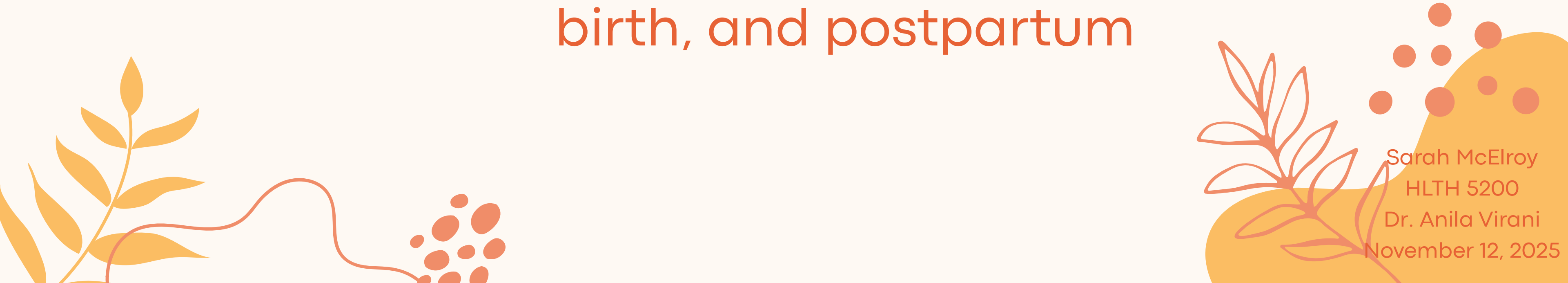




SOLUTION #2: INDIGENOUS MATERNAL LIAISON (IML)

A dedicated hospital-based role providing cultural, emotional, and advocacy support to Indigenous Lifegivers throughout pregnancy, birth, and postpartum



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WHAT IS CURRENTLY AVAILABLE?



Eloy Bida, 2025

Existing Supports in hospital:

- Indigenous Patient Navigator. Hours: Monday-Friday (8am-6pm/7am-5pm)
 - **Gap:** Not perinatal specific role

(personal communication IHA, 2025)

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INDIGENOUS MATERNAL LIAISON (IML)

- Bridge between families and hospital staff
- Facilitate ceremony, Elder connection, and traditional practices
- Provide advocacy for culturally safe care
- Support during labour, birth, and postpartum period
- Support hospital staff around cultural safety and humility education
- Strengthen community-hospital relationships
- Social referrals based on needs that are culturally appropriate (collaboration with KAFS, TteS, Métis Nation BC)



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EXISTING MODELS

- Indigenous Birth Support Worker (Saskatoon) → evaluated; improved advocacy, reduced isolation
 - Barriers: role clarity, institutional racism
- Surrey IML → newer role focused on ceremony, community connection, staff education
 - No evaluation yet



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RATIONALE

Indigenous Lifegivers report fear and isolation around hospital birth due to systemic racism

Historical & Ongoing Harms

- Child apprehension, forced/ coerced sterilization, birth evacuation policies
- Ongoing systemic racism documented in In Plain Sight (2020)
- IML can help disrupt some of this

*“Birthing should be sacred,
not medicalized.
Giving birth should be
your greatest experience,
not your greatest fear.”
- Elder True Thomas*

Evidence Supports Indigenous Maternal Roles

- Indigenous Birth Support Workers in Saskatchewan
- the In Plain Sight Report (2020) recommend roles like this to combat systemic racism, support self-determination and birth sovereignty

Current Care Gaps

- IPNs too broad and limited in availability due to large coverage area
- Not maternity-specific Indigenous role

Systems-Level

- Relationships and trust can drive systemic change in complex problems
- IML is a small but powerful relational intervention

(Turpel-Lafond, 2020; Boyer & Bartlett, 2017; Senate of Canada, 2019; Bacciaglia et al., 2023; Doenmez et al., 2022; Pandey et al., 2023; Fraser Health, 2023)

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IMPLEMENTATION

Co-design role

- Elders, Ttes, KAFS, IH, Indigenous Health & Cultural Safety teams
- Define responsibilities, appropriate salary, ceremony protocols, possible community pathways



Evaluate

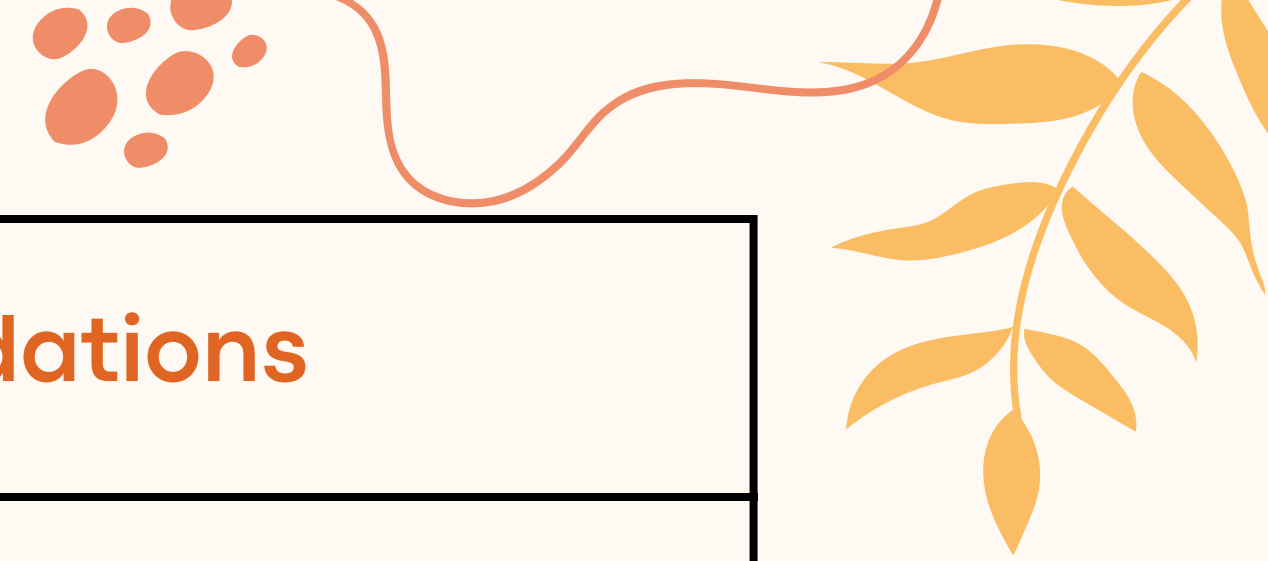
- anonymous feedback surveys from clients and staff
- Community advisory circle
- Feedback to refine IML role

Hire & Train

- Preference to Indigenous candidate
- orientate to hospital
- Shadowing with other staff/disciplines

Integrate into RIH Maternity Unit

- Orientation for new and existing staff on IML role
- Orientation: IML scope, boundaries, and cultural role



Challenges	Recommendations
Funding for new role	• Advocate for funding through partnership with FNHA, TteS, IH Indigenous Partnerships, RIH Foundation • Leverage maternal care crisis and IH's focus on frontline care for funding
Recruiting Indigenous staff with cultural and perinatal experience	• Work with KAFS, TteS, MNBC, and Indigenous doula networks; offer training supports; prioritize cultural knowledge in hiring.
Staff buy in	• Provide staff orientation on the IML's scope; create clear workflows; offer education sessions.
Infection control limits not aligning with ceremony	• Co-develop ceremony guidelines with Elders and infection-control teams; formalize cultural exemptions within policy.

(Turpel-Lafond, 2020; FNHA, 2019; Senate of Canada, 2019; CFJC Today, 2025; Kamloops Chronicle, 2025; Boyer & Bartlett, 2017)



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