

# **Tewa Birthing Project Maternal Health Survey Final Report**



## **A Community Survey of Tewa Women**



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Tewa Women United (TWU) was started in 1989 by several Tewa women as a support group for various issues including alcoholism, suicide, and domestic and sexual violence. In the safe space the women created, they transformed and empowered one another through critical analysis and the embracing and re-affirming of their cultural identity. Tewa Women United transitioned from an informal, all-volunteer group to a formal 501(c)3 non-profit organization in 2001. TWU is a collective intertribal women's voice in the Tewa homelands of Northern New Mexico. The name Tewa Women United comes from the Tewa words *wi don gi mu* which translates to "we are one".

### OUR MISSION

The mission of TWU is to provide safe spaces for Indigenous women to uncover the power, strength and skills they possess to become positive forces for social change in their families and communities.



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*"We want to empower women and their families so they can have a traditional experience at childbirth that connects community members with each other."*

- KATHY SANCHEZ, SAN ILDEFONSO, EXECUTIVE CO-DIRECTOR TWU



In 2003 we initiated a community health assessment we called the Tewa Birthing Project, because we wanted to learn more. We wanted to create programs to better support the health of our Native families and communities. In addition to the survey, we also facilitated focus groups, and conducted oral histories in all six Tewa speaking Pueblos.

The Tewa Birthing Project is looking at the disparities in healthcare quality during childbearing years. The introduction of the Indian Health Service changed the face of healthcare delivery here for Indigenous women in Northern New Mexico, and as a result, women no longer utilized the local Curandera Parteras and local attendants in childbirth. Tewa Women United is interested in learning more about this shift in all aspects of healthcare, specifically birthing practices. We are looking at how the birthing experience affects the family as a whole and if it has a bearing on breastfeeding, family bonding, father's involvement, and so on.

The target populations of the survey are the six Tewa speaking Pueblos of San Ildefonso, Santa Clara, San Juan, Pojoaque, Nambe, and Tesuque.

One of the goals of the Tewa Birthing Project Maternal Health Survey is to learn what interest there is within the Tewa population in homebirth or birth center birth, what knowledge exists of Tewa cultural practices in childbirth and what interest there is in integrating these practices into maternal health care in the region.

In addition to the lack of availability of midwifery care, we believe that Tewa women are not able to receive maternal health care that reflects their cultural practices and values and that honors the self-determination of women. This survey was developed to discover some of the perceptions of maternal health care for Tewa women.

The survey includes sections on substance abuse, domestic violence, historical trauma, and environmental health. The survey is also designed to include a depression scale to determine how many Tewa women are experiencing some degree of depression after childbirth. This research seeks to explore risk and protective factors for Tewa maternal and child health. We wish to

help determine what specific cultural assets and barriers might exist for Tewa women that differ from the general population.

## WHAT WE WOULD LIKE TO KNOW

If Tewa women were given more diverse healthcare options during pregnancy, birth and postpartum, would they make different choices about the type, quality, and location of care they receive and would this level of self-determination result in better health for the mother and her infant?

The survey was 12 pages and took an average of 30 minutes to complete. After signing a consent form, the women were given the survey to complete and were asked to simply answer the questions as best they could. They could choose to skip any of the questions they did not want to answer. Most women completed the survey while taking care of infants and young children. The women were compensated a \$20 gift card for their time and sacrifice in filling out the survey. They also completed a contact sheet where 75% of the women stated that they would be willing to be contacted again by Tewa Women United.

One-hundred thirty-one women, averaging 27 years of age participated in this survey.

Most of the women who took the survey were in a committed relationship. 41% of survey takers were married, and 56% were in steady "marriage-like" relationships. 44% identified as single/unmarried.

In terms of education, 71% of women were high school graduates and of the 29% who did not graduate high school, 60% had received a GED or high school equivalency. 50% of high school graduates went on to pursue further education and 22% were a vocational school or college graduate.



*"We have lost a lot of connection and ceremony around our birthing experience. We go to a hospital and it's a really sterile environment; white walls and no soft beds or the ability for mothers to move around. We looked at these things and asked; who held that expertise around birthing? Who was involved in the process? What were the ceremonies? Would changing this make an impact on the trends we were seeing in our communities around sexual assault, substance abuse, and child abuse?"*

- CORRINE SANCHEZ, SAN ILDEFONSO,  
EXECUTIVE CO-DIRECTOR TWU

## Pregnancy

99% of the women participating in the survey had children. 68% had 1-2 children and 25% had 3-4 children. Almost all of the women with children (99.2%) had their youngest child living with them at the time of the survey.

91.5% of women had their first pregnancy at 25 years of age or younger, 51% of the women had their first pregnancy before they were 19 years old, and all the survey takers had their first pregnancy before the age of 35.

When asked about the overall level of satisfaction with the different aspect of birthing and delivery, 82% of women were satisfied or very satisfied with their experience. Similarly, 80% of women were pleased with their provider, 80% were happy with the room in which they gave birth, 90% were satisfied with their treatment at the prenatal clinic, 88% were satisfied with support provided by medical staff regarding breastfeeding and 88% were comfortable with the level of control they had over the decisions effecting their pregnancy and delivery.

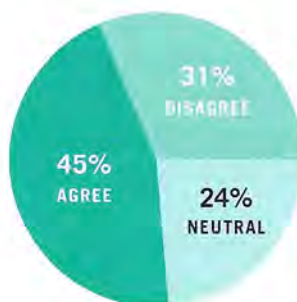
50% of the women took a childbirth class, 18% used herbal or natural remedies during their pregnancy and 6% used herbal or natural remedies during labor.

One survey question asked about the level of agreement with the following statement:

"Giving birth is a natural process that should not be interfered with unless absolutely medically necessary"



**Tewa Women  
Reaction to Statement**



**General Population  
Reaction to Statement**

LISTENING TO MOTHERS SURVEY MAY  
15 - JUNE 16, 2002

Tewa women have a higher rate of belief in the natural process of birth than the general population.

## Prenatal Care

A major objective of this survey was to find out about women's experiences during pregnancy and birth. The following section included questions that asked about the prenatal care that the survey takers received while they were pregnant.



**Level of Prenatal Care  
During Pregnancy**

*This information is very different than data reported by the NM PRAMS which shows that between 1998-2005 up to 33% of Pueblo women receive late or no Prenatal care.*  
(NM PRAMS 1998-2005)



**Graph Comparison: Survey and NM as a Whole**



63.4% said they had never had a miscarriage.

36.6% reported they had a miscarriage at some point.

*We asked questions regarding support from others that women felt during their pregnancy and birth.*



**Support from a Family Member or Care Provider during Pregnancy**

*We asked questions about the level of satisfaction that the survey-takers felt about their pregnancy and delivery. These categories allowed us to be more specific about many aspects of their experience.*



**Overall Birth Experience**



**Treatment Received at Prenatal Clinic or Office**



**Prenatal Provider**



**Breast-Feeding Support**



**Room Where They Gave Birth**



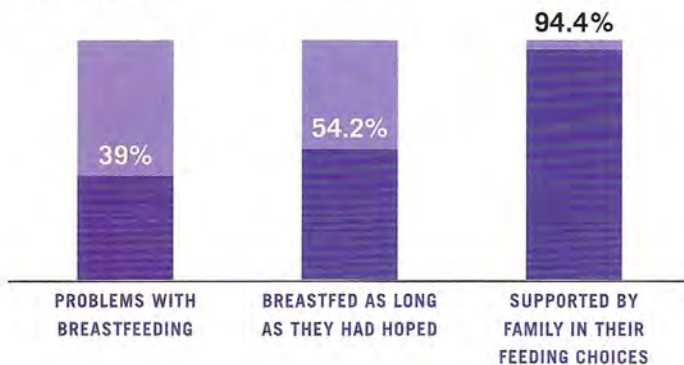
**Level of Control Over Decision-Making during Pregnancy and Birth**



## Attachment and Feeding

*When asked on our survey about breastfeeding*

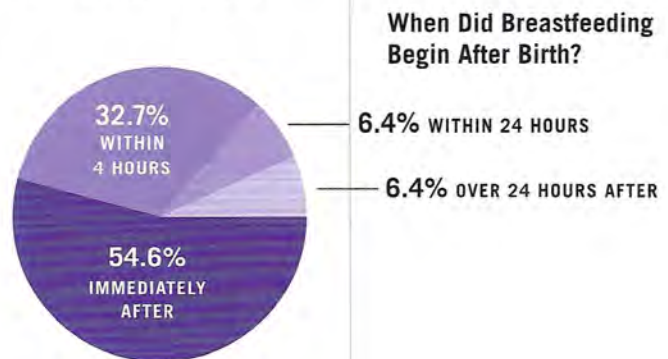
### Breastfeeding



*Of women who had problems breastfeeding we asked them to be more specific why they felt they had problems*

- 12.6% felt that hospital intervention had contributed to difficulty breastfeeding
- 3.5% felt that family intervention had contributed to problems breastfeeding
- 23% felt that their lack of experience contributed to problems breastfeeding
- 15% felt that the baby's lack of interest contributed to problems breastfeeding
- 13.8% felt that a medical condition contributed to problems breast feeding
- 42.5% felt that their problems breastfeeding were due to not enough milk
- 8.1% felt that their worry about the effect of pain medication of the baby contributed to their problems breast feeding

*We asked women how long after birth did they wait to breastfeed:*



51.6% of women taking this survey were not breastfed by their mothers

81.8% of women reported having skin-to-skin contact with their baby immediately after birth

## Postpartum Depression

According to the National Institute of Health between 8-20% of women experience Postpartum Depression after the birth of their baby.

After asking a variety of questions about feelings after birth, we used a postpartum depression scale to interpret the answers.

25.2% of Tewa women described how they felt after the birth of their babies and were ranked as having experienced some level of postpartum depression.

99.2% of women felt they had high self-esteem

**POSTPARTUM DEPRESSION** can occur in women from the time of birth to one year after. She may have feelings of anger, confusion, panic, and hopelessness. She may experience changes in her eating & sleeping patterns. She may fear she'll hurt her baby or that she is going crazy. Some women feel worthless, cannot eat or sleep. They are sad, anxious and cry a lot. Postpartum depression is a serious condition and it is advisable to seek medical help if these symptoms arise after the birth of a baby. THE NATIONAL INSTITUTE OF HEALTH (NIH)





*"Changing the way women and children are perceived and making the family whole starts at an elemental level. It begins at home. How children are received when they are born is a precursor of how they will view themselves in the world."*

- KATHY SANCHEZ

## Services Used and Desired

*When asked if they would have liked to use Doula services in their birth experience or in future pregnancies*



A **DOULA** is a professional woman who provides supportive care (physical and emotional support) before, during and/or after childbirth.

Of the women who participated in our survey:

- 126 women (96.9%) gave birth in a hospital.
- 1 woman had a home birth.
- 2 women gave birth in a birthing center.

A **HOMEBIRTH** is a birth that takes place outside of a hospital or birth center, usually in the home of the mother. Homebirths are usually attended by midwives and occasionally physicians.

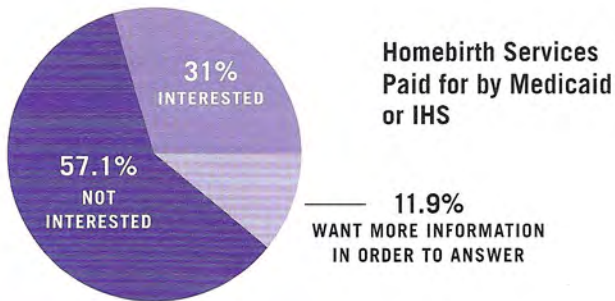
*Knowing that transportation is a barrier to access for many people, especially mothers with children, we wanted to know what services people would utilize if they were available in their home and paid for through IHS.*

Of the women interviewed for this survey:

- 39.3 % reported they would want to have prenatal care in their home
- 25% reported they would want to have prenatal education in the home
- 21.4% reported they would want to have labor and birth services at home
- 22.6% reported they would want postpartum services in the home
- 27.4% reported they would want lactation support in the home
- 45.2% reported they would want infant care/ education/ support in the home
- 26.1% reported they would want individual or family counseling at home
- 39.3% reported they would want family planning services in the home

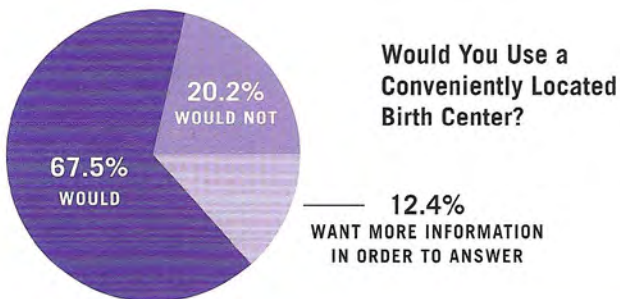


*We asked if participants would have been or would currently be interested in homebirth services paid for by Medicaid or IHS*



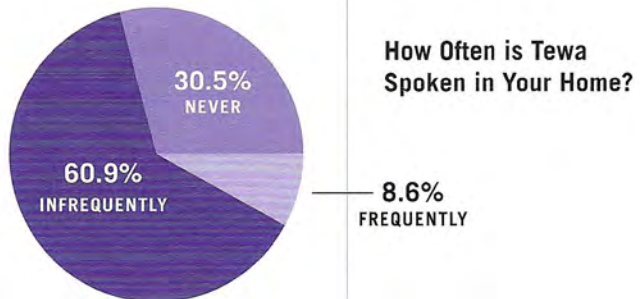
**A BIRTH CENTER** is a place to give birth outside of a hospital, but that is close to a hospital, and is designed more like a home (kitchen, living room, birth tub) that your whole family can use.

*We asked if participants would like to use a Birth Center that was near Santa Fe Indian Hospital or another hospital,*

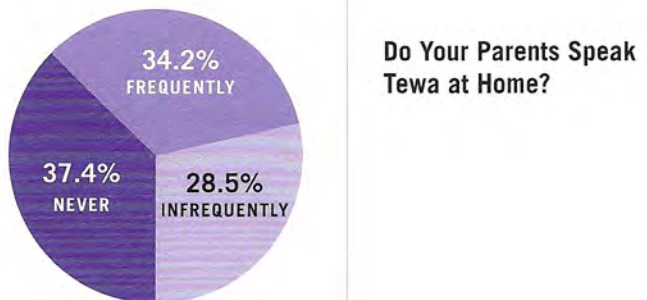


## Culture

*When asked if Tewa is spoken in their home*



*When asked if their parents speak Tewa in their own homes*



We wanted to assess the degree of satisfaction felt by women about the cultural aspects of their birth experiences:

*When asked if they would like more of their cultural practices combined with their prenatal care*





*When asked if they would like their cultural practices to be a greater part of their birthing experience*

- 49.6% said they would like their cultural practices to be more a part of their birthing experience
- 50.4% said they felt neutral or would not want their cultural practices to be a greater part of their birth experience
- 44.1% felt that their prenatal care providers were not culturally sensitive
- 41.7% felt that their labor and delivery staff were not culturally sensitive
- 57.5% felt that the birth room was culturally insensitive
- 69% said they were not allowed to use traditional instruments
- 29.4% said their requests were not honored by their care providers while 70.6% said their requests were honored
- 29.8% said that their requests were not honored by the birth facility while 70.2% said that their requests were honored
- 29.3% said that their wishes in regards to the placenta were honored while 70.7% agreed that their wishes in regards to the placenta were honored
- 86% said they were not familiar with Tewa birthing traditions
- 14% said they were familiar with Tewa birthing traditions

*When asked if they would like to know more about Tewa birthing traditions*

- 50% said they would like to know more about Tewa birthing traditions

## Historical Trauma

**"HISTORICAL TRAUMA** is the cumulative emotional and psychological wounding over many life spans and across generations that originates from massive group trauma."

- DR. MARIA YELLOW HORSE BRAVEHEART,  
TAKINI NETWORK

*We asked questions about different aspects of historical trauma and the extent to which women felt impacted by each aspect.*

- 31.7% think about the loss of tribal lands frequently
- 55.4% think about the loss of tribal language frequently, and of those 24.8% think about this daily
- 40.2% think frequently about losing traditional ways, and of those 24.6% think about this daily
- 27% think frequently about losing family ties because of boarding school
- 29.5% think frequently about the loss of families from the reservation to government relocation
- 38.8% think frequently about the loss of self-respect from poor treatment by government officials, and of those 15.7% think about it daily
- 35% think about the loss of trust in whites from broken treaties, and of those 14.6% think about this daily
- 53% think about losing tribal culture, and of those 25.2% think about the loss of culture daily
- 67% think frequently about the effects of alcoholism on their community and 32.8% think about it daily
- 69.4% think about the loss of respect for elders from children and grandchildren, while 34.7% think about it daily
- 63.6% think about the loss of respect for traditions by children, and of those 24% think about it daily



## Truamatic Stress Disorder

**POST TRAUMATIC STRESS DISORDER** is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents, or military combat.

- NIH MEDICAL DICTIONARY

*When asked about frightening, traumatic or horrible experiences in their lives and the effect these have had on their every day living, 27.5% of the participants reported having symptoms of PTSD.*

- 44% re-experience the traumatic event through dreams, preoccupation or flashbacks
- 30.5% experience withdrawal or lack of interest because of this event
- 58.3% experience insomnia because of this event
- 44% avoid any place that reminded them of the traumatic event
- 33% who experienced a traumatic event, experienced one of the three symptoms for longer then a month.

**DEPRESSION** is an illness that involves the body, mood, and thoughts, that affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be wished away. People with a depressive disease cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months, or years.

- NIH MEDICAL DICTIONARY

24% of participants are positive for postpartum/perinatal depression which is consistent with rates among other Native communities.

11.7% of participants experienced major depression

23.2% of women experienced general anxiety

*When asked if their parents have a problem with drinking or using drugs*

49.6% reported that they do

*When asked if their partner has a problem with drinking or using drugs*

17.1% said that they do

*When asked if any of their close friends have a problem with drinking or drugs*

24.6% said yes

*In the months before they knew they were pregnant*



**Smoking  
While Pregnant**



## Environmental Health

### ENVIRONMENTAL HEALTH AND PROTECTION

refers to protection against environmental factors that may adversely impact human health or the ecological balances essential to long-term human health and environmental quality, whether in the natural or man-made environment.

- NATIONAL ENVIRONMENTAL HEALTH ASSOC.

*We asked questions regarding disease in the immediate families of the women taking the survey. Of those taking the survey the following was reported:*

- 32% have a family member that has been diagnosed with cancer
- 55.3% reported a family member diagnosed with asthma
- 65.1% reported a family member with diabetes
- 12.6% reported a family member with thyroid disease

*When asked if their children had any illnesses, the following was reported:*

- 20.6% reported they have a child with asthma
- 2.3% reported they have a child with a learning disability
- 4.6% have a child that has to take a prescription drug regularly

*When asked about environmental contaminants*

- 50.8% of women said they believe there are contaminants in their drinking water



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From left to right: Michelle Peixinho (TWU), Dr. Bonnie Duran (UNM), Corrine Sanchez (TWU), Gayle Diné Chacon (Center for Native American Health) of the research team of the Tewa Birthing Project Maternal Health Survey.

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### **International Definition of a Midwife by the World Health Organization**

A midwife is a person who gives the necessary supervision, care and advice to women during pregnancy, labor and the postpartum period. She can conduct deliveries on her own and care for the newborn and the infant. This care includes preventive measures, detecting abnormal conditions in mother and child, obtaining medical assistance, and performing emergency measures in the absence of medical help.



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