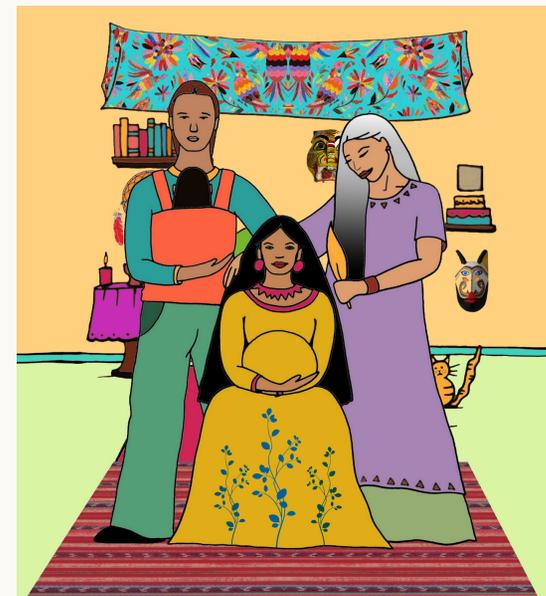
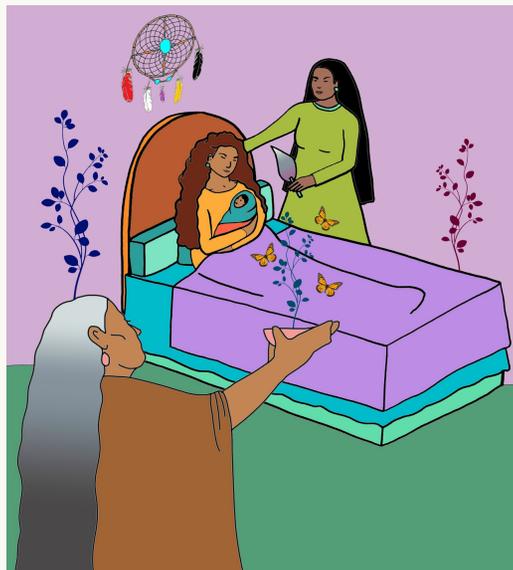


PROTECT & NURTURE

Many Native families may choose to bed-share with their infant for a variety of reasons, including cultural values about warmth, protection, and bonding with their baby. If a family you work with chooses to bed-share, here are some discussion points you can use to help them reduce their risk of sleep-related infant death.

- Are their basic needs met, such as housing, nutrition, and childcare?
- Does the family have access to a safe sleep environment like a portable crib or bassinet?
- Does anyone in the family smoke?
Commercial tobacco use is one factor that makes bed-sharing inherently more risky. Is the family willing to quit smoking with help?
- Are the grandparents of the family supportive of safe sleep? Can you involve the older generation in discussions about risk reduction?
- If a family chooses to bed-share, can you help them reduce risk by removing pillows and blankets from the sleep setting?
- Is the family interested in the data behind the safe sleep recommendations? For some, statistics play into personal decisions; for others, it is less meaningful.

There are twelve federally recognized tribes in Michigan, all of whom offer extensive services to new families. Find out what tribe exists near you and make connections that can lead to referrals and partnerships.



SERVING NATIVE AMERICAN FAMILIES



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FOR HEALTH CARE, EARLY CHILDHOOD, AND SOCIAL SERVICES PROFESSIONALS WHO WORK WITH FAMILIES OF NEWBORN BABIES



SUPPORTIVE PRACTICES

You can support the Native families that you serve by increasing your own cultural awareness. Here are some tips:

- Ask, don't assume.
- Involve the whole family in discussions.
- Respect diversity.
- When you ask a question, wait for an answer. Avoid "walking on words" or interrupting the family.
- Deepen your understanding of your own family's history and culture. Honor the gifts YOU bring to your work.
- It may be taboo to talk about death with a pregnant Native woman. Center discussions about baby safety and safe sleep around positive themes, like a parent's inherent ability to protect and nurture their infant. Focus on acknowledging strengths and building confidence.



SAFE SLEEP & BREASTFEEDING

Native Americans may have invented the concept of "back to sleep" with the use of their traditional baby-carriers known as cradleboards. Back to sleep is generally accepted in the Native community, as are other safe sleep practices such as room-sharing and breastfeeding. 80-100% of Native women initiate breastfeeding, but far fewer continue to the recommended 6 to 12 months. Linking Native families with professional lactation support is critical to their success.

CULTURAL CONTEXT

Some Native people may hesitate to answer direct questions from health care providers, due to mistrust of the medical system and fear of child removal. Some things you may wish to be aware of:

- There is a history of the US Public Health Service forcibly sterilizing as many as 1 in 4 Native women.
- Generations of Native children were forcibly removed from their families in the boarding school era. Children were abused and medically experimented on in these settings.
- In the 1960s and 70s, many Native children were removed from their homes via social services, to be adopted into white families. This led to the Indian Child Welfare Act.
- Native women are profile drug tested at birth at higher rates than white women.
- According to custom, some Native families refrain from buying baby products or finishing baby-related projects until after the baby has been born. Those unfamiliar with the practice may label these families as irresponsible or cold.
- Humor is a coping mechanism for many Native people. You may observe people teasing and making jokes in a variety of contexts and situations.
- Native people are highly resilient despite the adversity they have faced.