

# INFORMED CHOICE WITH A FOCUS ON RURAL AND NORTHERN MIDWIFERY IN THE NORTHWEST TERRITORIES

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## EVENTS LEADING TO THE PRESENT MATERNITY CARE SITUATION

Traditionally, the women of what is now called the Northwest Territories (NWT) gave birth as they lived, on the land. Babies were born in tents, igloos and cabins in locations that were determined by the seasonal rhythms of a lifestyle intimately connected to the harvesting of natural resources. Women and babies were cared for by family members and by women who were recognized for their special gifts as midwives. To assist at births was to do the Creator's work. Knowledge and skills were passed down within families from mothers to daughters. The risks associated with childbirth were not ignored but were managed in the same way as all the other risks associated with living, through the application of traditional knowledge and cultural practices that had evolved over time to help ensure the survival of the people.

In the wake of rapid culture change in the last two generations, the rich tradition of Aboriginal midwifery is no longer available to women in the Northwest Territories. Otto Schaefer, a physician who worked for the federal government in the Canadian Arctic as early as 1952, described the changes in obstetrical policies:

There was a push from above for more hospital deliveries and deliveries in the nursing stations instead of in tents and igloos. I do not say that I was one hundred percent convinced that there was a great need for it, but eventually it was inevitable.<sup>1</sup>

There was a definite shift away from viewing birth as a cultural, spiritual and social act. The government took

control of medical care with authority and disrupted the traditional family and organization in the name of improved health.<sup>2</sup>

During the 1960s and early 1970s, maternity care was provided primarily in the nursing stations. Since the mid-1970s, the policies in maternity care have changed, either due to difficulties in hiring foreign-trained nurse-midwives to work in remote northern communities, or to changing attitudes about acceptable risk levels in maternity care. Current policy dictates that all expectant mothers are sent out from the smaller communities to give birth in larger regional centres.<sup>3</sup>

No longer able to access obstetric services in their own communities, women are forced to leave home for several weeks, sometimes months, to deliver their babies in regional hospitals under physician care, without the presence and support of partners, families and community members.

## THE REALITY OF MATERNITY CARE IN THE NORTHWEST TERRITORIES

The following observations are based on extensive discussions with women, families and care providers in the Northwest Territories.

- prenatal care is inadequate and has become increasingly fragmented due to frequent turnover of nurses and physicians,
- continuity of care does not exist. Even in the referral centre, the physician who provides prenatal care is often not at the birth,
- nursing care in the referral centre is separated into labour/delivery nursing, nursery nursing and care for

- the mother (mother and baby are not cared for as a unit),
- communication between referral centre and nursing station is not satisfactory,
- postpartum care and breast-feeding support may not be a priority in the communities,
- travel costs for partner or support person are not covered,
- partners often miss the birth all together; siblings are not involved,
- accommodation costs for women awaiting birth who do not have extended benefits are not covered,
- birthing as part of an important life cycle event has been removed from the communities,
- women are more isolated and not as well supported anymore (support systems have vanished from the communities),
- traditional birth practices and traditional midwifery have been buried, and birth has become medicalized and managed by outsiders with little or no relationship to the community,
- women's confidence and self-esteem has been affected,
- communities have lost autonomy, self-reliance and local resources.

### **INFORMED CHOICE FOR WOMEN IN THE NORTHWEST TERRITORIES?**

For most women living in the communities of the Northwest Territories, informed choice is not available at present time.

- Women do not have the option to choose their health care providers. Community health nurses provide pre- and postnatal care in smaller communities. Doctors provide this care in the larger centres.
- in most communities, there is only one health care facility available to women and their families, and in most cases, community birthing in these facilities is not an option,
- only in Yellowknife and Inuvik can women give birth in the local facility (where surgical backup is available),
- women in other communities are forced to leave home, sometimes for months to give birth in one of the regional centres,
- if women refuse to leave the community and they go into labour, they are either “medevaced” in labour (time permitting) or sent out directly after the birth,
- Informed choice discussions about birthplace do not happen,

- Women who prefer a community birth are not supported and validated in their choice. They are often told that it would be too dangerous and that they would be risking the health or life of their babies and themselves.

### **MIDWIFERY PRACTICE IN FORT SMITH**

Midwifery is not yet regulated in the NWT, but for over 10 years now, women have had the choice to receive midwifery care in Fort Smith. Two midwives, both registered in Alberta, provide this care outside of the health care system and without public funding. Women choose their primary care provider and receive continuity of care throughout pregnancy, birth and postpartum care. In the absence of legalized midwifery, the midwives cannot attend births at the local health centre, so women have the choice to either birth in their home or be referred to Yellowknife to birth in the regional hospital.

Many women in Fort Smith choose midwifery care over the medical and, at any given time, the midwives care for 50 to 75 percent of all childbearing clients in the community. Fort Smith has between 30 and 40 pregnant women and births each year. The relationship and communication with the Fort Smith Health Centre has not always been easy. Recently the health authority has indicated interest in working with the local midwives to develop comprehensive maternity services for the women and families of Fort Smith and surrounding areas.

### **MIDWIFERY LEGISLATION**

Work began on the regulatory framework in 2002 and the Midwifery Profession Act (Bill 24) received first and second reading in June 2003. The government of the NWT made a commitment to put in place a framework consistent with the Canadian model of midwifery, and to provide public funding for midwifery care.

Practicing midwives drafted the Midwifery Practice Framework (standards and regulations), which were reviewed and finalized by the Midwifery Implementation Committee. Highlights of the practice framework include: autonomous practice, partnership with women, continuity of care, collaborative care, informed choice, and choice of birthplace and setting.

One major inconsistency in the practice framework

was the proposed 'designated sites' clause in the Act itself. This clause would have restricted midwives to attend births only in sites chosen by the Minister of Health.

Consequently, the Midwives Association of the NWT and Nunavut lobbied to have this clause removed from the Bill as it contradicted a fundamental principle of the midwifery model. A legal opinion obtained by the Midwives Association supported the position that the 'designated sites' clause offends the Canadian Charter of Rights and also infringes on Aboriginal and treaty rights.

With a presentation to the Standing Committee on Social Programs and strengthened by letters of support from CAM, SOGC, NAHO, the BC College of Midwives, the Dene Nation and others, the Association impressed on the government the need to move ahead with the legislation without the offending clause.

The 'designated sites' clause was subsequently removed and the Bill received third and final reading in early October of 2003. The government of the NWT plans to proclaim the Midwifery Profession Act by 2004.

The hard work of the community midwives, the continuous advocacy for midwifery and choices for women, and the growth of local grassroots support have become the catalyst for midwifery legislation in the Northwest Territories.

### **THE STANDARD ON INFORMED CHOICE**

The recently developed NWT Midwifery Practice Framework includes the standard on informed choice.

While the care options available to childbearing women in northern and remote communities may be somewhat limited for a variety of reasons, the principle of informed choice applies nonetheless. Women are supported in making informed decisions within the context of the circumstances in which they live and the options available to them.

Midwives will at all times strive to provide the highest standard of care possible within the limitations of the care options chosen by the woman.

Midwives will facilitate an informed choice process that takes into account, among other aspects,

- the experience, feelings, beliefs, values, and preferences of the client, and where appropriate, of family members; and,
- community values, standards, and practices.<sup>4</sup>

### **IMPLICATIONS FOR MIDWIFERY**

#### **PRACTICE**

The notion of shared responsibility in decision making and informed choice may or may not be concepts familiar to all women, either because of cultural norms or because of the conditioning resulting from the colonial experience.

Is the objective information that midwives provide to women really objective? Midwife and client both have their own values and beliefs. Especially in the intercultural context these values and beliefs may be very different.

How does the culture of birth in northern communities influence midwifery practice? In some communities birth is still accepted as a normal part of life, along with its associated risks. In other communities, birth has come to be regarded as something dangerous that should only take place in hospitals with surgical backup. Community attitudes will influence the range of choices that midwives will be able to offer their clients.

The geography and logistics of life in the north, including distances, weather conditions, demographics, and available resources, will also influence the feasibility of midwives providing a full range of options for birthing women.

The Canadian midwifery model evolved from primarily southern and urban experience. Many of the principles of this model are relevant to northern midwifery. However, can these principles be applied in a way that accommodates the unique circumstances of northern midwifery practice?

Choice of birthplace and continuity of care may at times be mutually exclusive principles. For example, if women choose to leave their home communities to give birth elsewhere or if they choose to come from elsewhere to a regional birth centre to deliver, midwives can offer choice or continuity of care, but

not both at the same time. Similarly, midwives who truly offer women a choice of birthplace may not be able to maintain the practice volume currently required in southern jurisdictions.

The midwifery model in the NWT will be influenced by the unique circumstances and needs of northern women. Northern midwives need to be supported in providing midwifery care that is appropriate for women and communities in the north. Midwives in the north who wish to maintain labour mobility within Canada will also need the support of the Canadian midwifery community.

## **AUTHOR BIOGRAPHIES**

*Gisela Becker graduated from midwifery school in Berlin, Germany in 1986. Since then she has practiced in a variety of settings including hospitals, birth centres and home birth practices in Germany, Canada, and the Cayman Islands. Gisela is a registered midwife in Alberta and the current president of the Midwives Association of the NWT and Nunavut. Gisela moved to Fort Smith in the fall of 2000.*

*Lesley Paulette, an aboriginal midwife of Mohawk descent has lived in the Fitzgerald/Fort Smith area for 20 years. Lesley's interest and training in the field of midwifery dates back in 1981. She established the practice in Fort Smith 1992, and has been a registered midwife in Alberta since 1998. Through her efforts, midwifery care and community birthing services have been returned to Fort Smith families.*

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