

ORIGINAL ARTICLE

The Rankin Inlet Birthing Centre: community midwifery in the Inuit context

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ABSTRACT

Objectives. To trace the historical development of the Rankin Inlet Birthing Centre since its inception in 1993 in the context of plans to make it the nucleus of a system of community birthing centres throughout Nunavut.

Study design. This is an analytical historical study using a combination of oral history interviews, government documents and existing literature.

Methods. Oral history interviews with current and former employees of the Birthing Centre, founding organizers and women who gave birth there were combined with a review of the literature using MEDLINE, Anthropology PLUS, CINAHL and Historical Abstracts, as well as a search of the records of the Nunavut Government and the debates of the Nunavut Legislature and its predecessor, the NWT Legislature.

Results. The Rankin Inlet Birthing Centre has been successful, but only marginally so. The majority of births for residents of this region still occur in southern hospitals, either in Churchill or Winnipeg. Although the long-term plan for the Centre is to train and employ Inuit midwives, thus far only two maternity care workers are employed at the Centre. All the midwives are from southern Canada and rotate through the Centre and the community on fixed terms. The Centre has been very successful at gaining and retaining support at the political level, with a strong official commitment to it from the Nunavut Legislature, and active support from the medical communities in the Kivalliq and in Manitoba through the Northern Health Unit at the University of Manitoba. Community support within Rankin Inlet is less apparent and has been halting. Plans to extend the model of the Centre to other communities are long-standing, but have been slow to come to fruition.

Discussion. The Rankin Inlet Birthing Centre has remained an important, but peripheral, institution in Rankin Inlet. It is in many ways a southern institution located in the Arctic; for this reason, and due to the social networks present in Rankin Inlet itself, it has suffered from a lack of enthusi-

astic support from the community. However, the staff at the Birthing Centre are aware of its shortcomings and explicitly support more community-centred approaches in other communities.

Conclusions. The staff and clients of the Rankin Inlet Birthing Centre have broadly recognized the challenges it faces. Future expansion is likely to adapt to local traditions and requirements, leading to new birthing centres that will be integrated into their communities.

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INTRODUCTION

There is ongoing pressure to return childbirth to the communities in the Canadian Arctic after decades in which most women have been evacuated to southern hospitals for birth. This practice has been accused of damaging Inuit culture by disrupting the relationship between Inuit identity and place of birth. It has also been identified as traumatizing for Inuit families and society, as it removes women from their families for extended periods of time. Community childbirth seems both desirable and, based on the success of the Inuulitsivik Maternities in Nunavik in Northern Quebec, clinically feasible (1). In Nunavut, however, there is an ongoing debate over the form that community childbirth should take. The southern model of midwifery is confronting traditional midwifery, with the result that the growth and development of community childbirth in Nunavut seems to be, yet again, delayed (2). Yet, Nunavut has had a community birthing centre in Rankin Inlet since 1993 (3). By constructing the history of the birthing centre, in terms of both its “official” history (through the literature) and its “repressed” history (through oral testimony), the origins of the present dispute in Nunavut and the possible paths for successful community childbirth may be explored.

METHODS

This is an analytical historical study that draws on material from fifteen semi-structured oral history interviews conducted in the summer of 2007 in the Rankin Inlet Birthing Centre in Rankin Inlet, NU. Interviews were conducted with current and former employees of the Centre, women who had given birth there and/or who were expecting to do so and community members. Two approaches to recruiting participants were used: third-party recruitment through local maternity care providers and a snowball technique. A snowball technique for recruiting research participants is one where key informants and regular participants help to identify other potential participants. Following field research, interviews were transcribed under a cross-referencing process where the participant was given a numerical label to protect confidentiality. Ethical approval was obtained from the Nunavut Research Institute, University of Alberta Health Research Ethics Board and the Hamlet of Rankin Inlet, under the condition that the identities of the interviewees would be protected. Relevant documents were identified through database searches of MEDLINE, Anthropology Plus, POLARInfo, the Arctic Blue Books, Historical Abstracts and the Hansard of the Nunavut Territorial Legislature.

This study aimed to construct a narrative history of the Rankin Inlet Birthing Centre by juxtaposing the insights provided by the oral interviews with the “official” history of the Centre, as recorded in the literature and primary textual records. In effect, this procedure constructs a Foucauldian history of the present (4). Foucault defined a history of the present as being an analysis of the historical conditions that have informed modern epistemology: “We have to know the historical conditions which motivate our conceptualization. We need a historical awareness of our present circumstance.” (5, pp. 208–209) His goal was to “create a history of the different modes by which, in our culture, human beings are made subjects.” (5, p. 208) Central to this project is the concept of subjugated knowledge, which Foucault defined as falling “below the required level of cognition or scientificity...[knowledge] which involve(s) what I would call a popular knowledge (*savoir des gens*)...being a particular local, regional knowledge” (4, p. 82). Foucault noted that these subjugated knowledges were increasingly emerging to challenge the dominance of scientific modernism, offering an alternative approach to knowledge. The Rankin Inlet Birthing Centre, like its counterparts in Nunavik, may be approached from this perspective. These community birthing centres offer an alternative to a strictly biomedical approach. Their model, to varying degrees, is one in which the functional requirements of biomedicine (low perinatal risk) are mediated by the cultural and social benefits of local birthing; this produces a hybrid style of birthing that satisfies both Inuit culture and biomedical concerns with perinatal outcomes (6). The lessons learned from these models can be applied to future birthing centres elsewhere in the Arctic.

RESULTS

The Rankin Inlet Birthing Centre was established in 1993 in order to return childbirth to the community after a generation of evacuations to southern hospitals for birth. An audit of the Centre’s records (7) indicated that between its inception (in 1993) and 2005, 238 out of 506 births by women in Rankin Inlet took place at the Centre, the rest occurring after evacuation to larger centres. Ten women were evacuated during labour, while 24 mothers and infants were evacuated during the post-neonatal period. There were no natal or maternal deaths among any of the audited population of births in Rankin Inlet. These figures indicate that the Birthing Centre has been successful in returning some births back to the community, but also confirm that, as its historical evolution indicates, this process has been both long and fraught with obstacles. Due to a restrictive risk-scoring method (3) and chronic staff shortages (8) less than half of all births from Rankin Inlet have occurred at the Centre during its existence. Even today the issue of midwifery, its definition and its future evolution remain controversial in Nunavut, leading the Legislature to return the proposed Act defining midwifery for revisions on the grounds that it defines midwifery in southern terms, relegating traditional midwifery to a subordinate and ultimately historical role (2,9).

The Birthing Centre was established in 1993 in the wake of a major clinical and anthropological study of childbirth in the Kivalliq Region in the late 1980s (10). The study concluded, on the basis of extensive interviews with Inuit women and their families, that the practice of evacuation for childbirth had caused cultural and social disruption, and that this disruption lay at the root of a spectrum of social problems plaguing both

the Kivalliq and the Inuit across the Canadian Arctic. In particular, the study found that Inuit identity was closely tied with place of birth and that evacuation broke this essential tie, leading to cultural disruption, while the lengthy absences of women evacuated to give birth caused further social disruption within their families (11).

The Birthing Centre grew out of this process, and has been supported by many of the same individuals and groups that contributed to the original study – including prominent Inuit, nurses, medical staff, academics at the University of Manitoba and organizations such as Pauktuutit, the Northern Medical Unit and the Nunavut Department of Health and Social Services (since 2000). The Centre itself does not handle all the births in Rankin Inlet, let alone the Kivalliq Region. Only low-risk births occur at the Centre – “low risk” being determined through both a clinical risk evaluation tool and through advice from an OB-GYN consultant based in Winnipeg (3,12). All other women are evacuated to Winnipeg for birth, although there was a brief attempt to create a birthing centre at Churchill some years ago. This failed due to the Inuit community’s perception that evacuation to Churchill was still evacuation, and that it was socially and clinically inferior to evacuation to Winnipeg. In the opinion of a senior midwife at the Birthing Centre, they were unwilling to settle for “second best.”

Historically, less than half of all births in Rankin Inlet have occurred at the Birthing Centre, the remainder being evaluated as high risk and evacuated (7,12). Periodic staff shortages, specifically of midwives, have at times required all women to be evacuated for birth (8,13). Still, the Government of Nunavut has identified the Birthing Centre as the precursor to a system of community birthing centres to be

established across Nunavut. Despite repeatedly articulating this goal since inception of the territory in 2000, so far it remains unfulfilled (14).

The delay in implementing this plan reflects the “repressed” history of the Rankin Inlet Birthing Centre. Unlike its fellow birthing centres, the Inuulitsivik Maternities in Nunavik, PQ, (15) the Rankin Inlet Birthing Centre has not returned traditional Inuit childbirth to Nunavut. Fundamentally, the Centre has been, from its inception through to the present day, a southern institution located in the Canadian Arctic. The use of a biomedical risk-scoring system to decide whether women will be evacuated, as opposed to the community-based decision-making system used in Nunavik, underscores this (16). As well, all the midwives are from southern Canada, rotating through Rankin Inlet (and now its satellite birthing centre in Arviat) on fixed contracts. Without community ties the midwives have had difficulty in gaining the trust of the local community, while dependence on southern staff has left the Birthing Centre periodically unable to offer services when recruitment has flagged. While the Regional Coordinator, a trained maternity care worker who has worked at the Centre since its inception, is Inuit, as are the rest of the maternity care workers, their role is limited to prenatal and post-natal counselling and language translation at the birth itself. There is currently a midwifery program offered jointly by Nunavut Arctic College and the University College of the North in Thompson, Manitoba, but as of yet it has not graduated any Inuit midwives. At least 5 students are at various stages of this program, which provides Maternity Care Worker certification as an interim step in the process of receiving midwifery certification (17). Although traditional midwives do exist in Nunavut, there do not appear to be any in Rankin Inlet; furthermore, their legal status is

currently unclear, although there are – according to employees at the Birthing Centre – ongoing attempts to incorporate their knowledge and traditions into the midwifery curriculum.

Still, the Rankin Inlet Birthing Centre has become an integral part of the health care system in the Kivalliq, and an important part of the community in Rankin Inlet. Women there identify local childbirth as valuable, and regret the need to evacuate when required:

I really feel sorry for the women who have no choice but to leave because they're away from everyone...I went from having a huge support in my home to going far away to Winnipeg, and just for the shock of it...not knowing the medical staff, and...meeting them for the first time and immediately having to trust them was really hard for me.

On the other hand, the cultural issues of Inuit identity and its tie to place of birth, which were highly important two decades ago, seem less urgent now. Most people of childbearing age in the Kivalliq were born in southern Canada, as were their parents. Place of birth as a component of cultural identity was never identified as significant in interviews. The social importance of local childbirth, Inuit traditions and community authority over childbirth was, however, strongly stressed in interviews. Although support for the Rankin Inlet Birthing Centre was unanimously expressed by all interviewees, many also stressed the need for future birthing centres to use a different model:

If we're going to be setting up a Birthing Centre in any community it has to be supported by the community first. And it has to be supported by the front-line workers, I mean the nurses. And, we can only talk about what we have here and how we run it.

DISCUSSION

Rankin Inlet is the administrative centre of the Kivalliq Region, which was the major reason for locating the Birthing Centre there. However, in the words of a local informant:

Rankin Inlet is very different from the rest of the Kivalliq communities only because it was a mining community. So, all kinds of people from this region and other regions tend to live in Rankin Inlet. So...so, there's a mixture of Inuit people here that if I went to Coral Harbour or Arviat they're a lot more traditional.

This has had both positive and negative influences on the Rankin Inlet Birthing Centre. As a syncretic industrial community, Rankin Inlet possessed few pre-established traditions of its own (which is not to say that Inuit there did not possess traditions but simply that the community did not). Residents there were thus more likely to adopt a southern midwifery model, once they were convinced of its safety:

When the Birthing Centre here first opened, people were very hesitant to deliver here. But, once there were a few births here, and hearing people going on the radio saying, "My daughter just delivered a baby girl this morning!" When they started hearing people doing that, then they start thinking, "Oh, she didn't even have to leave home!...Her husband was right there! The kids are there, they see their sister right away!" And, of course, there was always this talk, "Do the midwives know what they're doing?...Can we trust them?"

On the other hand, it may not be easy to transfer the Rankin Inlet Birthing Centre model to other communities with stronger community traditions, as informants recognized:

The Birthing Centre here in Rankin Inlet and the Birthing Centre in Arviat is going to be...they're going to be very, very different only because up there it's a lot more traditional than Rankin.

This corresponds with the Nunavut government's experience in implementing formal legislation to regulate midwifery in Nunavut, where interest groups have repeatedly objected to a southern-oriented model of training as leaving Inuit tradition surrounding childbirth unrecognized. Inuit childbirth is traditionally communal childbirth in which the Inuit community collectively shares authority over birth (18). In traditional communities, a southern model founded upon the authority of expert, biomedical knowledge is unlikely to succeed. As such the Rankin Inlet Birthing Centre is an anomaly in Nunavut. Its success, however hard won, is unlikely to be replicated elsewhere if the centre itself is simply reproduced.

There is also a feeling, articulated elsewhere in Nunavut, that local control over birthing would lead to a lower evacuation rate:

I have been thinking that there could be a committee at the Health Centre that would decide whether a person should fly out to Iqaluit for medical attention...Some pregnant women have no reason to go out...Inuit should have more control over this. (19, p. 107)

In fact, the experience of the Inuulitsivik Maternities has tended to validate this assumption (20).

Specific traditional practices and rituals vary widely over the Canadian Arctic and have undergone considerable historical evolution. In many (but not all) precontact Inuit communities, women in childbirth were subject to ritual taboos

that forbade anyone from assisting with the birth (21). The roles of *sanariaks* or ritual sponsors also varied considerably from community to community (22). However, the Inuit do not want to return to precontact practices; theirs is not a culture or society fossilized in amber, but one that is evolving. While specific local childbirth rituals (such as the presence of the *sanariak* at the birth, or even the ritual cutting of the umbilical cord by the *sanariak*) may continue where evacuation does not preclude them (21), community authority – exercised through the community's delegated representatives – remains the essential characteristic of Inuit childbirth and local rituals are effectively representative of this authority. That is, Inuit authority over birthing is symbolized by communal control over birthing practices, birthing rituals and place of birth. If token rituals are allowed by biomedical authorities in specific instances while overall authority over childbirth remains out of the hands of the Inuit community, then nothing is resolved; the issue is not one of specific practices, but of who controls birth – the Inuit or biomedicine (23). Local birth is one aspect of Inuit authority over childbirth, but even evacuations are acceptable (as the experience of the Inuulitsivik Maternities in Nunavik demonstrates) when the community (represented by Inuit midwives) makes the decision to do so (15). Even Caesarian section delivery, which is a highly unpopular biomedical technique among the Inuit, is acceptable if the community decides that the social drawbacks are justified by medical necessity (24). Thus, as well as specific local rituals (such as the presence of a *sanariak* at the birth), future birthing centres will have to incorporate local authority – through education of Inuit midwives, hiring practices and risk-scoring methods that provide community authority over childbirth. The techniques and technolo-

gies of southern biomedicine will remain, but in partnership with the Inuit themselves. For future birthing centres to be effectively created in Inuit communities each community will have to assume responsibility for them, something staff at the Rankin Inlet Birthing Centre recognize:

Because if we're just going to do that then we don't have the input of the community. The community will never, never support it and it's not going to run properly. Everybody has to work together and if there's disagreements they have to negotiate, "Okay, how do we make this work better?" No, just cross-planting a whole Birthing Centre into another community is not going to work. The team has to work together, and the team and the community has to agree on what kind of services they want to offer. That's the only way it's going to succeed.

CONCLUSION

The Rankin Inlet Birthing Centre has an official history, one that indicates that it has succeeded in becoming an important part of the medical system in Rankin Inlet, despite numerous setbacks over the years since its inception. However, the incorporation of an Inuit perspective into the Centre's history by its location within the context of Inuit epistemology of health has placed important limitations on the success of the Centre, indicating its marginal place in the Inuit community itself.

The Centre has succeeded through unwavering support from the individuals and organizations that fostered its creation in the first place and it has become an important part of the health care system in Rankin Inlet. However, while an important part of the health care system, the Centre remains limited in its relationship with the Inuit

population. Its limitations are those of a southern institution located in Nunavut. It has never become an Inuit institution, nor is it an integral part of the Inuit community. Those limitations are clearly recognized by Inuit informants, and less clearly so by non-Inuit informants. First, it suffers under the tyranny of distance, which compounds the difficulty of finding and retaining southern midwives when there are increasing opportunities for them in metropolitan areas in southern Canada. Second, southern midwives can and do offer technically proficient prenatal care, birthing services and post-natal care to women in Rankin Inlet. They are not, however, Inuit midwives, and as such they lack the cultural and social connection that has made the Inuulitsivik Maternities in Nunavik so successful and central to Inuit identity there (25). Third, the use of a biomedical risk-scoring system to determine who gives birth at the Centre and who is evacuated keeps the Rankin Inlet Birthing Centre within the ambit of the biomedical system in the Kivalliq and excludes it from Inuit communal authority. The experience of the Inuulitsivik Maternities, which follows a community-based birthing system with a community-centred risk-scoring process, indicates that birthing centres can satisfy both the epistemological need of the Inuit for communal authority over childbirth and the biomedical need for acceptable perinatal outcomes (16,20). These limitations are such that simple replication of the Centre's model in other communities will likely fail, as Inuit informants recognize. In more traditional communities the epistemological foundations of future birthing centres will have to accommodate Inuit approaches to both childbirth and to health in general, while still maintaining the clinical outcomes that southern healthcare has historically provided and that the population has come to expect.

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