

Inuit Nunaat Midwifery Gathering
March 13-15, 2007
Iqaluit, Nunavut

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Iqaluit Midwifery Gathering

“Promoting, Supporting and Strengthening Inuit Midwifery”

**Inuit Nunaat Midwifery Gathering
March 13-15, 2007
Iqaluit, Nunavut**



**FINAL
September 30th, 2008**

Iqaluit Midwifery Gathering, March 2007

1.0 Report Summary

1.1 Partners

- Inuit Midwives from Nunavut and Nunavik
- Inuit Tapiriit Kanatami
- Pauktuutit Inuit Women of Canada
- Midwifery Association of Nunavut (MAN)
- Inuvialuit Regional Corporation
- Nunavut Tunngavik Incorporated
- National Aboriginal Health Organization (NAHO) – Ajunnginiq (Inuit) Centre
- Ontario Midwifery Education Program: McMaster and Ryerson Universities
- Health Canada
- Department of Aboriginal Affairs, Quebec

1.2 Objectives

- To learn from the past in Inuit midwifery and plan for a future where midwifery care and giving birth closer to home is a reality for all Inuit women.
- To discuss how provinces and territories, through midwifery regulation and legislation, can support Inuit midwifery services.
- To share Inuit midwifery knowledge and skills with midwives, midwifery educators and midwifery students from across the Arctic.
- To incorporate traditional Inuit midwifery knowledge into current midwifery practices.
- To develop strategies to build upon current systems, plan for a cohesive educational system, and train midwives.
- To develop a process by which Inuit midwives can achieve legal recognition

1.3 Activities

A gathering of midwives, including a number of traditional midwives, representatives from various Inuit organizations and federal, provincial and territorial representatives from Nunavik, Nunavut, NWT and Nunatsiavut came together in Iqaluit in order to discuss childbirth and Inuit midwifery in the Arctic. Future directions of childbirth and midwifery in the Arctic were discussed. Elder Inuit women shared traditional midwifery practices. All sessions were conducted in Inuktitut and English with simultaneous translation provided in Inuktitut, English and French. This was a historic meeting in which a strong commitment was made for continued collaboration and partnerships across the arctic regions with respect to the development of training and accreditation for Inuit midwives.

1.4 Participants

- Elders who were traditional midwives or had knowledge about traditional childbirth
- Inuit midwives, students and coordinators from the maternity centres in Puvirnituaq, Inukjuak, Salluit and Rankin Inlet
- Inuit Tapiriit Kanatami (ITK)
- Pauktuutit Inuit Women of Canada
- Ajunginiq Centre of the National Aboriginal Health Organization
- Nunavut Midwifery Association
- Inuvialuit Regional Corporation
- Nunavut Tunngavik Incorporated
- Federal, provincial and territorial representatives
- Midwifery Educators
- Detailed list of invited communities and participants (Appendix A).

1.5 Outcomes

1. Sharing of traditional midwifery knowledge and skills and acknowledgement of the vital role Inuit traditional knowledge plays in midwifery practice.
2. Agreement by participants for the creation of an Arctic Midwifery Association.

3. Commitment from participants to work towards creating partnerships with provincial and territorial governments as well as engaging their respective organizations and communities in supporting Inuit midwifery by reporting back to their organizations and communities about meeting discussions, recommendations and next steps.
4. Development of a strong network of Inuit and Arctic Midwives to take the lead in addressing Inuit midwifery issues such as training, certification and legislation.

1.6 Project Achievements

- Traditional midwives from across the North came together and shared their experiences of childbirth.
- Commitment from participants to engage their respective organizations and communities in supporting Inuit midwifery and work towards creating partnerships with provincial and territorial governments to expand Inuit midwifery.
- Commitment to the creation of an Arctic Midwifery Association.

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2.0 Background

2.1 Overview

In the past Inuit women gave birth in the north with traditional birth attendants but more recently have been subject to forced evacuation to southern medical facilities. There has been a considerable amount of research which found the evacuation process to be unsatisfactory for women, their families and their communities. In addition, Inuit women have expressed concern that modern practitioners working in the north are not sensitive to Inuit culture and to Inuit birthing preferences. Inuit women and their communities have expressed a desire to return birth to the communities. Programs to train Inuit women in midwifery skills while integrating traditional knowledge have been established in several Inuit communities and have been well received. The importance of a collaborative process and inclusion of communities in decision making around birthing was highlighted. This gathering provided a forum to discuss childbirth in the Arctic and the role of Inuit midwifery.

2.2 Elders

In many northern communities there are elders who have experienced giving birth on the land with the assistance of midwives and family members. Their skills and knowledge have not been passed on to younger women. They are the last generation to live and give birth in traditional ways. Pauktuutit has documented their experiences in the project: *Documentation of Traditional Practices Related to Pregnancy and Childbirth*. This was a participatory study that sought to gather the elder's knowledge for use to support community-based birth centres and to promote greater cultural sensitivity. Moving birth closer to Inuit communities will facilitate a process of passing knowledge and skills from elders to younger women. Elders will be able to attend births and share their knowledge and experiences with Inuit women.

2.3 Birth in the Community

In the 1970s it was believed that Inuit women needed to give birth in a hospital facility and nursing station health professionals organized evacuation to a larger, usually southern facility at 36 weeks gestation. It is clear that women suffered during the evacuation. They were separated from their families, surrounded by unknown health professionals who did not speak

their language and provided with unfamiliar foods. Substance abuse increased and postpartum depression was common. Additionally, the communities suffered the loss of participation in childbirth. The effects of routine evacuation on women, their families and the entire community have been documented. Some Inuit were told, "...only their first children were real Inuit, not the later ones." This statement refers to the difference between the children who were born in the community prior to evacuation policies. It documents the social impact of evacuation and the importance of childbirth to the entire community. B Epoo and V VanWagner write, "*Birth in the community is seen as part of restoring skills and pride and building capacity in the community. Participating in birth builds family and community relationships and intergenerational support and learning. It can be part of "re-Inuitization", through promoting respect for traditional knowledge and teaching trans-cultural skills both within the local community and with non-local health care providers.*"

By interviewing elders, Pauktuutit has collected a remarkable body of knowledge about Inuit pregnancy, childbirth, and midwifery. But the cultural and traditional practices of midwifery are almost lost in some communities. It is important for the community to be aware and involved in the birth of a new child. The social and cultural benefits of birth in the community are supported by excellent obstetrical outcomes. Training Inuit women to be midwives helps to strengthen the community and culture and is part of the work towards Inuit empowerment. Inuit women respond very well and access maternity care services earlier when a member of their own community is the health care provider.

There is an urgent need to assist Inuit communities to establish birth centres in which Inuit women can give birth and practice midwifery. The training of Inuit women as midwives furnishes the community with a health professional knowledgeable of modern obstetrical practices while able to communicate in Inuktitut and integrate Inuit birth traditions. There are several Inuit communities which have established birth centres with Inuit midwives. The communities selected the women to be trained as midwives. The community-selected midwifery student is trained and mentored by a supervising midwife. All training takes place within the community. In addition to the mentorship by a supervising midwife, community elders are able to attend the clinic and births to teach traditional birth practices. Family and friends are able to participate in birth and share the joy of the immediate postpartum period. Infants are immediately acknowledged and welcomed by the family and community.

3.0 Program

3.1 Speaker & Discussion Agenda

| Tuesday, March 13th 9:00 am – 4:00 pm | |
|--|---|
| Opening Ceremony • Prayer • Qulliq lighting ceremony | Annie Netser |
| Welcome Introductions of participants Opening Remarks | Elisapee Davidee – Facilitator Natan Obed, Director of Social and Cultural Development, NTI |
| Overview of objectives and outcomes of the gathering | Elisapee Davidee - Facilitator |
| Presentation – “Giving Birth Closer to Home” • Question and Answer session | Dawn Walker |
| Inuit Midwifery data-set held in trust by Pauktuutit • Overview of interview data • Next steps • Question and Answer session | Martha Greig |
| Midwifery Association of Nunavut – Background and development of Association | Natsiq Kango |
| Birthing Centres in Puvirnituk, Salluit and Inukjuak • The last 20 years of midwifery development on the Coast of Nunavik • Overview of development of each of the three birthing centres • Lessons Learned • Questions and Answer Session | • Mina Tulugak- Puvirnituk Maternity • Maggie Tayara - Salluit Maternity • Aileen Moorhouse - Inukjuak Maternity Centre |
| Birthing Centre in Rankin Inlet • Overview of development of birthing centre • Lessons Learned • Questions and Answer Session | Nowyah Williams |
| Midwifery legislation in the Arctic • Overview of Nunavut Midwifery legislation to be presented to the Nunavut Legislative Assembly in spring 2007 • Changes over the last 13 years in Nunavut with respect to Midwifery • Questions and Answer Session | Nowyah Williams and Martha Aitkin |
| The Labrador Experience | Gail Turner |
| History of Nunavik midwifery legislation & current initiatives/goals. • History, Present situation, where we want to go in the future • Questions and Answer Session | Colleen Crosby |
| Open-door event to allow community members to discuss Inuit Midwifery | |

| Wednesday March 14th 9:00 am – 4:00 pm | |
|--|--|
| Welcome and opening prayer | Elisapee Davidee - Facilitator |
| Traditional Inuit Midwifery and how practices have changed | Panel Presentation with traditional midwives |
| Traditional Inuit Midwifery – Question and Answer session | |
| Explanation and set up of breakout sessions | There will be three bilingual breakout groups created. |
| <u>Breakout session #1:</u> Effects on women, families and communities when birth occurs away from home. | |
| Work groups report back to Plenary | Someone chosen from each breakout group to provide a short summary of the discussion in their group. |
| <u>Breakout session #2:</u> Education of Inuit midwives • Creation of an Arctic Midwifery school. Pros and Cons? What do we need to consider? • Education partnerships in the Arctic. What links can be made? What do we need to consider? • How do we ensure that traditional Inuit knowledge is incorporated in Midwifery training and services? | |
| Work groups report back to Plenary | Someone chosen from each breakout group to provide a short summary of the discussion in their group. |

| Thursday, March 15th 9:00 am – 4:00 pm | |
|--|--|
| Welcome and overview of the day | |
| <u>Breakout session #3</u> Accreditation of Inuit Midwives • Creation of an Arctic Midwifery Assessment Board? Pros and cons? What do we need to consider? | |
| Work groups report back to Plenary | Someone chosen from each breakout group to provide a short summary of the discussion in their group. |
| Creation of an Arctic Midwifery Association • How do we make this a reality? | Elisapee Davidee - Facilitator |

| | |
|---|--------------------------------|
| Concurrent Break-out Sessions – Participants choose which session to attend | |
| <p>Session 4A: Sharing Circle- expertise and skills sharing with respect to clinical midwifery skills (including prevention, emergency skills and traditional Inuit midwifery practices)</p> <ul style="list-style-type: none"> - external cephalic version - cord prolapse - placenta previa - premature rupture of membranes - shoulder distocia - breech birth - natural methods of induction - twin births and other multiple births - premature labour <p>Session 4B: Policy discussion about follow-up and future collaboration to support Inuit midwifery</p> | |
| Session 4B reports back to Plenary | |
| Recommendations and Next Steps | Elisapee Davidee - Facilitator |
| Closing Prayer and song | |

4.0 Summary of Discussions

4.1 Introductions

Elisapee Davidee: Facilitator
Opening remarks: Natan Obed, Director, Health and Social Development, Nunavut Tunngavik Inc.
Ceremonial lighting the *qulliq* (lamp) and prayer

4.2 Dawn Walker, Special Advisor, First Nation and Inuit Health Branch, Health Canada

Dawn initiated the discussion by sharing her background and work on supporting Aboriginal midwifery. Dawn first became involved as an obstetrical nurse, later as a mother and grandmother and most recently through her work in promoting the importance of bringing birth closer to communities within Health Canada and securing a policy commitment to this effect. Health Canada has made significant contributions to Aboriginal midwifery by providing funding

to the development of the Kanáci Otinawáwasowin (Aboriginal Midwifery) Baccalaureate Program in Manitoba. Dawn recalled the important report of Dawn Smith four years ago which confirmed the negative impact of forced evacuation and explained that Health Canada is committed to creating partnerships with provincial/territorial governments and Aboriginal communities/organizations to have birthing services recognized as an integral part of comprehensive maternal and child health. Dawn thanked all participants.

4.3 Martha Greig, President, Pauktuutit Inuit Women of Canada

Martha described traditional Inuit midwifery and childbirth.

The midwives understood that it takes more than the body to give birth. It involves the mind and the soul and the midwives knew what to do. The midwives were able to manage emergencies like bleeding. Because the women were always moving constantly they gave birth on the move too. Women were more physically active-- today the mothers are less active and their babies are "more solid." They could measure, using fist width, how far apart a woman's legs should open to give birth. Today, women give birth in the hospital, usually lying down on their backs and their labours are prolonged. It was a very hard thing for women to adjust to giving birth in the hospital – it was cold and uncaring. Women were homesick and used more coffee and cigarettes. Childbirth and rearing are an important part of our culture – we need to bring this back and remain strong in the next steps. We want traditional midwifery revived and brought back. Collective knowledge needs to be preserved and shared. More Inuit need to be trained as midwives and there must be a legislative process to recognize their training and permit them to become registered. We need to look at each region to look at their needs. We need to all work together.

Martha reported some of the findings from the Pauktuutit project, "*Documentation of Traditional Practices Related to Pregnancy and Childbirth.*" This was a participatory study that gathered the knowledge of Inuit elders. The elders described birth practices with many regional variations. Sometimes a separate small igloo or shelter was built for the birth. Separate shelters would have ensured that the labour was less disruptive within the regular household shelter. Other sources suggest the birthing igloos or huts were very small with room only for the labouring woman. Those assisting or giving instructions remained in the doorway. There were also stories about women giving birth in canoes, in coal mines, and outdoors.

Most elders described the presence of one or more assistants who were usually a family member. Nurses and doctors participated in over 41 per cent of the births that mentioned attendants. In Nunavik, only 10 per cent of the informants cited the assistance of doctors and nurses. Many of the non-professional birth assistants were not recognized as Inuit childbirth experts, but were individuals who had experiential knowledge. Inuit obstetrics was shared among many and was not owned and passed on to a chosen few. Although the larger camps had midwives, women and men who assisted at births tended to be family members of the

pregnant woman. In most regions the elders described a lifelong relationship between a midwife and the child she or he assisted to be born. It is culturally important that a child knows their *sanajiq*, *arnaqutiq*, or *maker*.

The preferred qualities of a good midwife were also described by the elders. While the practice of midwifery tended to be informal, a high level of skill and knowledge was required. Midwives needed to be experienced, open, caring, and comforting. They needed to know about a woman's body including 'what was inside.' They needed to know how to instruct a woman during labour — to tell her what to expect, and to make her mentally and physically comfortable. Midwives needed to know what birthing positions promoted quick deliveries and needed to have the ability to deal with complications.

The study was able to systematically document how Inuit traditionally dealt with complicated pregnancies and births. They described how Inuit dealt with excessive bleeding, early ruptured membranes, nuchal umbilical cord, breech birth, and how the afterbirth was removed. Traditional postnatal practices and breast feeding support were also described. Birth occurred in a variety of positions. Women also gave birth while in transit, such as when traveling by sled, boat, canoe, or when walking. They would make do with what was available. Generally, women described lying down, kneeling, squatting, leaning back in a sitting position, and crouching. However, in hospitals and nursing stations women were sometimes tied down with only her head free to move. The transition to hospital birth was described as very difficult. It was a strange and alienating environment exacerbated by cold and uncaring health practitioners. The hospital staff tended to be insensitive to the concerns and preferences of Inuit patients. This was particularly difficult for those women who had extensive practical knowledge of childbirth.

4.4 Natsiq Kango, Midwifery Association of Nunavut

Natsiq reported that the association had new board members for 2007. Most Inuit midwives in Nunavut are honorary members with voting rights. There are six registered midwives in Nunavut. The first elections occurred this year. A certificate of recognition for traditional midwives has been awarded to traditional midwives.

In Inuktitut the word for midwife is not “healer.” The word is more like “soother” – someone who makes you feel better. A gathering was held in February 2007 in which traditional knowledge and terminology was shared. It was agreed that a wholistic approach should be taken which extends beyond childbirth. Maternal care, raising families, counselling and community responsibility need to be addressed.

4.5 Nowyah Williams, Midwife, Rankin Inlet

Nowyah described the effect of forced evacuation on Inuit women. She recalled that Inuit women were away from their families for so long that when they returned their husbands had been unfaithful, their homes were a mess and their children estranged. Inuit women were told that it was too dangerous to give birth in their home communities. Nowyah stated that “women cried so many tears for their people during the forced evacuation.” Legislation was passed in 1993. After 3 years of a pilot project the government approved the birth program in Rankin and later it became a regional birth centre. Currently, there is a policy that there must be two certified midwives in attendance, but Nowyah indicated that it is very difficult to recruit certified midwives. An elders’ gathering was held in Rankin to share their knowledge and skills. Nowyah stated, “I was overwhelmed by their wealth of knowledge. We are striving to assist Inuit midwives to achieve accreditation for their skills. The attitude of the younger generation is shifting and they are listening to the elders for their knowledge and skills.”

4.6 Mina Tulugak, Midwifery in Nunavik

Reports were given from the three birth centres in Puvirnituq (PUV), Inukjuak and Salluit. The history of how the maternity centres came to be was described by Mina Tulugak. This was an initiative of the Inuit women’s association. *Qallunaaq* (Caucasian or non-Inuit) midwives were brought from the south to train Inuit women to be midwives. Originally there was no specific funding or governmental approval. There was a tremendous amount of opposition; most physicians did not approve of childbirth in remote communities. But after 20 years, the success of the maternity centres is evident. There continues to be a successful training program for Inuit women to become midwives. Mina Tulugak states, “It is a lifelong journey. Our grandparents learned the skills of midwives and now our grandchildren and generations to come will learn and use our midwifery skills. Nothing can stop us. It will go on.”

The communities of Nunavik which took the initiative to bring birth back have become leaders in Canada and the world for:

- Training local health care providers
- Integrating modern medical practices with traditional healing
- Excellent birth outcomes
- Culturally appropriate care
- Recognizing the important role of family and community

National and international recognition have not facilitated direct access to registration for community trained midwives. It has also not inspired the development of a midwife-led maternity centre on the Ungava Coast. The communities have met with difficulty sustaining funding for the maternity centres as well as the educating and credentialing of Inuit midwives. The community midwife educational model could be a model for other professions to follow to integrate culturally appropriate practices with modern medical standards. It supports the student to learn from a variety of educational methods with hands-on experience.

4.7 Elder's Panel

The elders told many stories about traditional childbirth. The stories shared a theme of competence and continuity. The traditional midwives, as members of the community were able to care for women giving birth in a sensitive and appropriate manner. The elders explained that it is important to know where you were born. One elder stated,

“...they talked about the place they were born. In that is a sense of pride. My father would talk about being born near a brook near Nuttak in Labrador...for the beginning of life to have that sort of meaning....Large part of culture and Inuit language in the last 30 or 40 years that beginning of life has been replaced and most Inuit are not even born in their land claim region....This is a huge change in the way we see ourselves, even if on the surface we say it is the same. In my life I can't say I was born in my land claim regions, I can't identify with a midwife who helped me into this world, there isn't a lifelong connection.”

It was also important to have members of the community attend the birth. Although there were regional differences the midwife's relationship with the baby was continuous. One traditional midwife explained that “The person who cuts the cord is the ‘*arnaliaq*’ if the baby is a girl and ‘*angusiaq*’ if the baby is a boy. This was a lifelong relationship.”

Midwifery knowledge was passed along in several ways. One elder stated:

“There were fewer stillbirths and complications but when there were problems the midwife knew what to do. Mothers and grandmothers had been midwives and passed this knowledge on to their daughters. We were in a small family camp and my mother taught me. This was when my sister was expecting. The elders had discussions about birth and we could listen.”

4.8 Breakout Sessions

Session 1: Effects on women, families and communities when birth occurs away from home

The group shared numerous negative effects from the mandatory evacuation of women. The negative effects impacted the women, their children, partners, extended families and the community. For pregnant women there is a significant increase in stress due to the separation from their families and homes. This stress can cause pregnancy risks such as increased blood pressure or intrauterine growth restriction. Women may give false due dates to reduce the amount of time they are away. Some women elect to have an induction of labour to return home sooner or to bottle feed their infants so that they will gain weight more quickly. Evacuated women are often required to live with strangers. They have no support in labour and birth and there is no family to share the joy of the birth experience. They may not have access to “country foods,” there may be no one available to provide care in their own language and they will be lonely, bored and homesick during their time away. This can lead to increased smoking, depression and suicide. Evacuated women cannot receive advice, assistance with breast feeding or support with parenting when they are separated from their family and friends.

Fathers are also negatively affected by evacuation. There is increased stress and the participants shared that they get frustrated and angry. There is the added expense of long distance telephone calls, childcare or travel. There is no funding available for fathers or a support person to travel with the pregnant woman. The father is unable to participate in the birth which is an important time for celebration and bonding. Husbands sometimes have affairs in the absence of their partner.

Babies that are born away from the community miss the link to their land. This is considered very important in some communities. Fathers and other siblings may fail to bond with the newborn. Children of all ages miss their mothers when they are sent away. They tend to be quite upset and often act up. There may be no appropriate babysitter for the children left at home. When a baby is born within the village there is joy throughout. There are visits to the

home and celebration. However, if a woman refuses to be evacuated she is forced to sign a “refusal of treatment form” which causes undue stress and fear. Many participants indicated that the life cycle changes when a woman leaves her community to give birth. They indicated that it was a medical versus a human rights issue. Mandatory evacuation transforms what should be a celebration of birth into a stressful event. Evacuation of women to southern hospitals for childbirth is disrespectful and harmful.

Session 2: Education of Inuit Midwives

The groups discussed the creation of an Arctic Midwifery School including the characteristics they would like to see in such an educational facility, the pros, challenges and how to ensure that traditional Inuit knowledge is incorporated into the training. The Nunavik model of training has been in existence since 1986 and has been very successful despite being unfunded. In Nunavik student midwives receive an hourly wage from the health centre. They develop their own learning plan and track the development of their skills. Visiting midwives supervise and teach but this can be challenging because there is a lot of variation in clinical skills and teaching abilities.

All participants agreed that an Inuit Midwifery School must have the following characteristics:

- Inuit led
- Training within the community
- Elders involved at all levels
- Training is done by midwives
- There is integration of traditional Inuit knowledge with modern maternity care
- There should be multiple teaching sites (options for in-community training)
- Training is competency based and includes Northern, remote and Inuit competencies
- Student midwives will receive financial assistance or compensation
- Multiple entry points (postpartum worker, prenatal worker or midwifery assistant)
- Teleconferences are used for perinatal review and protocol updates
- Instructors should travel to permit students to remain in their communities
- Oral instruction modules should be developed
- Multiple methods of evaluation including observation and frequent quizzes
- Support system created for students who need to leave their community to study

Others suggestions included an expanded scope of practice to include well women care, as well an awareness of skills needed to manage emergencies.

The benefits of this model were discussed by participants. They felt that it is important to build capacity closer to home through knowledge and case-based learning. An Arctic Midwifery School would help affirm and preserve traditional skills and create a home for all Inuit midwifery data. The program would be conducted in Inuktitut and could be tailored to the manner in which Inuit best learn and will have credibility within the community.

The challenges to developing this midwifery model of education were identified by the group. Funding and multi-ministerial responsibilities make coordination and implementation problematic. There was acknowledgment of the need for increased collaboration with provinces and territories as success of an educational program is linked to support and recognition by provinces/territories. A location for the program is complex as training is best done at multiple sites in the Arctic. Housing in most northern villages is scarce and visiting midwives will require housing. Another challenge is for graduates to be recognized and credentialed by midwifery regulatory agencies in other provinces.

There was a sense of urgency that training programs be established while elders who have traditional midwifery skills are still available to share their knowledge. It is essential that elder and traditional midwives be involved in teaching and should attend all births.

Session 3: Accreditation of Inuit midwives

In this session the breakout groups explored the accreditation of Inuit midwives. The groups discussed the role and structure of an Arctic Assessment Board and the Inuit Midwifery Association. One group felt that these bodies should be separate while another group felt that one agency could perform both functions. For most health professions there are usually three separate organizations each with a different function: The accreditation board often called “the college” or “the order”; the education program which is housed within a University or a College and the professional association which represents the advancement of the profession such as the Canadian Association of Midwives (CAM). Generally, these agencies are independent from each other. However, most participants felt that the role of the Inuit Midwifery Association could extend beyond professional issues to include assessment, credentialing and even data

collection and keeping records. It was agreed that these agencies need to represent all regions and Inuit elders must be represented on the board.

One group identified that accreditation is a foreign concept for Inuit. Traditionally, midwifery training and knowledge were passed on from one person to another without any formal “checking” or assessment of their abilities. They felt the concept of accreditation was too linear and some participants were concerned that things were moving too quickly. Incremental steps could be taken such as creating a board comprised of different working groups with representatives who have experience with assessment.

Other suggestions included: the importance of having the same level of service available in all arctic regions; southern and visiting midwives would receive credentials and training regarding Inuit cultural knowledge and practices before they can practice in northern communities.

It was also suggested that the Arctic Midwifery Association could hold an annual general meeting similar to that of CAM as well as have representation on the CAM board.

Nunavik midwifery students and graduates of their training program should be able to be credentialed through Nunavut Arctic College. The groups felt that a link needs to be established between the Nunavik training program and Arctic College or perhaps the Kanaci Otinawawasowin Baccalaureate Program offered by the University College of the North in Manitoba. This link could be used as an avenue for Nunavik trained midwives until another credentialing process is established. However, it is very important that Nunavik midwives be supported to remain in their own communities. A mechanism needs to be developed so that Nunavik midwives who have completed their training can be credentialed. It is essential that all training and accreditation occur within the community.

Some principles put forward for an Arctic Assessment Board/Inuit Midwifery Association included:

- Traditional Inuit elders as advisors
- Addresses issues of accreditation
- Explores educational issues
- Develops the core competencies required to work in the Arctic
- Provides legislative support

- Forum to work with provinces and territories
- Representation from all four arctic regions
- Participates in data collection, exchange of information with respect to midwifery and birthing

In other parts of Canada there are prior learning assessment programs (PLA). These are affiliated with the regulatory agencies such as the College of Midwives. PLA programs assess and orient midwives who have completed their training in another jurisdiction. The group felt that it would be good to develop an assessment program with specific Arctic competencies. The group felt that the accreditation process they establish should be accepted by other provinces and territories.

5.0 Conclusions

It is clear that the evacuation of women to a distant community to give birth in a “safe” environment is a traumatic and harmful experience. The injury to women, their children, their families and their communities has been well documented. The movement to return birth to remote communities has been led by Inuit women. In three communities of Nunavik and in Rankin Inlet in Nunavut, Inuit midwives have been and are being trained in modern obstetrical practices and are able to provide care in a culturally appropriate way. The return of birth to the Inuit communities on Hudson Bay has had a significant positive impact not only for childbearing women and their families but also for the entire community. Furthermore, community midwives are a great resource to the health care team because they have medical knowledge and expertise as well as cultural awareness and sensitivity.

The availability of trained Inuit midwives in the north is limited, as are midwives with knowledge of Inuit birthing techniques. More Inuit need to be trained within the health care profession and encouraged to become midwives. This will help reduce northern staff turnover, the problems of staff retention, and reduce the overall cost of health care delivery. Inuit midwifery and childbirth within the community contributes to the development of pride in the rich Inuit cultural heritage and encourages young women to learn from their elders. It is time to develop a structure within which traditional knowledge can be integrated into modern obstetrics.

By bringing together the elders, current Inuit midwives with midwifery educators and government representatives, a general plan for the future of maternity care in Inuit communities was addressed and strategies developed. The gathering addressed the following four areas:

1. The needs, benefits, barriers, and best practices that facilitate the role of midwives in all Inuit regions;
2. The need for a comprehensive review of current training, legislation, certification, and curriculum related to midwifery in the various Inuit jurisdictions;
3. The integration of traditional Inuit knowledge into the delivery of maternal care services in the North; and
4. The promotion of the broader objective of promoting healthy pregnancies and healthy communities.

The **overall goal** was to develop and implement strategies that support bringing childbirth back to Inuit communities.

6.0 Key Achievements and Recommendations

6.1 Achievements

Partnerships between Inuit communities, elders, Inuit midwives, midwifery associations, Inuit associations, government officials and policy makers as well as midwifery educators were established. Issues were identified and solutions discussed. The experiences of elders were shared. The effects of routine evacuation were described. There was a shared commitment to return childbirth to Inuit communities by training Inuit midwives. The participants unanimously agreed that there was a need for an Arctic Midwifery Association. Pauktuutit Inuit Women of Canada was chosen to lead in the initial development of the association.

When established, the role of the Arctic Midwifery Association will be to address the following issues:

- Registration of community trained midwives
- Creation of a joint educational and regulatory process
- Development of a midwifery-led maternity centre on the Ungava Coast
- Coordinate issues that arise for the community midwives

- Provide a voice to address political agencies (including collaborative work with provinces/territories)
- Identify the ongoing maternity needs of Inuit communities
- Seek representation in the Canadian Association of Midwives
- Ensure that traditional Inuit knowledge is included in Arctic midwifery

7.0 Communication of Project

- A summary of the report can be posted on the Innuksuiniq - Inuit Midwifery Network website
- A copy of the report will be mailed to all gathering participants and stakeholders
- The gathering can be presented at future meetings and conferences:
 - Canadian Association of Midwives Annual Conference, Fall 2008
 - Canadian Aboriginal Midwifery Gathering, Fall 2008
 - International Congress of Midwives, Glasgow 2008
 - SOGC Annual Meeting, June 2008.

7.1 Links to other Activities:

- April 25-27, 2005 – Aboriginal Women and Girls' Health Roundtable – a national meeting hosted by NAHO and Health Canada in Ottawa that included Inuit and other Aboriginal midwives.
- May 19, 2005 – Maternity Care in the North – Planning a National Meeting – convened in Ottawa by Sara Tedford Gold, her research partners and the Canadian Health Services Research Foundation.
- November 21-24, 2005 – First Nunavik Midwifery Gathering, Inukjuak, Quebec

8.0 Contact Information

8.1 Report Submitted to:

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8.2 Report Submitted by:

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8.3 Administration

Federal Funds were administered by Health Canada

9.0 Appendix A: FULL LIST OF INVITEES TO THE GATHERING

| | PARTICIPANT | HOME LOCATION | ABLE TO ATTEND |
|---|--|------------------------|------------------------------|
| Inukjuak Maternity | Brenda Epoo- Community Midwife and President of Nunavik Midwifery Association Aileen Moorhouse- Midwife Marina Annanack- Student Midwife Kimberley Moorhouse – Student Midwife Margaret Mina – Student Midwife | Inukjuak, Nunavik | No Yes Yes No No |
| Puvirnituk Maternity | Mina Tulugak - Midwife Leah Qinuajuak - Midwife Colleen Crosbie - Midwife Annie Tukalak – Student Midwife | Puvirnituk | Yes Yes Yes Yes |
| Salluit Maternity | Maggie Saviadjuk Tayara – Student Midwife | Salluit | Yes |
| Traditional Midwife - Hudson Coast | Ellashuk Pauyungie | Salluit | Yes |
| Department of Aboriginal Affairs and Northern Regions - Quebec | Jeannine Auger- Directrice des services médicaux généraux et préhospitaliers | Québec | Yes |
| Kativik School Board | Alacie Nalukturak - Commissioner of Kativik School Board | Inukjuak | No |
| Ungava Tulattavik Health Centre | Lizzie Epoo-York – Chair Nunavik Board | Kuujuuaq | Yes |
| Nunavik Regional Board of Health and Social Services | Ida Saunders – Regional Engagement Coordinator | Kuujuuaq | Yes |
| Nunatsiavut Department of Health and Social Development | Gail Turner – Director of Health Services | Happy Valley-Goose Bay | Yes |

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|---|--|--|------------------------------|
| Department of Health and Community Services, Government of Newfoundland & Labrador | Cathie Royle - Program Consultant (Prenatal and Early Child Development), Child, Youth and Family Programs | St. John's | No |
| Labrador Grenfell Health Authority, Community Clinics | Rufina O'Dell – Regional Director, Community Clinics | Happy Valley-Goose Bay | No |
| Rankin Inlet Birthing Centre | Nowyah Williams - Regional Maternal/Newborn Health Services Coordinator Martha Aitkin – Midwifery Supervisor Navalik Helen Tologanok – Student | Rankin Inlet Rankin Inlet Cambridge Bay | Yes Yes Yes |
| Department of Health and Social Services - Government of Nunavut | Terry Creagh - Public Health Nurse Consultant Dr. Sandy MacDonald – Director Medical Affairs | Iqaluit | Yes No |
| | Kirsten Gafvels - Midwifery Contractor, Government of Nunavut | Iqaluit | No |
| Nunavut Arctic College | Mike Shouldice – Director Ruth Bainbridge – Director of Nursing | Rankin Inlet Rankin Inlet | No No |
| Nunavut Midwifery Association (MAN) | Natsiq Alainga-Kango - President | Iqaluit | Yes |
| Nunavut Tunngavik Incorporated (NTI) | Looee Arreak – Policy Analyst - Health | Iqaluit | Yes |
| Qikiqtani Inuit Association | Mary Akpalialuk – Women's Coordinator | Iqaluit | Yes |
| Traditional Midwife-Kitikmeot | Arnaoyok Alookey – Traditional Midwife | Taloyoak | Yes |
| Traditional Midwife-Kivalliq | Annie Napayok – Traditional Midwife Annie Netser – Traditional Midwife Bridget Saviakjuk (to accompany Annie Nester) Susan Avingnaq – Traditional Midwife Madeline Ivalu – Traditional Midwife | Whale Cove Coral Harbour Coral Harbour Igloolik Igloolik | No Yes Yes No No |
| Traditional Midwife-Qikiqtani North | Elisapee Ootovak – Traditional Midwife Martha Koonoo – Traditional Midwife | Pond Inlet Pond Inlet | Yes Yes |
| Traditional Midwife-Qikiqtani South | Jayko Pitseolak – Traditional Midwife Alacie Joamie – Traditional Midwife | Iqaluit Iqaluit | Yes Yes |

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|--|--|---------------------------------|-------------------|
| Other - Nunavut | Elisapi Davidee-Aningmiuq - Facilitator | Iqaluit | Yes |
| Inuvialuit Regional Corporation | Crystal Lennie, Aboriginal Health Transition Fund (AHTF) Coordinator | Inuvik | No |
| Department of Health and Social Services, Government of the NWT | Marnie Bell – Manager, Primary Community Services, department of health and Social Services | Ulukhaktok, NWT | No |
| | Faye Stark – Nursing Consultant, Maternal & Child Health, Primary Community Services | Yellowknife | No |
| Beaufort Delta Health & Social Service Authority | Jane Smith – Director of Client Services | Inuvik | Yes |
| | Alice Kimiksana - CHR | Ulukhaktok | No |
| | Jane Okheena – Homecare worker | Ulukhaktok | No |
| NWT- Other | Leslie Paulette – Midwife | Fort Smith | No |
| | Gisela Becker – Midwife and President of the Midwifery Association of the NWT | | No |
| | Barbara Round – Executive Director, Registered Nurses Association of NWT and Nunavut | | No |
| ITK | Gwendolyn Thirlwall Wiebe – Senior Project Coordinator - Health Elizabeth Ford – Project Coordinator, Health | Ottawa | Yes Yes |
| Pauktuutit | Martha Greig - President Lynda Brown - Manager, Community & Healthy Living Melanie Paniaq - Project Officer | Ottawa (from Kuujuaq) Ottawa | Yes Yes Yes |
| NAHO - Ajunnginiq Centre | Catherine Carry - Research Officer | Ottawa | Yes |
| Tungasuvvingat Inuit Family Resource Centre | Eva Kigutaq – Inuit maternity pre and post-natal worker Mary Hutton - Inuit maternity pre and post-natal worker | Ottawa | Yes Yes |
| McMaster University Midwifery Education Program | Patricia McNiven - RM, PhD, Assoc Prof, Midwifery Education Program | Hamilton | Yes |
| Aboriginal Midwifery Education Program, University College of the North | Darlene Birch - Aboriginal midwifery and member of the AMRP project team | Norway House, Manitoba | Yes |

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| Ryerson University Midwifery Education Program | Vicki Van Wagner - RM, PhD(c), Assoc Prof, Midwifery Education Program | Toronto | Yes |
| Canadian Association of Midwives | Kerstin Martin - President Betsi Dolan - Midwife and Consultant, Primary Health Care, Manitoba Health | Montreal Winnipeg | No Yes |
| Society of Obstetricians & Gynaecologists (SOGC) | Marilee Nowgesic - Manager, Aboriginal Health Initiatives Vyta Senekas - Associate Executive Vice- President & CPL Division Director | Ottawa | Yes No |
| Health Canada Representatives | Dawn Walker - A/Director, Policy, FNIHB Louise Garrow – Senior Consultant, FNIHB Stephanie Caron – Policy Analyst, FNIHB Josée Renaud - Senior Administrative Officer, FNIHB Susan Hicks – Senior Nursing Consultant, Office of Nursing Policy Nilambri Ghai – Program Consultant, Northern Region Danielle Laurin – Asst Reg. Co-ordinator Health Careers and CHR Louise Cholock – regional Nurse Manager, Family Health, FNIHB | Ottawa Ottawa Ottawa Ottawa Ottawa Ottawa Montreal Halifax | Yes Yes Yes Yes Yes Yes No No |