge still exist, but many Métis Elders are reluctant to share them resulting from discrediting of cultural practices and the shift away from traditional Indigenous midwifery, impacted in part by residential schools and other colonial government policies.

** Métis women's definitions of "community" are highly individual. Métis women may consider their "communities" to include their fellow Métis women, their Métis relations, MNA Citizens, their immediate and extended families, the people in their local areas, other Indigenous people, friends, and fellow mothers. Throughout this report, the term "community" can be understood to have various meanings that include any of these individuals and groups and is dependent on how each woman relates to her community.*

"I think what you find when we sit in circles is that a lot of the Elders, because information on traditional medicine was banned or they would have been jailed, they do not talk about it. And I think they feel like they cannot talk about it and a lot of the youth do not want to listen to it."

RESIDENTIAL SCHOOLS AND THE SIXTIES SCOOP

Métis women have experienced disconnection from family and culture because of colonialism, leading directly and indirectly to fractured family structures, kinship ties, and connections to their communities*. These disruptions have resulted in multifaceted, complex, and intersecting factors disallowing Métis women from inheriting and embracing their Métis culture. For some, their connection to Métis culture has been undermined in their lives by their parents' relocation or removal from their homes, families, communities, and traditional lands where culture would have been more readily passed on.

In some instances, disruption from culture and identity was informed by Métis children being forced into residential schools, day schools, or placement into non-Indigenous families' care.

"My dad and his siblings were taken away from their mom when they were all really young and just raised in another household that was not Indigenous. I had not really thought about it that much before I started having kids, but I kind of knew my dad was Métis… But because he was raised in a household that was not his birth household, he did not really have any culture in his upbringing. My husband's family had so many rich cultural practices and I realized I had nothing to pass on to my kids. I really notice a vacuum of culture."

Women also discussed mistrusting doctors in their communities due to their power and domination over women's bodies. Mistrust towards doctors may have roots in the multifaceted impacts of colonialism, such as trauma from the residential school system, the Sixties Scoop, and the continued apprehension of children by the child welfare system.

"A lot of people are afraid of the doctors because of residential schools and things like that, like having their kids taken away..."

RACISM

Experiences of discrimination based on Métis identity were common among women who took part in the Gatherings. While some felt their experiences were improving and people were less judgmental than they were previously, many still experienced discrimination.

"Growing up... it was taboo to be Métis or Indigenous, so you just did not talk about it if you were. You just kept your mouth shut and like, "we are just not going to talk about it." But now growing up, it is nice to see that you can say I am a Métis woman and people are not going to judge you for being Indigenous, not like it was years ago."

Many of these experiences of judgement and discrimination occurred in the context of Métis women's interactions with social services. The Canadian child welfare system intervenes in the lives of Métis and other Indigenous people at a rate disproportionate to other populations in Alberta and Canada.[37,38] Some women expressed fear about interacting with social services and were at a loss for how to support those who had — or were currently — experiencing discrimination by social services. This fear was linked to the reluctance of many Métis families to access existing supports and services. Some women also expressed

hesitancy to be honest with health care providers about any mental health challenges or to request support for their mental well-being, fearing their children would be taken away from them.

> *"I had a lot of friends and family members that have had experiences where they felt social work was a lot more likely to be called, for reasons that they really should not have been. What do you do when that happens, and you think it is because of some sort of profiling or something? Who do you go to, who do you tell? I do not know what to tell people who have that experience, and it is like, 'that really sucks, that should not have happened, but I do not know what you should do now.'"*

Women described being treated unfairly based on their Métis identity and were concerned about racial profiling in the social services sector. Specifically, Métis mothers felt disproportionally subjected to surveillance and scrutiny. These experiences often arose from structural racism and negative stereotypes embedded in the welfare system. Women reported a broad array of personal experiences of discrimination: prejudices about their behaviours after delivery, (e.g., sleeping after giving birth), assumptions their children had learning disabilities, and prejudices for not having the same material resources as other mothers.

> *"I put down that my kids were Métis at their school. Within two months they both had a learning disability at school. So, I switched schools, and two years later, the teacher came to me and said, 'I do not know what your kids are doing on these learning programs, because your kids do not have learning disabilities.'"*

Young mothers also experienced discrimination based on their age. Women who gave birth at a young age expressed fear of judgement and apprehension accessing health care and social services because of perceived condescension. This kept them from looking for or accessing important supports from health care providers, their families, and their communities. This fear of judgement, in some cases, also led to women to hide their pregnancies in the early stages.

> *"There is a lack of support in the community, there is a lack of education within the community. And I do not just mean within our city; I mean within the Métis Nation. As a young mom, there was nothing for me when I was pregnant. As a teen mom who is pregnant for the first time, you are afraid to go and seek for help. You are absolutely afraid. There are so many stigmas going against you to begin with, let alone having to find supports. You are always having that fear of judgement."*

Women elaborated on the judgement experienced by young mothers and noted the existence of societal double standards. Young Métis mothers, at the intersection of their age and identity are met with judgement and made to feel that being a young mother is "not okay," while young non-Indigenous mothers are frequently depicted positively by media. Some Métis women reported this judgement was more often from non-Indigenous people, and that Indigenous communities were more accepting and welcoming to young mothers.

> *"We know statistically a lot of Indigenous people are young teen moms. You hear that it is not okay, apparently, but yet, in the States they can have teen moms on TV that are Caucasian, girls having kids at 15, 16, and that is cool."*

INTERGENERATIONAL TRAUMA

Intergenerational trauma has negatively impacted Métis women's lives and their experiences with pregnancy and motherhood. For many, the intergenerational trauma in their families and communities can be traced back multiple generations and linked directly to traumatic experiences in the residential school system and during the Sixties Scoop.

> *"That is the intergenerational impacts of the great grandmas and grandmothers not learning parenting skills, because they were taken away from their mothers, from their families and put in an institution. So, when they come out, they have no idea how to be a mother, they have no parenting skills or how to even begin to bond with your child."*

These legacies of knowledge rupture meant many women had to relearn how to parent their children, as their mothers, grandmothers, and great grandmothers had never learned themselves how to parent after being forcibly removed from their families during childhood. Women at the Gatherings spoke about how cycles of trauma, abuse, and systemic violence impacted their lives. For some, the trauma they experienced impacted their ability to develop strong and healthy attachments with their own children, while others felt that their unresolved trauma was causal to their experiences and struggles with infertility.

> *"My experiences around the miscarriage and seeking help through the fertility resources that were available were extremely traumatizing. I think many of our people were traumatized, and to have that layer of trauma from a system that's supposed to be helping us laid upon us… it is very overwhelming. Part of the story I hear is trying to bring life into my body and at the same time also doing my own healing work, and my husband is doing his own healing work, and my entire family is trying to heal… and it becomes extremely overwhelming."*

Experiences with substance use during pregnancy were described as a mechanism to cope with cumulative stress, trauma, and lack of social support. For those who did use substances, abstinence during pregnancy was difficult, and the advice provided by health care professionals about replacements was not always helpful.

> *"I smoked with my oldest, and like I said, my oldest has developmental disabilities. I always blame myself for that. It was my fault because I was smoking weed, because I was in a toxic situation. So, with this pregnancy, I didn't do that. But I cannot imagine those women who have other addictions and cannot break from them. The shame they must feel. I felt it, I still feel it."*

INTERGENERATIONAL TRAUMA

The "shared collective experiences of sustained and numerous attacks on a group that may accumulate over generations."[39] This unresolved trauma is passed from generation to generation within families and communities, and can manifest in many ways, including substance use and abuse, and violence.[40,41]

Intergenerational trauma results from collective historical trauma,[41] which is a collective emotional and psychological wounding over time, across generations, and not limited to an individual's lifespan.[42]

UNRESOLVED TRAUMA OR GRIEF

"A repercussion from the loss of lives, land, and aspects of culture"[42] as as a result of colonization. This results from both the direct trauma experienced by Indigenous peoples, and the loss of culture that would have guided people through this trauma.[42] This trauma passes down from generation to generation through various pathways including biological and social pathways.[43]

For many, abstaining from substance use was made more difficult by their lack of access to, or fear of being stigmatized when accessing, mental health supports and services. Many also felt their communities lacked sufficient educational resources and programs to prevent young people from starting to use substances. Women also noted there were few treatment options in communities for those struggling with substance use and dependency, and a lack of Métis-specific resources to support abstinence during pregnancy.

> *"I don't know how much there is out there about the use of alcohol and drugs when you are pregnant. That really needs to get out there. I know there is still a lot of signs for First Nations, but I do not really see anything Métis-specific."*

Timely access to mental health services during pregnancy was a challenge for many. Women spoke about the lack of mental health supports available in their local communities and being placed on waiting lists for long periods of time.

> *"They asked me if I was Aboriginal or Métis when I phoned to book a mental health appointment. I told them I was Métis, but it really did not make a difference. I still had to wait over a month to talk to somebody. By the time my appointment came around, I did not feel like I was in the same place that I was before. So, I ended up not even going. I kind of resented them for making me wait so long to talk to somebody."*

Barriers to accessing mental health supports during pregnancy and in the postpartum occur at multiple levels, including systemic (i.e., lack of extended health benefits, poor access to practitioners), practitioner-related (lack of training in cultural safety and trauma-informed interventions), and fears of being on social services' radar when discussing mental health concerns. In some instances, this fear prevented Métis women from disclosing information about their health with health care practitioners or social workers, out of a concern that speaking openly about mental health challenges could lead to their children being taken away.

> *"The mental health questionnaires were part of my fear. I could say I feel these things, but you know, that feeling inside: is somebody going to take my kids if I answer this question? Are they going to come and investigate? Because I'm good, I'm not hurting anybody."*

3.2 Interactions with the Health Care System

BARRIERS TO ACCESSING SERVICES

Métis women consistently experienced barriers accessing health care services during pregnancy, in the postpartum period, and into their children's lives. Factors impacting the quality of women's interactions with the health care system during pregnancy, labour and delivery, and postpartum include the lack of doctor availability, distance and travel times for delivery away from home, lack of autonomy and informed choice about birth care decision-making, and discrimination and mistreatment (e.g. verbal abuse, poor rapport with providers).

TRAUMA-INFORMED APPROACH

Broadly, a trauma-informed approach, or trauma-informed care, is when service providers modify or change parts of their mechanisms of service delivery to be responsive to the needs of clients who have experienced trauma.[44] While not necessarily a method of treating trauma, trauma-informed care seeks to provide care that lowers the risk of re-traumatization.[45]

In an Indigenous context, trauma-informed care considers the experiences of colonialism, racism, and discrimination impacting a person's health, as well as the unique strengths and resilience of that person.[45] Components of trauma-informed care include respect, safety, collaboration, and empowerment.[46]

> *"When I was pregnant, I did not go to the doctor. I went when I first found out I was pregnant and then I went when I had children. In both cases, I did not go for monthly appointments, but that's just the way it goes here. There was not any support, and there was nobody to guide you through."*

The lack of access to medical care was particularly noted by women in rural communities. Some women indicated not all rural physicians are able to deliver babies, and those who are able may only be available at certain times or days. Women also reported difficulties accessing regular prenatal care with the same health provider throughout pregnancy. Lack of consistent prenatal care often led to challenges with their birthing experiences, including following their ideal birthing plan.

> *"It was different then compared to now with my daughter having her kids. The hospital here has changed so much since the fire. You never have the same doctor. My daughter never had the same doctor throughout her pregnancy."*

Women living in rural areas who participated at the Gatherings reported lack of local access to specialized care while pregnant as a major challenge. These difficulties included lack of obstetrical care, particularly for high-risk pregnancies or deliveries, and access to epidural analgesia during labour. As a result, women had heightened concerns for their health during their birthing experiences.

> *"I went to three different hospitals because they did not have an epidural. They did not have it here because it's a small town, and then in [city] the doctor just had shoulder surgery, so they could not give it. My next plan was either I am going to [town], or I am going to [urban centre] in an ambulance, because I was panicking at this point."*

Labour evacuation among Métis women in rural and remote communities was a major concern expressed at the Gatherings. Women often were forced to travel to a different community while in labour to deliver their babies under a physician or midwife's care. Other women chose to relocate in advance of their births, because they required — or were likely to require — specialized services not available in their home communities, while others were evacuated while in labour for the same reasons.

> *"When you are pregnant, when you are high risk, they will not deal with you out here at all. They will send you right to [urban centre]. They will start setting up doctor's appointments for you out there, then they will let them deal with it. So, for the last three months of my pregnancy, they sent me to [urban centre] and they would not help me out of here no more. Even if I went into labour, they would have sent me on the helicopter."*

The need to relocate or travel from remote or rural regions to urban centres for health care during pregnancy, labour, and birth had negative impacts on Métis women, their families, and their communities and created major economic and social disruptions. First and foremost, when women leave their communities, they often leave their support systems behind and go through labour, delivery, and immediate postpartum recovery in isolation, far from their families and communities. For many, it was difficult for family and friends to travel with them to support them, emotionally, spiritually, and physically, at both prenatal appointments and during labour and delivery.

> *"With my daughter, I was in labour for a day and then they shipped me to the city from a small town. It was good, but it was hard being up there. My sister came with me, but there was nobody, nobody there to support you, no money to feed my sister, to eat. There was nothing."*

BIRTH EXPERIENCES

Lack of transportation is a major barrier for women seeking prenatal and birth care not available locally. Transportation issues often result in inadequate prenatal care (i.e., fewer prenatal visits), and increased stress throughout pregnancy. Economic factors are another limitation to accessing care away from a home community, as travel costs to and from prenatal appointments and to give birth are assumed by women and their families.

> *"Having to travel is a huge barrier to prenatal care. I know people who only go to see the doctor twice their whole pregnancy, because it's not easy to get to town."*

Many rural and remote communities do not have proper access to programs supporting women before, during, and after their deliveries, such as prenatal courses, donor-milk programs, and prenatal nutrition programs. Community health nurses play an important role in overcoming some of these limitations, as they can do postnatal check-ins in their home community; however, such programs are not available everywhere.

> *"Then the doctor said, "Well, I want to see you next week and the week after just for a weight," like he just wanted to weigh the baby. It is financially hard for me to drive. It is 100 kilometres there and back, once a week. Having two kids to go to school, plus recovering from a C-section, and having a little baby all by yourself; you are not supposed to be doing all these things, you are not supposed to lift over 10 pounds, but the baby is well over 10 pounds with the car seat. But there is nobody else to do it. So, I would go to the health nurse to do the weigh in, and she would send the note to the doctor, and that was it. I did not have to come all the way in and do all of that. I found that quite helpful."*

Métis women are in a constant struggle to maintain their autonomy and self-determination over their reproductive rights. Women at the Gatherings felt they lacked choice in where they could birth, the type of delivery, and other birth decisions. Women expressed a preference for delivering their babies vaginally, as opposed to having a Caesarean section.

> *"Because I had the first C-section, my second one was scheduled. And even though I tried and tried and tried to advocate for myself, they said no, so I had no choice. I asked and I tried and I tried to have a natural birth, and they said, 'No, because you have too much scarring, you are too old,' and she was too big. So, they had it planned that I was going to have a C-section anyway. When I went into labour, I asked them again: 'Can I just do this? I'm already at 7 centimetres. Let me have this baby.' And they said: 'No, you're going for a C-section.' I was already that far, and they still would not let me. So, I feel kind of robbed…in a sense because I didn't get that experience."*

Many women in the Gatherings favoured a vaginal birth as part of their expectations and hopes. Women reported being offered Caesarean deliveries when it was not medically necessary, often perceived as a coercive control of their reproductive decisions. Some women reported they were not given the choice of having a vaginal birth due to physician reluctance to consider vaginal births after previous Caesarean sections. Compared to vaginal births, Caesarean sections were perceived as having negative implications, including longer recovery times, risk of future complications, and limits imposed on family size. Some of these expressions of refusal towards Caesarian sections can also be understood as an act of resistance by women, and a way to regain control over their bodies against dominant visions of motherhood and reproduction.

> *"C-sections… they are so much more common than natural birth. When I gather with my friends, more of them have had C-sections than natural births. And they are making fun of me because I have pushed out a baby, and I am proud that I got to. Because of the healing time, a week later I was walking around with my baby, just fine. If you have a C-section, you are in pain for a long time, the recovery time is hard and then you are limited to three. What if you want a big family? You are told you are done at three, they will not give you anymore C-sections. You're almost forced to get your tubes tied or whatever because they will not give any more than three C-sections. It is unfair."*

Midwifery has been a traditional birthing practice among Indigenous peoples. Midwives were once considered the cornerstone of Indigenous communities and guardians of ancestral knowledge about the care of pregnant women, their babies, and families. Colonization played a pivotal role in the decline of Indigenous midwifery through policies outlawing and denigrating their practice in favour of a biomedical model of care. While some women felt midwifery care was more culturally appropriate, others expressed apprehension about midwifery care and its level of safety when compared to obstetrical medical care. Furthermore, systems of domination have interrupted the intergenerational transmission of sacred knowledge about birthing and mothering. This loss often resulted in a sense of dispossession and lack of understanding and knowledge about midwifery traditions.

> *"When they used to forbid us from practicing our culture, midwifery went along with that. Indigenous midwives who would deliver babies in the communities were discredited, they were pushed aside, and what they were doing was made illegal. There is a whole history behind that."*

Métis women who received midwifery care during their pregnancies, births, and postpartum, reported supportive experiences that restored their autonomy over their bodies and their newborns. Midwives often supported women both at home and hospital births, acting as advocates for women during their hospital stays, and supporting them in initiating breastfeeding. Midwives were also perceived by Métis women as being able to provide empowering and informed prenatal care.

> *"I am followed by a midwife. I find it very different; it is a very different kind of experience than a traditional doctor. I find everything is very informed consent. Every time there is a decision about my body, about my unborn child, I have a choice in all of those decisions along the way, which is a way more empowering experience."*

However, some women expressed apprehension about midwifery care because of a possible increase in interactions with social services resulting from their maternity care choices. Many women described limited access to midwifery in their communities. In an attempt to restore self-determination over their birthing experience, some travelled long distances at their own expense to receive midwifery support.

> *"Midwifery has been reflected as a negative practice, right? We do not know a lot about it; the tradition is gone, the tradition for midwifery is leaving us. There are still some people that prefer that. Others would rather do it themselves than go to a doctor."*

CULTURAL SAFETY

An Indigenous concept first developed by the Māori people in New Zealand to improve health services.[47] This concept extends past the idea of cultural sensitivity, where different cultures are understood and respected, to analyze the factors that causing power imbalances such as colonization, discrimination, and racism.[48] It requires a continuous commitment to address power imbalances and barriers.[49]

In the context of service provision, including health care and education, cultural safety is determined by the person receiving the service (in the examples of health care and education, the patient, and student.)[50]

DISCRIMINATION

Women often described the health care they received during pregnancy, labour, and in the postpartum as culturally insensitive and unsafe. Women recalled traumatic experiences, like being placed in the same hospital room with a newborn baby while recovering from a pregnancy loss or being cared for in ways that disempowered their cultural identity as Métis women and diminished their spiritual beliefs about pregnancy and birthing.

> *"I think one of the most insulting things was for that doctor to tell me I was miscarrying before my body was even miscarrying, and then for me to be handed a pamphlet about this program, Early Loss Program. But I still felt pregnant, and I was. I was still pregnant. And for me to be told that I was losing a baby… I think that understanding of how spiritual motherhood and getting pregnant is lacking, and that this is a spiritual process for me, and to be met in that very non-spiritual, clinical way is extremely jarring. And I think that, for me, that is maybe what is different between me and some of my non-Indigenous friends. Maybe they are experiencing it in their own way, but for me, it is a real spiritual journey."*

Culturally-safe care was provided for some women by Indigenous public health nurses; however, these services are limited, under-resourced, and often not available across the province. Experiences integrating cultural practices in their delivery care, such as smudging or preserving the placenta, were varied. Some women reported health care institutions and workers were not opposed to these practices, but were not necessarily open or encouraging of them, which deterred women from asking for additional support for their cultural practices.

> *"I think hospitals are kind of making a little bit more of a movement towards being open to incorporating traditional practices into birth, but it is still very much like an institutionalized kind of delivery. When they do an admission on you or whatever, they will say, 'Do you have any beliefs or anything to do with your culture that is going to affect your care here today?' and that is kind of the extent of their cultural appropriateness or sensitivity. It would be more about any beliefs that would impact their medical care for you. So, I think that closes it off even to like the idea of it."*

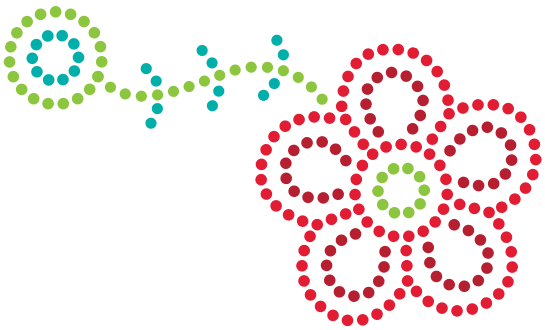
Another facet of culturally unsafe care is the limit on the number of support people or visitors mothers could have during delivery and the immediate postpartum. Many Métis women come from big, tightknit families and desire to have a group of people involved in their birth and delivery. This may be influenced by their involvement in Métis kinship systems, whereby the role and responsibilities of care and well-being for mother and child is intricately linked and governed by extended family systems. Institutional policies, and in some cases health care workers, assume all mothers want fewer support people with them during their deliveries. These policies and positions impose different values over the preferences of Métis women, who would like to have more family and community members involved in their birthing experience.

"Sometimes the hospital staff do not understand the family dynamic when we will have a bunch of people coming in. Aunties will be there, an uncle wants to be there, a sister wants to be there. And that support, that is the way we are, and staff do not understand it. They think it is disrupting the quiet time or whatever, but that might be just what mom needs, to have her family around."

DISCRIMINATION

Themes of feeling overpowered and disrespected in interactions with health care providers emerged in the Gatherings. Women reported they often did not feel heard or listened to by their health care practitioners, and their ways of knowing as mothers and Métis women were discounted or ignored. Silencing Métis women voices is an act of structural violence.[51] Women felt this when they were prohibited from labouring in the position they found most comfortable, and when their preferences and knowledge about breastfeeding were ignored by health care workers.

"I guess they are the nurses and they think they know. They think they know more than you. They think they know what is best. Yeah, they think they know better, but you know your own body."



BIASES

Distinguished as either implicit (unconscious) or explicit (conscious) beliefs based on societal values or stereotypes.[52] Biases in health care workers against Indigenous people have been shown to lead to poorer quality care,[53] and can negatively impact Indigenous medical trainees.[52] Bias against Indigenous peoples has been found to be prevalent across Canada and in Alberta.[52,53] As a result, Indigenous peoples are often discouraged from accessing care.[53]

The lack of appreciation for Métis people's cultural diversity and misconceptions about their distinctive identities and traditions emerged in the Gatherings. Many women described health care providers often not knowing much about Métis identity and culture, and were perceived as having a settler-colonial view of Canada that erased Indigenous identity. Some women shared overtly discriminatory experiences, which included poor treatment and care based on their Métis identity. Additionally, some Métis mothers were referred to social workers, despite no apparent reason for a referral, when they and their child were being well-supported by families and partners.

"As a social worker myself, I have been called many times because they say, 'Oh, this baby is bruised,' and I get there, and I am like, 'That is not bruising.' There is a lot of bias. Even our management team have talked about how First Nations, Métis, and Inuit are all sort of clumped together. Our issues are all clumped together, and that just by being Métis, we are at more of a risk to have a call in and it really bothers me. I get really sensitive about that, because that is wrong. And we know that it happens at the hospitals, it happens even with neighbours."

Fear was a common theme expressed by Métis women when navigating the health care system and interacting with health care providers: fear of being shamed, feeling misunderstood, or unsupported. For others, fear was related to having their agency as women and mothers undermined. Some women were treated in a racist manner because of their Indigenous identity. Health care providers would dismiss their concerns, or in some cases their identities, and attempt to control them with the threat of calling social services. The health care system often plays an important role in the development of negative, stigmatizing images of Métis pregnant women.

> *"When we went to the hospital, they asked her, 'What reserve are you from?' She said, 'I am not from a reserve. I'm Métis.' And they kept saying, 'Okay, so which Reserve did you come from?' And then the nurse goes, 'Well, if you are going to be defiant, we will have to report this.'"*

These experiences took place in both Indigenous-specific and general health care settings. Some Métis women at the Gatherings, who were also health care workers, reported their own experiences of discrimination directed towards them by colleagues. Implicit bias by health care providers remains a mechanism for perpetuating inequities in the provision of health care services to Métis women.

> *"Being Métis was really helpful when I became a nurse, because I was on the frontline and saw how our women are treated by doctors and nurses. Being a nurse myself, it was just so hard and I could not believe how they treated me too, because as an Indigenous nurse, I was just set up to fail in so many different ways."*

Métis women also discussed changes in technologies and procedures they observed over time. For those who had more than one child, they found the resources provided in their later pregnancies were redundant and outdated, and lacked supportive and useful information. Women often felt unprepared for changes in how health care institutions handle birth, including procedural changes for bathing babies and the length of hospital stays.

> *"I came today because I just recently had a pregnancy. My son is 20 months, and my oldest daughter is 19. My pregnancy experience from 19 years ago to now was so different, everything is different. I remember we used to put alcohol on the cord. Now you do not do that… so in a way, I had to re-learn many things. I was a mother already, but I had to relearn, because so much has changed."*

At the Gatherings, Métis Elders shared their knowledge and experiences of how Métis women gave birth in their home communities. Kokums had a very important role during birthing as bearers of the wisdom of generations. The women reflected on changes that have taken place over time.

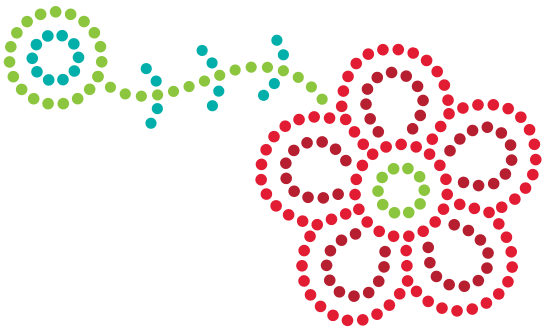
> *"Long time ago, my kokum was a midwife and I remember she used to deliver babies in the house, the one that we lived in. It was just a little two-room house, and she used to tell us, 'Go and play.' She would tell us in Cree, 'Metawehk', she would say. And all of a sudden, you would see water going in and blankets or cloth, and not long after that you could hear a baby crying."*

3.3 "Missing Stories" and Storytelling of Pregnancy and Birth

> *"I was really surprised when I looked for research that shared some of the stories of Métis women on miscarriage, but there was nothing. And I think that is another layer of colonization. We are part of the missing stories; we are part of the missing voices when we talk about missing women, and it is our stories that are missing."*

POST-PARTUM DEPRESSION

Narratives are the primary way experiences are transformed into meaning.[54] With their diverse experiences of motherhood, Métis women spoke about the importance of sharing their stories and hearing the stories of other Métis women and mothers as a vehicle for healing, recovery, and emotional safety. Exchanging stories was an important way to feel affirmed and heard in their lived experiences with pregnancy and birth, including postpartum anxiety and depression, and miscarriages. Many Métis mothers had experienced postpartum anxiety and depression but had not been given the opportunity to talk about their mental health challenges with others outside their inner circles. The sharing of their personal stories during the Gatherings contributed to their paths towards personal and collective healing.



> *"I am starting to see now, it does get better after time as long as you let yourself heal and you talk about it. You have your family, but sometimes you need other people in that. I am a first-time mother also, and I have dealt with mental illness and sexual assault at a very young age. It took me a while to even be comfortable with the fact of wanting a child or being able to have one. I am 26 years old now, and still dealing with all those feelings. Postpartum is just another mental health word for depression. I grew up with suicide, suicidal [ideation], and having friends that did commit suicide. And it does bring in all those feelings all over again. So, you have to realize that you cannot just stick to yourself with those feelings, but to get out with them and talk about them more. And that is why I came here too; to bring that out."*

PREGNANCY LOSS & MISCARRIAGES

The loss of Métis traditions and stories related to pregnancy and childbirth were identified as another layer of colonization and a devastating legacy of oppressive systems confronted by Métis women. The voices of Métis women have often been ignored within larger societal conversations about pregnancy and birth. The pain from pregnancy loss and miscarriage are compounded for Métis women, as they feel unheard and unseen.

> *"I did a lot of research after I had my miscarriage on what could have went wrong, why it went wrong, other stories I could find, anything I could find to have someone to relate to. And now I have so many people coming to me and asking me now, 'Why is this going on in my pregnancy,' or 'How does it work.'"*

FEELINGS OF GUILT AND FAILURE

Feelings of shame, guilt, and being "not good enough" were commonly expressed by women, who reflected on what they felt during their births and in postpartum. For some, these feelings were tied to having Caesarean births and feeling they had failed because they were not able to deliver their babies vaginally. Feelings of failure were also expressed by women who wanted to breastfeed but were unable to.

> *"Having miscarriages, having C-sections and not being able to breastfeed — it was not the normal conventional way that they talk about in the baby books and what you see, so it makes you feel like you were not good enough, that I was not even good enough to have a baby, that I was not good enough to do it the normal way. And at the end result, I am a mother. I am here. My kids were formula-fed, and they are alive. That is all I can ask for."*

Along with feeling "not good enough" during birth and postpartum, the women also expressed a sense of inadequacy in relation to reproductive health, especially for those who struggled with infertility. For some, challenges with infertility were connected to larger experiences of historical trauma, compounding their individual healing processes.

> *"I think the piece to really highlight is when you are dealing with colonization and you are dealing with these — sometimes overt, sometimes subliminal — messages around your worth as a Métis person and you start to struggle with fertility, in my experience, I really started to feel like I was not good enough, like my genes are not good enough, like they are tainted in some way and that is why I am not getting pregnant. The trauma is too big. I am not getting pregnant because of my trauma. I have not done enough healing."*

GESTATIONAL DIABETES

Métis women at the Gatherings felt they needed safe spaces to share their health concerns during pregnancy, such as weight gain, weight loss, and gestational diabetes. These conversations were felt by some women to be extremely important, as many had observed increasing rates of health problems during pregnancy in their communities.

> *"One thing I wanted to discuss that we have not really touched on is the obesity rates with pregnancy. I know I have struggled with it. I was considered high risk through all of my pregnancies because I gained so much weight so quickly. With my third child, I had to get approval from the anesthesiologist to deliver here, in case anything went wrong, like having a bigger baby. It's really shocking, and I think that's why the C-section rates are so high."*

3.4 Reconnecting and Reclaiming Métis Identity

MÉTIS HERITAGE, HISTORY, AND IDENTITY

> *"I find it is really hard being Métis because it is like you are stuck in the middle. Some people would say it is the best of both worlds… Is it? It is a very confusing place, because on some level, you want to go like the non-traditional way and then there is the traditional way, and it is like you have your feet in both lanes in some ways. I just think we're confused people."*

Women discussed the importance of reconnecting and reclaiming a positive way of relating to their Métis identity. We use the word positive to acknowledge the shame that has moved through generations of Métis families and their communities. The harmful and hurtful nature of shame-based identity is a result of negative stereotypes about Métis women, mainstream societal attitudes, government policies, and laws. Hiding or not admitting one's identity was (and continues to be) a common

strategy to fit in. Yet, as we learned from Métis women, this has led to misconceptions about Métis identity, making it difficult to feel good and proud about being Métis. This difficulty is linked with internalized stigma and the social construction of race, which is often rooted in skin color. Processes of racialization have historically involved the use of phenotypes as biological criteria to identify groups for domination purposes.[55] The lack of a distinct phenotype among the Métis has contributed to their invisibility as a collective.[56]

> *"I never fit in with the kids. When they brought kids from [First Nation], I was like 'Oh, Indians, great, I will hang out with them!' Only to find out, no, they are like, 'You are a half breed.' And I was like, 'What?' We do not say that anymore. Depending on your skin tone, sometimes you are not enough of one and not enough of the other."*

Women described feelings of "not being enough" in their struggles to embrace and honour their Métis womanhood and their own medicine, especially when other cultures dominate and shape worldviews and everyday life. Women described how growing up in environments where white people were privileged resulted in the loss of intergenerational communication about Métis culture and identity. This led to many women and their relations distancing themselves from their Métis identities.

> *"I grew up very white. My mom lost her mom when she was very young, so my mom did not really have that connection and she left home quite young, when she was 12, from up in northern Alberta. So, my mom did not talk about our culture for a long time."*

Gathering together allowed Métis women to express longings to reconnect and acknowledge the consequences of hurtful and colonial government efforts towards assimilation that prevented Métis mothers and grandmothers from sharing their stories and knowledge. The longing was expressed alongside surging pride and resistance, as women expressed desire to fully embrace their beautiful Métis identity. Often, women spoke of regret that they were unable to ask questions to their Elders and grandparents before their passing. Women demonstrated deep compassion for their mothers and grandmothers who struggled with systemic oppression.

> *"We were talking about identity and it made me think of when I was younger, when my grandma was alive. I did not think to ask her any questions about our heritage, and now I cannot ask her 'cause she has passed away. But I wish I had asked her, where did we come from, what kind of things did you do growing up, and stuff like that. I asked my mom and she was like, 'Well, I never wanted to bring it up to grandma, because I did not know if it was a hurtful thing from the past, with residential schools and stuff.' She did not ever want to ask her, because she did not want to bring up the past and upset grandma, but now I wish that I would have known what questions to ask about our history."*

The powerful stories shared by women showed their concepts of identity expanded beyond "mixed-blood" narratives and that the colonial perception of "half this and half that" was confusing and unsettling.

> *"For me, I grew up very white and so being a new mother, I never even considered what pregnancy and motherhood would look like in the context of my Métis culture."*

Women reflected on their diverse and complex identities and the roles Métis culture and relationships took in their upbringings. Place and diverse histories matter in understanding the complexity of Métis

women's health and well-being. The diversity of Métis women's identities reflects the diverse ancestry within Métis families, and the influence of growing up and exploring Métis identity within diverse places.

> *"My Métis identity is going to be different than your Métis identity, because our ancestry might be a little bit different, the region we grew up in might be a little bit different. There is so much diversity in the culture that there is never going to be one, 'This is what Métis childbirth traditions look like.' It is going to be a mixture of things no matter where you are."*

As important as it is to talk amongst each other as Métis women, many women felt strongly about sharing other ways of connecting with their maternal lineage. This deep connection with their mothers, aunties, and grandmothers centred women's knowledge, teachings, and values as an integral part of their Métis identities. Women felt learning from their mother's ways helped them grow their understanding of their Métis identity in a uplifting and lifegiving way.

> *"My mom had a lot of that old knowledge. Stuff like, 'This is a swing, this is how you swaddle your baby, this is when it is colic, this is this, this is that.' I did not call the health nurse; I called my mom. I had that upbringing where I was able to say, 'No, I am okay. I am breastfeeding. Get that bottle away from my baby.' I was raised by a strong Métis woman. And that's how I think it is important as Métis people, for those of us that had the benefit of a good grandma and a good mom, that we are able to pass that on to future generations."*

MOTHERHOOD AS A SPIRITUAL PATH

Pregnancy is often a time of spiritual awareness for Métis women and a sacred and transformative journey to welcome a child into the community.

> *"My uncle came to visit my son as soon as my son was born, and he said he had come to smell him. I thought everyone wants to smell a new baby. Then he was like, 'No, I want to smell him because he smells like heaven. That is where he came from; you are the portal, you become a portal.' From a woman, when they are pregnant is the portal, the closest you will ever be to God in that moment when you are giving birth."*

TRADITIONAL TEACHINGS

Women who learned Métis teachings about pregnancy, birth, and motherhood shared their ancestral knowledge with other women, some of whom have never had the opportunity to receive or practice those teachings. Women acknowledged that for many, it was difficult having the opportunity to learn Métis traditions about pregnancy, birth, and motherhood as a way to reclaim their own identity and rebuild connections to their heritage.

> *"All my mom could really tell me was all the different things that her grandmother who raised her taught her. And I do not see that happening with the younger moms today, because there is not really a lot of kokums or grandmothers that practice the traditional knowledge. They used to make the old swings, and that used to really calm the baby and help them get the sleeping pattern and things like that. Nowadays, they do not even let you have a walker, but with the right parental supervision, those things could be safe. And they did help."*

Sharing with each other is an important aspect of Métis ways of living. As Métis women, caring for one another by coming together healed, deepened, and regenerated the recognition and celebration of Métis identity.

> *"Regarding the question, 'Why is it important for us to have these conversations as Métis women,' I feel that so much of being Métis is kinship and just like that connection with your family and extended family and other Métis people. I feel like having these conversations just really helps to strengthen those bonds."*

Women shared traditional knowledge that was passed onto them: stories about death, traditional medicines, and women's moon time. For some women, access to traditional medicines has been an important part of their journey to get pregnant and give birth.

> *"I had quite a few miscarriages and I was fortunate enough because my grandfather is a herbalist. I was having miscarriage after miscarriage. He made me a drink, and my daughter is now going to be 20 next year. So, it is a thing that not everyone has obviously access to and that is sad. I think that a lot of our younger generation is not realizing the power that we have as Native people and what we have on the Earth."*

Women expressed their wish to learn more traditional teachings about pregnancy, birth, moon time, motherhood, and holistic ways of healing as ways to reclaim their reproductive rights as Métis women.

> *"I really wish there was some sort of Elder or class or something. I feel like only now that I am in my 30s, I am coming to realize the significance of menstruation and the moon, and all those things. I felt so incredibly proud of my body when all of a sudden I realized I was menstruating with the full moon, like 'Yes! This is so cool!'"*

LANGUAGE AND CEREMONY

Childbirth continues to be colonized and segregated from other aspects of culture, community, and womanhood. Some women shared that historically, newborn babies and children would have been at the centre of their communities, but colonial legacies shifted mothers, newborn babies, and children to the periphery.

> *"The children are the heart of the community, and the midwives were the ones who took care of birth, death, moon cycles, moon time ceremonies, herbs — all of that stuff. What I struggle with is that in our society, everything is so segregated. Women go off and have babies and come back to the community and nobody thinks about, 'How was that experience for her? What happened to her?' Our women have been left out of these conversations when they are the ones who need to have this awareness and this knowledge, so when it is time for them, they are aware of the power of their bodies. So mentally from that, the ceremonies and all of that stuff, when we are not afraid of birth because we have been through all of those ceremonies that challenge us to see how powerful we are, we do not segregate birth from fertility, from sexuality."*

RELATIONSHIP TO LAND

Women who lived in urban areas felt opportunities for them and their families to connect with their Métis communities and culture were often limited, but they still desired to learn more. For many, historical experiences of exclusion have made cities challenging spaces for being a Métis woman.[57] Urban and rural divides also pose significant challenges for Métis mothers living in cities, as they may be stigmatized for being "assimilated" or "westernized."[58] However, despite these feelings of dispossession, Métis women living in urban centres resisted the erasure of their culture, and expressed a strong desire to learn and pass on their learnings to their own families.

> *"I find nowadays that community is something that is really lacking in a lot of places, so having community is really important. And I think something about today, the moss bags and the teachings is great because I will take that home and show that to my daughters, because I love to teach them about the things that I learn or the things that interest me in our culture. So, having something that I can share with them so that they can maybe share with their kids or just at least know those stories and those teachings."*

The Gatherings were fortunate to have several female Métis Elders participate. The Elders shared teachings passed down to them by their mothers and grandmothers, and recounted aspects of their lifeways and their communities when they were young. Women received the teachings and learnings from Métis Elders with gratitude. They listened to their stories and expressed concerns about the loss of knowledge and the voids left in their communities as Elders pass away.

> *"We need to start working, sharing our knowledge and our resources, and we have to go back to the old way. Those old people are still there, they are here for a reason, they are here to help us. And we have to not be afraid, and we have to go that way. Spend some time with Elders. You would be surprised what you will learn."*

3.5 Community Support, Resilience, and Challenges

KINSHIP SUPPORT

Métis people have different notions of resilience, grounded in the different ways they connect with their community, traditions, and history. Women reflected on the ways their communities were a source of strength and transformation through pregnancy, birth, and motherhood. Interactions with family and kinship support networks play an essential role in restoring cohesiveness and relationality.

> *"My mom raised all of us, and then after we were all leaving the house, she got lonely. Then when I had my daughter, she was so happy because she was so used to being a mom and taking care of somebody that she was happy and she wanted to take care of my daughter."*

Aunties and grandparents also played an important role in strengthening women during their journey through pregnancy, childbirth, and motherhood.

> *"I think the more family you have growing up — as I grew up — you are all close knit. I know with my siblings, we were all having children at the same time, so our kids all grew up together and they are all very close, and they would all do anything for each other. My kids all called my sisters, 'auntie mom', I had their kids call me, 'auntie mom.' So, we were all mothers to all the kids, not just our own."*

Family support was noted as being particularly important for young mothers and served to pass on traditional knowledge. However, some mothers did not have family who were able to support them, meaning they had to find support elsewhere, if they were able to find it at all.

> *"You do need a support system to help. I was fortunate enough to have a big family, so when things were really hard, I had the help. I had my mother, I had my aunts, my grandma… that was important for me to get through those hard times. Now I keep hearing some people and I hear the struggles. I realize, I guess, how fortunate I was because I took that for granted. I just assumed everybody had that. I had the support system and now listening to some of these stories, I am thinking, 'Wow, I really took that for granted and I am actually going to be really thankful that, yes, I did have the help and the support.'"*

Family attachments and strong kinship ties played an important role in Métis women's identity, and passing on culture, traditions, and ceremonies to the next generation. Women often felt proud of their heritage and their connections to Métis teachings as mechanisms of resilience and breaking the cycle of intergenerational trauma and cultural dispossession.

> *"We have a lot of traditions such as gathering medicines, go to pick berries for relaxation, wrapping up the baby in the moss bag... It helps soothe the baby and it helps me, and teaching my kids the same thing. Even now, taking my grandkids, picking berries, they love it. And they can just go wild and pick berries."*

Women stressed the importance of reclaiming the role of kinship care and community support to preserve and reunite Métis families in need. The meaning of "community support" can vary for each and every woman (as noted earlier in this report), but they called for more alternatives to a colonial child welfare system relying on child apprehension policies and disrupted family and cultural relationships.

> *"One of the things that I have noticed a lot of in our community, if a parent has a kid in care, that becomes their custom, that becomes their comfort level. So, when they need help, they will reach out to Children's Services and they will give that call and say, 'I am struggling with my child. I do not know what to do. I need help.' And that is the worst thing that somebody can do, because it can backfire, because your child can end up coming into foster care. We have to be able to change that mindset where people actually reach out to other resources that are safe, rather than reaching out to child welfare. Because once child welfare is involved, they do not necessarily disappear when people want them to disappear. And they take away that important time when you should be bonding with your baby, and when your baby should be making that attachment with you."*

Creating and maintaining kinship ties serve as the backbone of Métis societies.[59] The act of gathering helped build meaningful connections to community and cultural continuity some women felt was missing in their everyday lives. Sharing stories, hearing the experiences of others, building relations, and learning from other mothers and kokums brought a sense of connection and belonging as women of the Métis Nation.

> *"That is why I said this morning I am excited to go, because it is different people and you like hearing what other people are exposed to, or how their birth experience was, or how their children are, or what their children do. 'When did you have your first one? Your last one? How it is being a young mother?' All that."*

Métis women, particularly those living in rural and remote areas, often faced challenges in accessing beneficial supports and services in their home communities, including fewer educational and employment opportunities, and programs supporting young mothers and nutrition. The lack of supports exacerbated difficult economic conditions for some women.

> *"You need two incomes in a family now, and you need a job to make ends meet. You work at the grocery store, the gas station, whatever, but sometimes you want a career for yourself. But it is just hard; there is just not many options here."*

Some women revealed they were unprepared for experiencing isolation and disconnection from their families and communities during the postpartum period.

> *"When I had my first daughter, I was very isolated. I was shocked at how isolated I was because there was no one in my maternal family that could come and support me. After that, I realized that there are probably other people out there that are in the same situation."*

Often, feelings of isolation in the postpartum were accompanied and compounded by feelings of being physically and emotionally overburdened by their parental role. The pressure of "having to do it all" made it hard for some Métis mothers to prioritize themselves.

> *"Some of us have a lot — a few — children, and that is the thing with our Métis moms, they are taking care of everyone else and they do not have the means and the resources to take care of themselves. They are always last and their needs are on the backburner, and just doing the best they can with what they have."*

Loneliness and exhaustion were significant concerns in the postpartum period, particularly after the first week of arriving home with their newborn baby. At this point, visitors often stopped coming and many mothers were left on their own to care for their new baby, and in some instances, their other children. For older mothers, their isolation was tied to challenges connecting with other new, often younger, mothers, as well as many friends not having babies at that stage in their lives. For some single mothers, the sense of overburden contributed to feelings of social exclusion and made their experience of motherhood all the more difficult.

> *"There is a stigma that you are supposed to be able to do this. You are supposed to be able to do everything. You have to make sure laundry is done, you have to make sure supper is done, you have to make sure your kids are off to school, you have to make sure the baby is fed and clean. You are supposed to have a clean house, you are supposed to have everything you need for the baby. And as a single parent, I was working, and then now there is no income and it is just me. So, I am up half the night with the baby, I have to get up in the morning, get the kids to school, I have to clean the house, take food out for supper, wait for the kids to get home, make supper, then make sure they are bathed, that they go to baseball, and you know, their extracurriculars. I find myself struggling with, 'Where is my time?' Because there is no 'my time.' Life is just so much harder when you are doing it by yourself."*

ROLE OF MEN

Women discussed how men have been left out from Métis narratives about pregnancy, childbirth, and parenthood. In many Indigenous cultures, traditional men's roles involved spending time with their partners during pregnancy to better understand their needs. Women spoke about the importance of including men in conversations about parenthood, and how the need for support is not only for Métis mothers, but also for Métis fathers.

> *"Women take care of everything. They are the ones that build the community. But what if she had a significant other that came here with them, and he had sat outside and had to wait for her. What would that young man be thinking? 'Well, I am the parent too. Maybe I need to talk to other young fathers There is lots of stuff I need to learn.' There is a sharing circle for young moms — where is the sharing circle for young dads?"*

Women acknowledged the importance of Métis fathers in their children's lives as role models. Métis fathers are also in need of support specific to their experiences and needs as men. Women noted that many of them are struggling to cope and deal with their own trauma and the loss of their traditional roles as Métis fathers.

> *"If that guy does not know how to be a father — maybe they have trauma of their own they have to deal with — they need help too. If we keep excluding them, we are just building up the women and we are leaving the men to drag along. But these men still have issues. They do not know how to be parents too. They did not have that luck too."*

SOLIDARITY AND SISTERHOOD

For many women, participating in the Gatherings was an important step in helping prepare for, and potentially improve, their future pregnancy and birth experiences, as well as the experiences of their daughters and other Métis women. Métis women are the bearers of future generations; they advocate for their right to move forward as healthy individuals and reclaim their roles as sources of strength, transformation, and resilience for future Métis mothers.

> *"I feel very fortunate to have had a really positive birth experience. I have had midwives and a doula and was able to give birth at a birth centre. And the thing that I appreciated the most about it was having control over my choices, over my body, and that was really important to me. And I understand that it is not something that all women can have access to, and it is part of the reason why I am terrified of getting pregnant again, because what if I cannot have that same birth experience again? That would terrify me. I guess I am here to advocate, especially for my daughter. Hopefully by the time she comes around to having children of her own, if that is what she chooses to do, it will not be a game of chance as to whether she does or does not get to birth the way that she wants to birth."*

3.6 Asserting Métis Women's Well-being

LOCAL SUPPORT

Speaking to Métis women's resilience and positive outlooks, women who took part in the Gatherings proposed solutions to improve well-being during pregnancy and birth for their daughters, and for all their Métis sisters.

> *"We are trying to build and strengthen our Indigenous communities, of course, and trying to get our members to come and get involved at different cultural events. A lot of them are not used to being embraced by their Indigenous community or have not been active [or] as active as when their kokums, or whoever used to bring them before, have passed on to try and get them involved in their community. But we have moms who will come and who are committed to trying to find services out there and trying to have their voices heard about what our needs are."*

Single motherhood creates unique challenges for some Métis women who are managing financial hardship, cumulative fatigue, and accessing affordable childcare. Women expressed childcare as an important way to interrupt cycles of poverty and provide opportunities to work and study.

> *"Working as a single mother, you are giving one whole paycheck to your daycare and then if you do not have support when your kids are sick, they cannot go to daycare, you cannot go to work. And then you lose your job."*

SUPPORT FOR YOUNG MOMS

Adequate support and education for young, pregnant mothers was an important topic of conversation in the Gatherings. Creating circles with other women, their young pregnant sisters, aunties, mothers, and grandmothers is an opportunity for women to reclaim Métis parenting skills lost to intergenerational legacies of colonialism.

> *"When young mothers are in the hospital or are ready to give birth, or before they give birth, it is important to educate them. I know when I had a kid at 15, I did not know anything, I was not told anything. So, if somebody was there to give moms information on how to parent, how to care for a newborn infant, because how do you know? And everybody tells you something differently. So, it is kind of confusing for young mothers, right? And sometimes they do not have parents or grandparents."*

Women expressed an intense desire to restore Métis traditional knowledge about pregnancy, birthing, and relationships to promote collective healing. Mothers, especially those who were mothers at a young age, expressed their desire to give back to their community, share their experiences with other young mothers, and be the support they had wished for.

> *"Now as an adult, I am more open in having the conversation, knowing where I came from and my background, and the insecurities and the lack of knowledge that I had. And now I have grown, and to me, I want to pass on that knowledge and share my experiences, hoping that other women will benefit from what I have been through, whether they are teen moms, whether they are going through some other situation. To me that is a benefit."*

The intersection of social determinants, such as lack of educational and economic opportunities, worsen social exclusion during pregnancy, particularly among young mothers. Métis women who were mothers at a young age expressed the importance of having access to bursaries, scholarships, grants, and loans to continue their education. Social integration with their family and community was also key to furthering their education.

> *"A person can still be a young mom, graduate, eventually get a job, and support, or help support, their family."*

SUPPORT FOR FAMILIES

Housing insecurity is an important determinant of health during pregnancy for Métis families.[60] Women discussed the importance of family reunification programs, such as the one run by Métis Urban Housing Corporation in Edmonton, that reunite Métis women and their children in supportive environments with counsellors and professionals. There was a shared desire to see these programs expand across the province.

> *"We need family reunification programs to unify our families and to help them, teach them how to parent and things like that. Because lots of these people, they were falling down somewhere and not coping properly, and something happened and they lost their children. Well, let's teach them how to reintegrate, and teach them how to be a parent and to cope in healthy ways. Let them live in an apartment where they have counsellors there, and they have people, professionals there, that will help them and teach them about the different stages of childhood, and lessons of what you need to be doing as a parent."*

Women facing incarceration or in contact with the justice system while pregnant were identified in the Gatherings as a group needing advocacy and action. Women stressed both leniency within the judicial system for pregnant women who committed non-violent offences, as well as the necessity of providing proper nutrition and sleeping arrangements for pregnant women while incarcerated to ensure their well-being and health.

> *"I have seen it in my work; women get arrested for petty things. I understand you have to arrest them and charge them, but bring them before a judge, or sign a recognizance order on the spot and let them go home and be with their own home, with their own foods, with their medications, with their own beds, and their own needs, for things like warrants and petty theft and failing to appear in court, you know? Do something else. Do not just throw them in jail. Figure something else out in the justice system."*

MENTAL HEALTH AND TRAUMA

Supporting healthy pregnancies also involves supporting women's mental health to live in balance with themselves and with others, in a holistic concept of well-being that balances mind, body, and spirit.

> *"Baby blues is why these young mothers need respite. They need more advocates, and they need more programs where they get some respite. You know, another mother giving them advice and support and exchanging information, friendship, not feeling isolated at home with their kids all the time where they do not have anybody to help them. Having some 'me time' is very important for them. Self-care is important for young mothers too. There has to be a balance."*

Traditional practices of mothering are important for Métis women, and infant feeding is central to mother-infant bonding. Breastfeeding, as the first act of food sovereignty[61], is another Métis experience of motherhood severely impacted by the loss of knowledge transmission across generations. Many women revealed breastfeeding can be a very isolating experience and reported feeling under-supported, especially with difficulties initiating breastfeeding. Women felt they could be better supported in their choices on how they feed their babies by having access to care services, particularly in rural communities, that combine past and current understandings of infant feeding practices. One solution shared for women unable to breastfeed their babies involved programs providing breast pumps or donor milk.

> *"If your baby cannot latch or is having issues like that, there should be some sort of a program that offers pumps so that you can try pumping, but there is nothing like that out here."*

The fact that Métis people do not have access to the same non-insured health care benefits from the federal government as status First Nations and Inuit remains a point of contention for Métis people, and a structural barrier to accessing appropriate health care. Despite this federal exclusion perpetuating a sense of invisibility, women in the Gatherings actively advocated for solutions to gaps in dental, physical, and psychological care.

> *"I guess the only time that I am really jealous that I am not First Nations is when it comes to my health care. I have mental health concerns, a lot of trauma when I was a kid, so right now I am ready to deal with this. I am ready to bring it out, to talk about it, to get some help, you know, some coping skills, how to be a better parent. But there is not really any services for me because I do not have coverage. There is no help from social services. And I feel like, like right now, I am at the point where I am just going to give up because it is depressing."*

Women in the Gatherings unanimously called for improving access to quality services and programs closer to their homes and support networks, including prenatal classes, which many felt would have helped them in their pregnancies and prepared them for birth.

> *"Even when I was having kids, I never had any option for prenatal programming or anything. From what I understood, it is something you had to pay for or be invited to. I did not belong to any other clubs in town or anything like that, so I did not know how to go about getting involved in a prenatal program. I do not think they had any in [town]."*

In many cases, living in rural or remote locations can exacerbate feelings of isolation and social exclusion, particularly if pregnant mothers do not receive support from Metis kinship systems. Women expressed the importance to deliver accessible, culturally responsive, and well-developed prenatal and postnatal programs and services for pregnant women and their families living in rural and remote areas.

> *"Living where we do, we're forgotten. There is nothing there, no one comes to see us, we do not know who to reach to, especially for my daughter. As a young mother, she needs help. Talking about the Head Start program, that gives milk and diapers and whatever- that is something we would need. She has got two young ones, and transportation to get to doctor's appointments or sometimes to bring her kids in to socialize with other kids. But there is nothing in our town, it is a small hamlet of maybe 300-400 people, and there is not very many Metis people there."*

Women in the Gatherings also suggested access to family-friendly programming and services that allowed children's attendance and flexible programming on evenings and weekends. These are important to allow women who work or attend schooling during the day to participate.

> *"I think it is important to have many of these services on a Saturday. Because a lot of the things that we have are on weekdays. Because so many different meetings or gatherings and stuff that so do happen, it is a Tuesday afternoon, or a Tuesday evening, and I cannot get a sitter. It is nice to be able to find something on a weekend that I can manage to attend."*

The importance of knowing their rights during their birthing experiences and being able to advocate for themselves in the health care system was a common theme in the Gatherings, and many connected the ability to reclaim their identity as Métis women and the importance of educating each other on their rights.

"I remember when I had my son and I was 19, I even had my mom there for support, but I was so young and so scared, I did not know what to ask, or what to question, and we assumed they knew what they were doing. You assume your health care provider has your best interests in mind. And it was not really until I got into the health field myself that I really realized like, 'Whoa, there is a bunch of questions you should ask. I would say the vast majority of people, not just Indigenous people, but people in general, go into any kind of health care situation and they do not know what questions to ask. So, doing a little bit more things like the Gatherings where we are supporting women and fostering that so that you are informed, and that you are aware of what your rights are, aware of the questions you ask, aware of your right to practice any kind of cultural thing you want to do."

Some women in the Gatherings who had Caesarean sections felt they lacked autonomy and decision-making powers were vested in the hands of others, exacerbating their sense of invisibility in the health care system. Women called on health care systems to give Métis pregnant women the opportunity for more active roles in their birthing decisions.

"I had a C-section with both of them, but there are some things I would really like to see changing there. I put my voice through when I was there, but it did not seem to be heard. So maybe if I can pass this information and see if there are other women having these problems too, that we can maybe have some changes made there."

Some women in the Gatherings suggested having culturally-safe spaces in the health care system or Métis service providers, as an important strategy to ensure fair treatment of Métis women and children in those settings. This was based on a shared cultural understanding, which could lessen fears of judgement, or fear for the care and well-being of their Métis families.

"Something that I want as Métis Nation, we really need to move to having people in positions of power. Having a Métis representative at the hospital or having that Métis person that can knock on the door as a prenatal care person, somebody that goes in there with a different lens, understands the community, and knows the resources, standing up for our community, understanding the needs of our community, and getting resources put in place so we can make a difference."

CULTURALLY APPROPRIATE MIDWIFERY

Traditional Indigenous pregnancy and birthing practices were described as healthy spaces promoting respect, autonomy, and self-determination. In addition to services closer to home, services that supported pre-existing kinship networks, or midwifery and doula support, made for more positive birth experiences.

"A midwife is more like that precious care that my family, or in the olden days, that our mothers and grandmothers and sisters would be there to give us, but the doctor is still available. And the midwife is also a voice for me so that there was no abuse in the hospital. She could say, 'Hey, you have a choice here, you can do this, or you do not have to do this or that,' instead of just being led along. So, I felt like having a midwife gave me informed choices as to how I wanted to have my babies and what I wanted to have happen to them."

Women suggested more educational opportunities for women in the community to fill the roles of doulas or midwives. These commitments would need to come with a just pay, which is often not the case for these undervalued services in the health care system.

Women in the Gatherings also acknowledged the role of Metis navigators to assist with health literacy during the different stages of maternity care.

> *"The way the system has it set up is they do not want you to have help to navigate the system. It is built on you asking for what you need, but if you come from a community like our, you are not apt to ask for help, right? And I have watched Caucasion families, other families that are really strong, they just come in with a list and ask for all sorts of stuff. And a lot of our families are scared to ask."*

MÉTIS SUPPORTING MÉTIS

Women highlighted the MNA's importance as the representative body for Métis Albertans to support and advocate for the highest level of care for women during pregnancy, birth, and motherhood. Leadershipby the MNA was seen as both a step towards wellness and healing for Métis people and a point of pride for Métis Citizens. The MNA plays a key role in centering Métis women and children in its governing strategy and in negotiations with other governments. Women felt the MNA should play a role in funding programs for pregnancy, birth, and motherhood that foster connections within the Métis community, especially with their Métis sisters.

> *"My family was not the place I turned to. There are a lot of people who have dysfunctional families. Family is not an option, not available, right? So, you got to create your family. One thing that really worked for me is all new moms need to get out of the house and just be with other moms, like play groups and a consistent weekly playgroup that I went to with people that [had] likeminded views. So if there was a Métis play group, I would have gone to that instead. Those new moms, they need a place to gather so they can build friendships, so that they have each other to support through their children's lives, right? I just think that that is important to speak to too. Because absolutely, if family is there and supportive and wants to be involved, but for a lot of people that is not the case, so friendships with new moms are huge."*

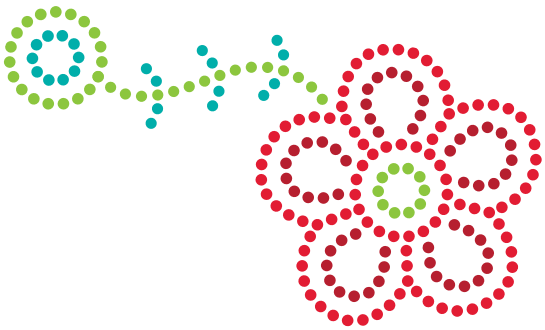
The MNA could also create opportunities for Métis women to integrate traditions and culture in theirs and their children's lives, such as learning beading or moccasin making. These opportunities would help Métis moms grow and thrive in their families and uplift their communities. Traditional teachings are a vehicle of Métis cohesion and a conduit of individual and collective identity, strength, and resiliency.

> *"As part of future MNA health programs, I would love to see more activity-based kind of stuff, where we are having supportive traditional teachings as well, where we are doing things like baby moccasins. Because that kind of stuff, some of it gets passed down, but some of it does not. I remember when I had my first baby and my grandma was like, 'This is how you wrap the baby right, and this is how you pat them, and all the lullabies. It feels like we're kind of losing that."*

4.0 DISCUSSION AND FUTURE DIRECTIONS

Many solutions the woman at the Gatherings proposed relate to ongoing efforts of reconciliation and decolonization. Métis women play a fundamental role in the intergenerational transfer of culture and traditions,[62] and thus the healing of Métis women is inextricably linked with efforts to reconnect to and reclaim Métis identity and culture. Sharing with the next generation is a vital part of Métis ways of knowing, ethics, and identity. Many women felt connecting children with traditional language and ceremony was an important part of the reclamation process. Increasing access for Métis women and families to cultural activities and gatherings, as suggested by women who participated in this project, is supported by existing literature on cultural resiliency.[63]

Kinship care is at the heart of Métis identity. Women described community and family as an important source of support and resiliency during various stages of life, including preconception, attempting to conceive, conception, pregnancy, childbirth, and motherhood. In particular, grandparents and aunties were identified as having important roles during these sacred stages of life. Throughout the Gatherings, we heard from Métis women about the need for continued opportunities to connect with other Métis mothers. This aligns with previous research suggesting playgroups can lead to increased social support for mothers as their children age.[64]



> *"I think women gathering with women is super powerful. At all stages. We are all in our individual households and just with our immediate family, and that sense of community and of being a village is not present, especially in bigger cities. So, I think women taking it into their own hands to gather with other women is one way that we can start rebuilding that community."*

Particularly for young mothers, previous studies have shown social support from family members and peers was related to maternal mental health and healthy child development.[65] Research has also shown young mothers may overestimate the amount of support they will receive postpartum,[66] underscoring the need to create and sustain support systems for young mothers.

Women also reflected on the role of men in creating healthy families and communities. They talked openly and frankly with one another about the importance of including them in conversations about pregnancy and childbirth, understanding men's perspectives, ensuring men are not left behind, and supporting men to understand their roles and responsibilities within their communities or kinship systems. Research related to the experiences of Indigenous fathers has found that, similar to Métis women, colonialism, intergenerational trauma, and other structural determinants have left many men feeling as if they need to learn how to parent while raising their children.[67]

Indigenous men have spoken about overcoming their own trauma to be better parents for their children and the need to support the healing of Indigenous women,

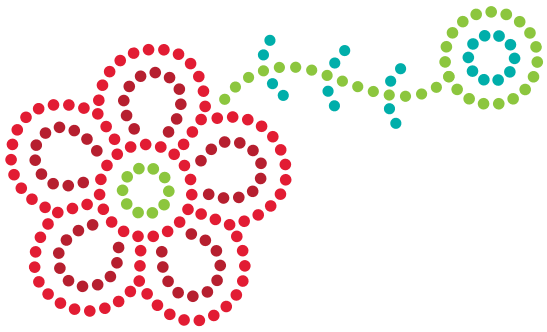
alongside themselves.[67] Many women who participated in the Gatherings connected their personal experiences with colonial legacies, including the residential school system and the Sixties Scoop. These experiences have contributed to ongoing intergenerational and historical trauma in Métis families and communities. For the Métis women who took part in the Gatherings, this was associated with difficulties learning to parent and relying on substance use to cope with trauma.

Adequate resources and supports for mental health and substance use were also voiced as being an important tool in breaking ongoing cycles of trauma and internalized colonization, and to resist the ongoing systems of oppression they live in on a daily basis. For many women, accessing mental health care was a significant challenge. Previous research has reported Indigenous mothers experience depressive symptoms in the year following birth at rates between 10-20%.[68] This affirms the voices of Métis women who asserted the need for increased access to mental health supports and services in their communities, including reducing economic barriers associated with mental health care.

In addition to advocating for additional supports and services, women shared the importance of navigation and advocacy workers when interacting with existing systems. Increased education among health care providers on Canada's colonial legacy and Métis women's historical and cultural context would assure better cultural understanding when accessing services. Women also voiced the need for culturally-safe spaces during birth. There is ample evidence to support the benefits of increased cultural safety for Indigenous people in health care, including improved health outcomes[69] and quality of care.[70] Midwifery was also recognized as an opportunity to provide culturally-meaningful care that is more affirming of choice, autonomy, and sovereignty in pregnancy and childbirth.

Transforming maternal health services that support the health and well-being of Métis women requires adopting a holistic concept of health and addressing social determinants as root causes of inequities. Addressing these historical and contemporary determinants require an active effort by health care systems to decolonize the provision of pregnancy and birthing care for Indigenous people. The creation of a Métis-specific health and wellness clinic, and holistic programming and services informed by Métis Albertans' lived experiences is an action that would provide better care and support to Metis women.

This research was undertaken to learn more about the lived experiences of Métis women in Alberta related to pregnancy and childbirth. From the stories shared by the Métis women who participated in the *Ehawawisit* project, the women gave voice to many potential solutions, contributing to new pathways of healing through their experiences, wisdom, strengths, and knowledge of what they need for their well-being, their families, and the broader Métis community.



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APPENDIX 1: DETAILED STUDY METHODS

This research project used mixed methods[71] which prioritized Métis ways of knowledge, values, and perspectives in the design, data collection, analysis and interpretation of results.[72] The methodology used qualitative Gatherings of Métis knowledge holders based on talking circles, storytelling, and yarning conversational methods.[26] Knowledge holders are defined as community members with expertise in a certain area or topic.[73] In the scope of our study, knowledge holders included Métis women who had experiences with and/or knowledge of pregnancy, birth, and motherhood. The MNA and Métis scholars provided guidance on the direction of the methodological approach of this research project to ensure it was culturally relevant, community-engaged, and supportive of self-determination.

REGION	LOCATION	DATE	NUMBER OF PARTICIPANTS
4	Edmonton	November 24, 2018	17
5	Slave Lake	May 11, 2019	7
1	Lac La Biche	May 25, 2019	8
2	Cold Lake	July 6, 2019	9
3	Calgary	July 27, 2019	11
6	Fort Vermilion	September 14, 2019	9
Total Participants			**61**

Table A1. Summary of date, location, and number of participants for each Gathering.

i. Gatherings of Métis Women

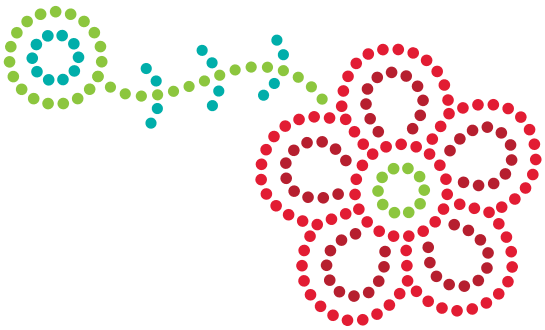
The MNA organized six Gatherings of Métis women across Alberta. Each gathering lasted approximately four hours and was held at a MNA office or another culturally-appropriate, safe, and accessible space. Table A1 details the logistical information from each gathering.

ii. Study Participants

Identification and recruitment of Métis women for the Gatherings was led by the MNA. The MNA used existing governance structures to reach potential Métis participants across the province in a culturally-appropriate and respectful way. Email invitations were sent to MNA Citizens and other relevant organizations (e.g., Indigenous Birth Alberta). The MNA also used social media platforms, including Facebook, Twitter, and Instagram, to invite participants to the Gatherings. Additionally, participants were also recruited by word of mouth and by leveraging existing community relationships and MNA Regional and Local elected officials. See Appendix 3 for engagement materials used in this study.

The MNA research team presented the proposal to the MNA Provincial Council and invited them to name Métis knowledge holders across Alberta with experiences and knowledge of pregnancy, birthing, and who may be interested in participating in the Gatherings. In total, 61 Métis women in Alberta participated in the Gatherings.

Once potential Gathering participants were identified, the Research and Project Coordinator — Maternal and Perinatal Health (Ashton James or Claire Cordingley) at the MNA individually contacted potential participants by email, telephone, or in person. Potential participants received an information letter and consent forms (Appendix 2) describing the purpose and expectations of the Gatherings . Only Métis women who provided individual written consent took part in the Gatherings. No individuals under the age of 18 were invited to take part in the Gatherings for the purposes of data collection. Women could bring their children with them to the Gatherings to participate in the arts-based activities and meals.



iii. Procedures

Gatherings generally followed a similar structure in the execution:

1. Opening remarks (from MNA representatives, Principal Investigator, and other research team members)
2. Participant introductions
3. Project overview
4. Arts-based activities (i.e., moss bags, fish scale art, moccasins, beadwork)
5. Discussion
6. Lunch
7. Continuation of discussion
8. Post-Gathering reflections and building "trees of knowledge"

See Appendix 4 for agendas of all Gatherings.

Photographs of participants and materials produced during arts-based activities were taken during the Gathering, provided participants had completed a Participant Consent Form for the Use of Photographs and Created Materials (Appendix 2).

Each Gathering was attended, on average, by four members of our research team (mainly Maria B. Ospina, Ashton James, Claire Cordingley, and Britt Voaklander). Other team members (Cindy Gaudet and Chelsea Gabel) attended the first gathering in Region 4 and connected via Skype for introductions at Gatherings in Regions 1 and 3. The Principal Investigator (Maria B. Ospina) facilitated most of the Gatherings in collaboration with one

MNA representative (Ashton James or Claire Cordingley) who took notes and pictures. Free childcare was provided at the Gatherings for participants with children through support from other team members.

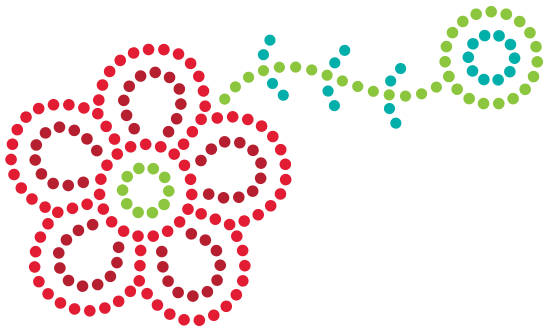
Participation in the Gatherings was voluntary; participants were free to leave the Gathering at any time. All participants received an $100 honorarium plus reimbursement for travel expenses to a maximum of $200. Following completion of the Gatherings, participants were contacted for feedback and to review the transcript prior to data analysis.

iv. Data Collection and Analysis

Two members of the MNA research team (Ashton James and Claire Cordingley) transcribed the audio files verbatim and anonymized any identified (e.g., names and places) or identifiable (e.g., diseases) information. Researchers' and knowledge holders' names, geographic locations, health care settings, as well as illnesses and diseases were replaced with square brackets and unidentifiable information. For non-verbal communication, they used '…' for pauses, while laughter was indicated in square brackets to provide better context for data analysis.

Transcriptions were shared with women who participated in the Gatherings so they could provide additional comments, descriptions, and feedback. Participants were also able to request parts of their stories within the transcripts be removed. Once Gathering participants reviewed the transcripts, the files were stored in Dr. Ospina's password-protected lab server. Drs. Belon and Amjad — non-Métis researchers in Dr. Ospina's lab — performed primary qualitative data analysis of the transcripts using QSR International's NVivo 11. Dr. Ospina and her team did not have access to the audio files, given previous ethics agreement in the information letter and consent form. An inductive approach was used to code line-by-line of the transcripts for identification of emergent themes related to the meanings of pregnancy, childbirth, and motherhood for Métis women. Categories that emerged from the data analysis were presented as condensed stories and lived experiences that provide context and voice to Métis knowledge holders.[74,75]

These findings — obtained from a qualitative perspective — were re-examined and contextualized by members of the research team at the MNA and Métis academic partners, who organized the findings into themes based on this analysis. The final resulting themes were summarized in section 3.0 of this report.



APPENDIX 2: CONSENT FORMS

Use of Photographs and Created Materials
PARTICIPANT CONSENT FORM

Title of Study: Ehawawisit (With Child): Maternal and Perinatal Health Outcomes among the Métis in Alberta and the Influence of Proximal, Intermediate, and Distal Determinants of Health

Principal Investigator:	Dr. Maria B. Ospina, MSc, PhD. Department of Obstetrics & Gynecology, Faculty of Medicine & Dentistry. University of Alberta (780-492-2773)
Research/Study Coordinator:	Ashton James. Research & Project Coordinator, Maternal & Perinatal Health. Métis Nation of Alberta (780-455-2200 ext. 433)

What is the purpose of this consent form?

During the Gathering, you will participate in a moss bag workshop activity/teaching that is meaningful to Métis mothers, babies, and communities. Photographs or copies of materials created during these activities are beneficial to include in presentations, displays, and reports created for research and education purposes. It is also beneficial to include photographs of participants. To respect the rights of participants, the research team requires written consent before taking and using photographs of participants or workshop activities.

What will my photographs and created materials be used for?

Photographs and copies of materials created will be included in presentations, displays, and reports created for research and education purposes. Photographs and copies of materials created are valuable data that demonstrate the importance of activities to Métis mothers, babies, and communities.

Why am I being asked to sign this consent form?

You are being asked to sign this consent form because you have volunteered to share photographs or copies of materials created for research and education purposes. This consent form allows you to specify which photographs, materials created, and personal information you wish to share.

Version 2: August 16, 2018
Pro000839 96

I agree to allow the research team to:	Yes	No
Take photographs of materials created by me	☐	☐
Take photographs of me	☐	☐

Publicly publish or display for research or education purposes without identifying me**:**	Yes	No
Photographs or copies of materials created by me	☐	☐
Photographs of me	☐	☐

Publicly publish or display for research or education purposes, acknowledging me as indicated:	Yes	No
Photographs or copies of materials created by me	☐	☐

Acknowledging me by
- ☐ First and last name
- ☐ First name only
- ☐ Community of residence

Photographs of me	☐	☐

Acknowledging me by
- ☐ First and last name
- ☐ First name only
- ☐ Community of residence

I give permission to the researchers to use materials I have created in the ways specified above. I understand that I will not be paid for the use of these materials.

_____ _____

Signature of participant Printed name

Date: _____

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PARTICIPANT CONSENT FORM

Title of Study: Ehawawisit (With Child): Maternal and Perinatal Health Outcomes among the Métis in Alberta and the Influence of Proximal, Intermediate, and Distal Determinants of Health

Principal Investigator:	Dr. Maria B. Ospina, MSc, PhD. Department of Obstetrics & Gynecology, Faculty of Medicine & Dentistry. University of Alberta (780-492-2773)
Research/Study Coordinator:	Claire Cordingley. Research & Project Coordinator, Maternal & Perinatal Health. Métis Nation of Alberta (780-492-2200 ext. 416)

Please answer the following questions:	Yes	No
Do you understand that you have been asked to be in a research study?	☐	☐
Have you read and received a copy of the attached Information Sheet?	☐	☐
Do you understand the benefits and risks involved in taking part in this research study?	☐	☐
Have you had an opportunity to ask questions and discuss this study?	☐	☐
Do you understand that you are free to leave the study at any time without having to give a reason and without affecting your future access to services?	☐	☐
Has the issue of confidentiality been explained to you?	☐	☐
Do you understand who will have access to your study records (including transcripts and data analysis)?	☐	☐
This study was explained to me by:_____		

I agree to take part in this study:

_____ _____

Signature of participant Printed name

Date: _____

Version 2: August 16, 2018
Pro000839 96

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate:

_____
Signature of research staff

Date: _____

A SIGNED COPY OF THIS INFORMATION SHEET AND CONSENT FORM MUST BE GIVEN PRIOR TO PARTICIPATION IN THE GATHERING

Version 2: August 16, 2018
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APPENDIX 3: POSTERS

Métis Nation of Alberta

Region 4: Edmonton

Let's Talk About Pregnancy & Childbirth

The Métis Nation of Alberta (MNA) and the University of Alberta are looking for Métis women to share their experiences with pregnancy and childbirth. Your stories will help shape Métis-specific programs and services for mothers and babies, and document Métis pregnancy and childbirth practices.

Date: Saturday, November 24, 2018

Time: 9:00 am – 3:00 pm

Location: MNA Provincial Office
#100-11738 Kingsway Ave.
Edmonton, AB

Eligibility:

- Participants must be 18 years of age or older
- MNA citizens and non-citizens who self-identify as Métis

Free childcare will be provided. Participants will receive a $100 honorarium and reimbursement for travel expenses.

For more information or to register, contact Ashton James at 780-455-2200 ext. 433 or ajames@metis.org.

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@ABMetis @Albertametis @Albertametis

#100 - 11738 Kingsway Avenue | albertametis.com | (780) 455-2200

MÉTIS NATION OF ALBERTA

REGION 5: SLAVE LAKE

Let's Talk About Pregnancy & Childbirth

The Métis Nation of Alberta (MNA) and the University of Alberta are looking for Métis women to share their pregnancy and childbirth experiences. These stories will help shape programs and services for Métis mothers and babies, and document Métis pregnancy and childbirth practices.

Date: Saturday, May 11, 2019

Time: 10:00 am – 2:00 pm

Location: Native Friendship Centre
416 6 Avenue NE
Slave Lake, AB

Eligibility:

- Participants must be 18 years of age or older
- MNA citizens and non-citizens who self-identify as Métis

This gathering is child friendly. Participants will receive a $100 honorarium and reimbursement for travel expenses.

For more information or to register, contact Claire Cordingley at **780-455-2200 ext. 416** or **ccordingley@metis.org**.

A collaboration between the Métis Nation of Alberta and the University of Alberta

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@abmetis @albertametis @albertametis

MÉTIS NATION OF ALBERTA

REGION 1: LAC LA BICHE

Let's Talk About Pregnancy & Childbirth

The Métis Nation of Alberta (MNA) and the University of Alberta are looking for Métis women to share their pregnancy and childbirth experiences. These stories will help shape programs and services for Métis mothers and babies, and document Métis pregnancy and childbirth practices.

Saturday, May 25, 2019
10:00 am – 2:00 pm

Bold Center, Viewpoint Room
8702 91 Avenue
Lac La Biche

Eligibility:

- Participants must be 18 years of age or older
- MNA citizens and non-citizens who self-identify as Métis

This gathering is child friendly. Participants will receive a $100 honorarium and reimbursement for travel expenses.

For more information or to register, contact Claire Cordingley at **780-455-2200 ext. 416** or **ccordingley@metis.org**.

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The Métis Nation of Alberta (MNA) and the University of Alberta are looking for Métis women to share their pregnancy and childbirth experiences. These stories will help shape programs and services for Métis mothers and babies, and document Métis pregnancy and childbirth practices.

- Participants must be 18 years of age or older
- MNA citizens and non-citizens who self-identify as Métis

JUL 06

Cold Lake Native Friendship Centre
5015 55 Street, Cold Lake
10:00am-2:00pm

This gathering is child friendly. Participants will receive a $100 honorarium and reimbursement for travel expenses.

For more information or to register, contact Claire Cordingley at 780-455-2200 ext. 416 or ccordingley@metis.org.

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- Participants must be 18 years of age or older
- MNA citizens and non-citizens who self-identify as Métis

JUL 27 | **Region 3 Office**
1415 28 Street
Calgary · 10am-2pm

This gathering is child friendly. Participants will receive a $100 honorarium and reimbursement for travel expenses.

For more information or to register, contact Claire Cordingley at 780-455-2200 ext. 416 or ccordingley@metis.org.

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- Participants must be 18 years of age or older
- MNA citizens and non-citizens who self-identify as Métis

SEP 14 | **Community & Cultural Complex**
5001 – 44 Avenue
Ft. Vermilion · 10am-2pm

This gathering is child friendly. Participants will receive a $100 honorarium and reimbursement for travel expenses.

For more information or to register, contact Claire Cordingley at 780-455-2200 ext. 416 or ccordingley@metis.org.

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APPENDIX 4: AGENDAS

Maternal and Perinatal Health Gathering

Métis tion of Alberta Provincial O ce
11738 Kingsway Avenue, Edmonton
Saturday, November 24th, 2018

9:00am-10:00am: **Registration and Breakfast**

Catered breakfast by Ginger's Bannock House. Breakfast includes bannock breakfast sandwiches, mu ns, and fresh fruit.

Project Overview

Ethics Protocol (Maria Ospina)

Project Background (Maria Ospina)

Project Objectives (Maria Ospina)

Share "Spokes of Research" (Maria Ospina, Chelsea Gabel)

Métis Nation of Alberta Partnership (Ashton James)

Introductions

Research Team (Ashton James, Chelsea Gabel, Cindy Gaudet, Jennifer Adese, Maria Ospina)

Share Kick-Start Reflection (Maria Ospina)

Participant Introductions

10:00am-12:00pm: **Moss-Bag Teachings with [Métis Artist]**

[Méti Arti t] will share teachings on the science, history and importance of moss bags. Participants will have the opportunity to make a miniature fleece moss bag to take home r the Gathering.

12:00pm-1:00pm: **Lunch**

Catered lunch by Ginger's Bannock House. Lunch includes bannock and stew (vegetable and meat options).

1:00pm-3:00pm: **Discussion**

Conversation to share experiences and knowledge about pregnancy and childbirth (Chelsea Gabel, Cindy Gaudet, Jennifer Adese, Maria Ospina)

Wrap-Up

Share Post-Gathering Reflection (Maria Ospina)

Region 4

Maternal and Newborn Health Gathering

Slave Lake N tive Friendship Centre
416 6 Avenue NE, Slave Lake, AB
Saturday May 11, 2019

9:00-10:00am	**Doors Open and Participant Registration**
10:00-10:20am	**Opening Prayer** **Opening Remarks** (Region 5 Vice President Hilda Lambert) **Project Overview** Ethics Protocol (Maria Ospina) Project Background and Objectives (Maria Ospina) Share "Spokes of Research" (Maria Ospina) Métis Nation of Alberta Partnership (Ashton James) **Introductions** Research Team (Ashton James, Cindy Gaudet, Claire Cordingley, Maria Ospina) Share Kick-Start Reflection (Maria Ospina) Participant Introductions
10:20-11:15am	**Fish Scale Art with [Elder]** [Elder] will lead us in creating magnets using sh scales, which participants will be able to take home with them. Fish scales existed as an art medium before beads did, but due to their fragility and di culty in preservation, there are few historical examples of h scale art today.
11:15am-12:15pm:	**Discussion** Conversation to share experiences and knowledge about pregnancy and childbirth (Maria Ospina)
12:15-1:00pm:	**Lunch** Catered lunch by the Slave Lake Native Friendship Centre.
1:00-2:00pm:	**Discussion Continued** Continuation of the conversation **Wrap-Up** Share Post-Gathering Reflection (Maria Ospina)

Region 5

Maternal and Newborn Health Gathering

Viewpoint Room, Bold Center
8702 91 Avenue
Lac La Biche, AB

9:00-10:00am	**Doors Open and Participant Registration**
10:00-10:20am	**Opening Prayer** **Introductions and Project Overview** **Project Overview** Ethics Protocol (Maria Ospina) Project Background and Objectives (Maria Ospina) Share "Spokes of Research" (Maria Ospina) Métis Nation of Alberta Partnership (Claire Cordingley, Maria Ospina) **Introductions** Research Team (Chelsea Gabel, Cindy Gaudet, Claire Cordingley, Maria Ospina, Nadia Houle) Share Kick-Start Reflection (Maria Ospina) Participant Introductions
10:20-11:15am	**Fish Scale Art with [Elder]** [Elder] will lead us in creating some art using sh scales. The sh scales we'll be using come from white h, and have been used as a medium n due to the lack of availability of beads.
11:15am-12:15pm:	**Discussion** Conversation to share experiences and knowledge about pregnancy and childbirth (Maria Ospina, Nadia Houle)
12:15-1:00pm:	**Lunch** Catered lunch.
1:00-2:00pm:	**Discussion Continued** Continuation of the conversation **Wrap-Up** Share Post-Gathering Reflection (Maria Ospina)

Region 1

Maternal and Newborn Health Gathering

Cold Lake Friendship Centre
5015 55 Street
Cold Lake, AB

9:30-10:00am	**Doors Open and Participant Registration**
10:00-10:20am	**Opening Prayer** **Introductions and Project Overview** **Project Overview** Ethics Protocol (Maria Ospina) Project Background and Objectives (Maria Ospina) Share "Spokes of Research" (Maria Ospina) Métis Nation of Alberta Partnership (Claire Cordingley, Ashton James) **Introductions** Research Team (Claire Cordingley, Ashton James, Maria Ospina) Share Kick-Start Reflection (Maria Ospina) Participant Introductions
10:20am-12:00pm	**Discussion** Conversation to share experiences and knowledge about pregnancy and childbirth (Maria Ospina)
12:00-12:45pm:	**Lunch** Catered lunch.
12:45-1:30pm:	**Baby Moccasin Making with [Knowledge Holder]** [Knowledge Holder] will lead us in making baby moccasins, and teach us a little bit about the plants and flowers we decorate our babies with, and the signi cance of those decorations.
1:30-2:00pm:	**Wrap-Up** Share Post-Gathering Reflection (Maria Ospina)

Region 2

Maternal and Newborn Health Gathering

MNA Region 3 O ce
1415 28 St NE
Calgary, AB

9:30-10:00am	**Doors Open and Participant Registration**
10:00-10:20am	**Opening Prayer** **Introductions and Project Overview** **Project Overview** Ethics Protocol (Maria Ospina) Project Background and Objectives (Maria Ospina) Share "Spokes of Research" (Maria Ospina) Métis Nation of Alberta Partnership (Claire Cordingley) **Introductions** Research Team (Claire Cordingley, Cindy Gaudet, Maria Ospina, Britt Voaklander) Share Kick-Start Reflection (Maria Ospina) Participant Introductions
10:20-11:15am	**Métis Beading with [Knowledge Holder]** [Knowledge Holder] will lead us in a Méti beading activity.
11:15am-12:15pm:	**Discussion** Conversation to share experiences and knowledge about pregnancy and childbirth (Maria Ospina, Britt Voaklander)
12:15-1:00pm:	**Lunch** Catered lunch.
1:00-2:00pm:	**Discussion Continued** Continuation of the conversation **Wrap-Up** Share Post-Gathering Reflection (Maria Ospina, Britt Voaklander)

Region 3

Maternal and Newborn Health Gathering

Fort Vermilion Community Cultural Complex
5001 44 Ave
Fort Vermilion, AB

9:00-10:00am	**Doors Open and Participant Registration**
10:00-10:20am	**Opening Prayer** **Introductions and Project Overview** **Project Overview** Ethics Protocol (Britt Voaklander) Project Background and Objectives (Britt Voaklander) Share "Spokes of Research" (Britt Voaklander) Métis Nation of Alberta Partnership (Ashton James) **Introductions** Research Team (Ashton James, Britt Voaklander, Claire Cordingley) Share Kick-Start Reflection (Britt Voaklander) Participant Introductions
10:20-11:15am	**Baby Moccasins with [Elder]** [Elder] will lead us in making baby moccasins.
11:15am-12:15pm:	**Discussion** Conversation to share experiences and knowledge about pregnancy and childbirth (Britt Voaklander)
12:15-1:00pm:	**Lunch** Catered lunch.
1:00-2:00pm:	**Discussion Continued** Continuation of the conversation **Wrap-Up** Share Post-Gathering Reflection (Britt Voaklander)

Region 6

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