

The Healthy Navajo K'é Project Presents *The Indigenous Doula Report*

*Rooted within the community-based perspective:
The Heartwork of 2025-2026*



Composed by ShiLeah F. Benally

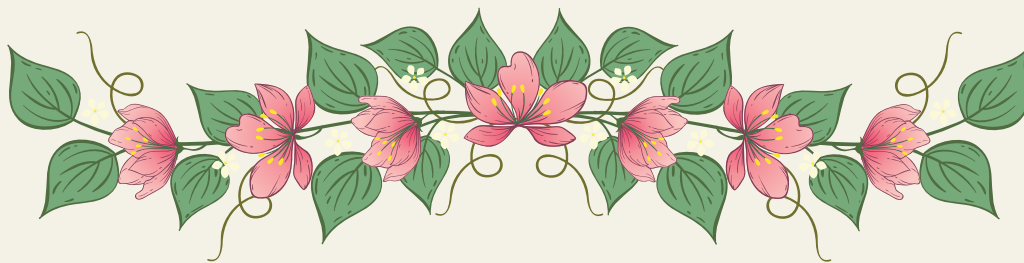
June 2026



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Acknowledgements

This report is written from a community-based lens, highlighting the work of two Certified Indigenous Full Spectrum Doulas operating as contractors under Diné College's Public Health Program at the Healthy Navajo K'é Project. It has been an honor working alongside the project team and we are very pleased to share this community-based report with our readers. As full spectrum birthworkers, we uplift and protect the lives of our 2sLGBTQ+ relatives, Black and Brown kin, disabled relatives, and all other marginalized individuals who are living proof of resilience and communal love. The heartwork we pour into our diverse and beautiful communities will be reflected throughout the report and will inspire us to continue forward.

We recognize our culture and heritage in our heartwork, acknowledging and holding deep reverence for Creator, Mother Earth, Father Sky, and our 2-Spirited sacred beings. We are grateful to receive the guidance from the star world that holds the spirits of our beloved bloodlines, encompassing the fires our ancestors and elders once felt in their hearts. We will always be connected and thriving through collective Hózhó.

We also wish to extend our gratitude to all of our teachers & mentors, community-based birthworkers, key partners, steering committee members, funders from the W.K. Kellogg Foundation, supporters, and all community members. None of this work would be possible without our kinship and we are grateful for all of our relatives who have helped shape these initiatives.

Special Letter

I wanted to take a moment to recognize two incredible women whose work has deeply inspired me: ShiLeah and Gayla Benally.

It has truly been an honor to not only know them, but to watch the beautiful work they are doing throughout the Diné/Navajo communities in Farmington, Shiprock, and along the Arizona border. Their dedication to their people, their culture, and their community is something that deserves to be recognized and celebrated.



I first met ShiLeah two years ago at a conference and later had the privilege of working alongside her through the New Mexico Doula Association. From the very beginning, I could see that she has a special gift. She has an incredible way of making people feel seen, heard, and valued. Her compassion, leadership, and commitment to serving others are evident in everything she does.

As I've gotten to know both ShiLeah and her mother, Gayla, I've had the opportunity to witness the work they are building together. While many may know them through birth work, what they are creating reaches so much further than that. They are bringing people together through storytelling, healing circles, conversations with elders, cultural teachings, and community gatherings that create safe spaces for people to reconnect—with one another, with their traditions, and with themselves.

They are courageously opening conversations around topics that have often gone unspoken within their communities. Rather than allowing those conversations to remain in silence, they are creating spaces rooted in respect, healing, culture, and compassion. They are listening to what their community needs and responding by building circles that foster belonging, connection, and hope. That kind of work is sacred.

This year, as we launched Birth & Babes here in Las Cruces, one of the greatest blessings has been welcoming ShiLeah and Gayla into our community.

They have already joined us for several of our Birth worker Self-Care gatherings, and I couldn't be more excited that they will now be partnering with us to bring some of their workshops and circles to Southern New Mexico.

The truth is, we don't have Indigenous circles like the ones they have created in Northern New Mexico. We have very few opportunities for Indigenous families, birth workers, and community members to gather in culturally rooted spaces here.

I believe these circles are not only needed—they are essential. Healing looks different in every community, and honoring Indigenous traditions and wisdom is something that deserves a place throughout our entire state.

Watching the impact they have had in their own communities has made my heart so full. Their work is unique, deeply meaningful, and something I hope continues to grow across New Mexico. I also love that they have begun offering virtual circles, making it possible for people from all over to participate, learn, and heal together. That kind of accessibility allows their work to reach people who may otherwise never have the opportunity to experience it.

There is something incredibly powerful about women who dedicate themselves to preserving culture, uplifting elders, supporting families, and creating spaces where people feel safe enough to share their stories. ShiLeah and Gayla are doing exactly that, and they are doing it with grace, humility, and so much heart. It is an honor to call them friends, colleagues, and now community partners. I am incredibly grateful for all they are doing and cannot wait to see the lives they continue to touch as their work expands into Southern New Mexico.

With deep gratitude,

MJ Russell
Birth & Babes



Purpose of the Indigenous Doula Report



Rewinding back to 2024 with the Healthy Navajo K'é Project, *formerly known as the Navajo Maternal and Child Health Project*, our purpose stems from the collective efforts of the 2024 Strategic Plan: *To improve maternal health on Navajo Nation*. This report exists to directly provide updates to our community because we honor their trust in which they instill in our efforts. We wanted to create a community-based report in a language that speaks to people's hearts, and this report will be used as an educational tool, a way of data

sharing, a unique read for relationship building, and a display of transparency and accountability in our work with the Healthy Navajo K'é Project as contractors. We believe in the mission and vision of HNK and are proud to be a part of their team and shared goals.

Healthy Navajo K'é Project

VISION:

To empower and support Diné mothers and those who give birth, their partners, and families living on and around the Navajo Nation in receiving equitable, culturally-appropriate healthcare before, during, and after pregnancy.





MISSION:

We envision a world of healthy and thriving Diné caregivers and children receiving culturally safe, healing-centered, and accessible health care before, during, and after pregnancy in seeking Hózhó.

HNK FOUR PRIORITY AREAS:

PRENATAL CARE:

“By 2030, 75% or more of Navajo women in Arizona and New Mexico will start prenatal care in the first trimester” (Based off NM/AZ PRAMS)

- Increase community awareness of existing perinatal health resources
- Promote sexual and reproductive health and prenatal care education prior to conception
- Improve access to quality prenatal care services and providers

BREASTFEEDING:

“By 2030, 70% or more of Navajo women in Arizona and New Mexico will report breastfeeding 2 months or more” (Based off NM/AZ PRAMS)

- Increase community awareness of existing lactation resources
- Increase Navajo lactation support workforce
- Improve access to inclusive lactation support services and providers

NUTRITION:

“By 2030, increase the proportion of American Indian/Alaskan Native (AI/AN) women residing in three counties on the Navajo Nation who had a healthy BMI before pregnancy by 5%” (Based off CDC WONDER)

- Increase community awareness of existing nutrition resources
- Increase collaboration among existing nutrition programs
- Increase community access to existing nutrition resources

MENTAL HEALTH:

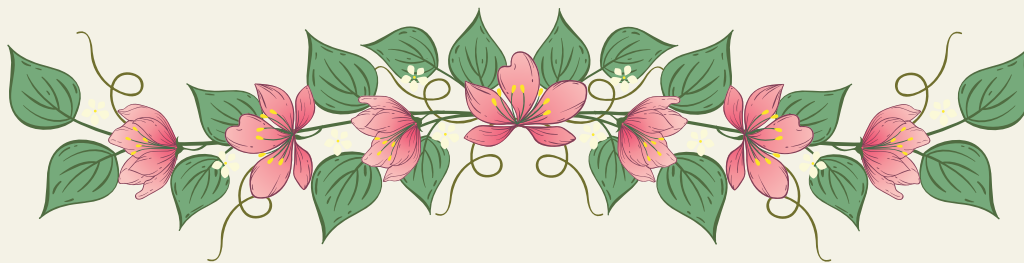
“By 2030, see an increase in access and utilization of mental health resources among women with postpartum depressive symptoms” (Based off NM/AZ PRAMS)

- Increase community awareness of existing mental health resources
- Increase mental health provider and educator workforce
- Improve access to mental health services and providers



HNK + INDIGENOUS BIRTHWORK

As professional doula contractors with HNK, we are here to assist the project team with meeting their goals towards achieving the objectives within each existing priority area. Our roles as Indigenous Birthworkers working alongside HNK is crucial for each action item to be met in a way that is aligned with the full spectrum values within the perinatal landscape and in reverence of our Diné people. We are honored to be here with our team.



Meet the Indigenous Doulas



Yá'át'ééh, our names are Gayla Benally and ShiLeah Benally, and together we are a mother-daughter duo of familial matriarchs, Indigenous Birthworkers, and “auntie leaders” in our community. We live in Shiprock, New Mexico on our ancestral lands and family farm.

Together, under “*Birthing Garden*,” we work towards achieving collective liberation and intergenerational healing for all families and relatives seeking full spectrum support. Our work is primarily New Mexico-based however the future is ever-changing, expansive, and ultimately prosperous. We are here to walk in beauty with you as we guide you through our Indigenous Doula Report.

Gayla Benally

Greetings, my name is Gayla Benally and I am a Sioux and Navajo woman who wears many titles ranging from “Elder Matriarch” to “Trusted Friend.” Being a mother and grandmother are my most important roles alongside being a *Certified Full Spectrum Birthworker and Traditional Doula*. I am also a *Retired Educator, Reproductive Justice Advocate, American Indian Movement Supporter, and a Community-Based Caregiver*. My heart is with all families coming from a multitude of backgrounds and cultures, and I work to support all humans from birth to old age and beyond.



ShiLeah Benally

Hello there, my name is ShiLeah Benally, and I proudly come from the bloodlines of my Lakota ancestors as well as my Diné lineage. I am a mother to my one and only son and an auntie to an abundance of children, including those in my community. I am a *Certified Indigenous Full Spectrum Doula, Certified Breastfeeding Specialist, Certified Death Comadre, Certified Birth and Postpartum Attendant, Indigenous Lactation Counselor, and a PAILAdvocate (Pregnancy and Infant Loss)*. My work varies from direct service with families to state and national work in terms of reproductive justice and full spectrum maternal and child health.



An Inside Look at the Hearts of Mother-Daughter Indigenous Doulas

A unique part of our work together is the simple fact that we belong to one another – as mother and daughter. Together we are a true reflection of one another and have an unbreakable bond through the sacredness of our wombs and chemical makeup. We have been connected to full spectrum birthwork from the very beginning of our matriarchal bloodline, and to be living it now as doulas, we formulate values in how we carry out our practices.

Cultural Aspects + Collective Hózhó

As Native mothers and birthworkers, we have an understanding in our traditional practices and beliefs that helps to guide us toward what we call “Collective Hózhó.”

This is not a new concept, it is an achievement in self-improvement and communal love that has always belonged to us and we can acquire such balance and harmony alongside others. This is how we heal our people, collectively as one. Every person deserves access to reaching Hózhó and we bridge those gaps for others. This is full spectrum care.



Our full spectrum framework stems from these values:

- The sacredness of our 2sLGBTQ+ relatives will always be honored
- We will always remain community-based, from our home to yours
- Healing is personal as well as intergenerational and it's your right
- All of our efforts are rooted in reproductive justice, harm reduction, and trauma informed care – we meet everyone where they are at
- Every reproductive health journey and all major life changes are a part of a person's ceremony in life– body sovereignty is at the forefront

Lactation Policy at Diné College



Since the beginning of our contracts with HNK, we identified the need for a dedicated lactation space for families to use on campus and also the lack of a lactation policy implemented within the institution itself. This ties back to all of our key focus areas of the project: *Breastfeeding, Mental Health, Nutrition, and Prenatal Care.*

One of our first priorities was identifying key partners to collaborate with during the entire process of the lactation policy – which included the planning stages of lactation rooms, writing the policy itself, and ways to present this initiative to others in a way that is comfortable, positive, and culturally aligned.

We had the pleasure of working closely with the *Northern Community Engagement Liaison and Four Corners Chapter Officer*, Faith Lee, from the New Mexico Breastfeeding Taskforce. She has been our champion during this process. We then identified a handful of Diné College staff and faculty to discuss the lactation policy with and we were ultimately blessed with their support.

DIRECT QUOTE FROM THE POLICY:

“As Native families, we understand the power of Hózhó through the love we experience in our homes, and to bridge those beautiful moments with the world of academia, creates a meaningful shift in culture.

This is where higher-level education facilities such as Diné College create a world of accessibility, connection, and community.

We lead by example here at Diné College, and we advocate for our Navajo families to feel seen, supported, and culturally-safe while they are present at our campuses.”



Healthy Navajo K'é Project Lactation Policy Proposal Meeting

Tuesday, June 9th, 2026
2:00 PM - 3:30 PM MST
Virtual Meeting – Zoom



On June 9, 2026 we hosted a virtual meeting to present our Lactation Policy Proposal and invited college staff, faculty, students, and community members to learn about the importance of having this policy, discussion about the family lactation rooms, and highlighting data around lactation support and mental health. During this process, we received positive feedback and support. As of currently, late June 2026, the policy implementation process has begun and is projected to be fully accepted and adhered to by 2027.

DIRECT QUOTE FROM THE POLICY:

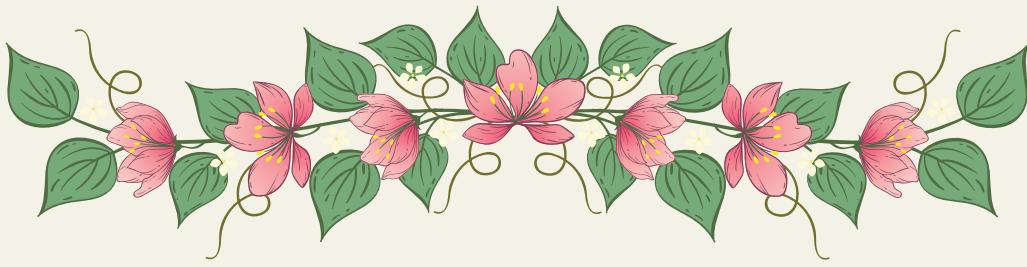
“Adequate postpartum support for healing with our birthing parents and mothers starts with allowing ample time for our community members, to access a private and dedicated space to feed their babies in the way that works best for every family’s individual needs.

We know that milk medicine is invaluable to the families who feed their babies human milk, and it is a traditional practice from our ancestors that we are working to reclaim, normalize, and revitalize within and around the Navajo Nation.

Granting individuals breaks to express their milk creates a positive outcome in an abundance of ways for both the person lactating and the infant receiving the expressed milk.

Milk expression breaks also encourage higher success rates in work and academic performance since human beings require understanding and patience in all postpartum support dynamics, which will benefit the work/school commitment and the life balance of healing and parenting.”

We are thrilled to share a breast/chestfeeding policy that is one of a kind. The policy is culturally-rooted, community-based, inclusive, and personal to all. It is reflective of our matriarchal values and offers a solution to the needs of families and our children.



Community Outreach: Talking Circles

As active birthworkers providing a plethora of services to our communities, we continuously accumulate a growing number of observations and data from the families we serve, our partners, the public, and the environment. With every piece of information we receive and track, we are conducting our very own community needs assessments and providing solutions to proposed concerns and issues through Talking Circles.

One of the patterns we noticed in our community is the lack of community. Isn't that a paradox? Perhaps, and this is what is happening to our families and people—we have no community, no support system, no kinship, no connection, and we are in dire need of communal care and love. A lot of our teachings have been built from oral history and with colonization, assimilation, and abuse of power being at the forefront of our traumatic history as American Indians, too many of our

families are left broken and our people are getting lost. Maternal mortality rates of our Black and Native American birthing people and women, Missing and Murdered Indigenous Women and Relatives, and other stigmatized statistics reflect this bruise of intergenerational trauma, unresolved grief, and



systemic hardship. We are here to provide our diverse communities with a tool that can be used to build relationship with one another and self, deepen kinship, foster interactive curiosity & education, empower caregivers and children, and offer a communal care system to those who need it most.

Talking Circles are both a form of community outreach and opportunities for growth, it is more than just a space to be together with others, though there is a beauty in that aspect as well. Our people thrive on socializing and being with others. The sacredness of our talking circles is an important tool that can be used for self-care and connection in an abundance of ways, and we want to share this with as many individuals as we can. People are disconnected from one another and to establish a trusted circle with our people has the potential to flower into a powerful movement for many communities.



We hope to pass on the tradition of oral history and story-telling in these spaces, and shifting our talking points back to building trust, shared responsibility, cultural connection, learning & teaching, and healing.

Empowerment and shared resilience are an oath to our heartwork, and we can help others reach this point of self-esteem by sharing our voices, laughter, concerns, questions, and stories with one another.

Language arts and storytelling with dedicated matriarchs and aunties is medicine for our hearts & souls. Collective Hózhó belongs to each of us in the circle.

Past Talking Circles

We have conducted a handful of Talking Circles this past year and it has been a pleasure offering these spaces for our community members alongside the HNK Project. We hosted the ***“Breastfeeding Asdzáán Circle: Honoring***

Indigenous Milk Medicine in Our Communities” and this specific circle was special since 1 young and expecting family attended this. Both of us were able to connect with the family on a deeper level and they wanted to move forward with receiving doula support from us, which is continuing now into later postpartum support and blooming into a beautiful friendship. Witnessing the clients’ desires to learn more about the magic of lactation and strengthening their parenting skills and relationship together was inspiring for us as birthworkers, because we played a small role in helping them achieve that.



We also hosted the “***Elder Gowééh Circle: Building Confidence, Kinship, and Healing for the Golden Years.***” This Talking Circle was specifically designed for elders 55+ and their caregivers and families. We also had an intimate number of attendees during this circle and had the opportunity to share a home cooked meal with the guests and inform them of our

work and goals with community outreach. The people responded with positive feedback, support, and a desire to be more involved with these offerings. The feedback we gathered was met with a shared sorrow— an issue with getting older and growing apart from others, even family, and the loneliness epidemic is affecting our elders and disabled relatives the most. We all need communal care and love at all ages of our lifespans, and we want to remind people of their strengths, sacred knowledge, and value.



As community members who are also caregivers to children who attend Mesa Elementary in Shiprock, New Mexico under Central Consolidated School District, we also identified the need for positive parent involvement and communication at our childrens’ school, which led us to offering ongoing monthly Talking Circles for parents, caregivers, and families for Mesa Elementary students. The “***Mesa Families Circle:***

Connection + Revitalization in

Education, Culture, and Kinship” is a dedicated space for guests to learn more intently about the school operations and educational goals for our children, build connections with other families, be included in a collaborative space, and radiate reciprocal empowerment & support between home and school. The very first circle was a huge success, with families packing the library and excited to be a part of this culture shift at Mesa Elementary.

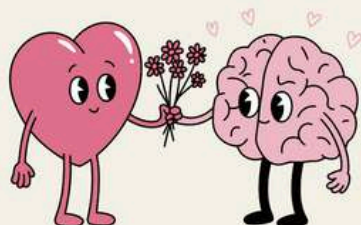


The last circle we hosted was ***“Diné Perinatal Mental Health Circle: Centering the Stories of Lived Experience, Kinship Care, and Journeys of Healing.”*** This talking circle is unique for being our very first virtual offering as well as inviting our Project Coordinator to co-lead this presentation circle alongside us birthworkers. We provided an overall teaching of Perinatal Mood and Anxiety Disorders (PMADs), the role of Indigenous Doulas alongside birthing families, and sharing guidance towards positive and healthy mental health support. All of these teachings tie back to our culture and allow us to reflect on how we as Diné are built for resiliency and healing as we transcend into parents and caregivers.



To give context on how our virtual talking circle went, we have included a couple of photos of our presentation slides down below. With these suggestions, we wanted to emphasize the tools we can teach others for self-care and comfort during difficult times. Alongside the suggestions, we met the content of the slides with further verbal explanations and pieces of storytelling. This is part of what we teach our perinatal clients as Indigenous Doulas:

PMADS SUPPORT FOR HEALING + CONNECTION



- **Trusting your body: knowing when it is time to ask for support from others and not feeling ashamed for doing so**
 - Your village is there to support you during your times of need and there are trained and licensed perinatal mental health professionals available
- **Spend time doing things you love that keep you connected to: others, culture, the land, & arts** – Having hobbies is a great start: crafting, sewing, beading, gardening, reading, journaling, and making/listening to music. Dedicated family time, attending ceremonies, praying in the early morning, and movement can be helpful
- **Nourishment + Nurturing: healthy living practices** – Staying hydrated regularly while eating a colorful and nutritious diet is key. Honoring your body's wishes

and allowing space for rest, relaxation, and intentional pauses throughout your day. Moments for reflection, grounding, and movement are important to keep yourself aware and prepared

- **Establishing healthy boundaries and protecting your spirit** – Remembering your autonomy throughout the perinatal journey: it's okay to say "no." Having boundaries and knowing your limits is important to keeping your spirit safe and avoiding things that may have a negative impact on you
- **Building kinship with traditional doulas and elder birthworkers in your community** – We are here for our people; to ensure healthier birth outcomes, supported family dynamics, and offer communal care for all
- **Instilling hope in yourself: Sacredness, Intention, & Prayer** – Gifting yourself the space to build a connection with your spiritual side and honoring your own journey towards Hózhó. We are all sacred beings and with prayer, we have the power to be our own medicine needed to continue intergenerational healing.



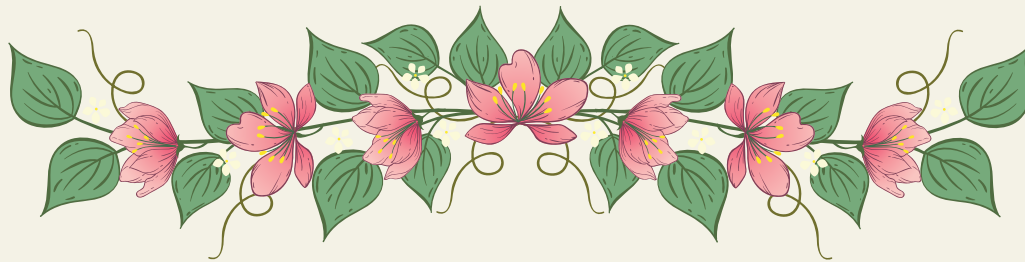
Community Outreach in the form of Talking Circles and reestablishing trust and kinship in our hometown is only the first step towards Collective Hózhó and restoring multi-generational healing. As individuals, our body sovereignty will always take precedence over our decisions, and none of this would be possible without the desire and participation of our community members. This specific framework of Talking Circles will not benefit the needs of our people without their consent to be a part of it and their full participation, so we aim to shift the mindsets of our society one person at a time because we all deserve this level of connection. As true Community-based Indigenous Doulas, our roles are much deeper than attending births for direct service support, it is about providing the full lifespan care our people are asking for, and to have the HNK team behind us in support of these initiatives will lead to many successes towards our strategic plan and restoring Collective Hózhó for many Diné families.

Indigenous Data Sovereignty



At HNK, our team believes in the rightful act of Indigenous Data Sovereignty, where we maintain the access, use, and management of our own gathered data and its ownership to best fit our needs, cultural practices,

and principles in reverence to our heritage. We are committed to moving away from harmful systems where data collection from outer sources have proven time and time again to be extractive and harmful rather than respectful and culturally grounded. Our ways of data collection and data sharing is meant to be in community: transparent, honored, and easily attainable for those who need it to make a positive change. Data must be treated in alignment with ceremony— a sacred and equitable right to ourselves and others.



Tribal Maternal Mortality Review Committee (MMRC) Support

Our team will be expanding on tribal-centered maternal and child health support for our Diné mothers and people giving birth. One of the most prevalent concerns and issues with maternal and child health amongst Black and American Indian & Alaskan Native (AI/AN) populations is the statistics on maternal mortality and morbidity. *As a content warning, please proceed with caution during this section of the report, remember to take care of yourselves.* Per the CDC's definition: "Maternal mortality review committees (MMRCs) are multidisciplinary groups that convene at the state or local level to comprehensively review deaths that occur during or within 1 year of the end of pregnancy. The Centers for Disease Control and Prevention (CDC) works with MMRCs to improve review processes that inform recommendations for preventing future deaths."

A trusted source of these statistics come directly from the New Mexico Maternal Mortality Review Committee (NM MMRC). Per the New Mexico Department of Health's definition: "The New Mexico Maternal Mortality Review Committee (MMRC) and its operational staff are housed within the Maternal Health Program of the Public Health Division. The mandate of the MMRC is to conduct a comprehensive review of each death that occurs to a New Mexico resident during pregnancy or within one year of the end of a pregnancy to examine causes and contributing factors and craft recommendations focused on specific and feasible actions that, if implemented, could prevent such deaths from occurring in the future."

According to a NM MMRC published report back in March 2025, there were 108 maternal deaths between 2015 and 2020, where the findings indicated that 2 in 5 Pregnancy-Associated Deaths in NM were Pregnancy Related.

NM MMRC Data

Pregnancy-Associated Deaths
2015-2020

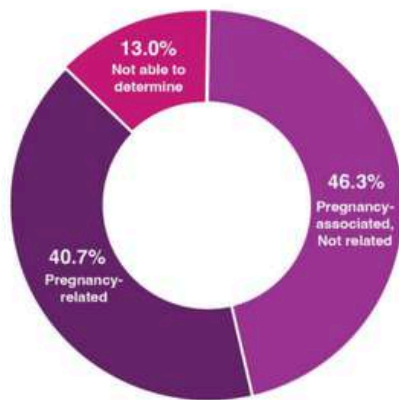
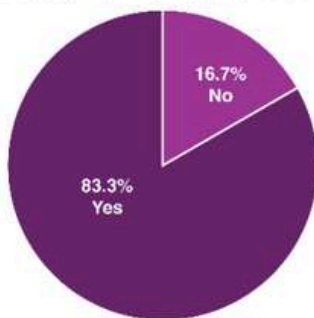


Chart 1: Distribution of all pregnancy-associated deaths in New Mexico by relatedness, 2015-2020.

- 44 (40.7%) deaths were pregnancy-related;
- 50 (46.3%) deaths were pregnancy-associated but not related;
- 14 (13.0%) deaths were pregnancy-associated, but unable to determine relatedness;
- Total pregnancy-associated deaths for 2015-2020, n=108.

Here are photos of the data collected from the NM MMRC in their 2015-2020 report. If you are interested in learning more and reading the report in full, please visit the appendix. The report provides definitions and more details to inform readers of the data.

Preventability of Pregnancy-Associated Deaths, New Mexico, 2015-2020



Preventability of Pregnancy-Related Deaths, New Mexico, 2015-2020

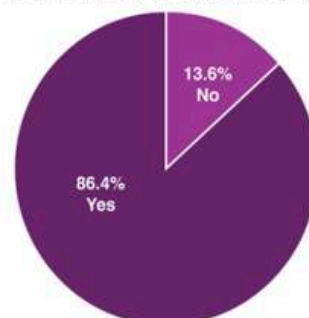


Chart 3: Preventability of pregnancy-associated and subset of related deaths in New Mexico, 2015-2020.

Disparities in Mortality by Demographic Factors in all Pregnancy-Associated Deaths

Significant discrepancies exist between birth rates and pregnancy-associated mortality ratios that indicate disparities in mortality by race/ethnicity, age, marital status, and health insurance type.

- Indigenous (AI/AN) people have an almost one and a half times higher PAMR than non-Hispanic white people in New Mexico and twice the rate of Hispanic people. Based on the proportion of the AI/AN population, the percentage of deaths among the AI/AN people is almost twice the number of births to AI/AN people.

The NM MMRC Report also highlights and identifies 7 key recommendations that address the most common and prevalent themes that directly affect maternal mortality and morbidity. With these key recommendations, the MMRC determined each of these areas to need additional work:

- *Medicaid pregnancy coverage*
- *Access to perinatal mental healthcare*
- *Community-based substance use support and program extensions*
- *and more*

These additional five recommendations were developed from the review of all 2019-2020 pregnancy-associated deaths.

1. Providers should perform consistent and thorough screening for substance use disorders, mental health indicators, stressors, and trauma
2. Substance use disorder and mental healthcare programs should focus on harm reduction by providing safe, community-informed, stigma-free, non-punitive help.
3. Medicaid Managed Care Organizations (MCOs) and insurance payors should increase access to the full range of perinatal service providers, such as doulas, midwives, birthing centers, peer counselors, and mental health providers through the elimination of structural barriers and increase the number of covered perinatal visits.
4. Healthcare facilities should require anti-bias training for healthcare providers and incorporate cultural sensitivity, reproductive justice, social justice, and health equity training into clinical training programs to combat discrimination in health care.
5. NMDOH should prioritize a plan to address inequities of AI/AN maternal mortality in New Mexico that recognizes the individual and cultural characteristics of Tribes/Nations and of Native urban populations. This should include:
 - Representation of AI/AN people in all planning and implementation of maternity care improvement.
 - Establishment of government-to-government relationships with tribal programs who serve AI/AN birthing and postpartum people on reservations.
 - Inclusion of geography and other contributing factors pertaining to tribal/rural communities when measuring AI/AN maternal health outcomes.

Following the key recommendations, the MMRC also created an additional 5 recommendations, pictured in the excerpt above, which are all valuable. However, for the purpose of the Indigenous Doula Report, we will focus on #5 of the additional recommendations. This directly addresses the AI/AN population and the alarming high numbers of maternal deaths this group experiences in comparison to others.

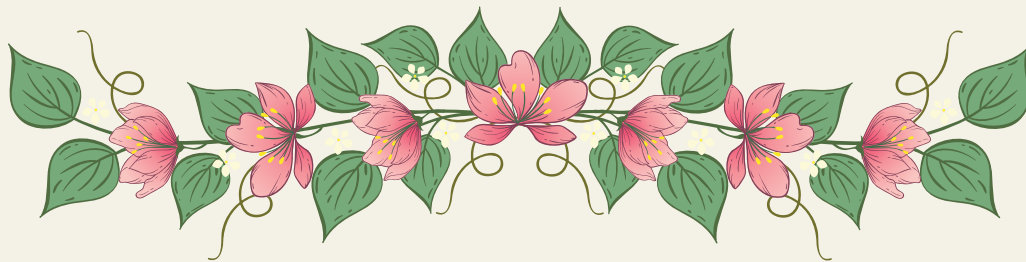


The maternal mortality and morbidity rates are reflective of the systems that continue to fail women, birthing people, families, and children. The high number of American Indian/Alaskan Native populations affected by these statistics should be alarming to all.

As Navajo people, we have a taboo that exists in our culture that discourages us from talking about death in general, and though this is an important part of our beliefs, we also need to respectfully hold space for conversations that address death in a number of ways, because it is inevitable. Death is at the end of every living beings' lifecycle, and there are ways to honor that part of our journey. We address this topic with understanding, care, and reverence for those who exist in the spirit world, and this part of the work is based off prevention, protection, and accountability for our words and actions.

It is imperative for our passionate leaders in this work, to come together and form a Tribal Maternal Mortality Review Committee for the Navajo Nation and these are some of the reasons why this initiative is a non-negotiable:

- **The statistics and data alone** – *these relatives could still be here with us today, and if people aren't upset about that, we are negligent in failing our people.*
- **Indigenous Data Sovereignty** – *the power that will grant us when we take action into our own hands and create a dedicated Tribal MMRC and partnerships with Navajo Epidemiology, Department of Health, Indian Health Service, etc.*
- **Collective Hózhó + Matriarchal Reverence** – *maternal child health is EVERY person's responsibility because without our life givers, none of us would exist. We all deserve to Walk In Beauty and thrive in Hózhó together. We exist as a unit.*
- **Honoring Legacies + Collective Liberation** – *Reframing existing taboos to be less shameful, healing ourselves and our lineage, and remembering passed loved ones. All of these will reshape reproductive justice and ways of living for the Diné.*



Deepening Partner Relationships + Collaborative Futures

There is a sacredness to “community,” as we have learned from this report. As Full Spectrum Indigenous Birthworkers, we value our *beloved community*, a term borrowed from our partners at Tewa Women United. We have been very grateful to the Healthy Navajo K’é Project and our funder, W.K. Kellogg Foundation, for providing us with the financial support to collaborate on special projects and continue to do the full spectrum heartwork we love. We are excited to welcome in new beginnings, different perspectives geared towards a collective vision, and trusted partners as we move forward in our journey together as the mother-daughter duo of familial matriarchs and birthworkers. Our hearts are with you all as we continue forward in this work together.



To be greeted with endless opportunity, moments of reflection, and the power of collaboration, tells us that we are right where we need to be. Our teachings will radiate within the homes of the families we wish to help, and with the support of our key partners, this goal of reaching Collective Hózhó together is looking brighter than our Earth Mother’s star, the almighty Sun.

A special thank you to all of our families, partners, organizations, and community members who are with us on this path. Áhé’héé!



New Mexico Breastfeeding Taskforce – Four Corners Chapter
Birth & Babes

Central Consolidated School District's Mesa Elementary

Healing Drop-In Center's *Sisters in Circle*

Locally owned + operated shop: The Coffee Ship

Navajo Birthworker Collective

Tewa Women United

Statewide New Mexico Maternal Health Taskforce – Quality
Subcommittee

University of New Mexico's Project ECHO – Maternal & Child Health
Initiative: *Healthy Families, Healthy Futures*

University of New Mexico's College of Nursing AMOR (*Advancing
Midwifery Outcomes and Resilience*) Grant

A Special Note to Our Community Members

We also wish to extend our deepest gratitude to our beloved community in Shiprock, NM and surrounding areas. To our dearest families, elders, caregivers, babies, children, relatives, and plant/animal kin, we are extremely grateful and blessed to be working alongside all of you in this work.

As doulas serving our people, we have had the honor and pleasure of working closely with individuals and families in their homes, birth spaces, complex systems, hospitals, ceremony, harvest season, and in our community outreach. It has been our absolute delight to serve you in a myriad of ways, and we have learned as much from you all as you have from us. Your stories will forever hold a special place in our heartwork as we continue to move towards Collective Hózhó. We offer The Holy People and Creator our smoke medicine and prayers for you, today and everyday that we wake with the morning sun. Áhé'héé!



Resources Cited

CDC Maternal Mortality Prevention

<https://www.cdc.gov/maternal-mortality/php/mmrc/index.html>

New Mexico Department of Health Maternal Mortality Review Committee

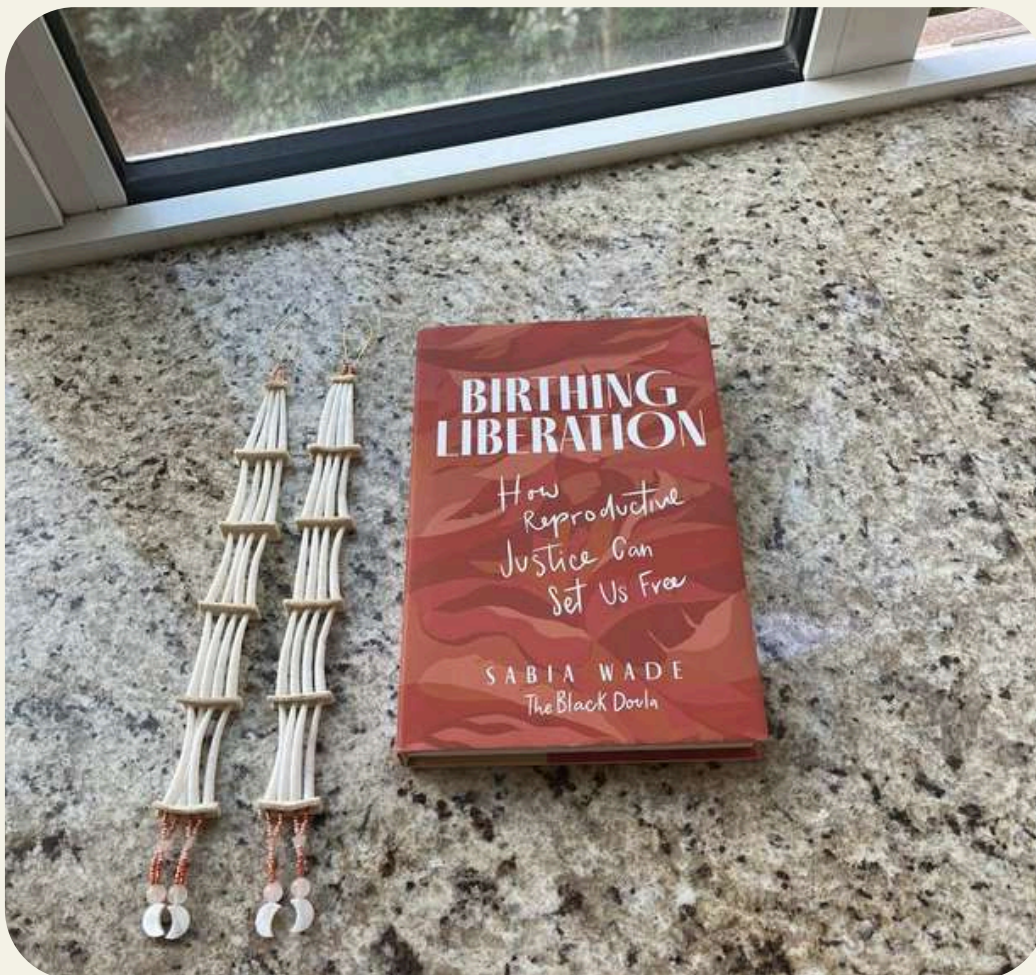
<https://www.nmhealth.org/about/phd/fhb/mch/mmrc/>

New Mexico Maternal Mortality Review Committee Pregnancy-Associated Deaths Report 2015-2025

<https://www.nmhealth.org/publication/view/report/9227/>

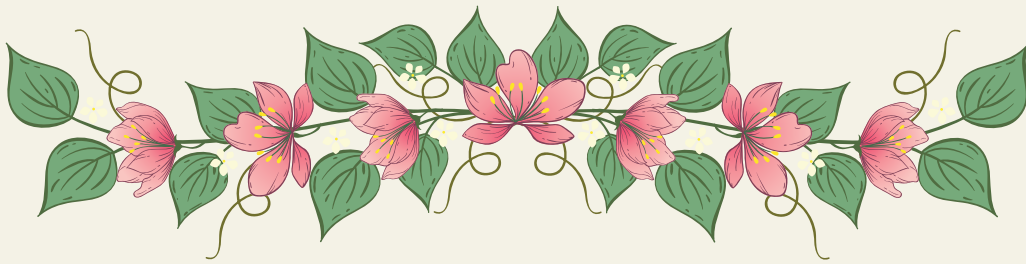
Navajo MCH / HNK Strategic Plan

<https://static1.squarespace.com/static/64f8cb12563bb958b9f08e8e/t/6a03952449e60c599b933b7b/1778619684108/StrategicPlan.FINAL.3.22.2024.pdf>



*Scan to learn more
about Birthing
Garden and our
work outside of
HNK:*





Thank you for reading and being a part of
The Indigenous Doula Report



"Grown men can learn from very little children—for the hearts of little children are pure. Therefore, the Great Spirit may show them many things that older people miss."

- Black Elk, *Lakota Proverb*

