Reclaiming Public Health: Stories of Self-Determination from Tribes

The Family as a Thinking Body: Centering Health Care in the Akwesasne/St. Regis Mohawk Community

PUBLIC HEALTH PROBLEM

Tribal Chief Beverly Cook, currently on leave from her job as a family nurse practitioner at St. Regis Mohawk Health Services, began seeing some pregnant women who were “unraveling” due to changing family dynamics, leading to lack of support, substance and other abuse issues, and overall apprehensiveness about the birth process. They were not viewing pregnancy as bringing new life. Pregnancy can be a powerful and transformative time, but the typical prenatal care just didn’t serve the needs of these women. “What we were doing wasn’t working,” Cook says. “We needed to connect to the whole person and provide a space where women could connect with each other during this critical time.”

Lacking special funding to tackle the problems, Cook enlisted then St. Regis Mohawk Health Services Director Deborah Martin and Katsi Cook, an aboriginal midwife from the community and executive director of the First Environment Collaborative for Women and Children’s Health, to plan and create a prenatal program that fits the cultural and health needs of local Mohawk women. The resulting program is based on the national Centering Pregnancy model, an alternative method of providing prenatal care with major Mohawk cultural components and adaptations.

PROGRAM DESCRIPTION

The tribe is the first of the 25 tribally administered Indian health facilities in the Nashville Area Indian Health Service to integrate the Centering Pregnancy program into their tribal healthcare system. The Centering Pregnancy Institute certifies local programs that meet their stringent
requirements and standards. The program is the only tribal program to have received certification. Sharon Schindler Rising, CEO and founder of the Centering Healthcare Institute, is thrilled by the progress. Rising designed Centering Pregnancy as a multifaceted model of group care that integrates the three major components of care, health assessment, education, and support, into a unified program within a group setting.

St. Regis Mohawk Health Services embraces this concept and has undertaken a mission “to guide pregnant mothers through the Centering Pregnancy format that integrates health assessment, education and support in a group care setting, using the power of the circle as its basis.” Secure networks of women supporting women in a nurturing, centered atmosphere echo the ancient spirit of Mohawk clan families. Ultimately, through Centering Pregnancy, the women seek to support healthy families.

The St. Regis Mohawk Tribal Council was extremely supportive and encouraged pursuing Centering Pregnancy certification. In 2007, Cook and her staff took the next step and trained on the Centering Pregnancy Model.

Katsi Cook was so committed that she used her connections to obtain financial support for the training from the Ford Foundation through its Sexual and Reproductive Health Program and Running Strong for American Indian Youth, a non-profit organization with a mission to meet the needs of American Indian people with a focus on youth. She also secured additional support from Maternal Child Health at Indian Health Services to train and certify all relevant health service program staff and contractual physicians. Her knowledge and networking with the Centering Pregnancy Institute enabled the program to be developed at Akwesasne.

Lacking space for the program, health services director Martin committed a small space in the health facility. She overcame internal resistance by focusing on the health providers, who were enthusiastic and willing to take on extra duties.

Externally, they used the same approach. So, slowly, obstacles to the program began to fade. In 2010, after three years of persistence and tenacity by Martin and Cook, the Centering Pregnancy program was under way!

A pregnant woman, called a “Mom” by Centering Pregnancy, enters prenatal care through the medical clinic intake process and receives a physical exam. Then she is offered the opportunity to join a group of five to seven women who have similar due dates. If she agrees, she meets other “Moms” in the softly lit Mind-Body/Centering Room, where they are taught how to measure and record their own weight, blood pressure, and gestational age and to record the results in their own chart. They help themselves to healthy snacks while charting their results and socializing with one another. “This Centering Room is magical,” says Martin. The lights are low, and it’s quiet despite
a busy hallway just outside the door. The room hosts a mind/body therapist on the days when the Centering Pregnancy group is not there, which adds to the peaceful energy.

In a recent article for the tribe, Randi Barreiro, an early participant in Centering Pregnancy, described one session as follows:

“They compare growing bellies, chat and laugh as one of them visits privately with the doctor behind a folding screen. Suddenly, the distinct echo of a rapid heartbeat fills the room. The chatter stops for just a brief moment as the women acknowledge the tiny life that is making itself known via fetal Doppler. Then the laughter picks up again. This is the start of another Wednesday morning Centering group at the clinic.”

“Moms” join in a circle to share experiences and learn from each other, following a specially designed curriculum under the guidance of the physician or midwife. The sessions are held monthly at first, then every two weeks later in the pregnancy, and are facilitated by a credentialed provider and co-facilitator in a structured but flexible environment. Birthing is normalized (de-medicalized) as the women talk about breastfeeding, common discomforts of pregnancy, signs of preterm labor, domestic violence, and what to expect during labor and delivery. There is a field trip to the hospital birthing rooms, as well as cultural teachings and other social support. The group process promotes positive female relationships and sisterhood, which is in keeping with Mohawk traditions.

The sessions include

- Relaxation, stress management
- Nutrition information
- Lamaze training
- Dental information
- Skywoman presentations
- Breastfeeding consultant
- Massage
- Domestic violence discussions
- Birth plan
- Hospital tour
- Home safety training
- Birth process, labor information
- Post-partum depression information
- Birth control information
- Sharing of birth experiences

**ACCOMPLISHMENTS AND IMPACT**

Since it started in 2010, 197 babies have been born through the Centering Pregnancy program, and it continues to gain popularity among pregnant women. Indian Health Service is helping the tribe develop evidence-based evaluation tools. Currently, the program relies on questionnaires for “Moms” and facilitator evaluation forms to receive feedback on the program.

“Moms” participate in prenatal care in a welcoming environment with others whose due dates are close to their own. “It helps to share your experiences with someone who really understands what you’re going through,” says Cook. “That support is essential to Centering and to our community.” The “Moms” seem to agree. “It was fantastic,” said Niio Perkins, who delivered
son Tristan in February 2013. “I left every session better educated and feeling glad I went,” she said. The “Moms” in her group still keep in touch, she added. “The bond is really there.”

The clinic’s former obstetrician, Dr. Sonia Joseph, who helped deliver Centering babies agreed. “It’s a great way for women to connect,” she said. “It makes pregnancy more natural than clinical. It is the best thing ever.” Dr. Joseph noted that the women raise issues that wouldn’t normally come up in the typical doctor-patient prenatal visit, and that they are “pretty open” during group discussions.

When asked what five things made the project work, Cook replied:

- Persistence and determination
- Cooperation of administration and the support of Tribal Council
- Buy-in of the physicians
- Enthusiasm of nursing staff
- Each Mom’s willingness to participate

**CONCLUSIONS/LESSONS LEARNED**

Cook shared some lessons she learned along the way. She said, “Don’t be afraid to make it (the project) your own. Don’t be afraid to change things.” For example, Cook and her colleagues made changes to the curriculum and added Mohawk culture. “Don’t be intimidated to think outside the box,” she added. “Don’t be afraid to get community involved (referring to her community-based steering committee).”

When asked about the future, Cook responded, “Our challenges are now to implement the Centering Parenting Program and secure a full-time pediatrician.” Since diabetes is on the rise on the reservation, it’s important to strengthen the program component that focuses on chronic diseases, to ensure that young women fully understand the link between healthy pregnancy and chronic disease prevention. Cook is a part of the curricula development team and has integrated components of the Ohero:kon program, a traditional rites of passage ceremony that translates to “under the husk.” into the Centering Pregnancy program. It is a culturally based program that works to build respectful, caring, responsible Mohawk teenage girls and boys. Mohawk culture and tradition includes providing education and preparing youth for their roles as responsible adults including family formation and considering generations to come as they transition to adolescence and adulthood, rather than wait for pregnancy to occur.

Bear Clan Mother Louise Tewakierahkwa McDonald, the principal coordinator of Ohero:kon, saw a need to bridge the development into adulthood with traditional teaching and support from female knowledge holders. “Women are the architects of our social change,” McDonald says.
The Ohero:kon focuses on the emotional, mental, physical and spiritual growth of youth as they enter into adulthood. Coming-of-age ceremonies are held to provide psychological comfort at this transitional time, formalize the youths’ new roles and statuses, and reinforce social connections, customs, and values. McDonald realized that when youth have a lack of connection to culture, problematic behavior can result. The 20-week program includes ceremonies; traditional hunting and fishing rites; traditional activities and games; sweat lodges for the boys and moon lodges for the girls; team building; survival training, gardening; sexual health education, including HIV and STI awareness and prevention; and discussion on pregnancy. Young girls and boys who enter this program have made a commitment to be respectful, caring, and honorable in their behavior to each other and those around them. The positive environment has encouraged them to live healthy lifestyles that are in keeping with Mohawk tradition.

“In terms of supporting women and the coming generations,” says Cook, “we are walking the walk.”

ADDITIONAL INFORMATION

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