

The Ottawa Citizen

It takes a village; A revolution in maternity care in Canada's Far North is changing the way babies are delivered around the world

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Byline: Elizabeth Payne
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Series: Bringing Birth Home

Illustrations: Colour Photo: Dr. Vania Jimenez / Inukjuak resident Lindsey Mina gives birth to a boy -- 11 pounds! -- with support from her mother, Nancy Mina. Such intimate scenes are rare in the North, where Inuit women from remote communities have been flown far from home to give birth at hospitals in larger cities.; Map: ; Colour Photo: Julie Oliver, the Ottawa Citizen / Expectant mom Levi Inookee poses with some other mothers (from left, Dora Anguilianuk and her son, Marcus, and Stephanie Tongak and Nolan) at Larga Baffin in Ottawa. Nineteen-year-old Levi travelled from the Baffin Island area for medical help with her pregnancy. Larga Baffin is home to residents of the North who must come south for treatment.

ABOUT THIS SERIES

Ottawa Citizen writer Elizabeth Payne received a grant from the Canadian Institutes of Health Research to conduct research for this series.

SUNDAY:

Remote regions of Australia are fertile ground for a revolution in maternity care. Leading the way? An activist from Canada's Arctic.

MONDAY:

Inuit experience bears lessons for everyone.

In 2010, the Citizen's Elizabeth Payne won a fellowship from the Canadian Institutes of Health Research that allowed her to travel to both ends of the planet to research a little-known story.

Here is Payne on that fieldwork and the series that resulted from that work. "Bringing Birth Home" runs in the Citizen today until Monday:

This year, Prime Minister Stephen Harper committed \$1.1 billion to reduce maternal and infant mortality rates around the world. Meanwhile, Inuit babies are about three times more likely to die during their first year of life than non-Inuit babies.

Some are asking why Canada is not playing a greater role in improving dismal conditions in Canada's North. During my work on the fellowship,

I travelled to Northern Quebec where I found a community-inspired revolution in maternity care that has the potential to change health-care delivery in remote regions of the North.

So why isn't Canada taking it on? It's a question at the heart of this series.

The Northern Lights shimmer, then fade. While most of the village sleeps, there is a celebration on the hill above town. In a building known simply as the Maternity, which overlooks this Inuit village in a

fiord on the northern tip of Quebec, more than a dozen family and friends are waiting on Salluit's newest resident.

When the baby is born -- a girl -- there are grins and handshakes. A midwife switches on white Christmas lights to signal the news to the village. In the morning, the tired young mother will pack her newborn into the hood of her amauti, the iconic parka in which Inuit carry their babies, and return home, where most everyone will have already heard of the arrival.

To say birth is a community event in Inuit villages like Salluit is an understatement.

Tiny footprints tell the story. Ink impressions on coloured paper decorate the walls of the birth centre. Each one represents a birth in this village of about 1,200 people since 2004, when the community became the third along Quebec's Hudson Bay coast to bring birth home. For years, virtually all pregnant women were flown to southern hospitals where they waited alone for weeks and then gave birth among strangers; every footprint marks a step away from that widely disliked policy. Each stands for hope and a future in which there is greater autonomy over health.

The villages along the Hudson Bay coast in Nunavik are tightly knit, fly-in communities whose roads hum with all-terrain vehicles in the summer -- some carrying entire families -- and gaggles of children. The mostly Inuit population is young. The fertility rate among Canada's Inuit is twice the national average. Hunting and fishing still provide "country food" -- caribou, char and beluga -- which, along with fresh-picked berries, are a much-loved part of most residents' diets. The Inuit-run, Co-op grocery store, where red peppers sell for almost \$5 each, provides the rest.

Nunavik, which covers the northern third of Quebec, is negotiating to become a self-governing region within the province.

Residents are proud of their culture and fiercely attached to the land, which is stark and breathtaking. But there are serious challenges. This is also a world in which alcoholism, substance abuse, smoking and overcrowding are facts of life, where one quarter of

babies are born to teenagers -- even some 12-year-olds -- where infant mortality rates are higher and life expectancy lower than the rest of the country. In mainly Inuit Nunavik, the life expectancy is about 66.7 years, compared with 79.3 in the rest of Quebec. Between 2000 and 2002, about 22 per cent of all deaths in Nunavik were the result of suicide; more than 10 times the provincial rate.

Against that backdrop, the successful battle by local communities to bring birth home may seem counterintuitive. But the Nunavik birth centres argue that more expensive health care does not mean better health for remote aboriginal communities. In fact, there is evidence that giving birth close to home, which costs less than flying women to far-off hospitals, results in better maternal and infant health, and improves the well-being of communities.

At a time when the federal government has made it a priority to improve maternal health around the world, some are asking why it's not playing a greater role in improving dismal conditions in Canada's North.

The revolution in birth in Salluit and other northern Quebec communities, and the creation of an innovative program that trains Inuit midwives, are viewed by many as models for other parts of Canada and the world. But, nearly 25 years after Nunavik's first midwifery clinic opened in the village of Puvirnituk, obstetric evacuation remains a way of life for many women in Canada's remote North.

The government of Nunavut adopted a maternal and newborn health-care strategy last year that calls for the establishment of regional midwifery services to bring more low-risk births back home to the territory. But Health Minister Tagak Curley acknowledged in an interview that without support from the federal government, progress will be slow.

"Prime Minister Harper must look in his own backyard before he starts being a Good Samaritan for other countries. We have some of the same problems as Third World countries with respect to health." The Northwest Territories faces similar problems when it comes to reducing the number of women who are flown away from home to give birth.

Residents of villages like Salluit know they are lucky. "To bring birth back to the communities is to bring back life," explains one elder from Puvirnituk.

In southern Canada, where nearly 30 per cent of babies are now delivered by caesarean section and most people live within two hours of a hospital, few know the story of Nunavik's success. But the world is watching.

Researchers from Canada and around the globe have extensively studied Nunavik's maternities, the three birth centres that serve women on Quebec's Hudson Bay coast. A fourth centre opened in Kuujuaq, on the eastern Ungava coast of Nunavik, in 2009. The World Health Organization celebrated the innovation in a letter to the Quebec government. "If there ever

was an example of health promotion," it wrote, "this is it." The Society of Obstetricians and Gynecologists of Canada, the Royal Commission on Aboriginal Peoples, the World Bank and others have recognized the program as a model for meeting Millennium Development Goals for Safe Motherhood.

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In the years since 1986 when the first Nunavik birth centre opened in Puvirnituk, the maternities have been followed closely. A 2007 study of birth outcomes there found perinatal mortality rates were 0.9 per cent, or nine out of every 1,000 births, similar to the rates in Canada as a whole and lower than among similar populations in Nunavut and the Northwest Territories. Intervention rates were also low, with fewer than two per cent of women requiring C-sections. Overall numbers are relatively small, which makes comparisons less reliable, observes lead author Vicki Van Wagner, who teaches midwifery at Ryerson University in Toronto and has worked in Nunavik. But, her study concluded, the establishment of the birth centres in Nunavik has demonstrated that birth in communities is safe, and healthier for mothers and babies than the policy of evacuation.

"The establishment of birth centres has been fundamental for community healing," she writes "and marks a turning point for many families who suffered from family violence in Nunavik."

Not all research has been as glowing. A 2009 study in the Journal of Epidemiology and Community Health compared Nunavik's midwife-centred approach to women in east Nunavik who gave birth with the help of doctors were flown south. The study determined there were slightly more perinatal deaths among births assisted by midwives than those in which physicians were the primary birthing attendants. The authors concluded, however, that the differences were not statistically significant. They also noted that many of the health disparities between Inuit and non-Inuit communities have to do with broader issues. With that in mind, the authors said the birth centres model may "bring vitality and other social and community benefits."

Evidence from Greenland supports that. Infant mortality rates among Inuit there are much lower than among Canadian Inuit. Greenland has tackled chronic health problems, including smoking, alcoholism and crowded housing. It also allows most women to give birth in or near their own communities.

To many people, the benefits of giving birth at home are obvious.

"I can understand that some of you may think that birth in remote areas is dangerous," said Salluit elder Jusapie. "We have made it clear what it means for our women to birth in our communities. And you must know that a life without meaning is much more dangerous."

The success of the Nunavik clinics has challenged health officials to expand the way they assess health risks for indigenous communities.

Janet Smylie, a research scientist in aboriginal health at St. Michael's Hospital in Toronto, says culturally appropriate health care "may challenge the world view of medically trained health professionals who are concerned with access to medical technologies." Smylie was principal author of a report for the Society of Obstetricians and Gynecologists of Canada (SOGC) that recommended, among other things, "the need to provide health services for aboriginal peoples as close to home as possible."

In 2007, the SOGC tabled a report that said aboriginal women should not have to choose between culture and safety. In it, author Carol Couchie, citing the success of Nunavik's program, recommended that doctors, nurses and others work with indigenous communities to reform existing maternity programs.

The women of Nunavik's Hudson Bay coast communities overwhelmingly agreed. They set the stage to create a health system that combines Inuit traditions with modern medicine.

"I doubt the world understood what a marked revolution it represented," wrote Ottawa midwife Betty-Anne Daviss, who has worked in and written about the Nunavik maternities. "Here was a community, eight hours by plane from any hospital large enough to have caesarean section facilities or a neonatal intensive care unit, making a political decision to reject clinical logic to save the integrity of their cultural, personal and intuitive logic. In clear words and actions, Puvirnituk was willing to state that the risk of losing a baby was worth the benefit of returning birth to the Inuit community."

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Until about the middle of the last century in Canada, Inuit babies were born in shelters, igloos or tents. Traditional midwives were sometimes available. When they weren't, grandmothers, sisters, aunts, fathers or extended family members helped deliver babies.

After the Second World War, Inuit began to settle in communities with government services, including nurse-midwives and nursing stations, where growing numbers of babies were born.

But by the late 1960s and early 1970s, fewer trained midwives were working in nursing stations. Most small communities didn't have doctors or midwives. Medical officers were alarmed by infant mortality rates. As air transportation became more accessible, the practice of flying women to large southern hospitals began in earnest.

Mortality rates gradually improved, though some research suggests this had more to do with improvements in living conditions. At least one study found evacuation caused more birth

complications. In high-risk cases, lives were saved. But the policy of flying every pregnant woman south, even healthy, low-risk women, was taking a toll.

Women began to refuse to go. Some hid their pregnancies in loose clothing, knocking on nurses' doors when they went into labour.

In 1982, Aani Tulugak, a resident of Puvirnituk who would become a community leader, was due to fly 1,000 kilometres to Moose Factory, Ont., to give birth. "I really didn't want to go," she says, 28 years later. A doctor agreed to help her in the community. Her husband was there and her children met the newborn hours after he arrived. It was the beginning of bringing birth back to the village.

Puvirnituk, population about 1,400, is a community with an independent streak. Its residents refused to sign the James Bay and Northern Quebec agreement in 1975.

Dissatisfaction with the birth policy was brewing in the community when the province offered to build a hospital there in the mid-1980s. Tulugak was part of a group that travelled around Nunavik asking people how they could improve maternity services. She also became head of the hospital board in Puvirnituk after the previous chair objected to plans for a midwifery clinic and resigned. Out of those meetings grew a pilot project that would become the Inuulitsivik maternities, serving women in seven communities.

The community wanted midwives to work with nurses and doctors as primary caregivers for all low-risk pregnancies. A committee would assess who needed to be sent south.

They battled conventional wisdom and warnings that it was too risky.

Over the years, the program won respect and recognition.

Midwives were initially brought in from elsewhere, working with doctors and nurses. The midwives also acted as mentors to Inuit student midwives. The Inuulitsivik Midwifery Education Program adapts the southern curriculum to "northern realities," in the words of Vicki Van Wagner, of Ryerson.

Twelve years after Puvirnituk's birth centre became a reality, a second one was set up in the village of Inukjuak, south along the Hudson Bay coast. Salluit's centre opened in 2004.

The three maternities serve seven villages with a population of about 5,500. Residents of smaller communities fly in.

About 3,000 babies have been born at the maternities since 1986. Since the program began, 86 per cent of mothers from the coast gave birth in Nunavik, the majority in their own communities. The remaining 14 per cent were sent south because their pregnancies were deemed high risk.

In Nunavik, midwives do more than just deliver. They act as community health workers, educating the community about the dangers of smoking and drinking while pregnant, the importance of nutrition and how to prevent sexually transmitted diseases. They also serve as role models. Because pregnant women visit them monthly and then weekly at the end of their pregnancies, midwives have influence.

On Sept. 9, International Fetal Alcohol Syndrome Day, midwives across Nunavik spread the message about mixing alcohol with pregnancy. In Puvirnituk, the mother of a child with FASD called a radio program to warn others not to make the same mistakes she had. Village bells rang at 9:09 a.m. (the nines represent the months of pregnancy) to underline that message.

Farther north in Salluit, meanwhile, children laughed and played games at a community centre event organized by local midwives to mark the day.

Unlike their parents, most of these children had been born close to home, just up the hill in the Maternity.

"I wish I was born here," sighed a student midwife whose birth certificate says Moose Factory.

"They are lucky."

THE WAITING GAME

Ottawa residence helps medical evacuees make the best of birth situations

The No. 2 bus roars by, taking commuters east along Richmond Road toward downtown Ottawa. Inside the blue building known as Larga Baffin, residents are transported much farther away -- straight north to Baffin Island -- by the sight and smell of char and beluga.

It is lunchtime at Larga Baffin, the four-storey residence that is a temporary home for Inuit from eastern Nunavut who must journey 2,000 kilometres south for medical treatment. Its 80-plus residents are here for cancer treatment, to visit the Ottawa Heart Institute and for other specialized care not available in Iqaluit.

Among them is 19-year-old Levi Inookee, who arrived from Iqaluit in early August with a baby due in October.

The soft-spoken teenager was initially lonely and bored, though things improved in September when she was joined by her mother, Martha Inookee. They praised the residence, which opened on Richmond Road near Lincoln Fields in 2009. "We eat more country food here than in Iqaluit."

It is not unusual for Inuit women to leave home to give birth. Throughout Canada's Far North, women are routinely flown out of their communities, even during low-risk pregnancies. But the majority of Baffin Island women are relocated to Iqaluit, Nunavut's only hospital, where the surroundings and

language are familiar. In exceptional cases, like Inookee's, when the pregnancy is considered high risk, Larga Baffin becomes a temporary home.

It's tough, says Trudy Metcalfe-Coe, general manager of the facility, "but we encourage them to make the best of it."

Inookee arrived in Ottawa after an ultrasound determined her baby had a cleft palate, which would require surgery. Because preterm birth rates are so high among Canada's Inuit, pregnant women are usually flown out well in advance of their due dates. Inookee's baby was born in October. Now back home, Inookee will return to Ottawa for surgery when her son is four months old.

Inookee brought with her an amauti, the traditional Arctic parka designed to carry a child. She reluctantly agreed to put it on for a photographer, but said she didn't plan to use it in Ottawa: "It's too hot."

Although worried about being able to feed her baby, she was also anxious to get home to her boyfriend. "He calls me all the time," she said.

Everyone from aboriginal women's organizations and the Royal Commission on Aboriginal Peoples, to the Society of Obstetricians and Gynecologists, has criticized the policy of evacuating low-risk pregnant women out of their communities. When it comes to high-risk births, though, temporary relocation to a southern city is accepted as a necessary, if difficult, part of life in the North.

"I do feel for them, but I know it's impossible to deliver a child in Arctic Bay who is going to need immediate cardiac surgery," said Wilma Greenley, director of operations at the Ottawa Health Services Network Inc.

The organization, which acts as a liaison between services in eastern Nunavut and caregivers in Ottawa, was created in 1997 when Ottawa became the tertiary care centre for patients from that area. The organization sends specialists -- dermatologists and gynecologists, for example -- to Iqaluit to reduce the need to transport people to Ottawa. It also oversees care of the "small group of patients that need more advanced care than a 30-bed hospital can give them." Patients from other parts of Nunavut go to Winnipeg, Yellowknife or Edmonton.

Last year, the network co-ordinated 1,800 trips to Ottawa by patients in Nunavut, some of those repeat visits by a single patient. Twenty of those patients were pregnant women.

Greenley said the pregnant women who end up in Ottawa are the "highest of the highest risk" making up about two per cent of the patient population in eastern Nunavut and a small proportion of residents in Larga Baffin.

The Ottawa Health Services Network and Larga Baffin staff work to make the stay in Ottawa for medical care as good as it can be under the circumstances. Interpreters help patients who speak

Inuktitut and also act as advocates.

Larga is "a culturally specific site" that can deliver everything from familiar food to a minister able to perform last rites in Inuktitut when necessary.

Some patients, like Inookee, travel with escorts, whose flights and accommodations are financed by federal and territorial health dollars. In most cases, women must travel alone. A round-trip ticket from Iqaluit to Ottawa is about \$1,400. From more remote Nunavut communities, airfare is closer to \$4,000.

Last year, the government of Nunavut spent a significant chunk of its health budget -- about \$60 million -- on plane tickets and emergency medivacs to fly patients out or specialists in. That is almost one-fifth of the government's total health and social services budget, and five times the amount it spent on public health.

The high cost of health transportation leaves little money for improving health care in small communities, which means more people require special health care in the south.

It's a vicious circle.

BY THE NUMBERS

50,000

Inuit living in Canada

The majority The number of Inuit women who must be flown hours away from home to give birth

5,500

The number of women in Nunavik, the Inuit part of northern Quebec, served by three birthing centres in small communities along the Hudson Bay coast

86.3

The percentage of those women who had babies in or near their own communities between 2001 and 2007 after the Nunavik maternities system was established

2,600

The number of babies born in the maternity in Puvirnituq since it became the first birth centre in Arctic Canada in 1986

\$12,000

One estimate of the savings every time midwives assist with a birth in northern Quebec (the estimate includes the plane ticket, living expenses and the southern delivery)

\$60 million

Annual amount Nunavut's health department spends

on transportation

\$6 million

Amount Nunavut spent on public health during the same year

\$259 million

Nunavut's total health and social services budget for 2008-2009

1,500

The number of kilometres between Nunavik and Montreal where women from the Ungava coast of Inuit Quebec were routinely sent to give birth

14.7 per 1,000

The birth rate among Canadian Inuit, the highest in the country

15.1

The rate of death per 1,000 live births in Nunavut, about three times the national average

ONLINE OTTAWACITIZEN.COM/BIRTH

Videos: From the Arctic to Alice Springs, plus a tour of Salluit's remarkable birth centre at the tip of Quebec.

Interviews: An Inuit midwife, a midwifery student and a woman who gave birth at a midwife clinic reflect on the importance of bringing birth to Arctic communities.

Soundslides: Explore the innovative midwifery program that trains Inuit midwives, using a combination of traditional knowledge and modern medicine.

The Ottawa Citizen

Inuit midwife delivers in the outback; Remote regions of Australia are fertile ground for a revolution in maternity care. Leading the way is Mina Tulugak, an activist from Canada's Arctic.

Sun Nov 28 2010

Page: A7

Section: News

Byline: Elizabeth Payne

Dateline: ALICE SPRINGS, Australia

Source: The Ottawa Citizen

Series: Bringing Birth Home

Illustrations: Colour Photo: Photo by Elizabeth Payne, The Ottawa Citizen / Mina Tulugak, an Inuk midwife from Arctic Quebec, toured aboriginal sacred sites while in Australia for a conference on birth. She stands by a sign warning that men are not allowed at the women's sacred site.; Colour Photo: Photo by Elizabeth Payne, The Ottawa Citizen / In Alice Springs, local beliefs separate 'men's business' and 'women's business,' especially when it comes to birth.; Colour Photo: Photo by Elizabeth Payne, The Ottawa Citizen / Mina Tulugak, who with her husband Harry helped to establish the first midwife-based birth centre in Nunavik, says Australian aboriginal communities could benefit from community-based midwife clinics. She's shown here with an aboriginal elder.

"I am from near the top of the world. It is good to be here near the bottom of the world."

Mina Tulugak is in front of an audience in the outback of Australia. The petit Inuk midwife has travelled more than 17,000 kilometres from her home in Nunavik, in Arctic Quebec, to talk about birth.

"I had my five children in another province, away from my home. My husband was not there. He feels that there is a gap in his life ... that he was robbed of what was very important in our lives. ... In our culture, the baby is to feel welcome. He is to be welcomed by the whole community."

Tulugak might be from the other end of the Earth, but the story she has to tell is well known in Australia. Like her, many indigenous Australian women must leave their homes and their families and travel hundreds of kilometres to give birth.

Tulugak is here to tell Australian midwives, health professionals and aboriginal elders that there is another way.

More than 25 years ago, she and her husband, Harry, were part of a community movement that resulted in the return of birth to Puvirnituq, their small village in Nunavik. The establishment of the Inuulitsivik maternity ended a widely disliked policy of relocating all pregnant women to large southern communities to give birth. Increasing numbers of women began to refuse. Eventually, despite warnings about the risks of giving birth hours away from high-tech hospital intervention, the community decided to use midwives as primary caregivers who would train Inuk women. Tulugak was one of the first Inuk midwives to graduate.

The Puvirnituq birth centre was the first of four now in Nunavik. They are considered models throughout remote, northern Canada and the world. Nunavik's success has resonated in Australia.

"There are striking similarities between the Indigenous populations of Canada and Australia," Australian midwife Sue Kildea wrote in a 2006 article published in Health Sociology Review: The International Journal of Health Sociology. But, she

notes, Australia has not kept up.

"Research from northern Canada has shown that birthing facilities in very remote areas can offer a safe and viable alternative to routine transfer of women to regional centres, despite initial opposition to doing so."

Kildea said the Canadian experience could act as a guide "toward a service that better suits remote-dwelling Aboriginal women and their families." She is not the first Australian to consider Nunavik a model.

In 2000, Australian documentary maker Jennifer Gherardi produced Birth Rites, a film comparing birth in Nunavik and in the Australian outback. She called the lack of culturally appropriate birthing facilities a national issue in Australia.

"These two indigenous cultures have a shared history of dispossession as well as social and health problems," she wrote. "Both countries have routinely evacuated women from their hometowns to birth alone in far away hospitals."

The documentary depicted life in Puvirnituq on the shores of Hudson Bay, focusing on the village's birth centre.

In contrast, aboriginal women from Australia talked about their experiences and "the devastating personal and cultural repercussions of this 'separation policy.'"

Among those featured in the documentary -- required viewing at some Australian medical schools -- are Mina and Harry Tulugak, who were both involved in the struggle to establish the first midwife-based birth centre in Nunavik.

When they arrived in Alice Springs, in central Australia, earlier this year to speak at a conference about maternity care, they were recognized by conference participants. "I really wanted to meet you!" said one woman as she approached.

Mina and Harry, along with Vicki Van Wagner, who teaches midwifery at Ryerson University and has worked in and studied the Inuulitsivik maternities,

delivered a keynote presentation that brought their audience to tears. Particularly moving was Harry's talk about the disconnect he feels from his children because his wife was flown hundreds of kilometres from home to give birth.

The Nunavik experience "is very powerful and thoroughly relevant to the situation here.

"It is one of the ways forward," said organizer Pat Brodie, past-president of the Australian College of Midwives.

Despite much study, Australian women from remote communities are still removed to large centres when it comes time to give birth. Many do their best to avoid it.

"It became very clear to me early on that the services we were providing and how we coerced them to get on the plane didn't suit them," said Kildea, who teaches midwifery in Brisbane. "Some would run away."

Kildea said she encouraged women to let her know what they'd decided. "I wasn't going to coerce them to go if they wanted to birth there and had no identified risk factors. They're not afraid of birth. I'm not afraid of birth. I would much rather be there than let them birth home alone."

Kildea said she would get upset that women were being sent away to large hospitals. "I knew that we weren't meeting their needs."

Aboriginal Australians, like Canadian Inuit, generally have poorer health, shorter life expectancies and poorer birth outcomes than their countries' non-indigenous populations. Indigenous Australians are more than five times as likely to die during childbirth than the country's non-indigenous population. The health gap builds a case for doing things differently in Australia, says Kildea, who visited Nunavik this summer to "see how they do it."

"By international standards our health outcomes are good," Warren Snowdon, Australia's minister for indigenous, rural and regional health told the Alice Springs conference called Breathing New Life into Maternity Care. "But we can't say we are doing well if a significant amount of the population who live in rural areas or are aboriginal are sicker than others because they can't get the care they need."

While Inuit in the Far North mostly live in communities that only have a nursing station, there were hospitals in parts of remote Australia, which have since been closed down. In recent years, more than 100 rural Australian hospitals have closed.

Unlike Canada, where midwives have only recently been officially recognized, Australia has a long tradition of midwifery. But Australian midwives are almost always nurses first and seldom act as primary caregivers to mothers. That is changing, something that will make it easier to set up birth centres in remote regions.

Kildea and others recommend that part of the change in Australia's maternity policy include programs modeled on Nunavik's, which are led by the indigenous community and in which indigenous women are trained as midwives.

"We can no longer ignore the extraordinary results from the remote based Inuit models," Kildea wrote, "particularly the unpredicted effects that are contributing to building community capacity and resilience."

This fall, the Australian government approved a pilot project that would bring birth back to some rural communities.

While in Alice Springs, Mina Tulugak was taken on a tour of sacred aboriginal sites. Local beliefs separate "men's business" and "women's business," especially anything to do with birth. In the desert outside town, a sign on a barbed wire fence warned men about a \$20,000 fine for unlawful entry to one location.

The belief system has proved to be an insurmountable obstacle for an aboriginal birth clinic near Alice Springs.

In the early days of the Congress Alukura birth centre, which opened in the 1980s, area women came to have babies.

Eventually they stopped because they preferred having their partners with them at a local hospital. A sign on the clinic's doors makes it clear men are not allowed. The clinic continues to offer prenatal, postnatal and women's health care.

At a meeting with Aboriginal "aunties" or elders, Tulugak talked about her community's struggle to "take back what was stolen."

The elders, some of whom were born under trees in the outback, said being born where they live is equally important in their culture.

On the bus back to her hotel, Tulugak looked out the window as the red-infused barren hills and desert landscape streaked by.

"Take away the trees and it looks like home," she said.

Ottawa Citizen writer Elizabeth Payne received a grant from the Canadian Institutes of Health Research to conduct research for this series.

MONDAY: Inuit experience bears lessons for everyone.

The Ottawa Citizen

Birth of a notion; Inuit experience bears lessons for everyone

Mon Nov 29 2010

Page: A4

Section: News

Byline: Elizabeth Payne

Dateline: INUKJUAK, Que.

Source: The Ottawa Citizen

Series: Bringing Birth Home

Illustrations: Colour Photo: Elizabeth Payne, The Ottawa Citizen / Veronique Lebreux's son Claude -- now 13 months -- was delivered by midwives at the maternity in Salluit. He is one of a new generation of Inuit, those born in their own communities.; Colour Photo: Elizabeth Payne, The Ottawa Citizen / Mothers of babies born in midwife clinics in Nunavik, including Katsuak Jaaka, with partner, Kevin Patlayat, and their baby Georgina, and Ummaluk Jaaka, with baby Saira, say they are lucky.; Colour Photo: Elizabeth Payne, The Ottawa Citizen / Footprints line the walls of the birthing centre in Salluit, at the tip of Northern Quebec.

"It's not an illness," Brenda Epoo says when asked about "patients" at this community birth centre in Inuit Quebec.

Epoo is an Inuk midwife, one of the first to be formally recognized by the Quebec government after birth centres and a midwife apprenticeship program was set up in villages along the coast of Hudson Bay in northern Quebec.

Women who come to the birth centre in Epoo's village of Inukjuak are not patients, they are clients. It's a small point but a dividing line between the traditional Inuit view of birth and the practice in southern Canada, where interventions are routine, where record numbers of babies are delivered by cesarean section.

Supporters of the movement to return birth to small communities in the North say it is an important step in improving maternal health.

There may also be lessons for southern Canada.

Inukjuak, on the shores of Hudson Bay, is one of Inuit communities in northern Quebec that "took back" birth.

The clinics reflect a philosophy being embraced as part of an effort to reduce maternal mortality rates around the world.

Low-tech assistance from trained midwives or birth attendants close to home can have a greater influence on maternal health for low-risk pregnancies than high-tech solutions, hundreds or thousands of kilometres from home.

One of the positive aspects of the successful return of birth to communities like Inukjuak is the steep drop in interventions, including C-sections.

Across Canada, the C-section rate has steadily climbed to about 28 per cent in recent decades. The Society of Obstetricians and Gynecologists says rising rates are increasing risks and putting added strain on the health system.

By contrast, the C-section rate among women served by the Nunavik maternities, as they are called, is close to two per cent.

Midwives, who work in Inuit communities, say Inuit women traditionally have a low rate of C-sections

and give birth quickly. Even so, the introduction of midwife-led birth centres at three Nunavik villages (a fourth recently opened) has resulted in lower intervention rates within those villages, something attributed to the way the midwives, in consultation with doctors and nurses, work.

Vasiliki Douglas, a professor of nursing affiliated with the University of Alberta who has studied Inuit birth, says there is a lesson for southern Canadians in the degree of trust between women and midwives in the Nunavik maternities and an understanding of women's wishes when it comes to birth.

"I think we can learn from that," she said.

Some of those who have worked in southern Canada as well as the Arctic, say they have seen midwives deliver babies who would have been delivered by C-section in the south.

"I appreciate my work with the midwives. I appreciate their view of pregnancy and childbirth," wrote Dr. David Miller, who has worked as a general practitioner in Puvirnituk.

Miller was involved in an emergency birth involving prolapse of the umbilical cord, a potentially serious complication for the baby.

"In the time it took me to call Montreal, the midwife had already solved the problem. In the south, we would have performed a Cesarean."

Birth clinics combine traditional knowledge with modern medicine.

The midwives also work closely with doctors and nurses and use a stringent screening system to determine which women can remain under the care of midwives and which should be cared for by a doctor and sent south. Women expecting twins, whose baby is breech, who have already had a C-section, who have severe hypertension, who have other medical conditions or who go into labour five weeks or more early are sent south.

The vast majority of women stay in Nunavik to give birth, something that has resulted in improved outcomes, according to research, and significantly lowers intervention.

A 2007 study, published by the American College of Nurse-Midwives, compared outcomes of women

living on the west coast of Nunavik, who had community midwife clinics, with women living on the east coast of Nunavik, who did not. It also compared these numbers to the rest of Quebec.

As of 1996, the study found that three per cent of women with access to the midwife clinics had C-sections (the number has since dropped to about two per cent).

At the same time, women on the east side of Nunavik had an eight per cent C-section rate and the provincial rate was about 27 per cent.

Just 4.8 per cent of women on the west coast were induced, compared to more than 13 per cent on the east coast and 24 per cent in the rest of the province.

Ottawa Citizen writer Elizabeth Payne received a grant from the Canadian Institutes of Health Research to conduct research for this series.

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Online

ottawacitizen.com/birth

Videos: From the Arctic to Alice Springs, plus a tour of Salluit's birth centre at the tip of Quebec.

Soundslides: Explore the innovative midwifery program that trains Inuit midwives using traditional knowledge and modern medicine.

Interviews: An Inuit midwife, a midwifery student and a woman who gave birth at a midwife clinic reflect on the importance of bringing birth to Arctic communities.

Read: The first two instalments of this three-part series.