

KIKISKAWAWSOW: Prenatal healthcare provider perceptions of effective care for First Nations women

**In the Cree language, Kikiskawawsow means "she is with child"*



BACKGROUND

On average, pregnant Indigenous women suffer a disproportionate burden of risk and adverse outcomes relative to non-Indigenous women. Also, among Indigenous women fertility/birth rates are significantly higher and inadequate prenatal care occurs more often than in non-Indigenous women. Improved care and a greater understanding of how to effectively work in this context is needed.

THE STUDY

This qualitative study is part of a community-based participatory research (CBPR) project in collaboration with the large Cree First Nations community of Maskwacis in Alberta. All of the work was based upon an equitable and partnership. The objective was to explore the characteristics of effective care with First Nations women from the perspective of healthcare providers that service a large First Nations community in Alberta. This research was informed by both ethnography and CBPR. The foundation of CBPR is genuine collaboration between researchers and community members to resolve significant social and/or health problems. CBPR considers community members as experts on their own experience, carrying knowledge and skills that are vital to the research process. Ethnography is a qualitative method that is increasingly being adapted in healthcare settings to understand perceptions, beliefs, shared meanings, values, and/or practices in the context in which they occur.

THE COMMUNITY

Maskwacis is a rural community approximately 90 km south of Edmonton, Alberta, within the area of Treaty Six. The community is made up of four distinct Cree Nations. Pregnant women from the community must travel to neighboring off-reserve towns and cities for prenatal care, with the majority receiving care at a single Primary Care Network associated with delivery at a Hospital that is approximately 15 km from the community town site.

PARTICIPANTS

- Total of 12 healthcare providers (HCPs), 6 working within the community and 6 off-reserve.
- 3 participants were Indigenous.
- 7 participants were nurses, 2 were physicians, 2 were dietitians, and 1 was a mental health therapist.
- All worked with women from Maskwacis for at least a year.



FINDINGS

Participants identified three critical features of effective prenatal care with First Nations women

RELATIONSHIPS AND TRUST

"Never assume anything. Get to know that person. I always ask them to tell me their story, you know, what's going on. I don't go in with a paper and pen and start ticking off the baby's vital signs... I listen to their story and that's the first thing in gaining trust, because it might not be about having the baby or the physical labour. It might be that she had a fight with her boyfriend and she's really, really depressed..."



CULTURAL UNDERSTANDING

"They can teach you things in books, but going into the school and walking past the morgue and hearing stories, That was a huge eye-opener of what people lived through and what lots of families lost. It definitely gave me a lot more compassion... Cultural sensitivity training in a classroom is great, but I think it's those relationships with community members, hearing someone tell their story is way more impactful."



CONTEXT-SPECIFIC CARE

"I'm not going to tell them like 'this is what you have to do', because that approach never works... You have to give control back to people, because when they feel like they're out of control already in their lives, its not going to be helpful when they come to our doors and they don't have any control at all."



CONCLUSION

Efforts are needed to repair and improve patient-provider relationships. HCPs, their organizations, as well as institutions involved in training of HCPs need to partner with Indigenous patients and communities to create opportunities for sharing real life experiences and building positive, ongoing relationships that ultimately improve the integration of HCPs into communities. Current healthcare systems, clinics, and HCPs need to allow for more innovation, flexibility and responsiveness in care approaches when working with Indigenous prenatal patients so that care is specific to their context.

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