



HEALTHY CHOICES IN PREGNANCY FACT SHEET



Pregnancy and Childbirth: A Sacred Time

Pregnancy is a very special time in a woman's life. Making healthy lifestyle choices before, during and after pregnancy will help a baby get the best possible start in life.

First Nations, Inuit, and Métis peoples have a history of strong cultural traditions and approaches to maternal health and childbirth. Pregnancy and childbirth were traditionally viewed as sacred events. Women's ability to give life was revered and respected, and the birth of a child "signified new life and the powerful balance between the spiritual and physical worlds."¹

Today in many First Nations, Inuit, and Métis communities, traditional knowledge and approaches to pregnancy and

childbirth are being reclaimed through Aboriginal midwifery, an approach which "encompasses modern medicine into a culturally-based Indigenous knowledge framework of health care services."² These approaches include culturally-appropriate care focused on healthy diet, traditional medicine and physical fitness.³

For any community – on-reserve or off-reserve – healthy families and babies are the key to the future. This fact sheet outlines some of the ways that pregnant mothers and their families and communities can support healthy pregnancies and healthy babies.

Healthy Mother, Healthy Baby

Eating Well

Healthy eating plays an important role in a healthy pregnancy. Eating nutritious foods from a variety of sources helps a

pregnant mother get all the vitamins, minerals, and nutrients needed for the growth and development of her baby.⁴ Eating well will also increase energy levels, improve mood and self image, and ensure appropriate weight gain. *The Eating Well with Canada's Food Guide: First Nations, Inuit, and Métis* recommends that women who are pregnant or breastfeeding take a multivitamin that contains folic acid and iron every day.⁵

Keeping Active

Regular physical activity during pregnancy provides a number of benefits. It can promote better sleep, reduce stress, increase muscle tone and endurance, help build stamina for labour and delivery, and speed up post-delivery recovery. Women who have been inactive prior to pregnancy might want to start with gentle, low-impact activities such as walking and swimming.



Reducing Risks During Pregnancy

Avoiding alcohol, drugs, and tobacco

Avoiding alcohol, drugs and tobacco is the single most important thing a pregnant mother can do to help ensure the healthy development of her baby. There are no safe amounts and no safe time to drink alcohol or use drugs during pregnancy.⁶ Alcohol use at any stage of pregnancy can increase the risk of miscarriage, premature delivery, stillbirth, and giving birth to a baby with Fetal Alcohol Spectrum Disorder (FASD).⁷ FASD is an umbrella term used to describe a range of harmful effects resulting from prenatal alcohol exposure. These effects include physical deformities and life-long challenges in learning, behavior, employment, and socialization.⁸

Using tobacco and recreational drugs (cannabis, cocaine, club drugs, opiates, etc.) during pregnancy can also harm the healthy development of a baby. Tobacco and other substance use during pregnancy can result in low birth weight, sleep disturbances and other cognitive problems, miscarriage, premature delivery, and withdrawal symptoms at birth.⁹ Smoking during and after pregnancy can also increase the risk of Sudden Infant Death Syndrome (SIDS).¹⁰ Avoiding alcohol, tobacco and drugs during pregnancy is the best way to give a child a healthy start in life.

Being aware of gestational diabetes

Diabetes is a disease in which the body is unable to use sugar, resulting in a build-up of sugar in the bloodstream that can trigger a variety of health problems. There are three types of diabetes: type 1 (insulin dependent), type 2 (non-insulin dependent “adult onset”) and gestational diabetes. Gestational diabetes is a form of the disease that occurs during pregnancy and can cause problems for both the mother and baby, including high birth weight (more than 8 pounds, 13 ounces), difficult delivery causing trauma to mother and

baby, and increased risk of low blood sugar, excessive insulin levels, low calcium, too many red blood cells, and jaundice in the newborn.¹¹ Although gestational diabetes is temporary (only during pregnancy) for the mother, sometimes women do not know that they have type 2 (adult onset) diabetes until tested during pregnancy. Women with higher body weights are more likely to develop both type 2 and gestational diabetes. Babies born to women with type 2 or gestational diabetes are also more likely to develop type 2 diabetes at some point in their lives.¹²

Gestational diabetes is becoming an important health issue among Aboriginal women, with First Nations women at higher risk of contracting this form of diabetes (in First Nations communities, rates range from 8.5% to 27%), and rates rising among other groups of Aboriginal women.¹⁴ Given this, it is important to be aware of the risk factors and to ensure that pregnant mothers have access to appropriate medical care throughout pregnancy. Many of the problems associated with diabetes can be avoided with early detection and treatment. Factors that reduce the risk of gestational and other types of diabetes include consuming traditional foods (instead of high-fat and high-sugar foods), maintaining healthy weight and being physically active.¹⁵

Staying Safe

Pregnant mothers need to take extra precautions during pregnancy to ensure their safety and the safety of their baby. Pregnant mothers who take baths or use hot tubs or saunas should limit the time to ten minutes and lower the temperature to below 38.9°C.¹⁶ A pregnant mother should also avoid exposure to cat feces (poop) as this can contain parasites that are harmful to mother and baby; during pregnancy, someone else should clean the litter box.¹⁷ Drinking clean water is important during pregnancy, so if it comes from a well, spring, creek or other

untreated source, it should be boiled before drinking or tested for bacteria and other contaminants that could harm mother or baby.¹⁸ Pregnant mothers who are working should talk to their health care provider about any potential risks at work, including exposure to chemicals and fumes, heavy lifting, or long periods of standing or sitting still.¹⁹

Minimizing stress

Pregnancy can be both an exciting and an exhausting time. Some stress is a normal part of everyday life, but too much stress can be unhealthy. A pregnant mother and her support team (see below) can help minimize stress by ensuring that she has her basic needs met, like a safe place to live, healthy food, and appropriate health care. Stress can also be minimized by getting enough sleep, being physically active, having people to talk to, not taking on too many extra responsibilities, having help with caring for other children or family members, and engaging in relaxing activities such as meditation, prayer or relaxation breathing.

A Circle of Support

Many of the topics outlined above relate to individual choices that a pregnant mother can make to help ensure that her pregnancy is healthy and safe both for her and for baby. However, having a supportive and caring network of family, friends and health care professionals who understand the special care needed to support a healthy pregnancy is also very important.

Personal support team

For many pregnant women, a partner may be the primary support person during pregnancy. However, whether the primary support person is a partner, a parent, a relative or a friend, a pregnant woman and her primary support will benefit from having a team of people around them during pregnancy and after the birth of a baby.²⁰ Many women find that a doula



(someone who is trained to provide support to a mother and her partner or family during pregnancy and birth) can be a welcome addition to a healthy team of friends, family, neighbours, and community members. The best personal support team will provide positive and consistent care throughout pregnancy, ensuring that a pregnant mother has the love and emotional support she needs, as well as practical help in things like eating well, staying healthy, avoiding drugs and alcohol, and getting to medical appointments on a regular basis.

Health care support team

It is very important for a woman to access good health care as soon as she finds out that she is pregnant.²¹ A doctor, midwife, community health nurse or other health care professional will help make sure that her pregnancy is as healthy as possible, and that any potential health concerns for mother or baby (such as gestational diabetes) are identified and addressed as soon as possible. Regular meetings with a doctor, midwife or community health nurse can also help a pregnant mother understand the changes she experiences through pregnancy, address any questions or concerns, and help her to create a birth plan reflecting her values and wishes. The

knowledge and understanding that comes from consistent, culturally-appropriate care can make all the difference in having a healthy, supported, and empowering pregnancy and childbirth for both mother and baby.

For More Information

- The Best Chance – provides information, tools and advice for pregnant women and families with babies up to 3 years of age.
<http://www.bestchance.gov.bc.ca/>
- Stop Fetal Alcohol Syndrome/Fetal Alcohol Effects NOW! – information and handouts about FASD/FAE
http://www.hc-sc.gc.ca/fniah-spnia/pubs/famil/_preg-gros/stop-arret-syndrome/index-eng.php
- B.C. Pregnancy Outreach Programs – links to a variety of pregnancy outreach programs in regions across B.C.
<http://www.bcapop.ca/programs.html>
- National Aboriginal Health Organization (NAHO) Maternal Health – links to resources specific to Aboriginal women and mothers.

<http://www.naho.ca/publications/topics/maternal-health/?submit=view>

- Native Women's Association of Canada Maternal Child Health – resources and links for Aboriginal women and mothers.
<http://www.nwac.ca/programs/maternal-child-health>
- Sensible Guide to a Healthy Pregnancy – Government of Canada publication for pregnant mothers and their supporters.
<http://www.phac-aspc.gc.ca/hp-gs/pdf/hpguide-eng.pdf>
- Eating Well with Canada's Food Guide – First Nations, Inuit and Métis.
<http://www.hc-sc.gc.ca/fn-an/pubs/fnim-pnim/index-eng.php>

Endnotes

¹ Skye, A.D. (2010). Aboriginal midwifery: A model for change. *Journal of Aboriginal Health*, January: 28-37. Accessed October 19, 2012 from http://www.naho.ca/jah/english/jah06_01/v6_I1_Aboriginal_Midwifery.pdf

² Ibid.

³ Although First Nations, Métis and Inuit midwives and doulas (birth assistants) practice in many different communities, in Canada there are currently only three established Aboriginal birthing centres: the Innulitisivik Health Centre in Puirmituq, Quebec; the Rankin Inlet Centre in Nunavut; and the Tsi Non:we Ionakeratsha: Six Nations Maternal and Child Centre in Ohsweken, Ontario.

⁴ The Best Chance (n.d.). Eating for pregnancy. Victoria, BC: Government of B.C., Ministry of Health. Accessed October 18, 2012 from <http://www.bestchance.gov.bc.ca/pregnancy/general-information/eating-for-pregnancy/eating-guidelines.html>.

⁵ Eating Well with Canada's Food Guide: First Nations, Inuit, and Métis. Accessed October 24, 2012 from <http://www.hc-sc.gc.ca/fn-an/pubs/fnim-pnim/index-eng.php>.

⁶ The Best Chance (n.d.). Health and safety: Alcohol and tobacco Use. Victoria, BC: Government of B.C., Ministry of Health. Accessed October 18,

2012 from <http://www.bestchance.gov.bc.ca/pregnancy/general-information/health-and-safety/alcohol-and-tobacco-use.html>.

⁷ Ibid.

⁸ Pacey, M. (2009). Fetal Alcohol Syndrome and Fetal Alcohol Spectrum Disorder among Aboriginal People: A review of prevalence. Prince George, BC: National Collaborating Centre for Aboriginal Health.

⁹ The Best Chance (n.d.). Health and safety.

¹⁰ Ibid.

¹¹ National Aboriginal Health Organization (NAHO) (2009). Gestational diabetes and First Nations women: A literature review. Ottawa, ON: First Nations Centre, National Aboriginal Health Organization.

¹² Ibid.

¹³ In the context of this fact sheet, the term 'Aboriginal' is used broadly to refer to the

Indigenous inhabitants of Canada, including First Nations (whether they be status/non-status or live on or off reserve), Métis and Inuit. Wherever possible, we provide information for distinct groups/communities.

¹⁴ NAHO (2009).

¹⁵ Ibid.

¹⁶ The Best Chance (n.d.). Health and safety.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ The Best Chance (n.d.). Your support team. Victoria, BC: Government of B.C., Ministry of Health. Accessed October 18, 2012 from <http://www.bestchance.gov.bc.ca/pregnancy/general-information/your-support-team/choosing-your-personal-support-team.html>.

²¹ Ibid.



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