THE MOTHER’S STORY APPROACH TO CARE
We share a vision of Nuu-chah-nulth Nations in which individuals have the opportunity to achieve their full spiritual, mental, emotional and physical potential; families once again exercise full responsibility for the nurturing of all members; and communities are once again healthy and self-governing.
The Nuu-chah-nulth Nursing Program partners with Nuu-chah-nulth-aht to deliver professional, ethical, culturally safe, and responsible care.

- Nurses shall maintain discipline in self and profession, as well as balance in approach.
- Reflective practice
Reflective Practice

- An active process of examining historical, cultural, social, cognitive, and personal experiences and its impact on professional practice (Wilkinson, 1999)

- It is a purposeful action of thought to understand and bring new meaning, knowledge, and perspectives to an experience that changes what we do and how we practice (Ashby, 2006)
Reflective Practice

- When working with Aboriginal people, nurses must reflect on attitudes and assumptions deeply embedded in the dominant culture.

- Nurses need to be supported to develop an awareness of their cultural lens to “question assumptions, challenge dominant discourses, and engage in critically reflexive practice”

(Browne, 2005, p. 81)
Culturally Safe Care

- Health care services that practice with a culturally safe lens recognize how power imbalances and the historical context of colonizing practices are viewed from the recipients of care.

- Practice in ways where trust, empowerment, recognition and valuing of people’s knowledge and strengths.

- Individual capacity to voice their priorities and preferences, not those of the healthcare provider.

(National Aboriginal Health Organization, 2006)
Culturally Safe Care

- Nurses must examine their power in nursing relationships and ensure care is delivered in a way where clients maintain self-determination and their health needs in their daily lives are met.

- The outcome is transference of power from nurse to client and the delivery of culturally safe care where the client determines whether care is safe or not.

  (Richardson & Carryer, 2005)
Why Parse?

- Person centered – the person is considered the expert in his/her own health, each individual/family/community has within them, the truth about their own health.

- This supports the First Nations’ teaching that: “We carry the wisdom of our ancestors within us.”

- Culture centered
Why Parse?

- Based on the theory of human becoming...it is the person’s lived experiences that matter

- Hopes and Dreams Matter

- Self Reliance that is goal oriented

- Strengths based – Health care providers serve merely as guides to this internal wisdom and strength. A true community/person–nurse partnership is possible.
CELEBRATING
IN PARTNERSHIP
with Nuu-chah-nulth Families and Nursing
NTC Nursing Framework

Is governed by Nuu–chah–nulth values including respect, order and protocols, elders teachings, sustainability, children as the future, responsibility, accountability, preparation, family and community and celebration

- Each Life is a Precious Journey
- Each Life Connects
- Each Life Seeks Fulfillment
- Each Life Completes Its Cycle
NTC Nurse Framework Recognized by Provincial Health Minister
Nurses supports the First Nation wish for:

Capacity Building

Empowerment

Self-Government

..... Through Partnership...through approaches like The Mother’s Story
The NTC Nursing Framework is based on partnerships that are developed through respectfully seeking guidance from Elders and Families in all aspects of nursing services, especially with pregnancy as the beginning of new life.

We are thankful to Ray Seitcher, who clearly remembers the days when Nuu-chah-nulth-aht took care of birthing and infants without nurses.

Ray has been instrumental in both the support of nurses as they learn how to provide respectful services to new families, and in the development of the “Mother’s Story”.

The Mother’s Story
Ray’s comments:

- “The concept of community and family are hardly ever approached properly on a strictly individual basis... (in this booklet), I saw real connections to education and to all the stages of life care needs...empowering people to have a say in our care...whatever ‘process’ we are in”
Mother’s Story

“Together we hold life’s sacred gift”
The Mother’s Story intervention is a holistic approach that builds on a positive and caring relationship between the nurse and the mother/family.

Richard Atleo tells us that “in the Nuu-chah-nulth language, heshook-ish tsawalk means everything is one..... It means more than the unity of the physical universe. It means more than the empirically based meaning attached to the word ‘holism’.”

The Mother’s Story

- Developed in collaboration with the NCN First Nations to incorporate their language, values, and beliefs in the nursing framework and documentation.

- The *Mother’s Story* parallels the NNP mission to partner with Nuu-chah-nulth-aht to deliver professional, ethical, culturally-safe, and competent care.

- The goal of nursing practice is to work towards the client’s perspective of quality of life.
**The Mother’s Story**

- The person has completely free will in choosing what he/she will do or not do and this freedom is respected by the nurse.

- The woman shares her “hopes and dreams” for herself, unborn baby and growing child.

- Based on Parse’s theory of human becoming, there is no nursing diagnosis.

- Instead, it is the person’s own health descriptors based on the meaning of the experience from the person’s and family’s perspective, values, beliefs, dreams and goals that guides care.
Nurses who use the *Mother’s Story* philosophy notice a distinct difference when working with the Mother with gaining/sharing information and in forming the relationship.

Nurses value the opportunity to work with the mom based on “where she is at”.

*Mother’s Story*
- Facilitates trust, collaboration, teaching, support
- Centers care around the Mother’s hopes and dreams for the baby rather than the issues and concerns
- These dreams guide the care planning with parents to achieve healthy outcomes for their baby, and build on the capacity to parent.
Nurses invite the Mom into a conversation and allow her to share and reveal aspects of her health and pregnancy in her own way.

Questions such as:

- How would you describe your health? (mental, physical, spiritual, emotional)
- What has your life shown you, taught you?
- What are your hopes and dreams for your baby?
# Community Health

**Mother’s Story (Prenatal Assessment)**

"Together we hold life’s sacred gift."

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## If the Mother wishes to share her story.

### Personal Health Description:

(This is a great opportunity for us to work together and plan for your pregnancy. To do this, I need to know a little bit about how your health is now, how it was before you became pregnant, and how it was for you growing up.)

<table>
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<tr>
<th>Life Experience:</th>
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<td>(What has life shown you? What things are important to you? What is life like for you?)</td>
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## Parent’s Hopes, Plans & Dreams for this Pregnancy:

(How do you see the rest of your pregnancy going? What do you want for your baby’s life? What are you anticipating for the birth of your baby?)
Personal Health Description

- Exploring with the woman her lived experiences and feelings of her physical, mental, social, and spiritual health (growing up, currently, and vision of future health)

- How do these experiences relate to the pregnancy and how might they influence the care plan being developed in partnership with the nurse
Sample Questions:

- **This is a great opportunity for us to work together and plan for your pregnancy. To do this it is helpful to know a little about how your health is now, how it was before you became pregnant, and how it was growing up.**

- **We often think of health as physical or mental wellness; what about spirituality – does this help to guide your health and wellness?**

- **Can you tell me a little bit about how you are doing emotionally?**
Examples of Personal Health Descriptions:

“Certain times I get low on iron and become anaemic. I have had a history of viral infections. A few time, I had urinary tract infections. Growing up as a child, I remember being sick in my stomach at least two or three times a year. I am a recovering drug addict. Self rehabilitated. I have been clean of cocaine, crystal meth and heroin for seven months. I am proud of myself. I also smoked marijuana. After I found out I’m pregnant, I cut back a whole lot.”
Examples of Personal Health Descriptions:

“The only thing I’m concerned about is my weight and how much junk food I eat but I am trying hard to cut down. I feel very healthy other than that. My feet and lower back give me the most grief. Sometimes I get painful heartburn or cramps in my chest that go through to my back.”
Examples of Personal Health Descriptions:

“I feel good about my health. I get tired but I think that is normal. I hope my healthiness will make my delivery easier. I am active and walk every day at work and I hope this will help me through my delivery. Emotionally, I think I am pretty healthy, a few times I might feel down but then I’m okay.”
Exploring with the woman what life is like for her and how previous experiences might help her to manage and cope with identified priorities in pregnancy

Like Parse’s theory of human becoming, it is the person’s lived experience that matters – not the clinical definition nor the health care provider’s assessment or analysis of the situation

It is the person’s actual experience of the lived reality – experiences of time, place, people, things, events, ideas and beliefs that creates their meaning of health priorities
Sample Questions

This is an opportunity to share if you like, what has life shown you?

What is life like for you?

What is this new life (being pregnant) like for you?

Who was there for you in your life growing up?

What would it be like for you to experience that in a different way?
“I was born into a huge family of ten siblings (one predeceased). My father and late mother are Residential School Survivors. At age 5, they separated and my father gained full custody. By age 13, my mother died of cancer. Within half a year, I lost my best friend to suicide. Throughout my teenage life, I was rebellious. I didn’t care for school. All I wanted was a source for my next high. Alcohol also played a huge role in my life. In my lifetime, I experienced every sort of abuse: emotionally, physically, mentally from family, and sexually from a person who befriended me.”
The Mother’s Story

Lived Experiences

“My mom has always been a foster parent and I watched kids my whole life but six months and under, I don’t have any experience with. I watched my best friend raise her baby from birth. I know I can do it too. Also seen things where people aren’t taking care of their babies and I’ve learned what not to do and know it is important to be there. I was adopted and I don’t want to repeat the cycle of irresponsible parents.”
Lived Experiences

“I had a good life growing up, I always had my Mom. My Mom has told how delivery was for me and she survived and I know that I will do fine, too. I have been part of many babies’ lives and feel pretty comfortable around babies.”
Hopes and Dreams

The hopes and dreams question is pivotal to the whole approach. It sets up the provider to listen, empower, and facilitate – while making space for and respecting clients’ self-determined process.

This is an opportunity for the mother and family to begin guiding baby’s life to set the foundation for the baby’s pathways in life.

A baby’s most important requirements are nurturing, love, trust and attachment in order to achieve wellness as an adult.
One nurse comments:

“This is my favourite one, because, we all have hopes and dreams and nobody can ever take those away and it’s our opportunity to shoot for the moon, you know. And the hopes and dreams -- not one has been the same and I’ve done many of them and they’ve all been beautiful. And they’re individualized to what that woman is...”
Hopes and Dreams

Sample questions:

- How do you see the rest of your pregnancy going?
- What do you want for your baby’s life?
- What are you anticipating for the birth of your baby?
- What would you like to be different in your baby’s life?
- How do you want your baby’s environment to be like when he/she comes into the world?
- What does a loving relationship look like for you and your baby?
Some examples of parent’s hopes, plan and dreams for this pregnancy

“My hopes are that the father of the baby will make every effort he can to be part of the baby’s life. My plans are to be alcohol and drug free, become a positive role model in my child’s life. My dreams are to have a secure bond with my child as s/he grows up. My plans are to provide a safe environment for my child. This is the best chance I have to offer my child Life itself.”
The Mother’s Story

Hopes and Dreams

“My dream for the delivery is to be fast and least pain free as possible. I know it will be painful but that is why I would rather it be quick. I wish for my baby to be healthy. I want my baby to grow up in a happy home. I want us as a family to get along, be respectful to each other. I want my baby to go to school and do well. I want my baby to have good manners.”
"My hopes, plans and dreams are I hope everything is fine, no problems with labour or any diseases, what not. I want to get a higher education so I could have a good job and security so I could give the best to my baby in the future. I also want my baby to be aware of their culture, know where s/he comes from and be proud to be who s/he is."
Community Health
Mother’s Story (Prenatal Assessment)

"Together we hold life’s sacred gift."

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Strengths and Social Support System as Identified in Conversation with Mother-to-be:

As part of this pregnancy, the Mother-to-be has identified the following goal to work on in this trimester:

First Trimester Goals:

Nurse/Person Activities:

Outcomes:

Second Trimester Goals:

Nurse/Person Activities:

Outcomes:

Third Trimester Goals:

Nurse/Person Activities:

Outcomes:
Goal Setting

• Goals flow naturally from the previous parts of the story. The mother has shared her understanding of her health, her lived experiences and her hopes, plans, and dreams for the future.

• She will be ready to talk about the future even if it is just setting day to day goals and taking small steps towards her big dream.

• Acknowledging the mother’ dreams, strengths and supports, confirms for her that she is a worthwhile person and has the capacity to reach for the stars.
"It’s not my goal, because I can’t set the goal for them… so what’s your goal, what would you like to do about that. And that’s when you do the health education… we just tie it all in. And it just goes from there and…if we can’t talk about it, if we’re not honest about it, then we’re not helping people either to reach those goals. ……. I really feel that, what they feel confident about putting down there, is what we’re going to work on. And if they haven’t put everything down in the beginning, they usually come up with it later on.”
The Mother’s Story

Goal Setting

- The Mother’s Story and the goals can be used after the baby is born

- Parents may be having difficulties (ie. relationship struggles) and the nurse can revisit the Mother’s Story and the woman’s identified goals

  - “Let’s have a look at the Mother’s Story; it’s about you two, as a couple”
  - “Let’s see how we can get back on track. It is helping people to believe in themselves.”
### Community Health
### Preparing a Birth Plan
### Client Copy

“Each Life is a Precious Journey”

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#### MOTHER’S SUPPORT PERSON/PERSOINS:

You have been planning your hopes and dreams for your baby to come into the world. Now is an opportunity to put the final touches to your preparations. What are your hopes and dreams for this birthing experience? Is there anything special you would like us to know?

This plan can assist you and your family to have the best possible birthing experience. There may be situations in which your choices may not be possible, but we hope that we can support you achieving your goals. Some options are listed below to consider when creating your Birth Plan. It is helpful to review all your wishes with your support person that will be with you during the birth. Also, it is important to discuss your choices with your doctor to help meet your needs. Health care providers are there to support a safe and caring birth experience for you.

### BIRTHING EXPERIENCES AND CHOICES

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<th>Cultural Practices</th>
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<td>Mom and her partner have immediate sources of knowledge in her life: her family, her baby’s extended family and the Elders, especially therein as holders not only of experiential wisdom but true science that was known by their Elders and passed on. This is not only respectful it is empowering to everyone</td>
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**Burying the placenta**

Each family had their own practices regarding the care of the placenta after birth. The placenta was traditionally buried by the grandmothers or women who were finished with having babies. The family would pick the spot where the placenta was to be buried. Items would be buried along with the placenta to prepare the baby for their life and how it would be lived.

**Usuumuch** (ritual cleansing). Traditional Usuumuch was done before a woman had her baby. One way of doing Usuumuch in the hospital is by having the woman shower. This is a good comfort measure also.

**Imin ceremony** (bellybutton)

Traditionally, every event was a celebration. When the baby's bellybutton fell off, each family again would have a different practice. Sometimes it may have been celebrated over a cup of tea.

**ʔaaʔaatunxwə** - Child was held in mother's arms / grandmother's arms and special little songs were sung. These songs were meant to offer a kind of peace and calming. These actions really involved everyone in the birth.

**Knowledge of Himwitsa**: Teachings about birth as known by the baby’s parent’s family

### MY HOPES AND DREAMS

| These are my family’s traditions/practices that are important to me: |
| These are the people I would like to be with me: |
| I would like the baby’s grandmother's to be with us when the baby is born. |
Welcoming Your Baby

“Each life is a precious journey”
Community Health
New Born Assessment/ Birth Story

“Each life is a precious journey”

“NINAYAKS H/YAA CLA KSALI” WELCOMING YOUR NEW BABY - PAGE 1
FOR THE FIRST SIX WEEKS

<table>
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<th>Baby’s Name:</th>
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Mother’s/Father’s Description of Birth and of Baby:

(Will you share your birth story with me? What was it like for you to hear/see/experience that?)

Responses of Baby to Others:

(The baby’s overall demeanour – relaxed, snuggly, awake, crying, sleepy? How did your baby respond to you when you first looked/heard/talked to him/her?)

Family’s Hopes, Dreams & Traditions for Baby:

(How do you see your baby’s life? What is the most important thing that you would like for your baby?)
All nurses agreed that we needed evidence of why what they are doing works
EVIDENCE

Bringing Safety and Responsiveness into the Forefront of Care for Pregnant and Parenting Aboriginal People

- Published in *Advances in Nursing Science* 2006

- Based on 73 key informants – one urban, one rural community on Vancouver Island – rural community – NCN

- The authors: Dawn Smith, PhD, RN; Nancy Edwards, PhD, RN; Colleen Varcoe, PhD, RN; Patricia J. Martens, PhD; Barbara Davies

- Based on community–based stakeholders views on care during pregnancy and parenting.
NTC Nursing Program’s Approach to Care Supports

- Safety
- Hope
- Respect
- Feeling Cared For
- Persisting while trying to change
Safe places
- meaning the place where care is provided is warm, friendly, caring and workers have time for people

Safe relationships
- meaning the relationship is non-judgmental, respectful of the client, an opportunity to build understanding and capacity for healthy relationships (rather than creating dependencies)
  - where providers are open and seeking to understand and acknowledge, rather than to judge
  - where providers acknowledge the pain and struggles people have experienced
  - AND they also recognize the gifts and assets that people have developed through their struggles
Connecting with people at a heart and spirit level through developing safe and trusting relationships

Connecting at this level was identified as THE most important factor in individual’s feeling safe to access care

And if you don’t connect with people – “You might as well pack your bags and go home”; “Nothing, absolutely nothing happens”
Responsiveness in health care?

- Care is offered in a way that seeks to understand, respect, and respond to clients and communities.

- Respects up to date, scientific and expert clinical knowledge, AND

- Encompasses being holistic – …” the spiritual, mental, emotional, physical aspects of life all need to be considered and in balance for us to really be able to participate fully in who we are and in our families and communities”
Responsiveness in health care?

- Being client-directed
  - meaning the client sets the agenda, making decisions and taking responsibility for living with consequences

- Integrating ways of knowing into relationships and care
  - includes traditional knowledge, experiential knowledge, “heart” knowledge, and clinical knowledge from both clients and providers.

  For example – working with women to invite them to explore some of the traditional practices and belief systems, before they give birth – and trying to incorporate these into prenatal care and the birth plan
Historical Context of Health Care

- In Canada many health care programs and practices reflect oppressive values, and attitudes that underlie colonization.

- Sometimes this can create demeaning, disrespectful or dismissive environments and interactions between providers and Aboriginal people.

- Colonial values, ideologies and structures can disenfranchise Aboriginal people in the context of health care interactions and relationships.
Historical Context of Health Care

- This contributes to a dynamic where Aboriginal people may avoid health care services or use them only at the point of crisis.

- In terms of pregnancy and parenting – individuals and populations lose the benefits of preventive interventions.

- Colonizing policies are a root cause of inequities in health and access to services experienced by Aboriginal people.

- Aboriginal people have not fared well under colonialism.
Consequences of colonizing policies in health care

- Poor health
- Late or no access and poor use of prenatal care
- Poor pregnancy outcomes among indigenous women globally
What the research shows

- Health care interventions must flow from the perspective and values of the people

- Aboriginal women and families need culturally appropriate Maternal/Child health care that is relevant to their needs and strengths

- Culturally appropriate perinatal services improve women’s satisfaction with care
What the research shows

- Culturally appropriate care increases rates of breastfeeding initiation and duration

- Promotes early access and participation in care, enhances women’s health behaviors –
  - improvements in nutrition
  - decreased tobacco use
  - decreased alcohol consumption
  - a feeling of mastery regarding infant care
Pregnancy is an opportunity for change and provides significant opportunities to facilitate and support a better future for their children.

Safety and responsiveness in care are central to the nature of the relationship with the organization and the health care providers.

Safe and responsive care is what facilitates and enables Aboriginal peoples efforts to turn around the intergenerational impact of residential schools.
Pregnancy is a time when parents examine the influence of the intergenerational impact of residential schools on their values, beliefs and capacity for health healthy parenting

Successful approaches are those that acknowledge individual and collective history

The feel of the organization, the space and place, the relationships and the recognition that people have gifts and assets developed through their struggles. This is what needs to be in the forefront of care – not the problem, the deficiencies and the pathology
Conclusions

- Pregnancy and parenting represents a culturally and developmentally significant opportunity for Aboriginal people’s healing journey.

- Emotional safety and cultural safety has a critical influence on access to prenatal care.
  - Care provider level
  - Organizational level

- The quality of client safety goes beyond physical and medical safety.
Conclusions

- The willingness of clients to engage in the health care system is influenced by peer and social network views about how likely the organization and providers are safe and caring.

- Responding to the diversity of individual and families’ lived experiences, and the need to provide care that respects these differences is extremely important.

- The Mother’s Story approach facilitates and tailors care in a safe and caring manner specific to that woman’s journey.
Conclusion

- The Mother’s Story approach supports client-centered and driven care

- The woman is the expert in her personal health and has the capacity to make changes according to her needs

- Integral to this philosophy is the practice of working in partnership with the woman to ensure her voice is heard

- The power between provider and recipient is equal

- Builds on individual capacities in a strength-based, respectful relationship
Each Life is a Precious Journey