

Transcript

Welcome, everybody.

I'm glad you could join us today.

We'll be talking about engaging partnerships and communities through cultural wellness, lobbying practices for Native American families.

(Native American spoken phrase)

Everybody knows me as Shoshana or either

Hummingbird Woman, which is my spiritual name. I currently live in Minneapolis, Minnesota, and I'm an indigenous breastfeeding counselor, indigenous doula so I wear many hats in the community and I'm going to pass it on to my partner here.

(Native American spoken Phrase)

Hello, everyone.

Thank you again for joining us.

My name is Pearl.

My day to day world.

Constant Motion Woman.

I'm also an indigenous doula and indigenous breastfeeding counselor, and I run a small business called Constant Motion LLC, where I provide a doula services and yoga classes. So I am happy to join Shanna today for this conversation.

I'm going to close my door

Okay.

The furnace kicked on and it's kind of loud. So thank you for bearing with me today. We are going to talk through some historical pieces of indigenous history that are important with breastfeeding and share pieces and parts of training that we've been a part of and some of the work we've learned over the years around traditional indigenous knowledge and how that supports breastfeeding in Indigenous communities and will have time to also share suggestions for supporting that type of work. It's holistic and I hope that you you get you get these things from what we share today. And so we're going to start with some of the hard conversations or the hard things around breastfeeding.

And on here the screen you can see American Indian breastfeeding rates are the second lowest to African-Americans.

And so we have to stop and think what's going on here. Why why is this such a low rate

And there's lots there are so many root causes to why this might be happening and why this is happening in our communities.

One of the strongly rooted causes is linked to historical trauma and or intergenerational trauma.

And it's something that's very complex. It's experienced over time across many groups of people and generations. And by circumstance, it's something that in our communities.

Aside from what research tells us about historical trauma in our communities, we know and understand that historical trauma is something that lives within our bodies, through our DNA, through our blood memory. And so when we think about that piece as one of the root causes of low breastfeeding rates for Indians and indigenous communities, this is a part of that discussion. This has to be a part of that picture because we can identify solutions in looking at some of these root causes. Now that we've kind of laid the groundwork for the historical trauma, we break it down by looking at over time in indigenous North America or Turtle Island, the different policy is and the systems that greatly impacted the relationship between caregivers and their babies, especially when it came to lactation or having

having children and parenting

There are so many policies over time. You can see the list here starting even before the 1700s when the family structures were really targeted because when the colonizers and when we had Europeans coming to what is now modern day America looking at indigenous populations and the way we had our systems of governing our systems of families our systems of community all of those structures they notice how much we value to our children. And so some of these policies and impacts of those implementations greatly disrupted what was normal what was a system of nurturing of nourishment for not only a postpartum body that was lactating, but for that baby and for that family And these can be really hard things to talk about and dove deeper into.

But there's so much around research especially when we look at boarding school.

There's a ton of research out there. There's a ton of resources that link these pieces as historical trauma that still impact us in our communities today and our family structures. So this is kind of a short list, but these are these are the ones that that come up often when we look at the relationship between our communities.

And breastfeeding rates compared to others. A lot of that does come from the early or the early days of what this country is today.

And I invite you to think about how some of these policies might impact people doing lactation in a community and further breaking some of those down.

This is a tough one.

The harm that was done to families and children is not something that is still in the 1700s or 1800s or even the 1900s.

It's still happening today in the 2000 we have some examples listed here. Missing and murdered Indigenous women, the sterilization of women in the 1970s. That's a targeted type of action around reproductive care and reproductive health and our uterus of the uterus of indigenous women across Turtle Island.

That didn't happen in one community it happened across Turtle Island. In our communities we have a lot of family members or know somebody that experienced this without consent And these are again instances over time that are linked to historical trauma intergenerational trauma. If you think about the after effects of some of these violent acts, these harmful things done to people's bodies, relationships, family structures, it really does impact a person's health.

And something that we talk about and the public health world, our health disparities and the roots of those health disparities when it comes to American Indian communities, there's there's those health factors and

the protective factors that prevent that from happening, where a lot of those systems that we had in place before colonization, a lot of the family structures, a lot of the ways we raised our children and we understood the value of breastfeeding, of lactation, we knew that our body could generate really a first food for this sacred being and nourish them, give them everything they needed. You know, zero to two or three or beyond that.

And that was the norm.

Again, that was like at that was a system that was community. It wasn't just on one person to also just lactate and nurse their child. There were often aunties or sisters of that parent, sometimes the mother who also would support lactation for this little sacred bundle and sacred being. That baby would get lots of nourishment and it was a lot on one body.

And so it was like a community thing.

So thinking about all of those those pieces

and the harm that's done to that system and disruption of that and think just great grazing at the very tip of the iceberg, foster homes and how that dynamic plays out, aqua and children being adopted out. Those are very complex policies.

Those are very complex topics to dove into. And it could be it's its whole own presentation and its impact on lactation. But together, these are, again, things that impact some of those rates we're seeing in our communities today. This one always gets me because thinking about our land and our connection to land, a lot of the ways we practice lactation is also in relationship to the land where on to Mother Earth and using the resources that Mother Earth has to help with lactation.

There's medicines, there's plants that we connect with and share relationship with to support lactation.

And so if we look at this map here and you can see from blue

to like it's smaller and smaller specks of blue to a point where you just see random spots of it looks like orange. I think that is these are these are some of the communities today that have access still to that the land in a way that we had before colonization and this is important because for indigenous communities, we have such a strong relationship to identity and part of our identity is our surroundings and that relationship to the land that we're on and being in relation with the things around us that comes from our origin stories, that comes from our values and knowing where we where we have a role in this ecosystem that we are a part of and understanding all of those pieces support a body that's lactating support. Provide that community that is needed for that. And raising that that child. So

take a breath if you need it.

That's a tough one.

So kind of touch on some of these. But thinking again about how does all of this stuff I just talked about all this all this hard and dark history, how does it relate to indigenous health So those policies over time, again, we have witnessed a long

I would say decades of people who are healers, who are medicine keepers, story tellers, birth keepers, or people that were very gifted in understanding medicines and traditional foods and medicines and how to harvest them and use them. The knowledge around

birthing practices and lactation practices, the knowledge and practices around parenting Our our own language, our mother tongue. And we also witness a lot of protection around our ceremony is by keeping them secret or hidden.

And so

there's all of those pieces together that create a community that is supportive for indigenous health.

And so when you have a lot of those, you don't have all of those available.

It's hard for you to holistically be healthy.

You can have resources. Sure. But then you have the spiritual part of you or emotional part that needs access to these things. And again, that kind of goes back to pre contact, pre colonization.

We have origin stories.

We have values and creation stories about our relationship to each other and the land where on So how do we address such a huge such a huge loss of all of these people? And I hope you are thinking this right away, but one of the first things is reintroducing that milk medicine that first food a lot of our communities, we call it the first food or first medicine because that's the first type of nourishment baby gets outside of the womb.

And we know from research

it supports babies, digestive system.

You're getting a lot of good bacteria for the gut.

Building up that microbiome, there's immunity. There's immune system benefits from from milk, medicine, and you decrease the risk of that baby having other types of health conditions like type one diabetes or asthma, obesity, ear infections later on and it's also creating this social emotional bond that's really great for their emotional and cognitive development.

There's lots of research out there about that, but that is something that our communities really understood. Once a baby was born, they get that first latch, that colostrum, that milk medicine, and it's truly medicine and the sort of the symbiotic relationship between that is reintroducing the milk medicine for for the mother, for the person lactating, it decreases their risk for some of those things that could also impact babies. So it decreases their risk for breast cancer, ovarian cancer, heart disease, hypertension, type two diabetes and postpartum depression.

A lot of the factors that again, impact some of those some of those rates that are in our community when it comes to breastfeeding. And when you get that oxytocin, that rush of that love hormone, it does decrease your stress. And these are all, again, things that I think we're starting to see this relationship or correlation from, from historical trauma and the impacts of that on the body and understanding how stress impacts the body and how we carry stress in the body. So, you know, reintroducing milk medicine decreases the risk of of these health indicators and health conditions and also decreases stress in milk medicine.

Again, it's an indigenous breastfeeding practice, reintroducing milk medicine has so many benefits for this relationship between the caregiver and their baby. You can see that it it's listed here prevents postpartum hemorrhage.

How can it help with child spacing because of the nature of the hormones in the body.

It's almost, if you will, a natural version of birth control because it prevents the hormones that promote pregnancy from happening. So, you know, there's so many things that our elders share and say about indigenous breastfeeding and how we respect that that time that this mother and this person lactating has with their baby, because we believe that and our elders believe and share with us that knowledge and there's facts that are passed through the milk.

And so when you're nursing that baby to think good thoughts, think loving thoughts,

You know, there's just this it's this sacred bond. And that's again the spiritual aspect of this milk medicine of indigenous breastfeeding. There's the physical benefits of physiological benefits, social, emotional, but there's also this spiritual piece that's very much, again, healing.

There's some healing and that medicine

part of reintroducing breastfeeding And I'm going to turn it over to Shona All right.

Thank you, Pearl.

That was pretty awesome there.

You're so awesome. You're so awesome. So we're also going to continue to talk about reclaiming of indigenous traditions and knowledge and birth and parenting So Doula is a new word to the land for us. We call our family members you know, our aunts, our grandmas, our mothers, our sisters. They were always part of participating in helping, you know, within our birthing practices and supporting each other and things like that.

So and today's age doulas and our and the community are trained.

And as pregnancy, as a ceremony.

So pregnancy is a ceremony. So a woman's womb carries a child for what we know as 40 weeks. This baby is carried within a sack of waters inside the woman's womb.

And for us as indigenous people, we know water is life. So water provides every single thing on this earth support liquid nourishment to be able to tell, to live and to thrive.

So we also see birth as a ceremony. So births bring in that that that child, that infant that that we little baby or side.

So there's there's many stories and traditions passed on from generation to generation that it takes a long time for the spiritual, the spirit to journey and come through a mother and to be born on and to live a life a human human life.

So that's really sacred to us.

And so we believe that birth is ceremony. We also know that sacred roles of the masculine, that there are sacred roles of men and women and birth. So for some people, I would say most of the indigenous peoples that men are our fire keepers and they keep that fire going for prayers and they continue to, you know, family members can come out and put their tobacco in the fireplace

of tobacco, say a prayer, and that tobacco would be burned And the the smoke from that tobacco would be carried off and heard by the creator

And then there are roles, obviously, for women during birth. So the women are there to support the mother, to get her those things that she may need and to be there for the mother and support her, you know, as the child is being born, there are a lot of indigenous midwives and they're making a comeback.

And today's day and age. But the doulas, aunties, grandma, sisters, mothers are the ones that are there to support the mom.

And we have here in Minneapolis and across the state, Minnesota, the pearl is actually across the state for Maggi.

She's a very awesome person.

She is an indigenous doula. And we are there's organizations or not just indigenous, but there are doulas all across Minnesota that are there to support mom and an emotional spiritual mentor, cook, mental and physically be there with the mom to support her.

And during this time and to be able to advocate for her, speak for, you know, speak to her and help her with birth, we all know is can be very hard and difficult thing. You know, for some families. Also, there is the placenta ceremony that can be done.

Some people to have their own specific placenta ceremonies. So for us as Ojibwe people, we bury our placentas, our children, more traditional people bury the placenta and then we also have umbilical cord practices where we keep the stuff that was a part of the baby and we keep those traditionally and we encased them inside a piece of leather and we hang them on their cradle boards. And then when they become of age, we give those back either give those back to the the coming of age ceremony, give those back to the kids or the children as they participate or go through their transitioning from child to young adult.

So what they can do with what they want with that placenta. We also know that in our first food, as Pearl was saying before that our first food is milk medicine.

And we know there's so many contents that are part of the milk medicine. And I've actually listed at the end of the PowerPoint slides some of the things that we know that are what is contained in our breast milk. So there's many things like anti cancers and in fact there's carbohydrates in there, there's some good sugars in there and the list goes on and on. So also by these doulas, they can help us with postpartum healing by helping mom to continue to make that that nourishment for her child, by providing like the traditional bone broth, traditional healthy foods. Know going back to those foods that are good for us, even including like eating or or wild rice or traditional corns eating like are if you're a meat eater, you know, eating that buffalo, even cooking up those buffalo bones, those turkey bones and making a beautiful, wonderful, healthy broth with that and also incorporating our medicines that we have.

So, you know, our medicines like nettles or and we can make some wonderful teas or raspberry leaf teas, things like that and warm clothes.

And so it takes a long time to carry, baby.

So we say about 40 weeks for mom to carry a baby.

And just think of it as our uterus growing for 40 weeks.

It takes time to go back to its original size So usually about after 40 days where we say that our one goes down to our, our normal size and we have ceremonies for that and to us our trained and indigenous parenting practices. So we help them to learn how to say safe sleep practices how to introduce our first foods so that you know, our, you know, our traditional foods to baby. When that gets to that point in time, there's a lot there's a lot of things that Douglas can do. Also, our traditional indigenous parenting, some of the things continued on from that we passed down from generation to generation is to create those cradle boards for our our babies and we're actually working on some of those creative parts here today where I work. And

so our cradle boards hold our it depends.

There's different.

So some of our group boards are made from ash and claw and sinew, and they're put together to hold those babies.

So this is known and those cradle boards are known as our Anishinaabe worldview. Anishinaabe means our people our first people, the original people, they hold the babies. And that cradle board can be has a protective

I should put a picture on here but has a protective it protects the baby if the board falls over so baby doesn't get hurt. It can be hung up in the lead up against the tree and baby can see and see everything that's going on.

They can hear the language. They can they just see everything.



So traditionally back in the day, babies could go out to camp or bury camp and they could see what was going on.

They could participate in that.

And they're actually learning while they're sitting there inside the cradle board the moss bags are made of fabric.

Back in the day, we didn't have fabric, so they were made out of some some sort of hide or fur and the babies would be placed in the moss bags inside the cradle board and wrapped up and snuggled in, and they would be protected and safe. Our doulas also help out with traditional parenting and behaviors and family support that would also go doulas would be inclusive of like, again, our grandmas, aunties, moms, sisters, cousins. So that's passed on even before birth.

So, you know, within our communities, those parenting skills are our starter and seed from birth and it continues on. It's a lifelong experience on screen.

And what can you do to support this type of work? So you and our audience members can support indigenous breastfeeding. You can support Native families in your local community and there are Native families across the United States, not just on the reservations where you are everywhere you can also support them by providing a safe, non-judgmental spaces for them. Offer there some some, some support

you can talk to your daughters or mothers or aunties and granddaughters and normalize breastfeeding in today's era, breastfeeding in public is not normal for a lot of communities, but it is.

It it has been.

It's best to normalize it now.

It's best to reintroduce the back into society. Today, you can provide resources, form and connections for families with your local office and reach out and find and a certified lactation counselor, an ABC,

AOC, and a national board certified lactation counselor.

There are breastfeeding coalitions across the United States. In every single state of the United States, you can kind of reconnect families with the local native population, native communities with indigenous traditions, indigenous ceremonies and indigenous languages and indigenous medicine. Because of the pandemic, a lot of things have gone virtual now, and there are many virtual language tables available.

There are many plant walks and medicine tours that are available virtually and you can reconnect with with our support circle and

we can connect them to their local there, their local tribal customs.

You can also support Native families by sharing your knowledge. You as our community, as our participants here, you kind of know what's working and what isn't working. Or maybe you know that one person who would be connected to and also be creative and, and be progressive and introducing, you know, makes some suggestions for them. Contact your local baby friendly hospital, contact the Little League. Like I said, there are breastfeeding coalitions in every single state you can organize an indigenous, breastfeeding or milk medicine group.

Exactly.

This is exactly what I did.

I took an indigenous breastfeeding counselor training back in 2019 and less than two weeks later I created

at that point in time it's called Minneapolis Breast Indigenous Breastfeeding Group, and its name has changed to the time but we finally settled on a new Thomas engagement kicking on, which is an Indigenous perinatal and lactation support circle and it is, it means our first medicine in the Ojibwe language in next screen to today we meet it's not biweekly, it's bi monthly virtual meetings.

We have a series of speakers that come in.

We have a speaker once a month and then when those speakers come on, we have dialog with family about we do a little check in with the families to see how they're doing. If they're having issues or any problems, we will offer our phone numbers to those families or offer our email and they know we'll know how to connect with us. And during those other the other times that we meet, we do arts and crafts for arts and crafts for us as indigenous peoples be kept busy but with our hands.

And when we keep busy with our hands, we are focusing on not being depressed or sad so this also helps with postpartum depression. So we focus on creating something new

and we have arts and crafts that we do within our support circle. Like you see this picture here on the left that is actually a rattle or shake one and those that we can use to sing with our songs, we show them how to harvest it, how to sew it together and how to hold it shape and then eventually how to put the pebbles in there to make that beautiful sound. Also with our arts and crafts, here you have you see myself and my friend Linda, we last year we helped our families start a garden with our four medicines and our four secret medicines, which is our cedar sweet grass, tobacco and sage.

So we do many, many different things to to keep us busy and at the same time to have dialog with our Earth, our families, to check in, to see how they're doing Also, you can organize a pure

women's indigenous breastfeeding or milk medicine group. And usually these groups are made of breastfeeding mothers but who would be your peer? Mothers have local speakers come in and they don't have to be indigenous, but just bring some speakers

in to talk about, you know, like are our foods or medicines or gardens we can have, you can suggest to have arts and crafts going. Like we do have some dialog speakers on postpartum depression simple things like how to take a bath what first foods to start with your baby when baby gets old enough. And also you can invite lactation consultants to come to your your meetings and commitment to cause. So what we have done we have received a couple different grants we which have helped us to with outreach to the community.

So we have reached 16 states.

We have reached multiple provinces in Canada.

We have reached down into Mexico and down into Ecuador. So with that grant, we're able to own also the First Nations Development Grant, which we currently have.

We can make COVID bundles for our families. So we have created bundles of bags that include like breast milk storage bags, cleaning supplies, and let's say the list goes on and on.

We have lanolin in there, we have Kleenex, we have cough drops, Chapstick, you name it.

It's in this bags pretty full of stuff.

We also create medicine bundles for our families.

So throughout the year, we collect medicines at their particular time and collect the amount of medicines is a year long process. So we collect sage wheatgrass nettles we collect came a meal, we collect their degrees Theodor and all this goes on and on and so now it's all around the process.

And currently we are purchasing indigenous

CSA boxes from our native partner Dream of Wild Health. And with those boxes they include traditional roots, herbs, vegetables and fruits. And we're giving those to our pregnant and lactating families to be able to have a healthy, nutritious meals. And we will have recipes within those boxes to be able to show them how to create good meals and drinks and,

and meals

We are also working with the Minnesota Milk Bank to be able to provide donor milk starter packs for those families with babies that have babies six weeks or younger and to provide supplemental donor milk to families that feel like they're not making enough milk.

So this is really helpful.

And they go through a whole the Minnesota Milk Bank goes to this whole process of testing the milk and testing the families. And it's all it's all clean and wholesome milk for for our babies.

These are some of the pictures that we have and some of the things that we've done we've had a native breastfeeding week, which is a national thing that goes on every year. This was from last year and here in Minneapolis, we had a five K run walk to raise awareness about indigenous breastfeeding here and the second time we've wrote to the governor to proclaim the native breastfeeding link and then these are some one of our friends

made breast to breast cupcakes for our training that we had Okay.

And here is our common contact information. So if you guys have any questions be sure to ask us here shortly.

Again, my name is Shauna.

I'm an indigenous doula, an indigenous breastfeeding counselor. I wear many hats, so I am a co-leader for the Indigenous Breastfeeding Coalition of Minnesota, and I'm a board member for the

Breastfeeding Coalition of Minnesota, which is known as my native organization.

And I was so grateful to have Pearl Walker Sweeney with join us today as she started out her presentation. She is an indigenous doula, an indigenous breastfeeding counselor, and she has her own business called Custom Ocean, where she does yoga and also her breastfeeding service, her doula services and that is the end of recording.