



Qanuqtuurniq – Finding the Balance
3-part live phone-in TV series

Birth, a joyous community event
May 12, 2009
Edited DVD Transcript

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:

Inuit Tuttarvingat (Executive Producer). (2009). Birth, a joyous community event [Television series episode]. In *Qanuqtuurniq – Finding the Balance*. Iqaluit: Inuit Communications (ICSL).



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 Ariak, 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 Puvirnituuq working on prevention of FASD and the well women's clinic — we also hold baby showers every two weeks in Puvirnituuq. 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

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.



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) [aniirngaalaa – 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



[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



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.



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 our using 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.



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.



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 Puvirnituk. 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.

Akinisie 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.



