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Challenging the colonisation of birth: Koori women's birthing knowledge and practice

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ABSTRACT

Background: The 2007 United Nations Declaration on the Rights of Indigenous Peoples states that Indigenous peoples have the right to self-determination for social and cultural development. This fundamental right has been impeded worldwide through colonisation where many Indigenous peoples have had to adapt to ensure continuation of cultural knowledge and practice. In South East Australia colonisation was particularly brutal interrupting a 65,000 year-old oral culture and archives have increasing importance for cultural revival.
Aim: The aim of this research was to collate archival material on South East Australian Aboriginal women's birthing knowledge and practice.
Methods: Archivist research methods were employed involving a search for artefacts and compiling materials from these into a new collection. This process involved understanding the context of the artefact creation. Collaborative yarning methods were used to reflect on materials and their meaning.
Findings: Artefacts found included materials written by non-Aboriginal men and women, materials written by Aboriginal women, oral histories, media reports and culturally significant sites. Material described practices that connected birth to country and the community of the women and their babies. Practices included active labour techniques, pain management, labour supports, songs for labour, ceremony and the role of Aboriginal midwives. Case studies of continuing cultural practice and revival were identified.
Conclusion: Inclusion of Aboriginal women's birthing practices and knowledge is crucial for reconciliation and self-determination. Challenging the colonisation of birthing, through the inclusion of Aboriginal knowledge and practice is imperative, as health practices inclusive of cultural knowledge are known to be more effective.

Statement of significance

Problem

In South East Australia the process of colonisation actively eroded Aboriginal women's knowledge and practice of birthing. Access to this information held in archives is vital for cultural revitalisation and self-determination.

What is already known

Archive materials relevant to this area have never been collated and access to this information is poor.

What this paper adds

This paper allows access to collated archival material on Aboriginal women's birthing knowledge and practice.

1. Introduction and background

The 2007 United Nations Declaration on the Rights of Indigenous Peoples states that Indigenous peoples have the right to self-determination for social and cultural development.[1] This fundamental right has been impeded worldwide through

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colonisation where many Indigenous peoples have had to adapt to ensure continuation of cultural knowledge and practice.[2] Whilst loss of knowledge has occurred, the teaching of past stories and reviving of culture as a political statement has been implemented to address the imposition of colonial practices.[3] These processes are of high significance in relation to South East Australian Aboriginal (herein called Aboriginal) birthing practice and knowledge.

In the South East area of mainland Australia colonial processes were particularly brutal for Aboriginal people. After initial European incursion into the country of Eora peoples in the Sydney region from 1788, Aboriginal groups whose country is now within the Australian states of New South Wales and Victoria were subjected to widespread dispossession, violence, and introduced diseases in the nineteenth century as Europeans took up large areas of country and forced Aboriginal communities onto missions and reserves. Some communities in the South East of mainland Australia felt the effects of European diseases before they even met the people themselves, with smallpox sweeping through Aboriginal populations along the rivers of central and western Victoria from an epidemic that first hit Aboriginal people in the Sydney region in 1790, and then another in 1830.[4] Once colonisation had begun in Victoria in 1835, Aboriginal people in that colony were quickly subjected to large-scale settler incursion. During the 1830s and 1840s the Western District of Victoria had a reputation as one of the two worst areas of violence in the colony of New South Wales (prior to 1851 the colony of New South Wales included Victoria).[5] In the early years of the colony of Victoria there were astounding rates of population decline amongst Aboriginal communities, with declines estimated to have been 80 per cent in less than twenty years.[6–8] By the mid to late nineteenth century, Aboriginal populations were being relocated to missions and reserves, brought under increasing levels of surveillance, and subjected to intense pressure to give up cultural practices, including practices where governments were enabled to legally remove Aboriginal children from parents.[4]

These processes have impacted on ability to maintain cultural knowledge and practice to fulfil the United Nations right to self-determination, including birthing knowledge and practice. Despite this extraordinary level of colonial interference and genocide Aboriginal people have staunchly maintained and revived cultural knowledge and practice. Revival began gathering momentum in the 1980s with the repatriation of physical cultural material[9] and management of intangible cultural heritage, such as, sharing cultural knowledge through a Aboriginal lens and instead of a colonial one.[10] Australian Government inquiries such as the Royal Commission into Aboriginal Deaths in Custody[11] and Bringing them Home Report[12] raised the profile of archives in relation to the vast amount of Indigenous cultural and family knowledge constrained within them that needed to be returned to communities. The knowledge within these archival records has become vitally important to addressing United Nations right of Indigenous peoples to practice and revitalize cultural traditions and customs.[13] However access to this knowledge is still difficult.

Australian health practices often omit Indigenous knowledge and focus instead on the illness and pathology that has arisen from colonisation imposing a western cultural model that is not inclusive of Indigenous modalities of wellbeing:

> "These approaches have been limited in their success because they fail to deal with the root cause of the problem. They remain external to the local culture and therefore community, and in doing so have the capacity to contribute further to a community's sense of dislocation and loss of identity. Featuring prominently here are medical and psychological approaches emphasizing individual sickness and removing the problem from the historical and contemporary experiences of people with cultural dispossession. Revitalisation projects offer an alternative to these extrinsic and externally imposed projects. They are often established by or with communities. Rather than targeting the symptoms of the illness, revitalisation projects target the cause by attempting to revive community cultures and reconnect people with their lands."[14 p.20]

Challenging the colonisation of birthing, through the inclusion of Aboriginal knowledge and practice is an imperative as health practices inclusive of cultural knowledge are known to be more effective.[15] In order for Aboriginal women to enact self-determination in their birthing, the women require access to cultural knowledge that is essentially derived from two sources; knowledge and practice retained in families and information contained in institutions.[16] The aim of this research was to collate material on South East Australian Aboriginal women's birthing knowledge and practice via archival search for artefacts containing this.

2. Methods

Archivist research involves the study of existing artefacts and the compilation of identified materials from these into new collections of scholarly interest.[17] This process involves understanding the context in which these artefacts were created, as often, the aim of the artefact creation differs significantly from the aim of the archivist research.[17] This archivist research was conducted by an interdisciplinary partnership and focused on searching Victorian institutions and broadened to include some relevant national material.

Authors: two and three are archivist historians; one and four are health and wellbeing researchers; one, two and four are Indigenous and; one and two conducted the archival search. For each located artefact this included literature, photo or public cultural site we recorded: the identified relevant information; the citation; Indigenous status of the author; the place from which the material in the artefact originated for instance language group or geographic area; circumstances surrounding the artefact creation and; any relevant citations. Where citations of material were provided we sought the original material. The material extracted was analysed by authors one and two and author three and four provided expertise in contextualisation of the artefact material

The document search had no year limit, as relevant literature available was known to be limited. We searched institutional catalogues for public artefacts including early settler diaries, Aboriginal oral histories, and early colonial writings; both published and unpublished. These types of artefacts are often housed in institutions where the knowledge held within them can prove difficult to find. This is true on a practical level, where the type of information sought out for this project was in collections that had not yet been indexed and was hidden, being marginal to broader narratives. But it is also true that Aboriginal cultural information in these archives is often given from a European perspective

We initially searched Melbourne based institutional catalogues for historical artefacts using a combination of search terms that included Indigenous (Aboriginal Australia, Indigenous Australia, Koori, Koorie, Native Australia) and maternal (women/woman, mother, maternal, female, baby, infant, pregnancy, labour, post natal, ante natal, midwife, birth) terms. Melbourne based institutions searched included the State Library of Victoria, Public Records Office Victoria, Monash Indigenous Centre Elizabeth Eggleston Library, the Koorie Heritage Trust Library, University of Melbourne Library, RMIT Library, LaTrobe University Library and Deakin University Library. We also searched for online artefacts in catalogues of the National Library of Australia and Australian

Institute of Aboriginal and Torres Strait Islander Studies and conducted a Google search. Physical visits were restricted to Melbourne as resources were insufficient to travel interstate or internationally

Physical visits were made by author one to public cultural sites, including, the Victorian Aboriginal Community Controlled Health Organisation, Birthing Tree, Birthing Cave, the Mildura Welcome Baby to Country Ceremony and the Wathaurong Aboriginal Cooperative Women's Tranquillity Garden. The analysis of the artefact materials occurred with yarning research method. This is a method that supports Indigenous ways of being and assists to decolonise, re-position and support Indigenous knowledge.[18] The authors employed Collaborative Yarning involving reflection and deep discussion to explore understanding and meaning of the artefact materials we collated.[19] In addition, the authors re-imagined and re-enacted some of the activities described in the archives to assist make sense of these. These appear in Figs. 1 and 2 as photographs depicting decolonisation with the past re-imagined into the present.[20]

3. Findings

3.1. Archival artefact context

Five main groupings of artefacts were identified: descriptions of Aboriginal life by non-Aboriginal authors; descriptions of Aboriginal life by Aboriginal authors; Aboriginal oral histories; media reports and cultural sites of significance. Some oral histories and media reports were verbatim accounts, edited by Aboriginal people, or edited by non-Aboriginal collator/editor. An uncomfortable realisation was that non-Aboriginal male authors had created much of the early colonial artefacts on Aboriginal women. These authors were operating from within racialised and gendered colonial discourses that misrepresented Aboriginal societies as backward, as part of projects to dispossess people from their Country, bring about large-scale cultural change and depict Aboriginal women as simply being acted upon by men.[21] This meant interpretation was difficult, cultural blindness and bias was strongly present, in some cases the archival material raised more questions than provided answers. There were less early colonial artefacts created by non-Aboriginal women, who may have had more opportunity to be immersed in Aboriginal women's experiences due to the gendered dimensions of these experiences, but they were similarly enmeshed in racialised discourses about Aboriginal people in the services of colonialism, and so their writings are not unproblematic reflections of Aboriginal women's lives.

Fig. 1. Midwives assist woman birth using a tree to support squatting (re-enactment).

Fig. 2. Midwives assist woman in labour to pull on tree branch (re-enactment).

As the seminal scholarship of Gayatri Spivak has shown, working with colonial archives requires engagement with the epistemic violence of colonisation and a search for the perspectives of women who may ultimately exist in the archives as little more than traces, unnamed and used as a foil for masculine colonial intentions.[22] However, as work by feminist historians has shown that it is possible to recover glimpses of women's agency and attempt to do justice to the lives of the women who are not only the subjects of archival material but of course, more importantly, the ancestors of contemporary Indigenous people.[23]

Aboriginal stories in oral histories, autobiographies and media began to appear in the mid to late twentieth century. These narratives relay details provided by people who have experienced culture and Aboriginal life. Far from being traces in the archive, Aboriginal women in these narratives are family, who are named, loved and cherished in memory. As researchers we found these stories an honour to read. It was simply a relief to shift away from a colonial and outsider gaze and move toward the insider and self-determined voice. Although not an aim of the project the search also identified aspects of labour and birth documented by Indigenous women from other parts of Australia. We have included some of this material to add to possible interpretations of descriptions of Aboriginal women's birthing practice.

3.2. Birthing knowledge and practice

The majority of material from artefacts described practices that connect birth to country and the community of the women and

their babies. For instance, birthing trees were frequently described as places that connected mothers, babies and community to country, such as, this description of a tree in Wollongong, New South Wales:

> "The big tree at Figtree was a birthing tree. We used to be taken over there; Muriel (Davis), Diddo (Alma Maskell-Bell) and myself. We were never allowed to climb up there. Queen Emma Timbery had lots and lots of children and quite a few of her children were born there. And quite a few of the children that came just before us (1937) were born there as well. No man would ever go there. The tree that was at Figtree, that's dead and gone now. There were several birthing trees. After the baby was born, sometimes the placenta was taken home and buried under a wattle tree and that became part of the person's dreaming. (Sometimes) the placenta was buried under the Fig Tree. That information was handed down to me."[24 p.46]

Anecdotally, the Aboriginal community know of many birthing trees, however very few are publicly documented. One well-documented birthing tree is located in Western Victoria on Dja Dja Wurrung Country and was described as:

> "The Aboriginal Maternity Tree is a giant River Red Gum, estimated to be about 700 years old – dating from the time when the Black Death swept across Europe. It has a 15-metre girth and its hollowed out centre was used as a shelter by the Jajawurrung clan, particularly by Jajawurrong women giving birth. It is recorded as a Significant Tree on the Register of the National Trust."[25]

The tree has fused branches a method whereby Aboriginal people altered a tree's appearance to stipulate significance of an area and indicate a way-finder as part of a song line or cultural map.[26] On visiting this tree, it was difficult to imagine how a woman in labour would comfortably fit into the cavity of the tree, given the physical requirements of labour. It is more likely that the larger area surrounding the tree was used as a birthing space (see Fig. 1). For instance, Aboriginal women were identified as using trees to lean against during birthing[27] and Indigenous women in other parts of Australia have also described using trees to lean against to support a squatting position for birth.[28] Giving birth under trees, or people being born under trees, was well documented. Stan Grant, a prominent Wiradjuri man, documented that his maternal grandfather had been born under a tree near Coonabarabran in New South Wales.[29] Joyce Williams, also Wiradjuri was born under a tree and her placenta was buried there. Her grandmother told her that the burial of afterbirth connects you to country.[30]

The Birthing Trees are highly culturally significant, Watte Wanne women in the Parramatta region of New South Wales describe birthing trees as ceremonial women's places that connect newborns to ancestors and country.[31] Intergenerational stories from the Murray-Darling area also describe this relationship:

> "There is a much-loved story told by Aboriginal people on the Murray, that when you open out the swim bladder of a Murray cod, the tree-like forms of its skin reveal the place where the fish was born. Aboriginal children are sometimes told that this is the very same tree under which they were born. These various skin stories reveal the connection of people to the Murray Darling river system, where 'everyone has a place under the tree'."[32]

The archival materials described more ways that trees assist with labour (see Fig. 2). Indigenous women in other parts of Australia tell the story of using tree branches as part of an active labour, for example, in Northern Australia where Molly Wardaguga a senior Aboriginal Health Worker from Gupanga in Arnhem Land recounts:

> "I said to them I've got lots of pains you know and they said to me, you look, that tree over there, that bending one tree, you go there and you have a little swing up and down, up and down. So I did."[33 p.277]

Research conducted on women's experiences of labour and birth in Maningrida, Arnhem Land also described use of trees to assist with labour:

> "Her mother had told her when she had a lot of pain she could make the baby come out quickly by going to a tree in a bush. She should get a branch of the tree and pull down on it and swing on it swinging up and down, not backward and forward, up and down."[33 p.283]

Cultural birthing areas are not just associated with trees; birthing caves were also described. One of these is publicly documented in Wathaurung country at Portarlington.[34] When visiting this cave, a similar impression to the hollow birthing tree (described above) was encountered; the space of the cave did not appear conducive to the physical requirements of labour. It is likely, similar to the birthing tree, that the cave was used in conjunction with the surrounding environment. Similar to the birthing tree the cave surrounds had been altered significantly and so only a partial impression of what the site would have originally looked like could be gleaned. As the cave is located near a beach it may have been that the sand was used as part of birthing:

> "In some parts, when a birth happened near sea-shore, it was custom to warm the sand on the sheltered side of a sand hill by making a small fire on it; and when the babe was born a hole was scraped, and it was placed in it and covered up to the neck with warm sand. After a lapse of a few hours it was given to the mother, and her attention to it alone was deemed sufficient."[27 p.48]

It is possible that the fire described here was used to sterilise the sand, assisting to warm the baby and also seal the umbilical cord a practice that has been described in Central Australia.[35] An Elder from South Australia provides further explanation of using sand with newborn babies to clean and connect the baby to country:

> "When we were born grandmother cleans us with the warm sand not with water. We'll clean by warm sand and we're still doing it til this day. I was born in the Manta born on the sand, the Earth."[36 p.16]

The birthing tree and cave sites raise questions about Aboriginal women's past experiences of these spaces. It is clear though, that these places and the conceptual idea of these places, continue to connect people to country. Recently a birthing tree was depicted as part a large mural on the face of the Victorian Aboriginal Community Controlled Health Organisation's building. This organisation is the peak body for Aboriginal health in Victoria and coordinates a state-wide Koori Maternity Services Program.[37] The Wathaurong Aboriginal Cooperative in Geelong refers to a tree in their Women's Tranquillity Garden as a birthing tree. The tree and garden located at the Cooperative are part of a continuing cultural practice, whereby Aboriginal women bury their placentas in the garden beneath the birthing tree to connect their children to mother earth, the Cooperative community and the families who have placentas buried there.[38]

Artefacts also contained material about South East Australian Aboriginal techniques used in labour. In Sydney, New South Wales non-Aboriginal women attended an Aboriginal birth and recounted the story to a colonial official in the late 1700s who described it in his journal:

> "During the time of parturition these people suffer none but females to be present. War-re-weer, Bennillong's sister, being taken in labour in the town, an opportunity offered of observing

them in that critical juncture, of which some of our women, who were favourites with the girl, were desired to avail themselves; and from them we learned, that during her labour one female, Boo-roong, was employed in pouring cold water from time to time on the abdomen, while another, tying one end of a small line round War-re-weer's neck, with the other end rubbed her own lips until they bled. She derived no actual assistance from those who were about her, the child coming into the world by the sole efforts of nature; neither did any one receive it from her; but, having let it drop, one of our women divided the umbilical cord; after which, she retired to a small hole which had been prepared for her, over which she sat until the after-birth took place. The person who cut the navel-string washed the child, which she readily permitted, though Boo-roong and the other natives objected to it. She appeared much exhausted, and, being faint, fell across a fire that was in the place, but without receiving any injury."[39 p.363]

The pouring of cold water on the abdomen is a method of pain control[40] and both hot and cold packs as well as water are used to ease pain in labour.[41] The purpose of line around the neck is an intriguing mystery. Similar, to this description, Aboriginal women have (more respectfully) outlined labour practices with provision of comfort and preparing a hole in the ground. Jilpia Nappaljari Jones describes how her mother's generation gave birth in the Kimberly area in Western Australia:

"In my mothers time birthing was carried out in one's own country with all the rituals and traditions such as squatting over a prepared hole in the ground covered with soft grass and leaves as well as a soft red sand. The female midwives such as my grandmothers and other designated women attended to give physical and emotional support such as holding and massage; this relieved the discomfort of labour. More particularly it removed fear and fear is responsible for so many prolonged and complicated labours."[42 p.103]

Squatting in an upright position during labour is recorded elsewhere. Women from Maningrida, Arnhem Land say that the Aboriginal way to birth is to squat with flexed legs, heels under bottoms and knees spread out. These women said this was better for the baby to come out straight and down and in this position women do not feel vulnerable (in comparison to laying on back). Women are encouraged to control the passage of the head and protect the perineum by squeezing their buttocks with the heels.[33] Similar to material described here, other cultures have active birthing practices that involve pulling and squatting with aid of supports. In some cases these have been re-introduced into hospital environs to assist reduce medical intervention.[43]

The archival material included songs sung for the baby during labour. Vicki Couzens a Gunditjamara woman describes a welcome song for babies to keep the baby's spirit safe from the moroops or bad spirits:

"ngowata ngowata koornong poopoop
come, come little baby
ngowata ngowata
come come to us
ngathoongan ngarrakeetong
we are your family
wayapawan ngeerrang-an wayapawan koorrookee-an
meet your mothers meet your grandmothers
koornong poopoop, ngyoorn ngyoorn
do not cry, we keep you safe
ngowata ngowata koornong poopoop
vlcouzens (c) 2009."[44 p.30]

Aboriginal people welcoming babies to families and communities has continued with Welcome Baby to Country Ceremonies revived and conducted as part of continuing cultural practice.[45,46] These formal ceremonies involve Traditional Owners welcoming children to the community and country. There are different practices of this, for instance, Traditional Owners may welcome children who have a connection to their country. In this case the children may be born in the area, live in the area or be Traditional Owners of the area. The aim of this ceremony is to introduce the children to the community and ensure they have been formally welcomed to country by the Traditional Owners. In other instances Traditional Owners may conduct welcome to country with babies and children within their own language or family group and this is more directly related to the business of being a Traditional Owner.

Songs for labour also exist in Central Australia as well as songs used for lengthy and problematic labour.[35] Through affiliations with the Monash Indigenous Centre, Booroola women in the Northern Territory heard about this research project and gifted this song to the project through Aboriginal oral practices[47] to add to understanding about celebration of birthing though song. It is sung for a woman in labour and can be sung by a man or a woman.

"Ngalubindibindi, dakarrbindibindi
Ngaluma yanjarri, dakama yanjarri
Warayalabindibindi, wurduludulu
Muralarala, wardaba ngalijindarra
Kurdulu ngalijindarra.
Wanthama! Wanthama!
Fill your chest/life spirit with strength,
Rest quietly,
This life will be born,
Squat and this life will be born,
Your body is strong, your heart/life spirit is strong,
This song from the Goanna Ancestor,
Enter your stomach/spirit! Enter make your pulse/heart strong!
Wanthama! Wanthama!"[48]

Archival artefacts also contained material about the care of babies immediately after birth, particularly, temperature management as part of holistic care. As previously mentioned, sand was used to clean, warm and connect baby to country. Gunditjamara babies were described as being laid in soft dry grass or wrapped in possum skins.[49] Prior to colonisation every Aboriginal person had a garment made from possum skins and these had not been made for over a hundred years until the 1990s when the method for making these was revived.[50] One maker of these, Maree Clarke, describes how possum skin garments connected a person from birth to country and community:

"Every Aboriginal person in south-east Australia would have had a cloak because of our climate down here . . . You'd get one as a little baby, and as you grew, the cloak grew with you, and it would have traditional markings of your clan, your family, and who you were . . . it's almost like an autobiography, this cloak."[51]

Gunditjamara people are further described rubbing ash, ochre and fat on the baby's skin and a placing a string of possum fur around the baby's wrist.[52] Margaret Tucker a Yorta Yorta woman also describes the Old people telling stories about new babies being rubbed with naturally sterilised cold ashes like talcum powder.[53] There was also a reference from the Gunditjamara area about treatment of babies who did not showing usual signs of wellbeing after being born:

"the child seems still-born the nurse repeats the names of all of her acquaintances in her own and neighbouring tribes, and, if it shows signs of life on her mentioning one of them, it gets the name of that person, who afterwards takes a kindly interest in it, makes it presents, and shows it attention at great meetings."[49 p.38]

Mothers after the birth are described as being well cared for; provided food, water, fire and warmth. Dawson[49] describes Gunditjamara women being kept warm with hot stones. Fathers are described as visiting the newborn baby and mother providing firewood and water.[27] In addition, Aboriginal women from the Northern Territory describe the mother and baby being smoked or steamed after the birth.[33] This has been described as being practiced widely by Aboriginal women:

> "There is remarkable similarity of postnatal technique in areas ranging from Cape York and Arnhem Land to the MacDonald Ranges in Central Australia. The leaves and plants may vary but the procedure does not alter much. A pit is dug and the medicinal steam-producing leaves are placed over a small fire inside. When the fire subsides, the green plants give off a great deal of steam. The woman who has just given birth is hoisted over the steam by her relatives and squats or sits over the pit so that the steam goes right into her body. In northeast Arnhem Land the steam bath is produced by placing takay rushes (Eleocharis dulcis) or the bark of stringybark trees over the fire. The bark from Erythropleum chlorotachys when used similarly after childbirth is thought to sterilise the woman. In the centre, branches of the common plains plant Eremophilia longifolia are placed over a fire to make a cleansing steam medicine used after childbirth."[54 p.210]

The similarity of birthing practices across Australia is not surprising. Indigenous Australians have long had song-lines which include trade routes through which resources, such as, goods and cultural knowledge were exchanged.[55] Women also moved between language groups for marriage[56] taking their birthing knowledge along with them. This is not to say that all Indigenous Australians had or have the same birthing practices, differing weather, environments, country and plant medicines, are some examples of how this would not be practicable.

In comparison to descriptions of labour and birth practices the archives provided an abundance of material on Aboriginal midwives. These women were described as helping women through their labour and training younger women in midwifery skills. In Victoria, older women have been described as assisting younger women in a miam or bark home,[27] and preparing spaces with warmth and shelter is also described by women in Central Australia.[35] Gunditjamara midwives are described as attending at births and being paid, or honoured, for their time with possum skins:

> "During her confinement her husband lives elsewhere, the neighbouring wourn's are temporarily deserted and everyone is sent away from the vicinity except two married women who stay with her. Should she not have a mother to attend her a professional woman 'gneenin' two of whom are generally attached to each, is sent for and compelled to nurse her and the baby til she is able to attend to it, and to resume the performance of her domestic duties. In return for these services the nurse is kindly treated and well fed, and generally presented with an opossum rug".[49 p.38]

Aboriginal midwives also attended non-Aboriginal women of the colony to assist in their birthing.[42,57] Uncle Lenny Clarke describes about how Aboriginal midwives delivered babies for everyone in South West Victoria:

> "When children were born, it was always the Aboriginal female Elders that would deliver the children into this world and not only that, even today some of the real older people in the white community that will still tell you stories of some old Aunty turning up and delivering their people and so these Elder midwives, they not only delivered children in our community at Framlingham, but they also delivered all round in the surrounding areas."[58]

Aboriginal women practicing midwifery continued when people were moved onto missions and reserves. Louisa Briggs when at Coranderrk Mission was described as an expert midwife and nurse (Barwick 1985). Aboriginal midwives are described with reverence, admiration and pride. The ability to name the Aboriginal woman who was your midwife provided social connection and strengthened identity, as is described below in oral histories. Aunty Laura Bell talks about Lake Condah and the women who delivered babies there. 'The grannies they were the midwives there. Like who had the babies like Granny Arden and Granny Foster, they delivered the babies'.[58] Aunty Ivy Marks talks about the midwives at Lake Tyers and practice of active labour:

> "the midwife was Aunty Ethel Hood, and she was really good with us when we used to have our children. She more or less knew what to do and what not to do, you know, yes. And we never had vehicles to bring us from our houses. We had to walk in labour, we used to walk, and every time I had my children, it was always lightning and thunder or a storm or something."[58]

Uncle Colin Walker talks about his Grandmother and Great Grandmother and how midwifery skills were handed down:

> "I remember when I was a child 'cos my grandmother was a midwife and she had it handed down to her from her mother 'cos my great-grandmother, Annie Hamilton was the first midwife around to ever get a certificate – the first Aboriginal woman to get a certificate for a midwife. So, it was handed down just like men handed down their culture and knowledge, and the women . . . women's business, they did their thing."[58]

Rita Watkins describes the importance of Aboriginal midwives in being involved in birth of children and defying Government regulations, such as the "Half-Caste Act" Aborigines Protection Act 1886 which attempted to remove social connection between Aboriginal people by changing the definition of who was Aboriginal[59]:

> "I believe the government policies that affected our family's lives did not deter us as Aboriginal people. My mother went back to Lake Tyers so that I could be born with the help of Auntie Julia Thorpe . . . I am sure that both grandparents would be happy and proud that most of their family is still involved in Aboriginal affairs issues and aspirations – not as 'half castes', but as GunaiKurnai Aboriginal people from Gippsland."[60 p.116]

Uncle Sandy Atkinson talks about his experience at Cummeragunja, the respect given to midwives and their central position as leaders in the community. He also describes an important change in practice whereby the imposition of western medicine starts to undermine the cultural practice of Aboriginal midwifery:

> "I often tell a story about Nanny Nora in my time, you know, and she was like a midwife and she was sort of somebody special because she could spill across many political boundaries, you know, because she was a midwife and I was delivered by her and lots of people in my generation was delivered by Nanny Nora. So you could put her in that same category too because she would be able to front up to the manager who would have looked up to her as well, you know. But then even after a while she – a lot of those, in every Aboriginal society there would have been those midwives, you know, that was a powerful person in that community, but then come the days later on, like Cummeragunja, they established a little hospital and so then that was taken away from those women and put in the hands of registered nurses who came there."[58]

Uncle Sandy's story provides an example of how colonisation undermined Indigenous women's positions of power and increased colonial control over management of women's bodies.[61]

4. Discussion

This collection of archival material provides insight into strong, vibrant and sophisticated Aboriginal birthing knowledge and practice that potentially all women could benefit from. There is great opportunity for birthing related spaces to be re-imagined to include these practices, for instance, possibilities exist to: simulate pulling on a tree branch; provide opportunities to use squatting and leaning in ante-natal care, labour and birth; provide opportunity to have steaming with medicinal plants after birth; provision of processes and places for placenta burial; ensure women can be supported in labour by other women; re-create songs for birth and welcome babies to country. Inclusion of Aboriginal birthing knowledge and practice is an opportunity to have an authentic birth model that can empower all women and babies to have strong birthing and connection to country. There are Aboriginal families fortunate enough to birth on their ancestral country, crucial for a strong and vibrant culture. However, many Aboriginal women no longer have the privilege to birth on country and for non-Aboriginal women who have migrated to Australia there is opportunity for Aboriginal birthing knowledge to provide connection and meaning for these families to Australia's ancient cultural history and identity. This is important as social connection and connection to place is known to have many health and wellbeing benefits.[62–65]

This study had limitations as we reflected on archival materials from a contemporary view. The aim was not to recreate knowledge and practice; rather, the purpose of putting this material into the public domain is to allow people access to collated material for incorporation of concepts into today's world. In keeping with good practice culturally and ethically use of this information to develop cultural applications requires appropriate inclusion of Aboriginal representation, such as, Aboriginal Health Workers, Traditional Owners or similar.

Cultural revitalisation of birthing practices is a two-way process. Firstly, it requires Aboriginal women to be empowered to have access to Aboriginal birthing knowledge and practice. These women also need access to and understanding of cultural birthing sites, such as, caves and trees. These highly respected and significant places of importance deserve great care and appropriate interpretation. Secondly, cultural revitalisation requires non-Aboriginal people to embrace Aboriginal birthing knowledge and practice, to provide the space for this and support implementation. For instance, Koori Maternity Workers were funded in 2001 in Victoria with their role to work alongside midwives and hospitals.[66] Whilst this was an important step these programs do not always empower Aboriginal birthing knowledge and practice but instead impose a western model of birthing. For this to change birthing institutions' policies and procedures need to be inclusive of Aboriginal birthing knowledge and practice with associated employee professional development. Midwifery scholarship also needs to include Indigenous birthing knowledge and practice, in particular, addressing the myth that modern Australian nursing and Midwifery started with Florence Nightingale, in fact, Australian midwifery has much more ancient and vibrant roots that are at least 65,000 years old; a component of the oldest continuing culture in the world.[67] This is particularly relevant to efforts to increase access for Indigenous people to midwifery courses.[68,69] Meaningful scholarship inclusive of Indigenous Midwifery is imperative so that the true history of the profession can be told, the writing out of Indigenous peoples can be redressed and Midwifery reconciled.

5. Conclusion

Archival research can be used to assist with development of culturally appropriate healthcare. Information exists about Aboriginal women's birthing knowledge and practice and there is an exciting opportunity for midwives and health services to incorporate this into day-to-day practice. This will require considered and thoughtful partnerships with appropriate representation from Aboriginal women.

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