Introduction:

This is an edited transcript of “Birth, a joyous community event”, one of three live television shows that Inuit Tuttarvingat produced in May 2009. Edits to the transcript have been made to assist with citations and improve clarity and flow of the text, often relating to interpretation from the Inuit language to English. Changes include deletions, minor additions or changed words, etc. Significant changes are shown in brackets […]. When you see the words ‘(via interpreter)’, it means the person typing the open captions heard the speaker’s comments — which were made in the Inuit language — spoken by an interpreter in English.

You can search this transcript for key terms or areas of interest by using the search function in your PDF. Some key terms in this transcript include: abuse, adoption, alcohol, arrival (of the child), breastfeed, birth, birthing centre, bonding, boyfriend/husband/partner, certified, children, college, complication, country food, curriculum, diet, doctor, drugs, education, Fibronectin, focus group, gestational diabetes, FASD, Greenland, hospital, impact, Inuvik, Inuit health survey, Kaktovik, Kivalliq, labour, license, maternity, midwife/midwives, medevac/have to go/have to leave, mobilization, Nain, naming, Nunavik, pregnant, prenatal, program, Qanuippitali, research, risk, smoking, stress, support, tobacco, traditional, violence, Web site, and Western.

If you would like to quote parts of this transcript, please use the following format for citations:

Birth, a joyous community event – Edited DVD Transcript

The video and various excerpts can be viewed at:


Photo © Ed Maruyama

From left to right: **Panel Members** - Natsiq Kango, President of Midwives Association of Nunavut, Iqaluit; Annie Buchan, Community Health Representative, Taloyoak; Elashuk Paungee, Elder, Salluit; Martha Greig, Qajaq Men's Network, Kuujjuaq; Akinisie Qumaluk, Midwife, Puvirnituq; and, Host - Karliin Aariak.

**Transcript**

**Disclaimer:** The program you are about to see was broadcast and webcast live from Iqaluit, Nunavut in May 2009. As in the case with any live, multi-lingual programming, small technical problems, pauses and minor mistakes in the simultaneous translation and open captioning cannot be avoided. You will see some of those small errors in the following video presentation just as the audience did during the live event.
Part 1

Qanuqtuurniq – Finding the Balance

Your Voice – Your Well-being

Join this phone-in

Birth, a joyous community event

Host: (via interpreter) Good evening — My name is Karliin Aariak, and welcome to the wellness series, Qanuqtuurniq – Finding the Balance. We are broadcasting live across the North about Inuit wellness as part of the International Polar Year. Tonight, we talk about maternity care and midwifery, and tomorrow we’ll talk about youth on: I am young, I am proud. Last evening, we had the men’s wellness program: How are we as men? We are broadcasting for three nights: 8:00 to 10:00 p.m. Eastern. This is presented by Inuit Tuttarvingat of the National Aboriginal Health Organization and produced by Inuit Communications (ICSL). We are broadcasting live across the Arctic here in Iqaluit on APTN and across Alaska on 360 North and live on the Internet. We have panelists, welcome to the panelists. And a live audience. And we also have community focus groups, and for those of you at home, welcome. We have community focus groups standing by in Inuvik, Cambridge Bay, Grise Fiord, Clyde River, Inukjuak, Nain, Labrador, and we also have a virtual focus group of youth across the Arctic. So welcome, everyone.

Tonight we will discuss wellness issues, view some of the incredible work in the North and in Alaska of what works. You can e-mail us at inuitwellness@gmail.com [during the live broadcast only] and this is a live broadcast. We encourage discussion on issues and solutions, you will also be able to call in, so before we start, a welcome message from Dr. Paulette Tremblay, the CEO of NAHO.

Pre-Recorded Video:

Hello, I’m Dr. Paulette Tremblay, Chief Executive Officer of the National Aboriginal Health Organization. On behalf of the board of directors and the staff of the National Aboriginal Health Organization, I am very pleased to welcome you to this exciting series on Inuit wellness being presented by Inuit Tuttarvingat. This series is one of the new ways the centre is engaging Inuit in sharing health and wellness information. I look forward to the discussions on issues of interest to Inuit. We at the National Aboriginal Health Organization hope the programs are meaningful to you. Please join us now for the program on Inuit [maternity care], and a message from the Honourable Leona Aglukkaq.
Pre-Recorded Video:

As the federal Minister of Health, I am pleased to see Inuit involved in such an innovative television project to talk about wellness — family wellness and community wellness. It’s important to hear from men about their emotional health, from new mothers about how it feels to give birth in their own community, from young people about how they overcome difficult times. We’re hearing positive stories of Inuit and others working together, creating and running programs that are making a real change in our communities. About how Inuit are finding their balance.

Host: (via interpreter) And welcome back. Tonight's wellness issue is Nutaraqtaarniq Nunalingnirmiunut Alianaippuq. Last night many of you participated in the men's health and wellness program. Thank you, everyone, for your participation, and it was wonderful to hear from the communities and the panelists, and some of the comments and feedback we have received has said that it was very beneficial to hear the comments and the remarks from last night so [we’re] looking forward to the pan-Arctic discussions on this maternity care focused program. We are live from the IBC studio in Iqaluit. I’d also like to welcome our panelists here. They have been invited to come and talk. Please introduce yourself.

Akinisie Qumaluk: (via interpreter) I am Akinisie Qumaluk, I’m a midwife since 1986. We have midwives in Salluit and Inukjuak, and we conduct everything in Inuktitut. We also work with the community wellness coordinators in Puvirnituq working on prevention of FASD and the well women’s clinic — we also hold baby showers every two weeks in Puvirnituq. We also have other programs and services, but those are just some of the key ones.

Martha Greig: (via interpreter) I’m Martha Greig, I work with the Qajaq Men's Network. I’m a counsellor there, and I don't only focus on the men's group, I’m also very active in the community as a member of Pauktuutit, a board member of Pauktuutit. I also conducted the research on Inuit traditional midwifery or maternity care before nurses came and the medical people came.

Elashuk Pauyungie: (via interpreter) I’m Elashuk Pauyungie, I’ve been on the health committee for many, many years. I also sit on the board of the abused women’s home. This issue [of giving birth in the community] has been neglected for far too long, so I’m excited to talk about this issue. This is something that Inuit women have been asking for, for many, many years, and it is now a pleasure to see it once again.

Annie Buchan: (via interpreter) Hi, my name is Annie Buchan. I work with the health and community services as a community health representative, and I also work with Inuit Tuttarvingat as a member of the board. I also want to comment, I work with the Inuit
committee which deals with midwifery. I’m also expecting more of this sort of thing in the future.

**Natsiq Kango:** (via interpreter) My name is Natsiq Kango, I’m from Iqaluit. I’m the president of the Midwives Association of Nunavut. I have been involved with midwifery in terms of the traditional knowledge and what needs to be introduced. I also assist with the curriculum material. We continue to work on the teaching material within Nunavut, not only to Inuit, but we do try to provide service to all people living in Nunavut. And talking about the midwifery centre, we’re trying to forge ahead with this idea. Some communities have started, some haven’t, and also I try to be one of the voices to our government when it comes to midwifery. It’s a very big issue for us as women, and we expect to forge ahead in the future with our territorial government.

**Host:** (via interpreter) Thank you, I also want to thank the elders in the audience who are with us. Perhaps we could start off. We need to understand what is the history of maternity care in Inuit communities right now. I’ll ask Elashuk Pauyungie to start this conversation.

**Elashuk Pauyungie:** (via interpreter) Many Inuit use the abilities and skills they have obtained. I’ve witnessed many Inuit that choose their own midwives, who is going to deliver their babies, such as my mother. She has many associations; she played a big role in the birth of these children. Her spirit is kept alive through that process. There were many other Inuit women who wouldn’t be alive here today if Inuit didn’t know what they were doing, especially in giving birth. They knew the whole process, the labour, and if they ran into complications, they knew what had to be done, and the Inuit believe that giving birth and being pregnant was precious. It is an ancient process. I’m very proud of that fact, and I don’t want to just let it go. We should cherish it and keep it going, pass it on to the next generation. And I’m happy to see that we have reclaimed a lot of that.

**Martha Greig:** (via interpreter) Yes, Inuit are very capable people, especially our ancestors. The research we have done — I’d like to point out that Inuit don’t view being pregnant as a medical condition. They see it as a natural process, that it’s not an illness. Even though we are now settled into separate communities, [in the past] they were in different camps, and they would get their mothers-in-law, their aunts, and whatever, to come over and help with the delivery of the child and a bond was formed when the child was being born, and they passed on the knowledge during the whole pregnancy and during childbirth and in the rearing of the child. I can tell you, too, that my blind grandfather has also been a midwife, and some of the knowledge was passed on to me and I try and use my knowledge. My grandmother’s husband was a blind man, but that did not stop him — he even knew what to do if it was a [breech] baby. They had certain methods to correct that, and they also had remedies. If they came into
those kinds of situations or conditions during childbirth, they knew exactly what to do. So that's why I truly believe that the practice of midwifery should be continued.

**Host:** (via interpreter) What are the effects of pregnant women leaving their community to give birth?

**Natsiq Kango:** (via interpreter) Many people come here to Iqaluit to give birth, especially from the Baffin region, because we are the only birthing place in the region. [In the past] they would give birth, or sometimes even if you were pregnant, you would be gone for six months to give birth in Frobisher Bay. Many of them left their husbands, their families behind, and because they were gone for so long, they would come home to very unpleasant domestic situations. And sometimes the mothers [stopped] caring for themselves, because they were so worried and stressed over the family that they left behind, and so that also affected the baby. And [their children were exposed to very unpleasant situations — being physically and sexually abused. That’s what they went through while the mother was away and the father was the only one to look up to and he was not able to do it all] and because the men are hunters, they also leave their child in the home. [And because of that everyone has been affected by this.]

**Host:** (via interpreter) I think Akinisie had something to say.

**Akinisie Qumaluk:** (via interpreter) Yes, when I was [younger], they would say that the baby has arrived instead of the child is born. And thus [we] celebrated the arrival of the child. It is only recently that we say that the child is born. Inuit would celebrate the birth of the child, the arrival of the child by shaking the little infant's hand. That is something that we try and practice. Every child that arrives into the community, we try and welcome them.

**Host:** (via interpreter) What would be the benefit if they were allowed to deliver the baby in the home?

**Martha Greig:** (via interpreter) The family unit would have a lot less issues to deal with, because when a mother is relocated, the word "arrival" was a very key word, because the mother has arrived back. We didn't have escorts then like nowadays, and when she's provided medical service, you also have to consider the fact that when a mother leaves home, she's going to be needing some money to buy food. And the father would also become aware of [how the woman is going through difficulties while trying to have the child and then trying to find ways to help] while the mother is out of town. So there were a lot of difficulties that the family unit encountered. And, of course, the love, the bonding really [suffers] too, because they're away from each other for so long. So it's ideal to have a birthing place in every Inuit community, and that would really strengthen the community, especially the family unit would bond a lot better.
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Host: (via interpreter) Perhaps while we are waiting we would like to open the phone lines. The phone number, 1-800-337-6186 [during the live broadcast only], and how have you as a family unit, how have you been affected every time a mother is relocated out of the community, in order for her to deliver a baby? That’s the number, 1-800-337-6186. I believe Natsiq, you have other things you would like to comment on?

Natsiq Kango: (via interpreter) Yes, in fact, the other impact we see from our observations is that the diet has changed from the past. So because of their changing diet, they feel alienated. They’re not home, so there are a lot of factors that come into play. We may just want to eat something that's delicious, but it doesn't necessarily mean that it’s nutritious, and there's a cost if you want to put food on the table. We’ve seen that as a real change nowadays.

Martha Greig: (via interpreter) Every time the mother is relocated, the children are also [affected]. Young mothers are also getting pregnant, and perhaps her husband or her boyfriend never experienced this before. So how can her boyfriend [escorting her, who has never experienced birthing as a man] — how can he help her if she's going through the delivery? [The girl has to know how to breathe as this is important for preparing to birth.] As soon as the delivery occurs, it is best — this is traditional knowledge — [that everything needs to be looked at]. You have to [use a] holistic approach. As females we have to [understand that we have breasts for a purpose which is] to breastfeed the child, and it seems like a lot of young mothers don’t want to breastfeed their children, and to us that is very important, because we tend to find that the children that are breastfed are a lot healthier, and so I encourage the use of breastfeeding, and it really helps your bodily functions. So it's healthy for the mother and the child.

Host: (via interpreter) We now have a caller on the line from Cape Dorset. How have you been affected by pregnant women leaving their community to give birth? We have a caller from Cape Dorset. Kanayuk.

Caller: (via interpreter) Yes, I’d like to say that in our home someone was visiting us and she went into labour in my house. It was unexpected, but she ended up giving birth at my house while she was visiting us. And the people came to help with the delivery of the baby, and I would encourage those two people that helped deliver the baby the Inuit way, I’d encourage them to call in. It was awesome to see and that we were told that we have to get something to clamp the cord and also more cloths to wash the baby. You know, it was something that you wouldn't hear — that you don't normally hear anymore, you know. A baby was just born in my house. I think that I’m very intrigued about this, and also I gave birth at home, but because I was so young then, I ended up in the health centre, because I was too immature. But I would prefer the traditional Inuit way of maternity care, because that is something we’re accustomed
to. The medical field, the way they care for you while you're in labour is completely different than the way Inuit do. The attitudes are completely different, where Inuit, when somebody's in labour, they become very happy. They start celebrating, and the whole atmosphere changes. Here in Nunavut, I would really love to see traditional maternity care being practiced and taught. And so back to that story where that child arrived, such as they used to do, they used to say that the baby arrived, instead of saying that it was born. They said that. I truly believe that too. Like Akinisie said earlier they used to say the baby has arrived instead of it is born. In Kinngait they would say (Inuit word) [niirngaalaa – not clear: meaning unknown] they would be called (Inuit word) [piagarlaa: meaning little baby] and I would like these traditional terms, the proper terms being used and brought back, and I want all of your panelists and your audience to discuss this more, and also talk about this. That lady from Taloyoak, I recognize her, I think she's also originally from Cape Dorset. I’m going to listen on, and listen to the other callers, but that is what I wanted to say, that it was so beautiful to hear the baby being born while they were visiting my house. That was my little sister's grandchild that arrived in my house. It was awesome. Truly beautiful. And so people started coming over to shake the baby's hand and welcome him into the world. And I’m pretty sure that you guys are going to get a lot of callers, so I’m going to sit back and listen to you. Thank you.

Host: (via interpreter) And just reminders to those callers, once you go on, turn the volume of your televisions down. We would love to hear your stories, but please be reminded to summarize your stories and go straight to the point. Just as Kanayuk said, do we say that the baby arrived instead of being born?

Elashuk Pauyungie: (via interpreter) The arrival of a child can have an impact on the whole community. People who no longer feel connected in the community can be brought back into community life through the birth of a child, through connections to the child, especially by keeping the naming practice strong. Through this practice you would also know who is related to whom, and who is a descendant of whom through the naming process. That is one way that ties families together in the North.

Host: (via interpreter) Our phone lines are open, we are available on-line at inuitwellness.ca.

Martha Greig: (via interpreter) When we're dealing with the babies, it's not only affecting the community, but there's a tremendous pride. It just reminded me when a sister's daughter was visiting that she had to deliver in her auntie's place, and it just reminded me so much of my experience. As Inuit, [one of the ways we express our love is] very relevant. There are some women who could never get pregnant [or who have miscarriages]. So by way of being part of the family, though they can't have babies, they're allowed to adopt a child from a family
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member. [This is unique, where we hand the baby over without hesitation even though we want to keep it. And I am grateful for that, as an Inuk —] it’s a very beautiful holistic process.

Host: We do have a doctor, one of the doctors here, if you would like to comment.

Dr. Cole: One thing from a medical perspective that people might be aware of or not is the study that’s been ongoing about the use of Fibronectin; it allows women to stay home as long as possible and it's one of the ways to show not all medicine is bad, not all Western medicine is bad. The goal of all of us is helping [pregnant women], helping families. Not all medicine is bad and, monitoring of the womb during the pregnancy, for example, checking the uterus is a way to find out when she might have the baby or perhaps if there are complications, when she might go into labour. For those that come from the communities we have to do that. For example, when they have stomach aches or abdominal pains, they will go into early labour, if we are not cautious. If we avoid that, we are able to keep them in the community longer, savings costs for the government.

Host: (via interpreter) That's a doctor from Iqaluit. She works here at the general hospital. That is a perfect example of Inuit traditional knowledge and Western science [collaborating]. That benefits the whole population, and that's very encouraging. While we're on the topic of research, there was an International Polar Year project, the Qanuippitali; we want to know from the research, the health issues facing Inuit women.

Time Code: 34:56

Pre-recorded video: Qanuippitali? Inuit Health Survey

When Inuit in regions across the Canadian Arctic wanted to develop a health research project to explore their overall health and wellness, the “Qanuqitpit? Qanuippitali? Kanuivit?” survey was created and became the first comprehensive look at the health of Inuit in Canada. Their mission was to improve health care planning, personal health and community wellness for the future.

My name is Kue Young and I am a professor of public health with the University of Toronto and I partnered with Dr. Grace Egeland from McGill University to apply to the International Polar Year to get this project going. We wanted to have a baseline about where things are now when we are talking about climate change and eating habits that will change quite drastically in the next 20-30 years, so we wanted to have a baseline to compare to in the future. To accomplish this, a medical and research team traveled to Inuvialuit, Nunavut and Nunatsiavut in 2007 and 2008 with more than two thousand Inuit participating. Also, the communities can use this information, so if they see major gaps in, for example, if physical activity is a problem and lack of recreational facilities is the reason, then the communities can use that for information to lobby for additional resources.
[Paul Quassa] I am the Mayor of Igloolik — a community of about 1600 — a very isolated community. I thought it was important for individuals of our community to know where they are in terms of their health. Adult participants from randomly selected households completed initial parts of the community survey and answered questions about household crowding and food security, nutrition, country food and eating habits, mental health, community wellness and medical history.

The second part of the survey was conducted on the Canadian Coast Guard Ship Amundsen. Participants were transported to the ship for a clinical appointment. During the appointment on the ship, participants took part in clinical tests to measure their heart health including blood pressure, pulse and carotid artery health, blood glucose and diabetes risk, their height, weight, body composition and waist circumference, exposure to infections, women’s bone health, nutrient status and exposure to environmental contaminants.

I really wanted to get an idea of my food and what is going into my body. I think this is important for myself, my children and my grandchildren.

First of all we want to report back to the people who participated — they all got a passport that contains immediate measurements like weight, height and things like that and later on they will get in the mail a more detailed report about cholesterol, blood sugar and some of those things and they have the option of keeping that or taking it to the local health care centre and of course we also alert them to abnormal values that may need more immediate kind of attention and then we have the data there and we will start doing some analysis and then a presentation to the communities so they can get immediate results.

It is a benefit to the community and the individual. It can be used to help individuals to know what their health status is because of climate change.

Part 2

Time Code 39:20

Host: (via interpreter) Yes. We have heard about the Qanuippitali, that's part of the International Polar Year, the ship was able to do its travel in the summer. Annie, can you give us some of the ideas on your findings from this?

Annie Buchan: (via interpreter) Yes, the survey captured many aspects of healthy living and will definitely help identify areas where there are problems to be addressed. The survey is also looking at markers of nutritional status, such as the amount of the vitamin "D" in our blood, and the ability of our blood to carry oxygen, which is so important to pregnant women and their babies. The survey included women of reproductive age, and looked at their profiles, and we
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will have a better sense of problems, and problem areas, so we can have better ways of doing [health care] delivery.

**Host:** (via interpreter) Based on the survey, do you have an idea of the problem areas?

**Annie Buchan:** (via interpreter) Yes, young women are smoking and this we know has a negative impact on women, as it does on men. For example, smoking shortens one's lifespan, and we also know that smoking during pregnancy especially doesn't give the fetus a healthy start in life. Also if you look at the future, if there's one major public health concern in the Arctic, if you're going to find some ways to deal with these issues as Inuit, if we want to identify a concern, it must be the high prevalence of smoking.

**Host:** (via interpreter) What about the use of alcohol and drugs?

**Annie Buchan:** (via interpreter) Yes. The survey will be coming out with information on this as well, and, you know, we need to find ways to support women and not place blame on them. Also there was a study done in Alaska that found that women who drank and used drugs during pregnancy were more likely to have been abused by their family members or by their boyfriends. So we need to look broadly at these problems to find approaches that will make a meaningful difference.

**Host:** (via interpreter) Annie that was a very comprehensive project on Inuit health. Can you tell us more about this?

**Annie Buchan:** (via interpreter) Yes, I have been informed that in most regions, participants have already received their own personal and private results. We alerted each participant about the need for follow up medical attention, if it was needed. Also the survey on children 3 to 5 years of age is going out in a DVD format to communities in June. For adults 18 and up, the data entry is nearly done for over 2,000 participants. And workshops with the steering committee are being planned to go over preliminary findings this summer and fall. The survey results will then be translated into the appropriate dialect, and summary information will be going out to communities by early winter. We also know for a fact that there's still quite a bit of work ahead as the data collection phase was just finished in November 2008, which is just six months ago.

**Host:** (via interpreter) Please call or e-mail. The subject is midwifery; we had a focus group from Nain. Do we have you on-line now; do we have you on Skype? Hi, hi Nain!

**Skyper:** Hi.
Host: Can you tell us who you are, who we’re watching here? Oh, another technical difficulty, but, again, they look beautiful.

(Laughter)

Can you hear me?

Skyper: Hi. (Introducing themselves).

Host: Now, we had a few questions for you guys about the impacts of when women go out of their communities to give birth, did you guys have a good discussion or give us an idea of what the discussion was about?

Skyper: We discussed a lot about how we feel when we have to leave our communities and go on an hour and a half airplane ride to a whole different community for a whole month, and we talked a lot about that. And about the impacts it has on our families back home as well as on us as pregnant women that have to leave the communities. Sometimes we’re leaving to go out for a month to have our babies; we could be gone longer than for a month depending [on the health of the baby]. Sometimes we encounter problems, sometimes we may have a caesarean and we’re there alone and have to bring back the baby alone, [with] no real support whatsoever for us. Some of us don’t have families in Goose Bay, so we’re staying in a hotel all alone, basically. There are times when some families that I know of ran into problems when the women have their babies, and their children are back home being taken into care by the social services system. So that’s another impact that some women are having to face. Also the husband is left there alone with the other children that are home. They’re working, they’re hunting, they’re trying to provide for the family, trying to get fire wood or what have you, to take care of the family.

Host: You’re talking from Nain. Do you have to travel far in order to give birth?

Skyper: We have to travel about 200 miles on an airplane to a community that's a lot different from our own where a lot of people don't really know anybody. When you're very pregnant and nervous and excited, it's not really the time, I don't feel, for anyone to be alone. You would want somebody in your family to travel with you. That is not provided. For someone to travel out of our community to go to Goose Bay where we have to go have our babies, it's roughly around $1,000. That's not including meals or accommodation or anything like that.

Host: The girls in the back wanted to chat. Sorry, could you repeat that, please? Give your perspective if there was any point that the girls wanted to mention in the back?

Skyper: The girls in the back: No, sorry.
(Laughter)

**Host:** See you guys. Thank you.

**Skyper:** Bye.

**Host:** Bye. (via interpreter) That was our first Skypers. We will be right back.

[Qanuqtuurniq] will be right back after these messages.

Time Code: 50:14

**Pre-recorded Public Service Announcement: Our Breath is Our Life!**

[In English with no subtitles provided]

*Our Breath is Our Life!*

*Smoking steals your breath away!*

*Thanks to the MYATT youth team.*

*Nunavut Department of Health and Social Services*

*Health Canada*

**Pre-recorded Public Service Announcement: Parent’s & Tots Program**

*Parent’s & Tots Program.*

*He really likes it, going to school. He’s learning the numbers, and he knows the A B C’s too. We go and take part in the fun, and make things too. We learn things we wouldn’t learn otherwise. We love it, and if it didn’t exist, it would be like we never leave a dark place.*

*To start a Brighter Futures program in your community, contact your Hamlet or Regional Wellness Programs Coordinator.*

*Nunavut Department of Health and Social Services*

*Health Canada*

**Host:** (via interpreter) Yes. Welcome back to Qanuqtuurniq where we are talking about traditional maternity care. We are broadcasting live on APTN and across Alaska on 360 North. We are also streaming [on the Internet]. We are broadcasting here at the IBC Studio in Iqaluit.
We also have community focus groups in Inuvik, Cambridge Bay, Inukjuak, Clyde River and Nain. We have focus groups across the Arctic. We talked about traditional maternity care and how Inuit have been impacted through travelling to give birth but I’d like to hear more about research that’s taking place in your communities.

Akinisie Qumaluk: (via interpreter) Over the last 22 years, we’ve been working on maternity care; we have received a tremendous amount of support to carry on and encourage the whole family to be part of the whole delivery process [and in having people they want to be present. When the woman is ‘contemplating’, and when I say ‘contemplating’ — the old term for labour was ‘contemplating’ — it is because nowadays] we use a new word for labour [‘they are aware of’]. In the community, those who care for the women, we have become the voice of the women of the community and the voice of the unborn child. We’ve actually become advocates in the community, because we want it done the proper way. We also encourage holistic, healthy approaches throughout the whole pregnancy and also in the prenatal and anti-natal children in the well-child clinics. We teach [mothers] about nutrition, and we also have radio programs on what people should be teaching or doing for their children while they’re pregnant or when they have just given birth. We try and give all the information necessary, because we want healthy children, we want healthy families. We also identify risk factors, and we tell them to reduce the amount of tobacco, drugs, and alcohol they use. We focus on the child, because whatever the mother takes can impact the child inside of them. So we try and [help them] restrict their behaviour while they are with child [and give support — that’s our role]. And through this process, we witness that the community really comes together and pulls together. Even though we are just maternity care workers, we become the voice of the child within us that will arrive, because we protect them. We protect them with all our might because we want them to be healthy and lead healthy lives.

Host: (via interpreter) Well, that's wonderful. You are the chair of the Midwifery Association of Nunavut, can you tell us what’s been happening in Nunavut?

Natsiq Kango: (via interpreter) Yes, we have a birth centre in Rankin Inlet, and [the women there] have been giving birth traditionally for many years, but the people in the communities in the Kivalliq region have a choice whether they want to give birth in Rankin inlet at the birthing centre, or they can choose to go to Churchill or Winnipeg. [Because] the birthing centre is available [in Rankin Inlet], we would encourage more Inuit to give birth there. And I’m very proud to say that we had our first certified trained midwife graduate from the midwifery program, and now we are trying to get that recognized, and we're still working on the curriculum, but we would like to see more Inuit trained in the field and bring the Inuit expertise into the practice, and work with Western medical science and the medical staff. And
collaborate with that. But we also want the expertise that Inuit held, the knowledge they held, because we have completely abandoned the practice of traditional midwifery for over 30 years. We have quickly lost a lot of the message that they had. Now the doctors and nurses that we have here have no training about midwifery, because they are experts in medical practice. That is their expertise — in medicine. But we are trying to be the voice as the Nunavut Association of Midwives, the voice of the pregnant women, the unborn children, and also advocate and reclaim the Inuit traditional maternity care, knowledge and practices, because you weren’t trained in an institution as Inuit, because there are some Inuit that could not become midwives — it was a special skill that you either inherited or you got trained for.

**Host:** (via interpreter) That is awesome that we have heard from Nunavik and Nunavut, now we're going to Alaska.

Time Code: 59:38

**Pre-recorded video: Kaktovik Maternity Care**

*My name is Glenda Lord. I am a community health practitioner in the village of Kaktovik in Alaska. I’ve been here since 1984. I started out with no health knowledge and I went through a series of trainings and became a certified health practitioner, which basically takes care of all health aspects from birth to death. I have a great sense of pride. I love my people. I came up here because I am Inupiaq Eskimo. My mother was born up here and my mother was the health aide, and she was the one who talked me into coming up here and soon after she retired, I took over the scene.*

*In 1992, there was only one health aide in the village and they approached me and asked if I was interested in being a health aide. At the time, I was 21 years old and I was, like ‘I’ll try it’. They told me if I didn’t like it, I could quit. 15 years later I am still here. After I’ve gone through all my training and stuff, I feel obligated to serve the people in the community.*

*Any activity in the belly? Any flutters or anything? No. Do you know how many weeks you are? About 7. Early prenatal care is very much promoted and is very important. Each time the patient comes in, if there is something going out of kilter in their vital signs or on their exam that we find, we can catch that early and the prime example of that is gestational diabetes. Those that are diagnosed with gestational diabetes are definitely going to be out of here at 36 weeks, because it is a complication that could cause problems with delivery. Normally we send out all our prenatals at 36 weeks, to await delivery at 40 weeks. That is what we urge. We never know if there is going to be a complication that is going to require more than what we are able to do.*

*I’m Stephanie Shanna and I live in Kaktovik, Alaska. And I’m a mother of three. My two oldest were born in Fairbanks and my daughter was born in Anchorage.*

*Most of our patients are native, therefore they will go to what they call our service unit in*
Barrow, which is about 300 miles west of here. They’ll wait there and continue their prenatal care at the hospital over there every week until they deliver their baby. There are many occasions when people don’t want to go and spend that amount of time away. There are many occasions where the mothers will go out, they’ll get homesick or other family members need them, so they’ll return home and those are the times we end up having deliveries. We have had premature deliveries, but for the majority, the deliveries have come out very positive.

I didn’t have to travel out of town to get after care, after I had my daughter. I got everything here: all the immunizations; all the checkups; everything was done here, so it was great.

More and more of the needs in the villages are being met locally and it is wonderful. For me, I can foresee if there was a big enough interest in the rural communities, that perhaps births can occur more in some villages. More of the uncomplicated situations can come back to the community, because years ago they delivered babies right there. I kind of worry about villages where it takes 3 hours of medevac to get here, if you have a complication. We do a lot of preventive health care. That’s what we promote. We can prevent so many things by early care and one of them is to get to the hospital. But I’m very open and would love to know more about what other countries are doing in their little tiny communities in the middle of nowhere.

Host: (via interpreter) Yes. You’re watching the maternity specific show. In the video we just watched, it gives us a great idea of what kind of care that pregnant women with children in Alaska have. Can you tell me a little bit about gestational diabetes?

Dr. Cole: Sure. So gestational diabetes means diabetes that first becomes apparent when a woman is pregnant, and we all become at risk of getting diabetes as we get older, but pregnancy is one time where it can surface. So there's been a recommendation for quite a number of years that all pregnant women have a blood test at about six months through their pregnancy, about two-thirds of the way through where you have a blood test after drinking a sweet orange drink, and that tells us whether or not you're metabolizing your sugar properly or not, and from that test we can feel reassured or get a little bit worried whether there's diabetes in pregnancy or gestational diabetes.

Host: Perhaps if it's not diagnosed?

Dr. Cole: Gestational diabetes is a concern for a few reasons. One of the reasons is the babies themselves can be quite big, which is generally a good thing. We like healthy plump babies, but if a baby gets too big, there can be challenges with delivery itself and more complications at the birth. Another huge problem with gestational diabetes is it tells us that both that baby, as it grows up to be a kid and an adult, and the mom herself, are at very high risk of getting diabetes themselves. So even if there's not a huge immediate problem in the pregnancy, it's very important for that woman to get tested a few months after the baby is born to check for
diabetes and to watch out in the child. There are other complications that can be related to high blood pressure and some other complications of the pregnancy as well.

**Host:** Western medical care with traditional Inuit knowledge and midwifery, I guess communication would be pretty important to have in order for everyone to be healthy, especially pregnant women?

**Dr. Cole:** Absolutely. So testing for gestational diabetes is only one part, a small part of important ongoing care in pregnancy, and I’d like to remind people that we should actually live like the way we recommend diabetics to live which is not to smoke, to live active lives and have a healthy diet which would include lots of country food and vegetables, whole grain and not too much processed food.

**Host:** Thank you so much Dr. Madeleine Cole.

**Host:** (via interpreter) We have a doctor who is available here, and when we talk about the Inuit traditional knowledge, we can see the real benefits, and likewise with the Western medicine, they’re both good, they all have the same goal, however, it’s also important to understand each other, obviously. What would you like to see nowadays?

**Audience Member:** (via interpreter) I’ve given birth many times, and I think that maternity care is a very important aspect of our lives, even though we have a hospital here, I gave birth at home, and I’ve never given birth in the hospital. When we were pregnant, we were taught not to sleep too long and not to stay in bed for way too long. And if you put your clothes on, don’t just sit there. That was what we were taught, and not to be restrained inside the home, because I was born in an igloo. My ancestors were very skilled. We have survived to this day. The children that are being born today have all the luxuries that our ancestors didn’t have. We had very little, and Inuit maternity care was a very important part of the Inuit lives. They had the knowledge of the different positions of giving birth. And while we were in labour, they would even ask us what position we wanted to be in, and they would also consider your progression, the different stages of labour. I would give birth pretty quickly, even though I had nine children. I’m really encouraged by the curriculum material and the work being done by all these women. When someone was in labour, the midwives would only be there, everybody else would be kicked out of the dwelling. And they would not be allowed to come in until the child arrived. And once the child arrived, people would come in. And they were told to shake the baby’s hand. And my mom would normally be called to attend to women in labour, and I have given birth with the help of Inuit midwives. And so I think it would be better if Inuit would give birth at home. Don’t leave the community, if there’s no risk to the child or the mother they would give birth at home in their community, but now we have risk factors such as
hemorrhaging. Way back then, hemorrhaging would occur, and also Inuit, you know, the sack, if it was stuck inside, Inuit would massage to free it. But today we are now seeing very young mothers doing whatever they want and sleeping in as much as they want, even though they are pregnant. So that is what I wanted to share.

Host: (via interpreter) And thank you. I think it is very encouraging to hear what you have to say and what the doctor had to say. We also have an Inukjuak focus group on the phone. Could you introduce yourselves first?

Caller: (via interpreter) Yes, I’m Charlie, I also have Sara — (Introductions). Last month I got a grandchild. My daughter gave birth. It was a special occasion for us. We have two trained midwives in our community, and that is one thing that I wanted to share with you is that many people in Inukjuak, because we have a birthing centre, have given birth in our community. And because the midwives have to be trained and certified, there were many regulations and obstacles that we had to go through. We have had the luxury of having support from our governments and our municipalities and the citizens. I think within the last six years, I think every year we try and have community gatherings every month and introduce the newest members of the community, and we announce who their godparents are, and our traditional midwives are now recognized, certified within the province of Quebec. And the parents in Inukjuak, once they have [a baby, they are visited by their relatives]. And because they are in close proximity, the mothers and the grandmothers can teach [new mothers] to care for the infant and the aftercare. One thing, we were discussing the challenges, some of the things that Akinisie said are FASD and tobacco, those two issues keep coming up, and I wanted to bring that out also. Also for many of the couples that have babies, we have home care, home visits from the maternity care workers, and they even give fruit baskets or fruit vouchers, and we see that as something that is very beneficial.

Host: And I really appreciate that you guys were able to take part. (via interpreter) Yes, we had the opportunity to ask the Inukjuak community focus group on the phone, what are your comments on this?

Martha Greig: (via interpreter) As long as there's clear communication and understanding with the same language and being in the same community [with Inuit midwives and Western health care providers], it really helps. However, [with both] the Inuit traditional knowledge and the Western science, we need to look at the baby and the best interest of the baby, making sure that there's nothing wrong with the baby. There can be so many issues that could get in the way health-wise. Perhaps the mother may have a heart problem, and there are a lot of little things that it's good if that mother gets her delivery in a Western hospital, if there's an issue.
Pre-recorded video: Nunavut Maternity Care

The joy that is felt when a baby is born here — you cannot describe it — that kind of joy deserves to be shared by the families and the community. My name is Nowyah Williams. I am the manager of the birthing centre. Rankin was the first ever community in Nunavut to have a Birthing Centre. We started an education program to have local people working here. When we first started, there were no materials...Pauktuutit had done some research but there were no teaching materials available — so when we started this, we got elders who had been midwives...and asked them what do you want to see in an education program.

I’m Mike Shouldice. I’m the campus director for the region called Kivalliq Nunavut Arctic College, Rankin Inlet. The maternity care worker program in particular — it is not just about learning how to be a maternity care worker or midwife — it’s about the Inuit cultural appropriateness of providing a service for health in Nunavut in a culturally appropriate manner. So the challenge for the course is to provide women in the North a service and that they can have the expectation that the women providing care will understand and be able to speak their own language. If it’s available in the community in as close to risk-free as possible that is the service we are trying to provide.

It benefits taking the course here because you have family and support here. Whereas if you go south, you’re leaving your family, culture, everything. This has been long awaited and it’s really happening now which is good — we can get all the support we need and we don’t have to forget our culture.

My name is Joyce England. I coordinated the Rankin Inlet Birthing Centre in 1993 and part of that was to develop an educational system within the project for maternity care workers — but it never happened. Now I have a second chance. It’s really a privilege for me to come back. Midwifery is an ancient art and skill. Much of what the elders have described we still look for today. Pregnancy and birth has never changed. So when the elders were doing midwifery they knew the pregnant person, they lived with them and they recognized when things changed. They lived in small communities and they could even tell when their breathing had changed.

That’s when they would think that perhaps there is something different here. They would even look at their face and call it a blooming face and we notice that too but only if you know the person.

It wasn’t until the nursing stations came up and doctors that that very vital service was taken away from them.

If there are Inuit midwives that are from here, they will stay — they won’t just stay for a week or a year, they will stay here permanently. So the women don’t have to go south to deliver their babies, they can have them at home in their communities. Between 2 and 4 weeks they have to leave everybody [their families, etc.]. They have to go by themselves and they could have the
baby the next day or the next week so they are away a long time. Childcare becomes a big problem and being away from your kids is emotionally rough.

When we first opened, the men were used to the women going to Churchill and Winnipeg to have babies and when we started delivering here, the men did not want to be involved in the delivery or the labour. I really had to do a lot of pushing to get them involved. I taught them how to be coaches and really get them involved from day one. It’s amazing, even now, how they are really scared to be with their partners during labour. I think the bonding takes place right away — the minute the baby is born — between the mother and the father. I cannot emphasize enough: we need midwives up here — we need birthing centres in all the communities. This has been the dream up here. We are hoping that all the birthing centres that are being built will have new rooms like this so that midwives can do all the deliveries. We will never do all the deliveries; there will be some high-risk pregnancies, but for the ones that are very normal, they deserve to be delivered in a room like this with the families that want to be there. I am starting to have grandchildren now and both my grandchildren were born here and what a happy time! That’s what birth is supposed to be about.

The following public service announcement © 1997 Pauktuutit Inuit [Women’s Association]

Part 3

Time Code: 1:25:21

Pre-Recorded Public Service Announcement: Two women talking about quitting smoking

[No English subtitles]

Host: (via interpreter) Yes. We just heard about this very good program – the panel would like to give regards to Nowyah. We love you Nowyah. We have Kerstin Gafvels on the line. Are you there?

Kerstin Gafvels: Yes, I’m here.

Host: Hello, Kerstin.

Kerstin Gafvels: Hello.

Host: We were watching a video and we were wondering if you could give us an idea –

(Inaudible)

Kerstin Gafvels: Hello.
Host: Hello, Kerstin, can you hear me?

Kerstin Gafvels: I couldn't hear your last sentence.

Host: I was wondering if you could give us an update on the Nunavut midwifery program.

Kerstin Gafvels: Yes. And what I'd like to say, it's truly a blended program where we have blended the traditional knowledge with the modern knowledge. And we also blended the apprenticeship model with the college so that the student, they take the courses at the college, but then they spend half the program out working with a midwife. And what we wanted to do was to have a program that would meet the needs of everybody so that the midwife would be able to serve the community and have the traditional knowledge, but also be part of the health care team at the health centre and to be recognized in Canada. So it's actually a four-level program, and the first level, the first year, looked mostly at post-partum care and health promotion. So they become the maternity care worker and they do basically what we saw in the film before, and they can work in communities where there are no midwives that can help the nurses out, because often, it's difficult to get proper post-partum care. And if you go to the second and third year, you come out with a diploma in midwifery, and you can then start practicing as a midwife. And if you want to, you can actually take more courses long distance and you will have a degree, and we, right now, are looking at universities in Canada to see who we can have a partnership with. And we felt it was important for the midwives to feel that they could — it's like standing in two rivers: they have one foot in their own community and the traditional knowledge, and one foot in the modern health care team so they can consult the obstetrician and feel very comfortable, and they can work without being supervised by somebody else. The other thing that we have done, and I'm very happy that Natsiq is on the panel, because we're working with her right now to collect more traditional knowledge, and she has started to travel to communities in Baffin Island, and we will do the same thing here in the Kivalliq region and North Kitikmeot, and we're hoping to put together a historical album. The problem is that many [midwives] are very old and passing away, and especially one we had in the Kivalliq region. She passed in December, so we know that that knowledge is disappearing quickly, so we have to hurry up. I think that's about it. If you have any questions, please ask.

Host: I'd like to thank you, Kerstin, that's a beautiful concept and a beautiful movement to marry Western knowledge with traditional knowledge and I wish you luck and thank you so much for joining us today.

Kerstin Gafvels: Thank you.

Host: That was Kerstin Gafvels joining us on the phone. (via interpreter) We were able to hear a very good documentary from Rankin Inlet and from Inukjuak, and what can be done — we want
to at this time to hear from Sisimiut, Greenland and see the model that Greenland has implemented. Again, we're unable to see it right now, but we want to get some more information about the model in Greenland that they have implemented. Let's hear this documentary at this time.

Time Code: 1:30:42

**Pre-recorded video: Greenlandic Lay-Midwives**

My name is Ove Rosing and I live and work in Sisimiut. I'm a doctor and head of the primary healthcare centre in Sisimiut. Greenlandic families are loving towards their children and therefore they envision themselves living lovingly together and they consider being healthy as their goal and last but not least they wish their children the best. Through the years, the people have discussed healthy living and the primary healthcare centre and the city council have had wellness campaigns. Because of that people know about healthy living and want to be healthy. This often is a major concern at the time of pregnancy or the growth of a family. People that work at the primary healthcare centre, mainly the midwives and the lay-midwives, regularly talk to the pregnant women about their lives and consult with them about what kind of life they can have and how to improve their lives.

My name is Helena Lennert and I live in Sisimiut. I work as a health assistant at the Sisimiut primary healthcare centre. It’s important to take into consideration, when working with pregnant women, the fact that there is a need for more professionals who speak Greenlandic fluently...as it has been greatly appreciated by the women. It is very important for the people who live together, in the same town, who speak the same language, and have a common cultural understanding, to be treated by Greenlandic midwives regularly. Because of that, the Greenlandic midwives that we have are very valuable.

The pregnant women who come to us are always advised on how they can keep healthy. If they are overweight, we also advise them on eating moderately or how not to become overweight again. Also for those who drink, smoke and/or do drugs, we intensify our support and consultation so they can have a better and healthier pregnancy.

Recently two Greenlandic lay-midwives finished their education and they work in cooperation with the doctors to care for pregnant women and to help at births. We have developed a program where they also take care of children up to six months, and the number of baby deaths and disabled children has fallen. It has fallen a lot. So the improvement is very visible. Our Inuit society needs lay-midwives because there will always be some Greenlandic people who just speak Greenlandic. With so many settlements and because of the size of our country, not all of us will learn Danish. And because of that, it is very important that we have midwives and lay-
Birth, a joyous community event – Edited DVD Transcript

midwives who speak Greenlandic. In some towns, there are just Danish midwives, of course they have Greenlandic interpreters and assistants.

When I think about it, the Greenlandic midwives know how to understand the women. The pregnant women feel happy that they can get care from a fellow Greenlander. In addition to that, the Greenlandic midwives know the people’s way of life, who the families are, what their needs are, and knowing those things has a big impact on maternity care.

Host: (via interpreter) And you can tell right away that traditional midwives are very important in Greenland. Now, let’s hear from Nunavik. Let’s see the programs they have in Northern Quebec, in Nunavik, in the maternity care area. Can you tell us a little bit about that, about the lay-midwives?

Akinisie Qumaluk: (via interpreter) Yes, the midwives are the voice, and they conduct business on a woman-to-woman basis, and they also have their frontline workers. We try and do our best to give them as much information as possible. We give them advice, because we try and take a very holistic approach using the relationship. There are many meanings and terms for the word midwife.

Host: (via interpreter) Let’s watch a video of that program in Nunavik.

Time Code: 1:37:17

Pre-recorded video: Nunavik Midwifery

I’m Annie Tulugak. I am from Puvirnituq. When we heard the hospital was being built we also heard that there was going to be a maternity project inside. The big part of the demand was for training, not just for assistants or beneficiary attendants, but as trained midwives.

In 2004, I received a license in my own community, but it was not a provincial license. After 4 years, I received my full license.

I think it’s a big deal that Inuit are capable of learning midwifery, because Inuit are practicing and anyone really can learn, if they want to learn. We are really proud of how Inuit are involved in making this dream of Inuit become a reality.

I’m filled with pride. As an Inuk, these Inuit women and their accomplishments fills me with pride. They are great Inuit role models, because of their ability to accomplish this, just like the rest of the women who received their license. It’s the first time for Inuit women to receive this license. They are going to lift the spirits of the people in Nunavik, especially the ones who have to leave their homes — they can now stay home. I’m very proud.
When children are born, their family welcomes them. You have the community engagement, because the child is born in the community — that’s a wonderful thing.

When we were planning this whole thing and the midwives were getting educated, we also wanted them to become a part of the Quebec Midwifery Association and Order of Midwives of Quebec. And now they are.

Host: (via interpreter) That was awesome to hear that program in Northern Quebec. I’d like to welcome Susanne Houd, who was connected with us earlier to let us know what is going on internationally, in Greenland. We have a little bit more time. We will hear from Susanne Houd very shortly. She has done work internationally.

Akinsie Qumaluk: (via interpreter) Yes, she has worked in Inukjuak before. She was a midwife, and she also taught some of the material. Her name is Susanne Houd.

Host: (via interpreter) And the Quebec government, they have provincial regulations and mandates that they have to meet.

Panel: Yes.

Host: And they also have different criteria in Nunavut, and they also have different criteria in Greenland.

Martha Greig: (via interpreter) Yes, they do, but the whole issue is one main thing, that we have to work towards — we have to make sure that women in labour are comfortable.

Host: (via interpreter) So I think Susanne Houd is now available.

Time Code: 1:44:12

Pre-recorded audio: Call with Susanne Houd in Greenland

My name is Susanne Houd. I work for the Government of Greenland. I am a community district midwife and I have traveled all over the world. A system was made that forced women to be taken away from their families to have their babies. And there was a big protest all over the world. It didn’t matter if it was Nunavik or Australia, or in Brazil, everywhere women wanted to stay with their families. Now in some places they have succeeded in turning that around and making the government — to convince them there are other values; there are other things that are important when you are having a baby. It is a normal social event in most people’s lives. When mothers are taken out of their communities to have their babies, the relationship between the man and the woman, the mother and the father can also be destroyed when the husband or partner is not there for the birth. I think that when the partner is there for the birth
and the man has the opportunity to be there and see how strong the woman is and to experience her when she is having the baby and they share the first moments together, I think he will behave much more [gently] to her. This is something that affects domestic violence and that will diminish the moment that they have shared the birth of their baby. It is the most incredible thing to be at a birth. The baby is being brought into a world and the baby feels that this is a good world to be in. I think those moments just after birth are so important. The baby is feeling safe and secure and feeling that, okay, I would like to stay in this world and grow up in this world. Just let the [baby] lie with you on your bare skin and listen to your heart. And the baby should feel that this is a good place to be born into.

Host: (via interpreter) Yes. Thank you. We just heard from Susanne Houd. We are broadcasting live in Iqaluit. We are broadcasting until 10:00 Eastern. We have hopefully on the line Lisa. Are you there? Lisa, are you there? Can you tell us a little bit about your group?

Caller: (via interpreter) Our focus group is from Inuvik. There's five of us here.

Host: (via interpreter) Welcome. Tell us who you are.

Caller: (via interpreter) My name is Lisa, and on behalf of our focus group, I’m going to speak about your question: What are our hopes and dreams for maternity care in our community? In our community, we do have a hospital, but we have eight communities, surrounding communities, that have to fly into Inuvik, to have their babies. We understand about the panel, what they were talking about, that it's difficult for women to travel from their home communities, sometimes four to six weeks before they have their babies. They have lots of issues they have to worry about like child care for their children. They come to Inuvik; they have no support or family for their labour and delivery. Many women spend their time here stressed because of alcohol and drug issues back at home with family or [their] spouse or people who are caring for their children. So we've come together as a dream, to go along with everybody else, is to have midwives in the communities so that people could have their babies, and have their families in their communities would be one dream. And if we can't accommodate that, it would be nice to have a family accommodation for them in [Inuvik] so that when women come to have their baby, they can bring their children, or they can bring their spouse, or they can bring a mother or sister to come along with them so they don't get lonely until they can go back home.

Host: (via interpreter) Lisa, thank you so much for sharing your hopes and, you know what, once you put a goal on it, maybe it will be something to accomplish some day — to have a midwifery centre in your area. Thank you so much for sharing with us.

Caller: (via interpreter) Thank you.
Host: (via interpreter) That was Lisa from the Inuvik focus group in and she spoke about their hopes and dreams. Martha, since perhaps you speak for Pauktuutit, what research have you done?

Martha Greig: (via interpreter) We talked about the whole aspect of midwifery and Inuit maternity care, and the methods and practices they have. They are archived in a database at Pauktuutit, but the information has to be protected, we don’t want any kind of abuse of the database. We have granted some access to some of it. But we also have to protect that knowledge, because some of [the participants] are now — the interviews that I have conducted, some of the people have now deceased. Natsiq mentioned also that she will be travelling to communities to conduct interviews and collect curriculum material. Many of the people that we had interviewed over the years, I think we should work collaboratively and work on a curriculum development, and as Inuit, we always emphasize the importance of working together and networking, and I believe that is one avenue that we can pursue. We have different, you know, methods, very strong survival skills. But now we are in a changing society and so I think that we should be networking.

Host: (via interpreter) There were many callers. Some of them have been waiting for quite a while. You can also e-mail us at www.inuitwellness.ca. Let's go to a caller. You're on the line now. If you can turn down your volume on your TV.

Caller: (via interpreter) I’m from Clyde River.

Host: (via interpreter) Welcome.

Caller: (via interpreter) Can you hear me?

Host: (via interpreter) Yes, we can hear you right now.

Caller: (via interpreter) Yes, regarding maternity care, I also want to share something. Unfortunately we’re just waiting and waiting and you can't watch us, so at least you can hear our voice. I experienced being a midwife. I’ve given birth to 13 children and used Inuit traditional knowledge. It’s a challenge, but we have to be very firm and disciplined. The delivery takes place in a tent or an igloo. Our husbands used to be our midwives or assistants during the time of the delivery, historically. My husband actually did help me, and then we had to go hunting the next day. There was one case where my sister-in-law delivered a baby, and the baby was very healthy. And the thing is, we were kept extremely busy. We weren't allowed to just sit around. As soon as we had our delivery, we were prepared to get back to our normal routine immediately. We didn't know how to deal with twin delivery, but we went through that as well. Inuit are very professional, very skillful, and they have so much passion. Inuit are just as
concerned about helping the children, and I just want to share these with you just to let you know that the support is out there from the communities that you're talking to — how we can provide better service in delivering babies. We've done this for so long until recently, and like I said, Inuit traditional knowledge has its own system, and there was a lot of briefing going on. Following the progression of the labour, you would know whether the baby would want to be born with the mother lying down or sitting down or standing up. And as some of the other women had shared, we were taught that if you are pregnant, you don't have to sleep in, and if you're awake, as soon as you get up, you have to stand up and get out of your house, go have some fresh air and not just sit around. Because you had to be quick when you had a small child with you. It takes a lot of energy. And once the child was born, you had to tightly tie the umbilical cord and secure it.

Host: (via interpreter) And we'd love to hear more from you. And [the panelists] agree with you, but we don't have much time. I know they found your story very interesting. Even though we can't see you, we can hear you, so have a good evening, and thank you for sharing your story with us. So, we've heard about some of the communities not having birthing centres. What could communities do to advance maternity care?

Elashuk Payungie: (via interpreter) Community mobilization, perhaps financial investment, we also have financial challenges, but we know that if we really want this to become a reality, we can obtain it. In Northern Quebec, we have gone through challenges and obstacles, but we fight it, and now we have a birthing centre in Salluit, and we have seen many births in Salluit. They say funding is a problem or lack thereof — I think as women, it's our right to give birth in our communities. That would be something beautiful to see. For many, many reasons and for many years we have been stripped of our rights, but we should stand up and reclaim our rights as women and as human beings, and reclaim our traditional Inuit maternity care. In the past years, one thing that we haven't touched upon is abortions and miscarriages. I know that some people find this issue sensitive, but that is one aspect that we have ignored that we should also talk about in the future. And also teaching. I think that if we make a mistake that we can use those to learn.

Host: (via interpreter) These two hours have really flown by and it's almost 10:00. Annie, can you talk about the work done by Inuit Tuttarvingat?

Annie Buchan: (via interpreter) Yes. This is a new program that we're doing at Inuit Tuttarvingat — this is a new network that we are building at Inuit Tuttarvingat. The midwives and others we've been working with are prepared to provide information, insight, on what to do if one was to be involved in being a midwife during the delivery. So there are a lot of issues that we're trying to work on now. If anyone wished to be part of the group, it's up to them. We do have a
Web site: inuitmidwifery.ca, with www in the front. On that Web site you have Inuktitut, English, and French available, and last year, Inuit Tuttarvingat provided support to the communities in Nunavik where Inuit communities wanted to come up with training material on a DVD.

**Host:** (via interpreter) I want to thank everyone here. And call Catherine Carry.

**Catherine Carry:** On behalf of Inuit Tuttarvingat of the National Aboriginal Health Organization, I would like to thank our funders for making this project a success: The Government of Canada, the Department of Health and Social Services, Government of Nunavut, the CIHR team in Circumpolar Health Research, Canadian North and First Air, (via interpreter) and many thanks to the academics who helped us along the way. Our partners and especially our community focus groups, our youth focus group, everyone in the audience and callers. This discussion has been incredible. Thank you.

**Host:** (via interpreter) Thank you. This is being recorded and as soon as you have the material available, this will be put onto DVD and made available on our Web site. This will be available in July of this year. We’re going to have a bit of an evaluation as well after the show on what you feel, whether this was of benefit to be used as a program, like we did with men's wellness. For the show tomorrow, 8 to 10 Eastern. I want to thank everybody. Thank you.

[For Credits, see the separate file on the InuitWellness.ca site.]