Indigenous Approaches to Postpartum Mental Health

Assessing opportunities for community-based growth and solutions

"...that sense of community is a matrix of everybody... the mother and the baby are floating in the middle there with help and she's got every support and resource she needs"



"...it would be a network of other like-minded women, indigenous or not indigenous, that would kind of go back to the traditional ways. Really coming into the woman's home, obviously invited. Coming into the woman's home, providing them with soup, tea. Maybe singing for them, if that's something they'd enjoy. Playing with their other children, taking some of the responsibilities. Doing their laundry, doing their dishes, sweeping their floor, opening their windows, taking their dogs for a walk. Checking in with them and kind of just sitting with them and being with them in a way that it's helpful but it's not clinical and procedural..."

Ideal postpartum mental healthcare includes...





INTEGRATION ACROSS SERVICES

- Integration & continuity of postpartum care
- Seamless integration of traditional medicine & ways of life into care
- Integration of balance (mind, body, spirit, heart)
- Fuller integration of postpartum mental health services, knowledge & expectations into prenatal
- Flexible & inclusive community-based child / self / family care
- · Connection to other women / families
- "Less talking and more practical support"



DECOLONIZATION OF SERVICES



Independence from biomedical dominance & consumerism



Reparation, reconciliation, return resources





Non-linear community matrix



Integration of life-cycle teachings



Humble balance between autonomous & collective needs



Indigenization



PRACTICAL IMPROVEMENTS

- Broader array of home visitor services to include counselling, traditional healing & other
- More drop-in services
- Community-based prenatal care classes
- · Specific postpartum mental health specialist & curriculum
- Birth & postpartum doula support
- Assessment of preferences of types of services



STRUCTURAL CHANGES

- Solved insurance issues
- Well-established & integrated care safety (not just competency training)
- Care needs met appropriately & flexibility
- Research postpartum period for better understanding of appropriate service development
- Better identification of & outreach to expecting Indigenous people in the community

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