

April 20, 2011

Dear partners and Inuit Midwifery Network members,

Re: Clarification regarding news story: “Inuit stillborn rates three times those of other Canadians: report”

You may have seen this article in April 13/14 online newspapers, “Inuit stillborn rates three times those of other Canadians: report”. I would like to clarify a number of statements that were attributed to me by reporter April Lim of *PostMedia* news:

http://www.nunatsiagonline.ca/stories/article/134442_inuit_stillborn_rates_three_times_those_of_other_canadians_report/

Firstly, Inuit Tuttarvingat of the National Aboriginal Health Organization was pleased to be able to bring the challenges experienced by the health systems in the North and Inuit moms into the public eye. These are important issues that deserve media attention.

However, I want to clarify that I did not want to diminish in any way the important efforts of doctors and nurses working in Inuit communities. They work very hard and face challenging work environments at times. My goal was to promote more comprehensive maternity care and the type of intensive support that midwives can offer to all women, and especially to those that need more support.

Specifically, we would like to clarify the following statements in the article:

- “While Curry [sic] does agree that the rates are worse in Inuit areas, she said she thinks the problem is more about child health than stillbirths”.... “There's [sic] actually aren't a lot of (stillbirths). Its [sic] just when you compare statistics because even one stillbirth up north is big statistic,” Curry said.

These statements need clarification. The problem is more about ‘maternal and infant health’ rather than ‘child health’ per se. In terms of the statistics, I was not trying to imply that the low number of stillbirths means that there isn't a need for intervention. As I stated in the interview, I was trying to emphasize the need for more prenatal care to prevent negative birthing outcomes in general.

- “Curry said Inuit women who receive care from midwives — especially Inuit midwives — do better.”

Inuit moms who give birth with the assistance of a midwife ‘do better’ in areas not usually covered in quantitative birth outcomes studies. Some of the reasons why they ‘do better’ are: pregnant women are better supported when midwives are involved, so more knowledge can be shared with the mother, the mother has more opportunity to implement better health

practices, the mother develops more confidence in the birthing process, and as a result is likely to be less stressed. Studies are showing that midwife-led births for low-risk women use fewer unnecessary medical interventions than physician-led births for the same population. And if Inuit women have Inuit women as birth attendants there is the whole added benefit of the providers' cultural background and possibly language that enhances the culturally safe care the women should be receiving – this tends to figure in qualitative literature only.

- "When you have to change from one provider to another throughout the prenatal experience . . . you end up seeing a whole bunch of different care providers (and they're) telling you the same thing over and over again."

I was misquoted in this statement. I was trying to say that women have to tell a series of health providers the same information over and over, as opposed to having a midwife who usually provides care throughout the peri-natal process.

- "Curry said she thinks prenatal care by midwives is much better than the care nurses can provide. She said a midwife will spend more time with a pregnant woman than nurses, who usually tend to pregnant women in an emergency situation."

The reporter has misunderstood my meaning here and I am fully aware that nurses do their best to provide prenatal care, and not just in emergency situations.

Sincerely,

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Ottawa