



The geography of belonging: The experience of birthing at home for First Nations women[☆]

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ABSTRACT

The number of rural hospitals offering maternity care in British Columbia has significantly declined since 2000, mirroring trends of closures and service reductions across Canada. The impact on Aboriginal women is significant, contributing to negative maternal and newborn health and social outcomes. The present qualitative case study explored the importance of local birth for Aboriginal women from a remote BC community after the closure of local maternity services. Data collection consisted of 12 interviews and 55 completed surveys. The average participant age was 32 years old at the time of the study. From the perspective of losing local services, participants expressed the importance of local birth in reinforcing the attributes that contributed to their identities, including the importance of community and kinship ties and the strength of ties to their traditional territory.

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1. Introduction

The number of rural hospitals offering maternity care in British Columbia has significantly declined since 2000, mirroring trends of closures and service reductions that are occurring across Canada (Allen et al., 2004; Hutten-Czapski, 1999, 2001; Peddle et al., 1983; Nesbitt et al., 1990; Rourke, 1998) and internationally (Larimore and Davis, 1995). A convergence of factors has influenced this crisis in rural maternity services including structural-economic changes in rural communities (Cameron and Cameron, 2001; Halseth and Sullivan 2003; Galvin, 2003), health care restructuring (Kornelsen and Grzybowski, 2005a), a changing context of care that supervaluates access to technology and specialists (Kornelsen and Grzybowski, 2005a), and health human resource issues (Grzybowski et al., 2007; Kornelsen and Grzybowski, 2008). These changes are taking place despite an emerging body of evidence on the safety of small volume maternity services (Chaska et al., 1998; Peddle et al., 1983; Rourke, 1998; Rosenblatt et al., 1985) and the impact of these

changing patterns of access on maternal and newborn health. The closures of small volume maternity services and subsequent evacuation of women to give birth have been linked to increased perinatal morbidity and mortality (Larimore and Davis, 1995; Nesbitt, 1996; Nesbitt et al., 1990), as well as heightened stress, anxiety, and social vulnerability on the part of birthing mothers (Chamberlain and Barclay, 2000; Greig, 1990; Jasen, 1997; Kornelsen and Grzybowski, 2005b).

A review of recent policy literature indicates that these service changes in British Columbia have been made in an ad-hoc manner in response to a local or regional sense of crisis (Kornelsen and Grzybowski, 2005c). In these instances, decisions have been reactive and not necessarily based on a broad range of health indicators, let alone cultural considerations.

Although all rural women experience the impact of reductions in local maternity services, qualitative evidence suggests that these impacts are felt more acutely in Aboriginal communities. This is due in part to the historical place of birth in Aboriginal life where it was a community event that strengthened ties within families and nations (Moffitt, 2004). In Canada's far north, the systematic evacuation of women from their communities due to shifting policy and practice has led to severe psychosocial consequences, including the loss of birth as a community event to birth becoming an isolating experience resulting in feelings of loss of control for women (Jasen, 1997; Voisey et al., 1990). When speaking of their evacuation experience, northern Aboriginal women themselves express regret at not having family close by to

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share their birthing experience and anxiety about being away from their homes and children for extended periods of time (Paulette, 1990). In a comprehensive overview of the unintended consequences of maternal evacuation from the far north, Jennifer Stonier lists the detrimental health effects on women (e.g., loneliness, worry, anxiety, loss of appetite, increased smoking behaviour) and those on the children and family left behind (increased rates of illness and school problems for other children of evacuated women and the loss of understanding of the birth process among men) (Stonier, 1990). Additionally, with increased energy, time, and money devoted to the immediate intrapartum period, fewer resources were available for care and education services within the community, contributing to the diminishment of prenatal preparation and postnatal support (Stonier, 1990).

This qualitative exploratory study considers the implications of closure of a local maternity service from perspective of local First Nation women. Findings focus on participants' perceptions of the importance of place and community in giving birth. The experiences of women who left the community have been recorded elsewhere (Kornelsen et al, forthcoming).

2. Background

A number of First Nations communities in British Columbia have lost local maternity services in recent years, forcing women to travel significant distances to access intrapartum care. The decisions leading to these closures have been ad-hoc and typically without community consultation. The community of Bella Bella, also called Waglisla, has a current population of 1250 residents, almost all of whom are from the Heiltsuk nation, and is located on Campbell Island on BC's Central Coast (Map 1). The hospital in Bella Bella/Waglisla is governed by the United Church Health Services and receives funding from Vancouver Coastal Health, while the Heiltsuk Band Council has taken responsibility for the management of insured health care benefits, received from First Nations and Inuit Health (FNIH), a division of Health Canada. Historically, the Heiltsuk Nation always birthed in their home community. However, in 2000, the provision of maternity care in Bella Bella/Waglisla began to atrophy, and since 2001 it has been the policy for all women to leave the community at approximately 36 weeks gestation to give birth elsewhere (usually BC Women's Hospital in Vancouver).



Map 1

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