



TRIBAL  
HOME  
VISITING

# Precious Moments

Tribal Home Visiting  
Programs Support Families  
During Pregnancy and  
Postpartum

There are few moments in life as precious as the birth of a child. Many American Indian and Alaska Native (AIAN) people honor babies as sacred gifts from the spirit world. With curiosity and deep respect for generations past, a growing number of AIAN families are reconnecting with cultural traditions and ceremonies and incorporating these into their preparations for childbirth and early parenting. From home births to naming ceremonies, cedar baths, and cradleboards, families connect with their cultures as they welcome their babies into the world. Support from tribal elders, doulas, midwives, and home visitors ensures that families have the care they want during these precious moments of their parenting journey.

This issue brief—based on information from seven Tribal Home Visiting grantees<sup>1</sup>—describes how Tribal Home Visiting programs support AIAN families during pregnancy and postpartum, or the perinatal period.<sup>2</sup> The care provided transcends typical labor and delivery supports. Program leaders and home visitors are motivated to tailor perinatal care so that it is in harmony with what parents and caregivers desire and so that it aligns with the childbirth traditions of their community. As such, some of these Tribal Home Visiting programs are offering additional content about pregnancy and childbirth; others are adapting home visiting models and parenting support curriculum; and still others are explicitly rooting all teachings in their tribal culture and traditions, in some cases, reintroducing customs rarely celebrated in recent times. **Across all programs, staff focus on respecting and honoring the sacredness of new life, the role of the pregnant woman as the vessel through which that life arrives, and the connections between babies and their ancestors.**



► *“Every baby born is a gift from the Creator to creation and the families they are born into.”* — MICHELLE LEASK, PROJECT DIRECTOR, INTER-TRIBAL COUNCIL OF MICHIGAN ◀

## Maternal Health and Birth Outcomes for AIAN Families

Tribal Home Visiting programs work to support strong maternal health and birth outcomes for participating families. Results prove that their efforts have a positive impact. According to data submitted by programs to the Administration for Children and Families in 2020, 100 percent of the mothers supported by the Tribal Home Visiting program received postpartum care, 90 percent initiated breastfeeding, 97 percent of children were immunized, and 90 percent of primary caregivers received education on safe sleep for infants.

1 Grantees profiled in this brief include: the Eastern Band of Cherokee Indians, Great Plains Tribal Leaders Health Board, Inter-Tribal Council of Michigan, Port Gamble S’Klallam Tribe, Pueblo of San Felipe, Southcentral Foundation, and Taos Pueblo. The brief is also informed by a conversation with the Red Cliff Band of Lake Superior Chippewa, a former Tribal Home Visiting grantee.

2 The perinatal period is defined as the time starting at the 20th to 28th week of gestation and ends 1 to 4 weeks after birth. <https://www.medicinenet.com/perinatal/definition.htm>.

One hundred percent of primary caregivers who screened positive for substance abuse and nearly 80 percent of those who screened positive for depression or parenting stress received a timely referral for services and follow-up.<sup>3</sup>

These strong perinatal outcomes in Tribal Home Visiting programs are not experienced in all AIAN communities. Historical trauma and systemic racism perpetuate inequities for AIAN babies and their mothers. From settler colonialism, assimilation, forced sterilization, and relocation to boarding schools (where separation from families interrupted the ability for children to learn about family, tribal, and community practices and traditions around sexual health, pregnancy, childbirth, and parenting), far too many AIAN families experience less promising maternal health and birth outcomes. For example, late prenatal care<sup>4</sup> is almost three times higher than that for White women, maternal mortality<sup>5</sup> is nearly two and a half times higher than that for White women, and AIAN infant mortality<sup>6</sup> is double that for White babies.

➤ *“I remember when I first got pregnant. I was very excited. I felt like that was my baby, even though I just found out. But when I had him, I didn’t feel happy. I was numb. And that continued, and it got worse. My nurse came by for my visit, and I think Xander was about three weeks old. I broke down, and she talked with me about it. She was very open. She didn’t judge me at all. She helped get me to the resources I needed. I didn’t want to. I didn’t want to go. She talked with me about her experience with postpartum depression. So, she got me in touch with a counselor to go talk to. And that was the start of recognizing what it was and going to get help.” — FRANCES LONG, PARENT, EASTERN BAND OF CHEROKEE INDIANS*

“ I was living in California early in the pregnancy, and there were a lot of fires at the time. I remember lying in bed and feeling tightness in my chest. Then there was an earthquake. I was so scared that something would happen to my baby, and so I decided to come home to the Pueblo. I set up an appointment with a midwife at the local hospital and began to plan for the birth, but when I asked how to naturally relieve allergy symptoms, I kept being told to take allergy medicine. I didn’t feel heard. I thought about my sister and how she was given an epidural at the hospital and couldn’t remember her baby being born. All of these things came into play. What if they don’t listen to me? Scrolling through Facebook, I saw a post from a high school friend who mentioned the Changing Woman Initiative, and I reached out to them and found the support I needed from this Native woman–owned company. While I worked with the midwife to set up my birth plan, my mom also encouraged me to reach out to Keva, our Tribal Home Visiting program. With the support of two midwives, a doula, and a home visitor, I decided to have a home birth. I had faith in this decision, because that is what my ancestors did, and I knew I would be okay in my home. Caroline Aguilar (my Keva home visiting cultural advisor) especially helped me feel secure and safe. She was respectful, answered my questions, and didn’t judge me. She encouraged me to carry myself with a happy heart and be grateful that I have this person coming to me. With good intentions, meditation, mindful breathing, and prayer asking for strength to continue the process to get the baby here safely, I gave birth to a 10-pound baby at home with no complications and no medicine. Kaya was a calm baby. I wanted to bring my baby into a peaceful place, and with the support I received, I was able to do that.” — LORENE ACOYA, PARENT, PUEBLO OF SAN FELIPE

3 Tribal Home Visiting Performance Data, 2020

4 MMartin, J. A., Hamilton, B. E., Osterman, M. J. K., & Driscoll, A. K. (2019). Births: Final data for 2018. *National Vital Statistics Reports* (Vol. 68, No. 13). Hyattsville, MD: National Center for Health Statistics.

5 Peterson, E. E., Davis, N. L., Goodman, D., Cox, S., Mayes, N., Johnson, E., . . . & Barfield, W. (2019). Vital signs: Pregnancy-related deaths, United States, 2011–2015, and strategies for prevention, 13 states, 2013–2017. *Morbidity and Mortality Weekly Report*, 68, 423–429.

6 Ely, D. M., & Driscoll, A. K. (2019). Infant Mortality in the United States, 2017: Data From the Period Linked Birth/Infant Death File. *National Vital Statistics Reports* (Vol. 68, No. 10). Hyattsville, MD: National Center for Health Statistics.





► *“We have the historical trauma and the boarding school era that really hurt our people. This hurt is carried down from generation to generation. So much got lost. Sometimes I think that there is no one there to help or give guidance, and I realize that is a role that the home visitor can play—to make mothers feel more comfortable in their role, to help them know how to hold their baby because they might not have felt that as a child.” — TERRI*

*RATTLER, TRIBAL HOME VISITING PROGRAM  
MANAGER, GREAT PLAINS TRIBAL LEADERS HEALTH  
BOARD* ◀

There is growing awareness that these disparities are attributed to structural policies that situate groups differently. For example, regular underfunding of the Indian Health Service, less access to physicians and specialty care in rural or isolated areas, lack of diversity among medical providers, and a lack of understanding of culturally responsive health care and social service programming all contribute to disparate outcomes. There is also a growing body of research on adverse early childhood experiences and how higher exposure to stressful situations contribute to complications during pregnancy and postpartum for AIAN women. This has an impact on the baby.<sup>7</sup>

With this awareness, Tribal Home Visiting programs are moving beyond supporting the resilience of the families they serve in the face of adversity and stepping into the

space of “resistance” to create environments, systems, and structures that minimize adversity. Ultimately, this shift involves creating interventions that are specific to the community and rooted in Indigenous cultures and lifeways.

## Tribal Home Visiting Programs Support Precious Moments

The Tribal Home Visiting programs highlighted in this brief are lifting up cultural practices and teachings to enhance their offerings for families as they navigate the precious moments of pregnancy and early parent-ing. Although each of these programs implements a recognized evidence-based home visiting model such as Family Spirit, Nurse-Family Partnership (NFP), and Parents as Teachers (PAT), program administrators and staff believed that more was needed, specifically as it relates to education and support during the perinatal period. Programs responded by developing supplemental or adaptive strategies.

- For some, they felt the need to add additional content about pregnancy, childbirth, and postpartum care.
- Others recognized the need to modify the curriculum and approach to be more culturally appropriate.
- Still, others used the grant opportunity to step deeper into their culture, traditions, and lifeways. With the support of elders and cultural advisors, they built resources and strengthened approaches to emphasize the importance of these precious moments.
- For all, the work was informed by their unique understanding of their community’s resources and needs specific to the perinatal period.

### *Crafting a curriculum about pregnancy, delivery, and post-partum care*

When administrators of the home visiting program operated by the Eastern Band of Cherokee Indians (EBCI) heard from the local hospital administrator that too many mothers didn’t know what to expect in labor and delivery, the home visiting team knew they needed to address this gap. Although the NFP model does include lessons on the perinatal period, the team realized that their mothers needed more information and support.

<sup>7</sup> Davis, E. P., and Sandman, C. A. (2010). The timing of prenatal exposure to maternal cortisol and psychosocial stress is associated with human infant cognitive development. *Child Development*, 81(1), 131–148.

The program embraced this challenge and got to work. First, they encouraged all home visiting nurses to study for and receive certification from the [International Childbirth Education Association \(ICEA\)](#) so that they could skillfully engage in family-centered maternity care. "Getting certification was a challenging task. There was lots of information for the nurses to take in and then a national exam," said Robin Bailey-Callahan, Project Director. Second, and connected to the expectations set forth from ICEA, they created a birthing curriculum to layer on top of the NFP lessons. The intent was to develop their own curriculum that would include interactive teachings and match the needs of their community and the population served.

Developing the curriculum was a significant undertaking. Staff reviewed resources from ICEA, the American Academy of Pediatrics, Lamaze International, and others and created a framework for the curriculum and a template for each lesson to address the content, teaching aids, questions for discussion, and opportunities for moms to practice the lessons shared. Each home visitor

then picked a section and developed it. The complete curriculum covers the following:

- Healthy lifestyles and reproduction
- Preparing for the labor process
- Complications, interventions, and unexpected outcomes
- Coping skills for labor
- Postpartum care
- Breastfeeding
- Newborn care

Before the COVID-19 pandemic, EBCI delivered the curriculum during an 8-hour group training. With COVID and the shift to virtual home visits, nurses have used parts of the curriculum one-on-one with pregnant women in the program. EBCI nurses are currently filming a video of the full curriculum to have another way to share the information with mothers in the pro-gram and those in the broader community.

"When a young woman is pregnant, the female relatives would come together and give her teachings about how to care for herself and her unborn baby. She was given teachings about not being exposed to anything negative. The extended family took their responsibility very seriously to look out for her and her unborn baby. Part of the preparation for the delivery—the arrival of the baby on earth—was choosing an elder woman to welcome the baby. When the baby was delivered, the first person to touch the baby would be the grandmother, the elder woman, who was chosen for her characteristics to be passed on to the child. It is believed that the first person to touch the baby should be somebody who loves and cherishes the baby. She would then pray for the baby and welcome the baby. She says in the Lakota language, "Grandchild, it is good you are here. Welcome." She would then pray for the baby and predict the path for the child. She would say, "Grandchild, you are going to be strong, you are going to be generous, you are going to be a leader, you are going to have a good life." In short, what she was doing was showing the spiritual path of the journey in life to the child, to the spirit of the child. She would then clean out the baby's mouth. She would predict the path for the baby. A Lakota name was given soon after birth, and the reason the spirit name was given was to ground the child to this earth. The child can return to the spirit world at this stage of life, and there were certain measures that had to be taken to prevent the untimely passing of the child back to the spirit world. And giving the Lakota name, predicting the path, making a prayer, and welcoming the baby were measures taken to ensure that the baby was welcomed and the baby had a clear path in life." — ETHLEEN IRON CLOUD-TWO DOGS, LAKOTA CULTURAL ADVISOR, OGLALA SIOUX TRIBE.



### Requesting modifications to support mothers during the perinatal period

Tribal Home Visiting grantee Southcentral Foundation recognized a disconnect between the evidence-based model they were planning to implement—NFP—and the lifeways of families in their program. To ensure that the program best meets their families’ needs during pregnancy and postpartum and reflects their customs, staff sought approval for the following changes to the model.

- **Enrollment.** Typically, NFP allows enrollment up to the 28th week of the pregnancy, after which a waiver must be granted. Southcentral Foundation wanted to enroll families up to the point of delivery. The program felt that this was important because they serve a highly mobile community, and often, especially with teen moms, they may not come to the attention of the home visiting program until late in the pregnancy. According to Marisa Wang, Project Director, “Sometimes it takes a while for mom to be ready to ask for or accept help. Being able to meet each pregnant woman where she is in terms of readiness to enroll is essential.” Southcentral Foundation can now enroll families postdelivery, if a referral was received prenatally and a connection was made with the expectant mother with permission from NFP. This was a much-needed addition during the COVID-19 pandemic.

- **Safe sleep.** Culturally, most families believe in co-sleeping, but Western medicine discourages this because of the increased risk of suffocation for the baby. The grantee asked NFP for understanding to not prohibit co-sleeping. The nurses provide information on safe sleep but do not use the NFP talking points on this topic.
- **Diet.** The NFP model discourages pregnant women from eating red meat. For many families served by the program, subsistence and traditional foods are a critical part of their culture. Many subsistence food sources are from wild game meat that falls into the red meat category, such as moose, caribou, and deer. These are healthier than almost anything available in stores. Further, these are often used as part of traditional ceremonies, art, and clothing, so discouraging acquisition or use would be a disconnect for families and not honor their culture.

In addition to the modifications to the model, Southcentral Foundation ensures that all nurse home visitors receive lactation support training. Some nurses become certified lactation consultants. This is important, because breastfeeding is a culturally valued practice, so support for initiating and sustaining breastfeeding has always been key for nurse home visitors.

### Expanding perinatal behavioral health supports

Administrators from the Great Plains Tribal Leaders Health Board Tribal Home Visiting program and Project I-LAUNCH<sup>8</sup> participated in a training on the [Mothers and Babies](#) intervention. They recognized that this curriculum could augment their current efforts and meet a critical need for perinatal behavioral health supports in their community. Mothers and Babies is an evidence-based intervention that focuses on preventing postpartum depression by encouraging more engagement in pleasant activities, improving social support, and promoting healthier ways of thinking.<sup>9</sup> It is a psychoeducational model based on cognitive-behavioral therapy and attachment theory.

“Postpartum depression is not understood in our community. The more people know the warning signs, they will know when and who to reach out to. That’s why we were excited by the Mothers and Babies curriculum.

8 Project I-LAUNCH (Indigenous-Linking Actions for Unmet Needs in Children’s Health) is a federally funded program that supports the coordination of systems, building of infrastructure, and strengthening of capacities of adult caregivers all to support the social, emotional, cognitive, physical and behavioral development of children from birth to age 7.

9 Muñoz, R. F., Le, H. N., Ippen, C. G., Diaz, M. A., Urizar, G. G., Soto, J., Mendelson, T., Delucchi, K., & Lieberman, A.F. (2007). Prevention of postpartum depression in low-income women: Development of the Mamás y Bebés/Mothers and Babies course. *Cognitive and Behavioral Practice, 14*(1), 70–83.



But we knew that it would need to be adapted to speak more directly to the Lakota and Dakota communities,” said Rattler.

Together with members of the Mothers and Babies team at Northwestern University, Ethleen Iron Cloud-Two Dogs (a Lakota cultural advisor) and program managers from Project I-LAUNCH, Tribal Home Visiting, and Healthy Start,<sup>10</sup> set out on a year-long journey to explore the content from the perspective of their culture and identified ways in which traditional health and well-being practices could be layered into the curriculum.

“Ethleen told stories whenever we got together, and then Northwestern would use those stories and our discussion to make revisions. She talked about how the Lakota Tribe came to be, the four stages of life, what you do during the seasons, spiritual ceremonies, and naming ceremonies. She was the biggest part of this,” said Rattler. “My role was to call on our ancestors to make sure that what we were doing was in alignment with our culture,” said Iron Cloud-Two Dogs.

Many adaptations were made to the curriculum. For instance, the Seven Sacred Laws of the Lakota—fortitude, humility, generosity, compassion, respect and honor, bravery, and wisdom—are integrated throughout to guide balance in parents’ lives and to promote healthy attachment and bonding with their baby (Appendix: Worksheet 1.3). An activity to generate conversation about stressors that new mothers may face was modified to include examples relevant to lived experiences in Great Plains Indigenous communities. An activity and worksheet identifying strengths was also added, in both English and the Lakota language and reflecting core cultural values. Finally, vignettes throughout the curriculum that help mothers identify and discuss their mood in relation to their activities, thoughts, and

interactions were redesigned by an artist to depict Native women and babies in scenarios familiar to Great Plains Indigenous families.

The Mothers and Babies curriculum (facilitator guide and participant workbook) is currently disseminated and implemented, with a Dakota translation of key words and concepts, allowing home visitors to tailor the information for both Lakota and Dakota families. Training has been provided for all staff delivering home visits through any program within the Great Plains Tribal Leaders Health Board. Doing this will help the program reach all families with young children prenatal to age 5. For the Tribal Home Visiting grant-funded program, home visitors (or community health workers) will alternate between offering the Family Spirit curriculum on one week and the Mothers and Babies curriculum on the following week, ensuring that families benefit from both.

➤ *“The home visitor might be the only trusted person who the parent can talk with honestly about mental health challenges. And we know that there can be anxiety on both sides of the table in asking questions about mental health. What happens when this box is opened, and you don’t know how to support the parent, especially when you know there are limited resources in the community? That’s where screening, and knowing how to manage the conversation, is key.”*

— ERIN WARD, CLINICAL RESEARCH ASSOCIATE,  
NORTHWESTERN UNIVERSITY

<sup>10</sup> Healthy Start is a federally funded initiative primarily aimed at reducing infant mortality.

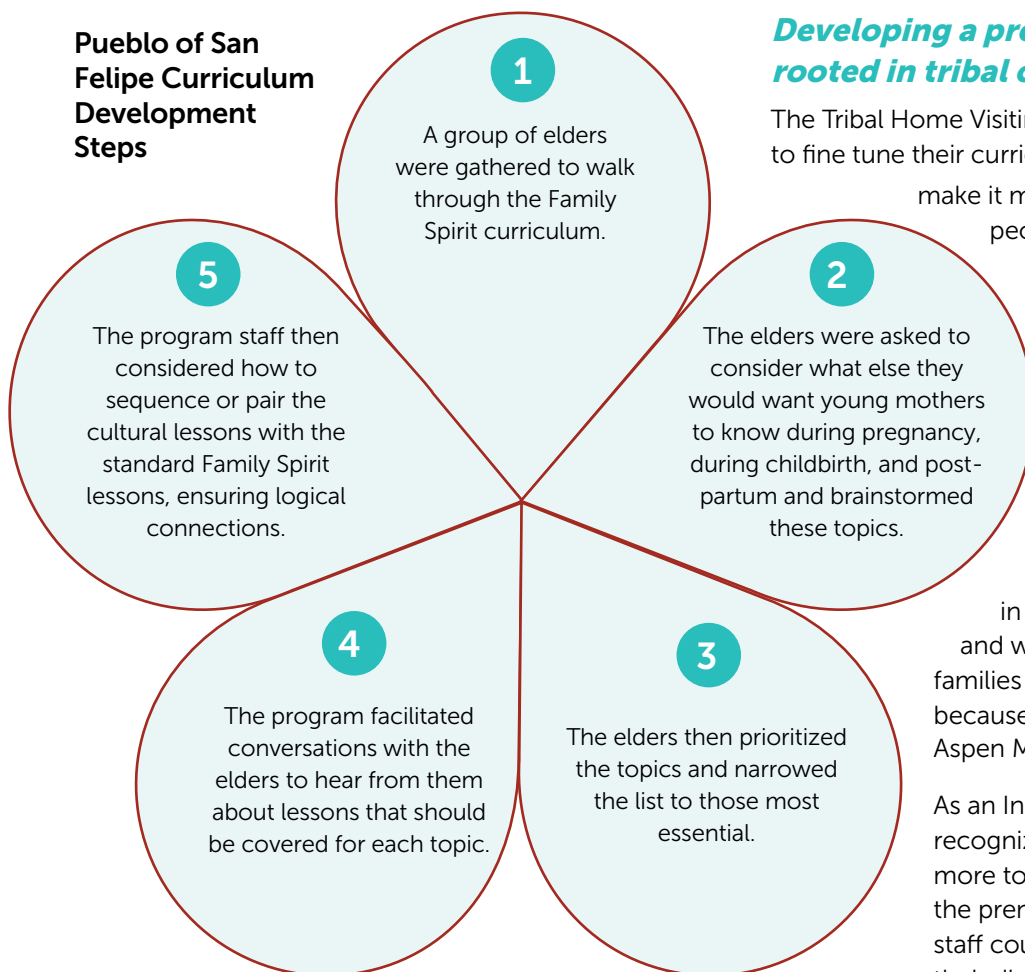


## Supporting Indigenous ways during pregnancy and postpartum through the development of a supplemental cultural parenting curriculum

Home visiting staff with the Pueblo of San Felipe recognized that they wanted to enhance their offerings to new parents to emphasize cultural traditions that they hope will be carried on from generation to generation. In response, they developed a cultural parenting curriculum that a cultural advisor could provide and would be logically sequenced with the Family Spirit curriculum. As such, families have the support of their home visitor (or family health educator) from Family Spirit, as well as a cultural advisor.

The cultural parenting curriculum was developed with the guidance of tribal elders and highlights protective factors and how to be a strong, loving parent. The home visiting staff's process for developing the new curriculum included the following steps:

### Pueblo of San Felipe Curriculum Development Steps



"It was an intentional and thorough review of everything in our culture and summarized into mini lessons. . . . They marry each other. Families first hear the theory and research behind their Family Spirit lessons, then the cultural advisor comes in and strengthens that by bringing in the Indigenous roots and identity that helps to form a holistic person," said Jenae Sanchez, Tribal Home Visiting Program Coordinator.

The cultural parenting curriculum covers the do's and don'ts of pregnancy (e.g., what not to eat), how to carry yourself and interact with others when pregnant, preparing for a traditional birth, the meaning and use of cedar water, traditional naming, and how to make a cradleboard and what it represents. "I knew a lot from my grandmother, mother, and sisters, but I didn't know everything. Caroline taught me so much that I was able to share with my family—we were all learning. Now I can pass this knowledge on to my daughter to keep our traditions and culture strong," said Acoya.

## Developing a prenatal curriculum rooted in tribal culture

The Tribal Home Visiting grantee in Taos Pueblo wanted to fine tune their curriculum around prenatal care to make it more culturally sensitive to the people they serve. "Tribal communities should tailor curriculum for their families, because anything out there will not be specific to the communities let alone cultural practices and beliefs. This is essential for the well-being and health of our communities because this is where it all starts in pregnancy and cultivating those lives in the womb. Pregnancy is sacred, and we really need to make sure our families know how to protect themselves because they have lost so much," said Aspen Mirabal, former Home Visitor.

As an Indigenous birth worker, Mirabal recognized that the program could do more to better support families during the prenatal time. For example, program staff could talk more with mothers about their diet and eating habits in a way that





## A Butterfly's Journey

### Tiwa Babies Prenatal Curriculum

TAOS PUEBLO  
DIVISION OF HEALTH AND COMMUNITY SERVICES



## A Butterfly's Journey

**Stage I: THE EGG, NEW BEGINNINGS**— This includes ways of knowing, generational/historical trauma, prenatal nutrition and exercise, and traditional eating and food sovereignty.

**Stage II: CATERPILLAR**— This includes personal boundaries, traditional midwifery in New Mexico, birthing options, all about doulas, and the cascade of interventions.

**Stage III: CHRYSALIS**— This includes natural birthing positions, postlabor, the placenta, customs and traditions around the postpartum period, and breastfeeding.

**Stage IV: A BUTTERFLY**— This includes honoring physical recovery, postpartum emotions, and depression symptoms.

is tailored to their culture and not tied to a generic eating pyramid or generic lifestyle. The program could be more inclusive of all families and their sexual preferences and experiences. And the program could do a better job communicating the importance of informed consent to avoid discrimination that sometimes takes place in the hospital setting.

With financial support from the Taos Pueblo Department of Education and Training, the program hired a curriculum developer from the Taos Pueblo to help the staff brainstorm as a team what a prenatal curriculum could include. They focused on the four stages of a butterfly's life cycle and tied them to the four trimesters of pregnancy and early parenting. Content for the new curriculum, called "A Butterfly's Journey," was field tested using a continuous quality improvement process to ensure that the activities were sound and practical and that they would add value.

The program is still in the process of obtaining copyright; the curriculum will soon be available as an option for home visitors as a supplement to the Parents as Teachers model should they want to provide more culturally tailored lessons and support during the prenatal period.

### *Creating a booklet of perinatal stories by tribal elders*

For many years, administrators and nurses of the EBCI home visiting program wanted to develop a book of stories that would highlight their elders' experiences with pregnancy, childbirth, breastfeeding, and raising young children. They saw this as a way to share the traditional lifeways and customs tied to this precious period of life and increase connectedness to the Cherokee language, traditions, and culture.

The Elder Interview Project team included a cultural consultant, Cherokee elders, the EBCI NFP program director, evaluator, and nurse home visitors, Cherokee Choices, the University of North Carolina Asheville, and Western Carolina University. Interview questions were developed with the support of cultural experts in the community, and a set of pilot interviews were conducted to refine questions and the approach. A team of seven individuals assumed responsibility for conducting 16 in-person interviews. A cultural review committee removed any culturally sensitive information that would not be appropriate to share with the general public. The ultimate goal

is to share the booklet of stories with enrolled members of EBCI—specifically, young mothers—and with health professionals throughout the community. In addition, they plan to create a video of interviews with elders as an additional resource, and each year, additional stories will be added with subsequent editions.

Tribal elder Onita Bush recalls lessons taught by her mother about how to care for herself during pregnancy and that she has now passed along to her children. For example:

- The greatest accomplishment is keeping clean. When you are clean, your mind gets clean.
- Always exit through the door you enter. The spirit will help guide you and make you strong.
- Eat a lot of corn. The corn creates moisture that will make it easier for the baby to come out.
- Don't eat pigs or chickens. Pigs wallow in the dirt and can get worms that may pass to you and the baby if the meat is not cooked well. Chickens are like scavengers and eat anything, including scraps of other chickens. If you eat chicken, your baby might eat something inside you that it is not supposed to.
- Let pregnant women talk, because it releases stress from her, her body, and her big bag of blood (placenta). If the placenta is stressed, the baby and mama will feel it, and then there will be trouble with delivery.

## Yellow Shawl Workshop

The Inter-Tribal Council of Michigan organizes perinatal-themed workshops to support families and embed their experiences in traditional beliefs and practices. Workshops focus on various topics, including but not limited to newborn reflexes, infant safe sleep, breastfeeding, cedar baths, and cradleboards.

Bethany Earl Moody, RN, CNM, Indigenous Midwife, Indigenous Full-Spectrum Doula, Indigenous Breastfeeding Counselor, Inter-Tribal Council of Michigan Traditional Cultural Lifeways Consultant, teaches Native women about the interconnections of breastfeeding, breast health, and traditional lifeways. She reminds them, "Breastfeeding is that first baseline of truly being a sovereign nation because we are going back to our traditional lifeways of our first Indigenous food. It is a gift from the Creator, and it is not something that we necessarily know right out of the gate how to do. We need the love and support of a community and partner so that the [breastfeeding] relationship can be built."

The Yellow Shawl Workshop was inspired by a dream Moody had. She saw visions of women dancing with their traditional shawls—pink, red, purple—and then she noticed a light yellow shawl with white fringe. Women were dancing lightly, smiling, and being supportive of one another. When she woke, she wondered about the significance of the yellow shawl. She soon recognized that yellow represented the color of colostrum and that white represented the milk that continues to come forward to sustain the life of the new baby and child in the nursing relationship. Moody shared her dream with the Healthy Start staff, and together, they recognized how the dream could connect traditions and cultural teachings with Western prevention messages to support the health of mothers and babies. For example, this story could help to reinforce the importance of breastfeeding, breast health, and infant safe sleep.

The Yellow Shawl Workshop includes a video of Moody sharing the story of her dream and provides information about the health of the mother and baby, and then mothers are able to make their own yellow shawl with white fringe.



## Return of the Birth Fire Ceremony

With the encouragement of a cultural advisor, birth fires were re-introduced to the Red Cliff Band of Lake Superior Chippewa community after a seven-generation absence. “We did a survey with parents and realized they were crying out for ceremony. This is especially important during pregnancy when change is most present—physically, emotional—and there is urgency to get everything right. Being able to use our teachings on creation, cradleboards, cedar water . . . those provide the foundation our moms want,” said Jennifer Boulley, former Zaagichigaazowin Home Visiting Program Director, Red Cliff Band of Lake Superior Chippewa.

Much like sacred funeral fires that represent guiding the spirit of the loved one to happiness, birth fires provide a light to shine the way as the baby comes from the stars to the earth side. The fires represent the intention, preparation, and proficiency that happens in the ceremony of birth.



### **Amaris Andrews’s story:**

*“I was about 6 months pregnant and seeing my regular OB [obstetrician], and it wasn’t sitting right for me. As a home visitor for the early childhood center, I was invited to be part of an Indigenous midwifery training. The more I learned, I realized giving birth at a birthing center with a midwife might be a better match for me, because I didn’t want to be in an environment where it was all about a checklist. I shared what I was learning with my husband, and he was supportive. In fact, he was the one who took the idea further and said, ‘Let’s do a home birth.’ So in a short time, we went from planning a birth in the hospital to a birthing center, to our home. My emotions were flying. But from all I was learning, I felt that I could do it. My body was made for this. The midwife and home visitor/doula helped me prepare mentally and emotionally.*

*It was in these conversations that we learned about the birth fire and how it is a ceremony that welcomes the ancestors to watch over and guide the baby to earth side. My husband was eager to start our fire when the time was right.*

*The baby was past due, and together, the midwife and home visitor gave me natural teas to induce labor. My husband and I went for a walk at night and gathered wood to prepare for the fire, and he got out his tobacco and said his prayers. I went back into the house, and we sang some songs, and I decided to take a little nap. A few hours later, I woke and was in active labor. My husband started the fire, knowing that labor would not stop. He came inside to check on me, and I could feel and smell the fire. When he was outside tending the fire and adding his tobacco, the midwife and home visitor were inside taking care of me.*

*Finally, it was time. My husband knew because the fire changed, and he said that he thought I was ready to have the baby. He left his friend to tend the fire, and he came into the house. Moments later, our daughter was born. His friend told him that a big wind passed by the fire when he heard my last push. My auntie, who was also my doula and does the naming ceremony, stopped by to check on us the next day. Ironically, she commented that “she is just a little self-wind.”*

Since Amaris’ home birth and fire ceremony, several other families in the community have requested birth fires as well.





## Connecting With Related Providers to Offer a Seamless Panoply of Support

Supporting AIAN women and families during the perinatal period needs to be a collective effort, including family, elders, home visitors, midwives, doulas, and other systems and programs that can add value for families as they navigate pregnancy and early parenting. Recognizing this, many of the Tribal Home Visiting grantees have formed close connections with primary care, behavioral health, nutrition, and economic security programs. A few of these examples follow.

### Primary Care

Southcentral Foundation acknowledges the importance of whole families receiving primary care from the same provider so that there is an understanding of the health history and other circumstances that might affect the family's overall well-being. They recognize the value of linking providers and systems to make support seamless and effective. As such, the Nutaqsiivik-NFP Tribal Home Visiting program is designed to be an extension of primary care clinics, and all of the positive pregnancies are automatically referred to home visiting. The nurse home visitors then work hand-in-glove with the primary care clinic midwives. The midwives conduct the monthly pregnancy check-ups, and the nurse home visitor follows up with the family and supplements that care with the NFP curriculum.

A great partnership between the midwife and the nurse home visitor is genuinely viewed as extra support for

moms. “Sometimes if the primary care team is not successfully connecting with the mom—maybe she is not showing up for appointments—the nurse home visitor may be able to step in to help engage the mom, even providing transportation and attending appointments with her,” explains Wang. This works well, in part because the primary care doctor, midwife, nurse case manager, and nurse home visitor all can access the full medical record to review lab data, past and future appointments, other services being provided, or referrals made, and they can send notes to each other. It is an active, rather than static, medical record system that enhances coordination and can support a team approach to engaging and supporting the family.

### Behavioral Health

Attending to the behavioral health needs of mothers is essential as mental health challenges during pregnancy and postpartum can have negative effects on the emotional well-being of babies and mother-child bonding.<sup>11</sup> Nurse home visitors with Southcentral Foundation screen for postpartum depression, anxiety, and trauma as a standard of care and then refer mothers to behavioral health consultants working with the home visiting program or to behavioral health providers that are part of the primary care, pediatric, or obstetrics clinics.



11 Satyanarayana, V.A., Lukose, A., and Srinivasan, K. (2011). Maternal Mental Health in Pregnancy and Child Behavior. *Indian Journal of Psychiatry*, (4), 351–361.



The nurse home visitor and the behavioral health consultant work closely together to strategize and share what they are seeing and find ways to collaborate in service of the mom and baby. “Some of our moms are so clinically depressed that they can’t even consider making an appointment to see anyone. That’s where the behavioral health consultant can step in to offer support in the home to the mom and can be a sounding board to the nurse home visitor,” said Wang. Mothers can continue to receive this support for as long as they are enrolled in the program.

### ***Supplemental Food Program for Women, Infants, and Children (WIC)<sup>12</sup>***

The Tribal Home Visiting program of the Port Gamble S’Klallam Tribe implements both WIC and home visiting. It is a natural fit, because the goals of these programs complement each other, and often families qualify for both. Staff were re-trained to implement these as individual programs and are also encouraged to look for opportunities to integrate them. As home visitors build trust with families, they ask families permission to access electronic data files to help them understand needs and supportive integration of services. This means that home visiting staff can then communicate with staff from other programs (for example, if an infant misses a developmental milestone or if postpartum depression supports are needed), and they can remind families of appointments, medicine refills, and eligibility

for other services. “Access to the database helps us help families. The goal is to have all providers on the same page so we can offer seamless support,” said Sanda Hankins, Program Manager.

### ***The Maternal and Child Health System as a Whole***

The Sisseton Wahpeton Oyate community, where the Great Plains Tribal Leaders Health Board’s home visiting program operates, created the First 1,000 Days Interagency Forum in 2015 to support a trauma-informed system of care. Membership is open and encouraged for programs, organizations, and individuals interested in supporting young children and their families. The goals of the Forum are:

1. coordinating resources to support families in the Lake Traverse Community;
2. facilitating communication about community services and events that benefit families served; and
3. promoting and supporting collaboration and communication between agencies for the benefit of families.

According to Stella SiWan Zimmerman, Tribal Home Visiting Evaluator, “The First 1,000 Days Interagency Forum is so helpful for understanding who is doing what in the community. Further, it helps programs identify families who may need home visiting services and appropriate referrals in the community.”

<sup>12</sup> WIC provides monthly food supplies, breastfeeding support, nutrition education, and referrals to health and social services.

## Lessons for Others

The Tribal Home Visiting programs highlighted in this issue brief demonstrate their commitment and thoughtfulness for supporting women, their partners, and families during the perinatal period in ways that honor tribal traditions and lifeways. As other programs consider perinatal enhancements, it might be helpful to keep the following lessons in mind:

Review the content of the home visiting curriculum you are considering implementing to determine whether there is a need to enhance lessons or add cultural practices related to pregnancy, childbirth, and postpartum care.

Engage tribal elders to learn what lessons about the perinatal period were shared with them and what cultural knowledge and practices they believe should be passed on to future generations. Explore with them what traditions should be left for the family to share privately and what can be incorporated into the home visiting program.

Talk with your families and ask them what they value, what is important to them, what they want to know, and if and/or how they might want to be connected to cultural practices related to pregnancy, childbirth, and early parenting. By asking questions, you open the door for them to share their wishes and for you to better understand how you can contribute to supporting them on their parenting journey. It is especially important to ask these questions when programs are serving families from multiple tribal backgrounds and when home visitors do not come from the same tribe as the family they serve.

Operate from a strengths-based perspective, always celebrating the unique gifts and contributions of each parent.

Encourage connections within and between families. Healing happens when we come together and help one another. Whether grandmas, aunties, and cousins work together to make a traditional skirt for a baby girl, fathers and their friends gather supplies for a cradleboard or tend a birth fire, or elders join together to set an intention for the baby, these



opportunities and others nurture hope, connectedness, and commitment to one another.

Build a system of support for families by linking and coordinating programs and services. Just as we need connections within and between families, we also need connections within and between programs. Careful planning for and implementation of early childhood systems of care can ensure that new families receive the array of supports they want and that the supports are provided in a seamless manner.

Lean into your Tribal Home Visiting and other early childhood advisory boards to access advisors and consultants that can help you identify and provide culturally appropriate, comprehensive, and integrated support to families during the perinatal period.

► *"We are reclaiming our old wisdom and traditional healing ways that have been lost or misplaced. . . . Having an identity is critical to how we engage, how we communicate, how we share, how we participate in ceremony, how we view the present, how we prepare for the future, and how we hold dear the past."* —

DR. DOLORES SUBIA BIGFOOT, PRESIDENTIAL PROFESSOR  
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER



## Closing

This brief tells the story of how Tribal Home Visiting programs support AIAN families during the perinatal period. From content enhancements to the evidence-based home visiting models, to the development of supplemental curriculum, workshops, and resources that are specific to the tribal community, program administrators and home visitors are doing what they know best: They are listening to the families, engaging with tribal elders, and responding in ways that honor their tribal customs, traditions, and lifeways.

A look at the data shows that these efforts are making a difference. Health outcomes for families and infants served by Tribal Home Visiting programs are strong. Even more important, it seems that this generation of new parents is genuinely interested in returning to their ancestors' lifeways. Together, the new parents, their families, their elders, and the Tribal Home Visiting staff are re-creating environments, experiences, systems, and structures to strengthen their individual and collective sovereignty.

Amaris Andrews had the first birth fire ceremony in seven generations at Red Cliff. Lorene Acoya returned to her Native land and chose to have a home birth at the Pueblo of San Felipe. Aspen Mirabal is planning her own home birth as well after designing an Indigenous prenatal curriculum for Taos Pueblo. According to Mirabal, "A home birth is a practice that I would like to re-awaken to the tribal community." From the babies coming from the spirit world to the new parents who are harnessing their power and connecting to their traditional lifeways, these are both precious people and precious moments.

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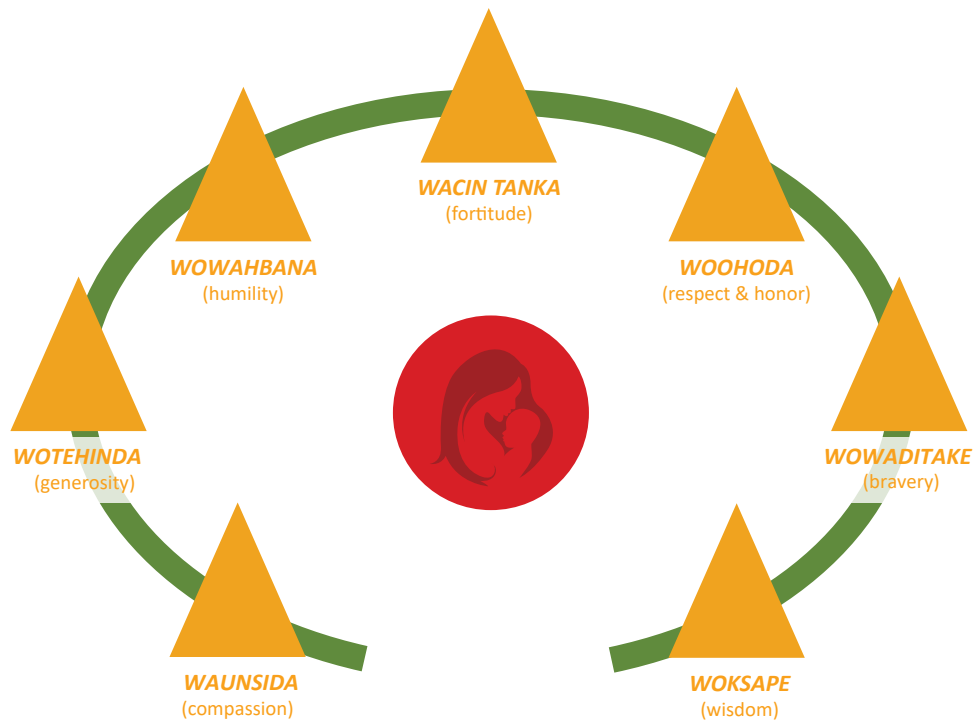
**Taos Pueblo:** Katherine Chavez, Aspen Mirabal

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AUTHOR: Deborah Roderick Stark

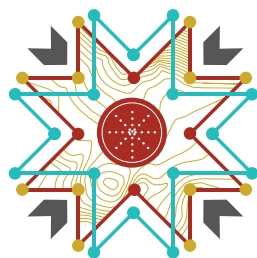
## Appendix

### WORKSHEET 1.3: *WOOPE SAKOWIN* (SEVEN SACRED LAWS)



MB Participant Guide | 4

Mothers and Babies Sample Worksheet 1.3



# TRIBAL HOME VISITING

ADMINISTRATION FOR  
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