Childbirth in the North

A qualitative study in the Moose Factory zone

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SUMMARY

Cree women from the Moose Factory zone were asked about their views on evacuation for childbirth. Significant concerns cited were separation from children, loneliness, boredom, and the hospital accommodations. Shopping, the medical staff and equipment, and the opportunity to visit relatives were considered positive factors. Suggested improvements were to bring along family members, to provide alternative accommodation, and to have activities to occupy the time.

RÉSUMÉ

On a demandé aux femmes Cri de la région de Moose Factory de nous faire connaître leur opinion concernant l'évacuation pour l'accouchement. Parmi les préoccupations significatives, notons la séparation d'avec les enfants, la solitude, l'ennui et les facilités hospitalières. Par contre, le personnel médical, l'équipement, les facilités pour magasiner et visiter des parents comptent parmi les facteurs positifs. Les améliorations suggérées incluaient l'accompagnement par les membres de la famille, des facilités additionnelles de logement et l'organisation d'activités pour mieux passer le temps.

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Birth is a sacred event in the circle of life. It must be respected in this way. It is a powerful celebration of life which can strengthen the family and the nation.[1]

In light of the traditional Native* understanding of birth and the current political agenda of Native Canadians for sovereignty, research into Native women's perspectives on their experience of childbirth seems particularly appropriate. Throughout much of northern Canada, Native women, as well as some non-Native women, no longer deliver their babies in their own villages as their grandmothers did, but leave their home communities in the late stages of pregnancy to travel south to the nearest hospital.

In the Moose Factory zone in northeastern Ontario, the current policy of evacuation requires that women living in the four coastal communities of Fort Albany, Kashechewan, Attawapiskat, and Peawanuck leave their homes at 38 weeks' gestation to await delivery at Moose Factory General Hospital. High-risk patients are cared for in larger centres farther south, usually Timmins or Kingston. Women in this region of the north, and elsewhere, have expressed their dissatisfaction with this policy and have been known to falsify their dates or deliberately miss their scheduled flights south.

Outside Ontario, attempts have been made to deal with Native women's concerns. A midwife-staffed maternity hospital was established in 1986 in Povungnituk, Que, where Inuit women of the Hudson Bay region of northern Quebec could deliver in a community both geographically and culturally similar to their own. While some problems still need to be resolved, a recent review of the program has noted significant benefits to northern women.[2] Indeed, in August 1990, Dr J. O'Neil of the Northern Research Unit in the University of Manitoba's Faculty of Medicine said there are currently moves to develop "demonstration projects" in the Northwest Territories along similar lines.

This study explores the views of Mushkegowuk Cree women in the Moose Factory zone to reveal the spectrum of concerns, the perceived positive factors of evacuation, the desired improvements, and preferences for birthing.

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**Native is used throughout this article to refer to the aboriginal and indigenous peoples of Canada.*

Relevance of the research

Even if it were true that only a few women complain about their care, it is...incorrect to assume that the disappointments of a minority may with impunity be ignored. What is a minority and why are its sufferings unimportant? The basic methodological question here is one about the equation of silence with satisfaction: the woman who does not complain about her antenatal care is assumed to be satisfied with it. The assumption of the satisfactory meaning of silence is to be found not only in obstetrics but in many other fields; indeed, it is generally characteristic of the ideological stance of dominant groups towards oppressed minorities. Thus the middle classes deem the working classes satisfied with their lot, white people conjure up the image of the happy slave, and men point to the contented housewife in order to defuse the explosive potential of women's liberation.[3]

Table 1. **Demographic data on women interviewed**

DISTRIBUTION	NO. OF WOMEN	PERCENTAGE
AGE (N = 24)		
<20	4	17
20-29	15	62
30-40	5	21
NO. OF PREVIOUS DELIVERIES (N = 24)		
None	2	8*
1	4	17
2-4	12	50
5-10	6	25
COMMUNITY (N = 24)		
Fort Albany	7	29
Kashechewan	3	13
Attawapiskat	7	29
Peawanuck	7	29
EDUCATION (N = 22 [2 UNRECORDED])		
No secondary	6	27
Some secondary	13	59
Post-secondary	3	14

* *Statistically significant difference at $P < 0.05$ compared with women delivering at Moose Factory General Hospital.*

What relevance have the views of a scattered group of women in an isolated region of Canada? Does their silence signify contentment with their present existence? Oakley[3] has illuminated the dangers of that line of reasoning: the "equation of silence with satisfaction" provides the justification of the dominant group's unwillingness to act. While voices of dissent in the Moose Factory zone might not be clearly audible to all of Canada, dissatisfaction with evacuation for childbirth is obvious to the health care workers employed in the coastal communities. It is expressed by avoidance of prenatal visits, refusal to leave the community at the specified date, or unwilling, passive acceptance of evacuation.

The women of the Moose Factory zone are not alone in their concerns: Lessard and Kinloch[4] have commented on the concern of Inuit in the central and western Northwest Territories over the disruption of family and community life caused by evacuation. Similarly, Paulette,[5] Davis-Putt,[6] Baikie and Allderdice,[7] and O'Neil et al[8] have documented how evacuation for childbirth is a stressful, lonely time for Inuit women. A community-based *childbirth experience survey*[8] of Inuit women in the Keewatin Region of the Northwest Territories revealed significant discontent with the policy of evacuation for childbirth and marked preferance for birthing either at home nursing stations or at a centrally located northern birthing centre. The authors conclude, "Clearly, this data confirms the general perception that evacuation for childbirth is a long, lonely time for the majority of women from the Keewatin."[8]

The purpose of this study was to document how Cree women in the Moose Factory zone perceived their experience of evacuation, and what changes they would choose to make in current policy. While such research has been done among Inuit populations, the Cree in this zone differ in their historical, cultural, and geographical context from the Inuit, and hence cannot be assumed to have the same responses to the evacuation experience.

METHODS

Prenatal nurses and community health representatives from the four coastal communities in the Moose Factory zone identified key informants: women of varied ages and views on childbirth who were

willing to be interviewed and considered able to articulate their thoughts. Most women were interviewed in their home communities; four of the group were interviewed while awaiting delivery at Moose Factory General Hospital.

The semistructured interviews consisted of questions about the women's concerns regarding evacuation, the positive features of being evacuated, how the current situation could be improved, and finally, their preferences of location for birthing (ie, home community, Moose Factory General Hospital, or other). The interviewer discussed the interview questions with health care workers before meeting with women from their community so that the workers could accurately explain the purpose of the interviews to the women.

Wherever possible, the interviews were taped and later transcribed onto computer disk. The women interviewed were asked to sign a consent form, and their responses were kept confidential. The transcribed interviews were subject to content and thematic analysis, and the resulting data were charted in tables for easy reference. Descriptive quotations of articulate women were used to illustrate the strength of their comments.

RESULTS

Table 1 shows the basic demographic data of the 24 women of childbearing age interviewed.

Concerns about evacuation

The elderly women of the Moose Factory zone had a very different experience of childbirth from their daughters and granddaughters today. Women would rely on the assistance of traditional midwives or, when they were "in the bush" checking traplines, of whoever was available to help – usually mothers, husbands, or friends. One woman who had experienced childbirth in this manner expressed her envy of the current practice of evacuation. When asked why, she replied, "Just the luxury: the plane lands and you get rushed to the hospital, maternity leave...."

The younger women who had the opportunity to experience evacuation rarely saw it in such a positive light (*Table 2*). Giving birth for this generation of mothers has meant facing difficult situations, unknown to either their ancestors or women from southern Canada. From early in their pregnancies, these women are conscious of the inevitable evacuation day, the day they will leave their homes for an unknown period to stay in an unfamiliar environment.

Many times they must leave small children behind and must make arrangements for the care of their children in their absence. This alone presents a significant challenge because partners and family members are sometimes unwilling or unable to help with child care. Single mothers and women who have moved from their families' communities can have particular difficulty finding suitable people to care for their children. The following quotation indicates one mother's concern for her daughter, who was shifted among her relatives when her mother was absent: "When I left her here, she was drifting from one house to another. My family is in Albany. She stayed there the first time, then she came here and started to move around a lot. It was hard for me,

Table 2. **Concerns about evacuation**

CONCERN	NO. OF WOMEN (N = 24)	PERCENTAGE
Separation from children	15	62
Loneliness	12	50
Long wait, boredom	7	29
Accommodation	7	29
Staff at hospital	5	21
Fear (various reasons)	4	17
Depression	3	12
Cafeteria	3	12
Finding babysitters	2	8
Language difficulties	2	8
Missing home	2	8
Feeling confined, nowhere to go	2	8
No money to spend	2	8
Headache	2	8

to hear that she wasn't staying at one place."

Once at Moose Factory General Hospital, these mothers experience a turmoil of emotions. While many recognize the benefits of a hospital delivery, this is insufficient consolation for their loneliness and concern for their families at home.

Table 3. **Positive factors about evacuation**

FACTOR	NO. OF WOMEN (N = 24)	PERCENTAGE
Nothing good about evacuation	7	29
Shopping	6	25
Medical staff and equipment	4	17
Visiting in Moosonee or Moose Factory	3	12
Getting away from home	2	8
Bingo	2	8

The unfamiliarity of the location contributes to their unhappiness – the people, food, accommodation, and activities all differ from their experience at home. One young woman found it particularly difficult to be the only boarder on the ward, especially because she was a single mother, pregnant for the first time, and miles from her family and partner.

I was homesick. One time when I was down there, I was on ward 5 [the ward where prenatal patients are boarded]; I ended up being there by myself on ward 5. There was hardly anybody else there. Everybody else came home. So I didn't like it staying there.... I wanted one of my family members to come with me.... They phoned me every day.... They called every day to find out how I was feeling, and my mother used to ask me, "Do you know how you would feel to be going into labour?" And I said, "No, I don't," and she used to tell me what to watch out for.

Unfortunately, the technological advances in obstetrics that have necessitated evacuation also have costs for the women they are intended to benefit. The young woman quoted above was distressed by the separation from her family at a most crucial time in her life; she very much needed the supportive presence of her mother. First-time and single mothers often find evacuation a very lonely (and, indeed, at times terrifying) experience, because it means going through labour and delivery alone.

Another concern raised by almost a third of the women evacuated was the boredom of the wait at Moose Factory General Hospital. Away from their usual work of child care and housework, as well as paid employment for some, they found little in Moose Factory to occupy them. Not only did many of the women not like the long wait, but their stay in Moose Factory was often lengthier than they expected. While evacuation is intended to occur at 38 weeks' gestation, difficulties of accurate dating have resulted in longer stays for many women. Thus, on occasion, a woman could spend many weeks in Moose Factory. Of course, the longer the stay, the more significant the emotional consequences for the women. The following quotation illustrates how evacuation can become a period of months rather than weeks and the implications of this for the woman who experienced it.

I was very young when I got pregnant. I was 16 when I had my baby.... It was pretty scary for me. I left here around the second week of November and I didn't have my baby until January 4th. ... I wasn't really sure of my dates, so I spent 2 months in the hospital – Christmas, New Year's, and my birthday.... I was trying to come home. Especially during the holidays I was very depressed.

In addition to depression, other emotions the women described were fear (including one woman who had such a fear of flying that she required intravenous sedation), missing home, and a feeling of being confined with nowhere to go. More than a quarter of the women expressed some dissatisfaction with the accommodation at Moose Factory General Hospital. Prenatal boarders currently stay on a ward with other hospital boarders. Like other patient care wards, it contains sparsely furnished rooms with up to six beds in each. In the following quotation a mother summarized her experience at Moose Factory in a manner reminiscent of incarceration in prison, "No privacy. The family's not there. Plus, never have enough money to go and do anything. I feel like I'm really confined to that place."

Positive factors about evacuation

It would be misleading to suggest that the women found nothing positive in their evacuation experience. Some of them appreciated the opportunity to shop in the larger stores in Moose Factory and Moosonee (*Table 3*). Clothes for their children and toys were particularly sought.

The medical staff and equipment, seeing friends and relatives, and bingo were also seen as advantages to evacuation. Interestingly, two women mentioned that they saw evacuation as a means of getting away from home. In the context of her everyday life as a mother, evacuation was a holiday for one woman: "I'm at home all the time. [I] stay home all the time with my kids.... The only time I go out is church or the store or to see my mother. And for me to go to Moose Factory, it's a break.... I enjoy it. It's like a holiday, you know."

Three of the women also mentioned that their evacuation for childbirth was encouraged by family members (parents or husband) for their safety: "My Dad was scared all the time when I had a baby.... He told me, my Dad: 'You're going to Moose Factory and you're going to have a baby....' He told me that, after you have a baby, the bleeding can't stop.... He's scared I'm going to die."

The attitude of family members undoubtedly influences a woman's subjective experience of evacuation. Admonishments to go to Moose Factory for delivery were made with concern for the woman's health. These mothers, although not necessarily interested in going south on their own, certainly heeded the fears of their loved ones.

Improvements to evacuation

Each of the 24 women was asked how she would improve the services at Moose Factory General Hospital for prenatal boarders if given the chance. More than a quarter of the women had no ideas of their own: "I don't know" was the typical reply. Prompting, at times, elicited ideas. This lack of response is possibly due to the fact that the women have never thought themselves in a position to make changes and therefore were unprepared to answer the question.

Not surprisingly, the improvements the women would make if given the opportunity were directly related to their greatest concerns: separation from children and loneliness. More than one third wanted to bring partners with them and a quarter wished their children could stay in Moose Factory as well. How would they make it possible for families to be present?

> I would rent a house for ladies that go down, or an apartment or something – an apartment where they would be more comfortable being down there. They would feel more at home. They could be with their families. They would be there 1 to 2 weeks, so it wouldn't take that long.

Accommodation outside the hospital was seen by almost half of the women as preferable to staying in Moose Factory General. Advantages perceived were the opportunity to bring family members (particularly partners and children) and greater privacy than in the hospital (*Table 4*). Notably, in order to relieve some of the boredom while waiting for delivery, three women suggested that prenatal classes be established. Such educational programming could serve many purposes; not only would it occupy time and therefore help to alleviate loneliness and boredom, but the content of the programs could contribute to health promotion by addressing such areas as nutrition and child care.

Table 4. **Improvements to evacuation**

RESPONSE	NO. OF WOMEN	PERCENTAGE
No ideas	7	29
No changes needed	2	08
Family		
• Partner stay with woman	10	42
• Bring children	6	25
• Other family members come	2	08
Accommodation		
• House or apartment (for women and family)	10	42
• Separate male and female	2	8
Other		
• Prenatal classes	3	12
• Movies, exercise classes	1	4
• Send women later	1	4
• Change meal times	1	4
• More supportive nurses during labour	1	4
• Build hospital in Moosonee	1	4
• More specialist visits	1	4

Preference for births

Given the dissatisfaction expressed with evacuation, it was appropriate to ask the women where they would choose to have their babies if it were in their power to decide. Community birthing by nurses or midwives was offered as an alternative to evacuation. It was made clear, however, that there would be no facilities for emergency cesarean sections in the communities (no surgeon or blood bank). The physical risks to mother and baby would be higher if this option was chosen. Responses to this question proved interesting (*Table 5*). One third of the group immediately replied that they would prefer to be evacuated. Some were very sure of this choice: "I would never have my baby in Attawapiskat, not me.... I'm too scared that if something goes wrong, there's nothing here to use. Some nurses know how to deliver babies but not all of them. I would never have my baby here. Not me."

Table 5. **Preferences for birth:** *Response to the question, "If you could deliver in your home community, would you?"*

RESPONSE	NO. OF WOMEN	PERCENTAGE
INITIAL RESPONSE (N = 24)		
No	8	33
Yes	16	67
AFTER EXPLANATION OF RISK INVOLVED (N = 15)		
No	9	60
Yes	5	33
No response	1	7

Others were more ambivalent, yet still felt they would choose to be evacuated: "I don't know. I would want to have it here but I think I would rather go down." "I don't know. I'm chicken. I know complications could happen even after you have your babies, and I don't think I'd take that chance. But I know a lot of people would do it. I know a lot of people would jump at the chance to have their baby here."

Two thirds of the group initially responded that they would prefer to have their babies in their community. However, once the risks of a community birth were emphasized (ie, no blood bank or facilities for cesarean section), 60% of those questioned responded that evacuation was preferable. One woman initially preferred a community birth. When asked if she would like to stay at home, she said, "I wouldn't mind. I trust the nurses. The nurses are experienced. My grandmother delivered babies while she was in the bush. If she can do it...." However, after a discussion of the risks involved, she responded, "For me, I would go to Moose Factory, because if something happened I would have regrets after."

While several women changed their minds about where they would deliver after a discussion of the risks, a committed minority (a third of those who originally said "yes" to community birth and roughly 20% of the whole group) still felt that it was worth taking the risk to deliver in the community.

Despite the small numbers, this is still a significant proportion of the women asked, and it should not be ignored. There is, thus, a range of opinion among the women interviewed about preference of location for birth. Some would be unwilling to give up the perceived medical safety of a hospital birth, while a few were committed to staying at home with their families despite the risks. Balancing costs and risks thus leads to different responses, depending on the woman's personal values. It is crucial for us to recognize that neither option is perfect. The women were well aware that, regardless of their choice, a cost was involved. Indeed, even the medical prediction of risk is not easy, as Casson and Sennett,[9] and Robinson[10] point out.

DISCUSSION

The question put to the women of where they would prefer to deliver was, of course, hypothetical; at present their options are few. Moose Factory General Hospital is the only established delivery centre, although a few women deliver in the coastal communities (or occasionally en route to the hospital) because of premature labour or their own evasion of evacuation. However, the spectrum of opinion is important to consider when planning changes in obstetrical services. Not all will be satisfied with (or suited to) one model of care. Those involved in planning future programs will require creativity and flexi-

bility in their approach as well as the ability to listen accurately to suggestions and concerns.

Limitations of the study

The interviewees were selected on the recommendation of the health care workers in each community. No attempt was made to randomize the sample. Undoubtedly, the educational status and personal views of the women affected their selection. In addition, the circumstances of the interviews were not ideal: many women felt uncomfortable with the use of the tape recorder, and some refused to be taped. The interviewer then had to rely on note-taking and short-term memory. In other instances, voices were inaudible and, of course, nonverbal clues were lost. Child care responsibilities made it necessary for some interviews to be conducted in the woman's home where many distractions were present.

Greater than the technical difficulties in interviewing, however, was the gulf of differences between the interviewer and the interviewed women. The researcher's identity as a white, childless, middle-class, medical student from southern urban Canada had obvious implications as she interviewed Native women living in isolated communities about their experience of childbirth. While this gulf was partially alleviated by common sex and by local health care workers' introducing the researcher, it was never totally bridged during the short time spent in each community. Unfortunately, recognizing the power differential did not abolish its presence, but perhaps recognition prevented its abuse.

In addition to differences in power, the impact of cross-cultural communication must be acknowledged. Dr Clare Brant, a Mohawk psychiatrist, has described how the Native ethic of non-interference is an integral part of all interactions.

> The ethic of non-interference is a behavioural norm of North Amercian Native tribes that promotes positive interpersonal relations by discouraging coercion of any kind, be it physical, verbal, or psychological.... A high degree of respect for every human being's independence leads the Native to view instructing, coercing or attempting to persuade another person as undesirable behaviour.[11]

Unfortunately, the researcher's style of interviewing (in part a product of her medical training) did not always conform to this ethic of non-interference. This was particularly evident when the woman's place of preference for birthing and the risk of community births were addressed. But, despite numerous methodological problems and significant cultural barriers, some useful information can still be gained from the interviews. Indeed, the fact that some of these women were willing to describe their displeasure with the current system to a white stranger indicates the strength of their convictions.

Conclusion

The discontent with present obstetric practices expressed by Cree women in the Moose Factory zone is not unlike that of Inuit women. An interesting finding not evident in previous research is that some women from the Moose Factory zone would still choose the inconvenience and distress of evacuation over the risk of community birthing.

While it is neither possible nor desirable to return to past practices, improvements in the current situation are needed. A proposal is currently under consideration for developing a hostel in Moose Factory for coastal community women awaiting delivery. In addition, the study revealed an obvious need for babysitting services in each community and programmed activities for the mothers-to-be.

Models of obstetric care delivery will require close examination and evaluation. As midwifery becomes established as a profession in Canada, we hope the training will include an understanding of the needs of Native women in isolated northern communities – and will ultimately encourage Native women to serve their own communities, as they have begun to in Povungnituk.[12] While the Povungnituk model might not be suitable for the Moose Factory zone because of geographic and population differences, appropriate adaptations could interest the Mushkegowuk Cree.

Finally, further research (in particular an obstetric risk assessment including both physical factors and psychosocial stressors) is needed. Native communities need to have accurate information so that they can make informed choices about future birthing options. One of the elders

(Therese Metat in Fort Albany) summarized, "There must be consensus first; everyone [in the community] should be asked what they think about that, and if they agree. It is very, very important, this consensus saying we know the dangers but we'll try this anyway." ■

Acknowledgment

We thank the Moose Factory General Hospital staff, the prenatal nurses and community health representatives in the four communities, and the chiefs and other Native people who gave of their time. Finally, we cannot thank enough the women who agreed to be interviewed. We hope this paper accurately reflects their hopes and concerns and will contribute in some way to the process of change.

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