REGIONAL REFERENCE FRAMEWORK

(2015-2023)

FOR BIRTH HOMES AND MIDWIFERY IN NUNAVIK

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RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

EXECUTIVE SUMMARY

The development of midwifery services in Nunavik was first shaped by a cultural and identity need to bring pregnancy, labour and birth back to Nunavik. These major family and community events forge and reinforce family bonds through the attachment felt for the new family member. Policies on the transfer of pregnant women, especially in the 1960s and 1970s, contributed to the breakdown of family bonds and precipitated the loss of extensive cultural knowledge previously passed on by Inuit women. Since the late 1980s, however, bringing pregnancy, labour and birth services back to the region has proven to be successful, thanks to the consolidation of midwifery services in Nunavik.

Maternity services in Puvirnituq have often been cited as an example of best practices for improving perinatal care and delivery for aboriginal women, reconciling safe delivery for mother and child with cultural practices. This model, developed in Puvirnituq, was first extended to two other Hudson Bay communities, Inukjuak (1998) and Salluit (2004). The maternity departments of those three communities now provide midwifery services to seven Hudson Bay communities. Finally, the model was implemented in Kuujjuaq to serve the seven communities on the Ungava coast. Since the setup of midwifery services in Kuujjuaq, more than 68 percent of births in Nunavik in 2012 were attended by midwives.

As the NRBHSS's preferred approach in the 2000s, this model has provided safe and culturally appropriate services to clients in Nunavik and strengthened the process of repatriating maternity services by training a new generation of Inuit midwives. Midwifery services are culturally safe, clinically valid, economically viable and consistent with *MSSS* policies on proximity perinatal services.

However, due to building constraints in particular, the facilities in which Nunavik midwives practice fall far short of the standards in the rest of the province. The facilities used in Nunavik were not designed to accommodate these types of services and pose many obstacles to development, which has become indispensable due to the rapid growth in population and the number of births.

The population of Nunavik has undergone spectacular growth since 1960: in 50 years, total population has more than quadrupled. The birthrate today remains much higher than for Quebec as a whole (1.7), with 3.3 children per woman from 2007 to 2011. This rapid population growth must be factored into planning for future midwifery services. From 2001 to 2011, population grew by another 19 percent, to 12,211, and is projected to follow this rapid pace over the coming decade. The ISQ expects a total population of 14,344 in 2021 and 17,062 by 2031, an increase of 39.7 percent. Provision must also be made for a significant rise in the number of births over the next 20 years: the annual number of births could approach 500 in 2033, up from 268 live births in 2003.

If there is no change in infrastructure paradigms, with regional deployment of a network of birth homes, midwives will no longer be able to deliver the quality service that is the pride of Nunavik.

Deployment of a regional network of birth homes over the next eight years (2015-2023) therefore should involve infrastructure efforts in the communities that already have midwifery services: the UTHC in Kuujjuaq and the IHC in Inukjuak, Salluit and Puvirnituq. A second stage would see the eventual introduction of new birth homes in Kangiqsualujjuaq (UTHC) or Kuujjuaraapik (IHC).

This regional network of birth homes should form part of the health and social services system through deployment of collaborative protocols with various partners in the healthcare system. Certain links could be given special support, particularly with the ISPEC program now being introduced in the region, to reinforce the continuum of services available to young families and strengthen the community-based dimension of birth homes. Midwives already play an expanded role and are well respected in Nunavik communities. This reality could be further strengthened through deployment of birth homes.

Finally, deployment of these birth homes would see the advent of the regional training program for Inuit midwives (Nunavik Midwife Education College). A birth home is a training venue for midwives, allowing them to continue their courses to acquire the knowledge needed to practise as a midwife. Midwives in these centres serve as teachers and preceptors for students. In Nunavik, the regional network of birth homes would make Inuit midwife training sustainable, a vital step in anchoring these services and making them effective.

Midwifery services currently in place provide culturally safe, clinically valid and economically viable services consistent with *MSSS* policies governing proximity perinatal services. Deployment of birth homes in the region will make this model sustainable by providing it with the capacity to absorb the sharp increase in the number of births expected over the next 20 years, strengthening the community anchoring of midwifery services and reinforcing the training of Inuit midwives.

PREFACE

In October 2013, the executive directors of UTHC, IHC and NRBHSS commissioned NRBHSS's Director of Inuit Values and Practices to coordinate the process leading to development of the Regional Framework for Birth Homes and Midwifery in Nunavik.

This paper is the outcome of the consultations and meetings the regional working group has conducted since then, under the leadership of the Director of Inuit Values and Practices.

ACRONYMS

CAM	Canadian Association of Midwives
CLSC	*Centre local de services communautaires* [local community health centre]
CSN	*Confédération des syndicats nationaux* [confederation of national trade unions]
EMO	Eggs-milk-orange
FASD	Fetal alcohol spectrum disorder
FTE	Full-time equivalent
HC	Health Centre
HMS	Head, midwifery services
HRP	High-risk pregnancy
IHC	Inuulitsivik Health Centre
IPECS	Integrated perinatal and early childhood services
ISQ	*Institut de la statistique du Québec* [Quebec statistics institute]
JBNQA	James Bay and Northern Quebec Agreement
MSSS	*Ministère de la Santé et des Services sociaux* [ministry of health and social services]
NACM	National Aboriginal Council of Midwives
NMWG	Nunavik Midwifery Working Group
NRBHSS	Nunavik Regional Board of Health and Social Services
OSFQ	*Ordre des sages-femmes du Québec*
RSFQ	*Regroupement des sages-femmes du Québec*
STI	Sexually Transmitted Infection
UTHC	Ungava Tulattavik Health Centre

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1. POPULATION SERVED BY MIDWIFERY SERVICES IN NUNAVIK IN 2014

1.1 CULTURAL AND IDENTITY IMPORTANCE OF MIDWIFERY SERVICES IN NUNAVIK

The development of midwifery services in Nunavik addresses a clinical need but was initially shaped by a cultural and identity need to reappropriate pregnancy, delivery and birth. These moments used to be under the control of Inuit women who counselled pregnant women and assisted them during delivery, drawing on their extensive knowledge (Pauktuutit 1995, Qinuajuak 1996, McGrath 2000, Pernet 2012). For the family and the community, birth was a major event that forged and strengthened family bonds and the attachment family members felt for each other (Pernet 2014).

The policy of evacuating pregnant women to hospitals in the south of the province or to Moose Factory, Ontario, especially in the 1960s and 1970s, contributed to the breakdown of family bonds (Daviss-Putt 1990, O'Neil & Kaufert 1990, Jasen 1997, Van Wagner *et al.* 2007, Pernet 2014) and precipitated the loss of much cultural knowledge that Inuit women used to pass on. Since the late 1980s, however, the gradual reappropriation of pregnancy, delivery and birth through the establishment of midwifery services in Nunavik has proved very successful. In this regard, the Puvirnituq maternity centre has frequently been cited as an example of a best practice for improving perinatal care and delivery for Aboriginal women by making delivery safe for mother and child while securing cultural practices (Fletcher 1994, Fletcher and O'Neil 1994, Couchie & Sanderson 2007).

This model, since favoured by the NRBHSS, provides a safe, culturally appropriate service to Nunavik clients and reinforces the reappropriation process by training a new generation of Inuit midwives. It delivers a safe, clinically valid and economically viable service consistent with MSSS policies on perinatal community services.[1]

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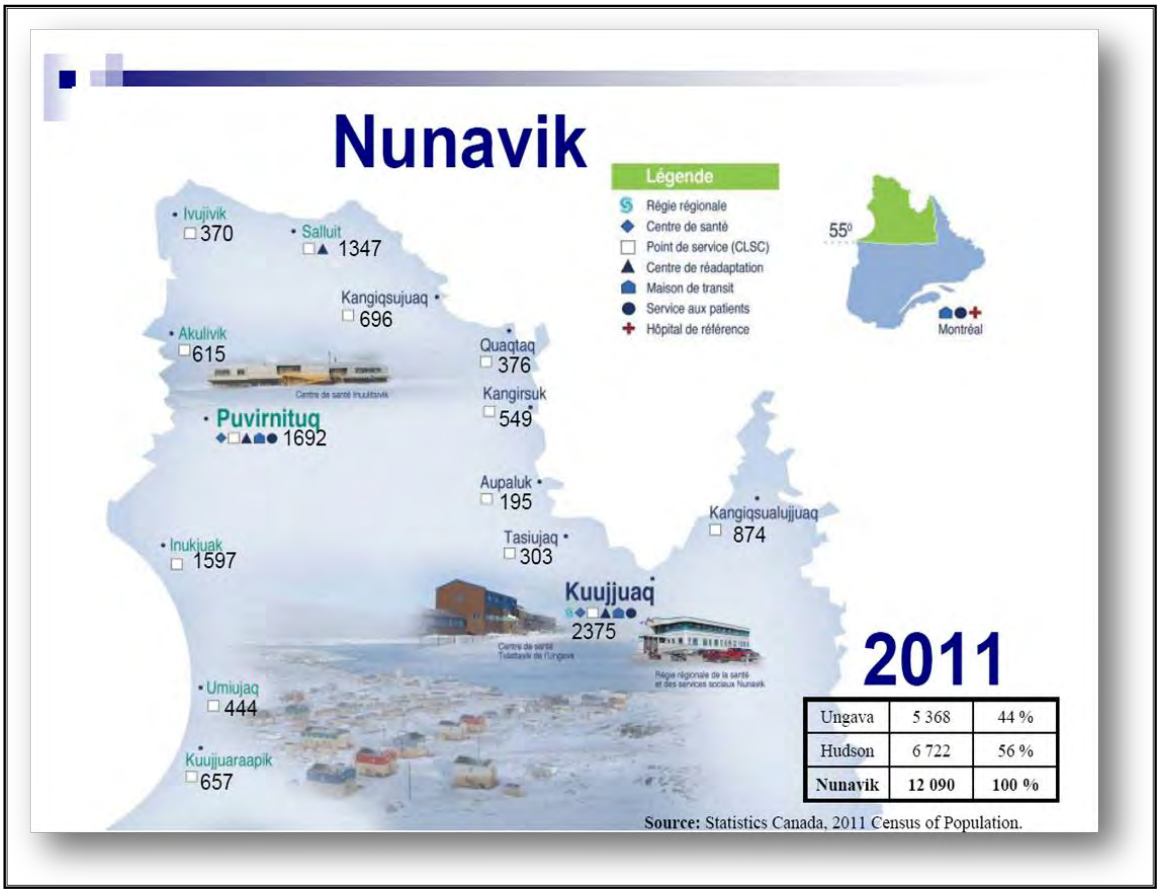
[1] MSSS 2008-2018 perinatal policy. http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2008/08-918-01.pdf (Accessed on December 3, 2014).

1.2 A SUCCESFUL PROGRAM

The model developed in Puvirnituq (1986) was first extended to two other Hudson Bay communities (**Map 1**), Inukjuak (1998) and Salluit (2004). These three maternity centres now provide midwifery services to all seven Hudson Bay communities.

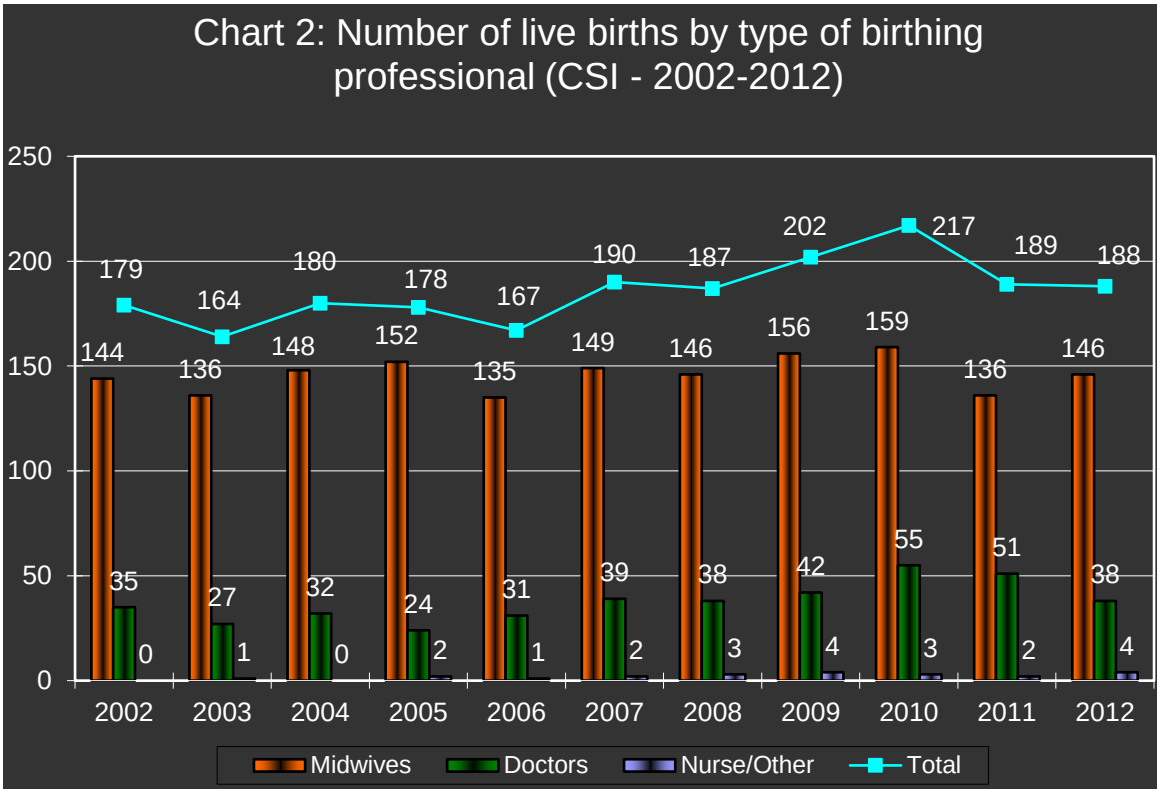
Map 1 The health and social services system in Nunavik



These three centres (Inukjuak, Puvirnituq and Salluit) are operated by the IHC. They have proved very successful since their inception, as 79 percent of births on this coast between 2002 and 2012 were assisted by midwives. These services therefore have achieved a structural reduction in the number of trips south by pregnant women, consistent with the program's cultural and identity ambitions, while decreasing the interventions/client ratio and avoiding transportation costs. This approach is also in keeping with the adoption of proximity service delivery practices advocated by the MSSS.

As victims of their own success, however, these centres are already coping with a lack of space (**Chart 2**).

Chart 2: Number of live births by type of birthing professional (IHC - 2002-2012)



Recently the proportion of births assisted by midwives has tended to decline in that region, although the actual number of births they assist has remained fairly constant. This development shows the lack of space affecting existing midwifery services. It is hard to systematically provide this service to more women when population is increasing faster than space availability. Bringing birth back means being able to follow the women and to provide them care from day one until six weeks after birth. It also means being able to support and accompany the women in the culturally significant experience that is pregnancy and delivery. Since their respective opening, the three maternity services on the Hudson Bay have occupied about the same space, while population needs and demands for health care availability in the north have grown.

On the Ungava coast, midwifery services have only been available in Kuujjuaq since 2009 and now serve the seven Ungava communities. These services have also experienced rapid success (**Chart 3**).

Chart 3: Number of live births by type of birthing professional (2002-2012)

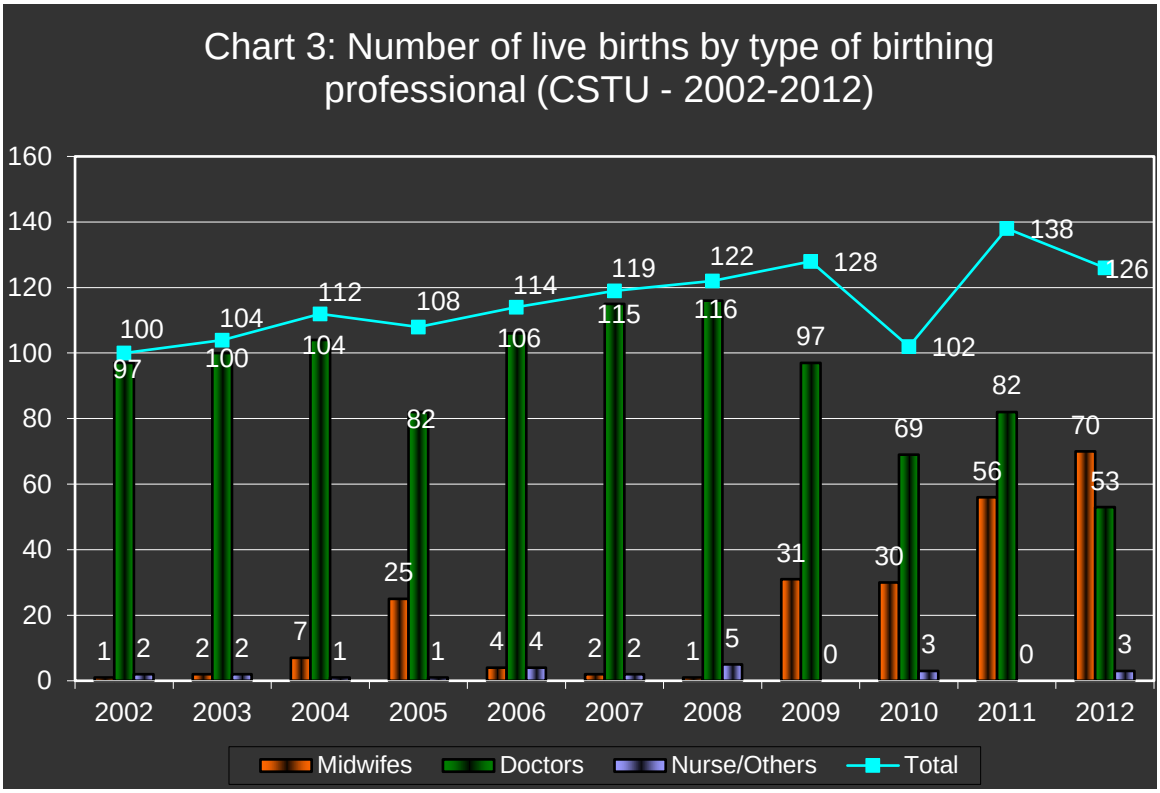
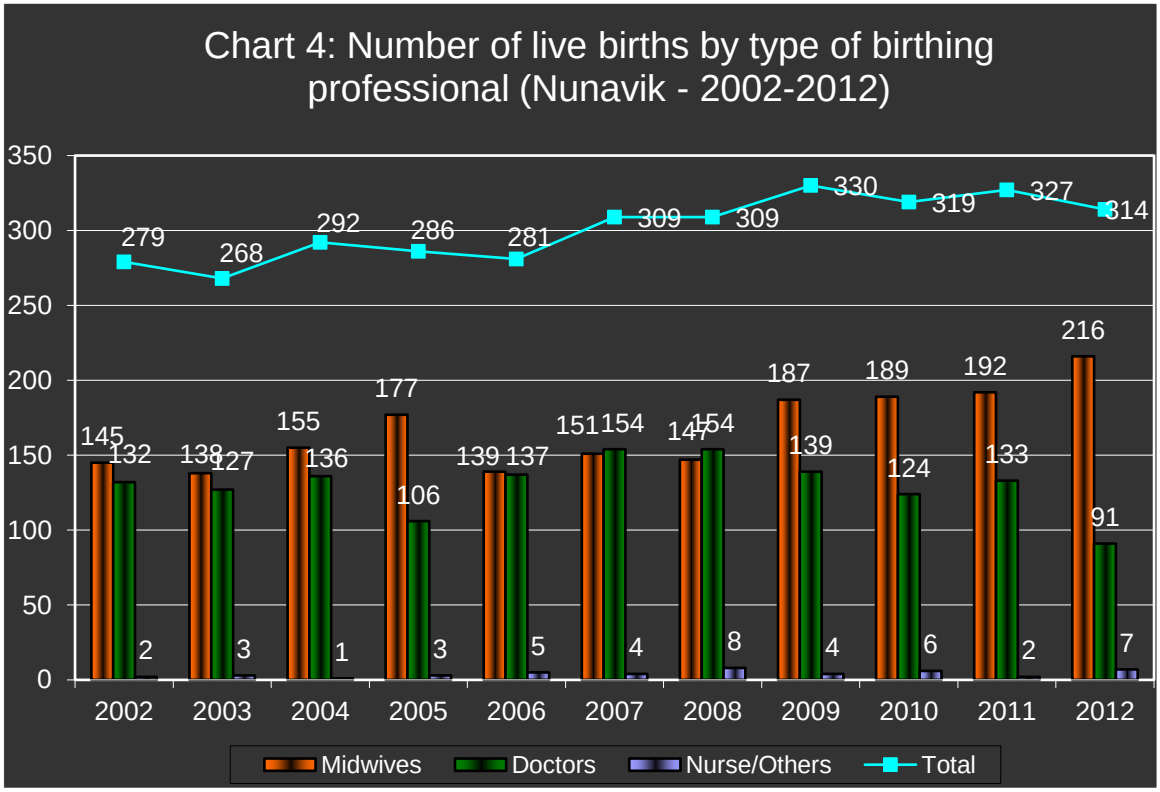


Chart 3 shows the strong growth in deliveries assisted by midwives on the Ungava coast. This increase is correlated to a reduction in trips south by 54 percent since 2008, consistent with the cultural and identity objectives of these services, as well as a decrease in the interventions/client ratio and transportation costs. In this case as well, services were developed in keeping with the proximity service delivery practices stipulated by the MSSS.

Although there are reasons to fear rapid saturation of the service available in Kuujjuaq, it should be acknowledged that development of regional midwifery services in Nunavik since 2000 has been a huge success. Thanks to the introduction of midwifery services in Kuujjuaq, more than 68 percent of births in Nunavik were assisted by midwives in 2012 (**Chart 4**).

Chart 4: Number of live births by type of birthing professional (Nunavik - 2002-2012)



1.3 SERVICES FOR A YOUNG AND RAPIDLY GROWING POPULATION

Nunavik has a young population, with 58.4 percent under age 25. Women have their first baby at a younger age than in Quebec as a whole, and have more children (**Table 1**).

Demographic indicators	Nunavik	All of Quebec
Proportion of the population under 25,2011	58.4%	28%
Fertility rate, 2007-2011	3.29	1.72
Average age of mothers, 2007-2011	24.7	29.4
Proportion of families with three or more children at home, 2006	43%	15%

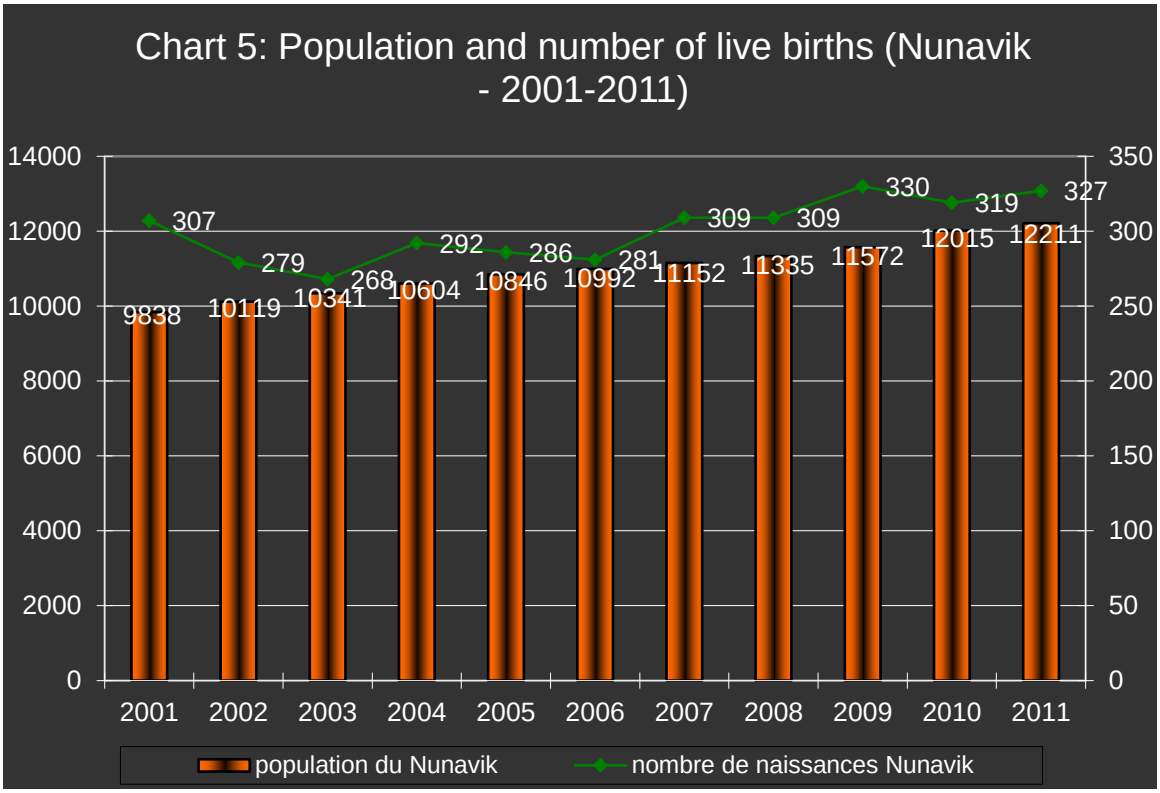
Table 1:[2] A few demographic indicators for Nunavimmiut

The population of Nunavik experienced spectacular growth in the second half of the 20th century: in 50 years, the total population more than quadrupled. The highest fertility rate was posted in 1961, with 8.1 children per woman, but this rate has since declined (Choinière and Robitaille 1988: 431). The fertility rate was 4.3 children per woman in 1981, compared with 1.6 for all of Quebec) (*Ibid*, 431). The rate today is much higher than that for all of Quebec (1.7), at 3.3 children per woman from 2007 to 2011.

This rapid population growth must be factored into planning for future midwifery services. From 2001 to 2011, the population rose by 19 percent and the number of births by 6 percent (**Chart 5**).

[2] References cited in this table are: Institut de la statistique du Québec (2011); Census data (2006), Canadian Community Health Survey (2009-2010); MSSS birth registry.

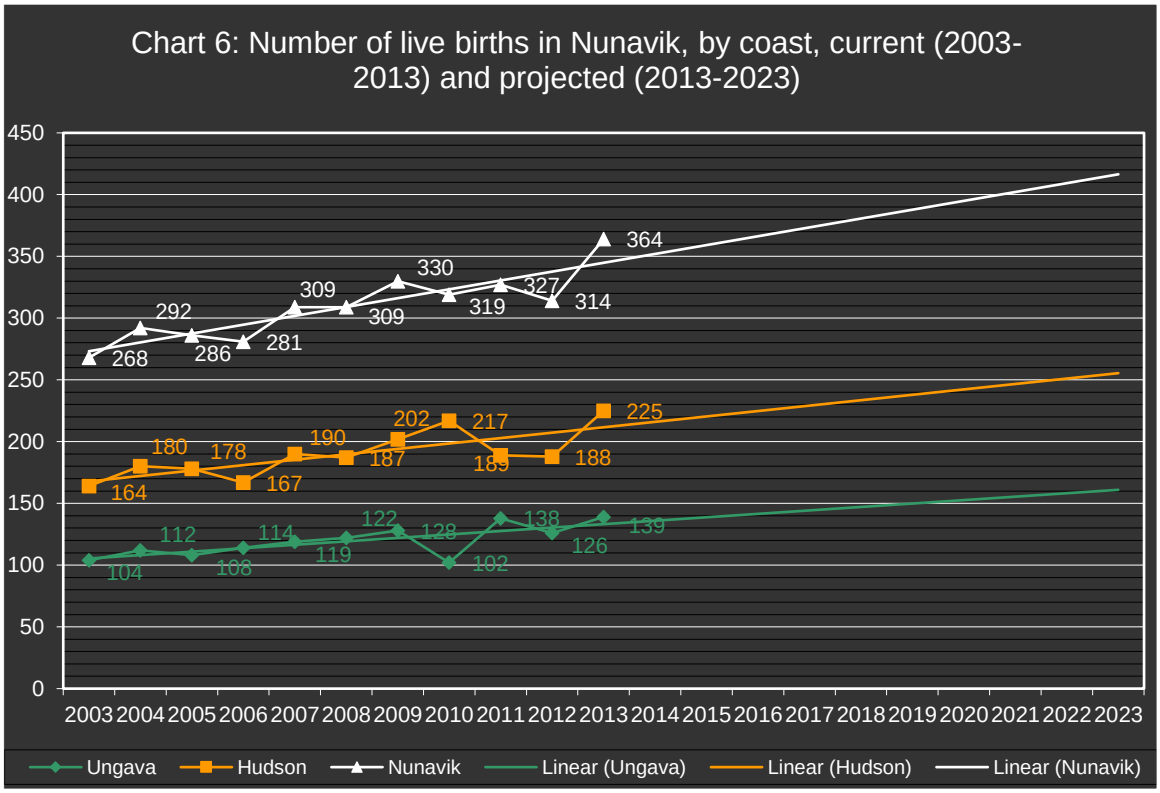
Chart 5: Population and number of live births (Nunavik – 2001-2011)



This rapid population increase is expected to continue over the coming decade. The ISQ is forecasting a total population of 14,344 by 2012 and 17,062 by 2031, a final increase of 39.7 percent. Given the other indicators (**Table 1**), a significant rise in the number of births can be expected over the next 20 years.

If we assume a linear rise in the number of births in Nunavik from 2013 to 2023 (**Chart 6**), the annual number of births could therefore be expected to reach 420 (approximately 260 in Hudson Bay and 160 in Ungava).

Chart 6: Number of live births in Nunavik, by coast, current (2003-2013) and projected (2013-2023)



If the cultural, clinical and economic benefits of the current midwifery services are to be preserved, the regional network of these services must be consolidated. This system should be based on the introduction of birth homes[3] capable of accommodating the projected increase in births over the next eight years.

[3] The term "birth home" was chosen by the midwives of Nunavik to describe the birthing centres of the region. The Inuktitut word for a birth home will be *nutarartaavik* for the IHC and *irnisursivik* for the UTHC.

1.4 GUIDELINES AND OBJECTIVES FOR MIDWIFERY SERVICES AND BIRTH HOMES IN NUNAVIK

The consolidation of midwifery services available throughout the region involves a new step: the introduction of birth homes. The birth home model can deliver service tailored to meet the growing needs of residents in facilities specifically designed for this service, and will make the service more sustainable over the long term through the training of Inuit midwives.

Although developed in urban centres, the birth home model is particularly well suited for isolated communities because it provides a human-scale facility anchored in the community that can meet the clinical as well as the cultural and identity needs of Nunavik residents (Couchie & Sanderson 2007). Birth homes should be considered the core of the future regional network of midwifery services, delivering culturally adapted services and helping to secure Inuit practices and values.

Establishment of a system of birth homes in Nunavik in particular will strengthen the dynamics observed between 2002 and 2012, when the proportion of births assisted by midwives rose significantly. All these births took place within Nunavik and avoided costly travel to Montreal. In this way, birth homes will help lower costs for the healthcare system while providing clinically safe and culturally secure quality service.

The establishment of birth homes will also provide an opportunity to link current midwifery activities to IPECS services now being developed in the region. This closer link will bolster the effectiveness of each of these services and contribute to deeper community and cultural anchoring of these programs to maximize the health and wellness potential for families. A birth home can become the core of a perinatal centre associated with the IPECS program.

Specifically, the establishment of birth homes meets the following objectives:

1. Improve the health of young Nunavimmiut while respecting Inuit values and practices.
2. Deliver community services through local service points and deploy midwifery services more effectively throughout the region.
3. Ensure continuity of care such as safety for mothers and infants by making birth homes the core of local and regional cooperation between professions.
4. Improve access to community and family services for Nunavimmiut through the expertise of midwives (reinforcement of attachment, prevention of STIs, FASD and shaken baby syndrome, prenatal classes, baby showers, counselling, etc.).
5. Improve access to perinatal services for Nunavimmiut in cooperation with the community organizations involved in this field.

6. Accelerate development of the midwifery profession in Nunavik by improving access to training for Inuit midwives.
7. Provide Nunavimmiut in each community with Inuit midwifery services, including prenatal and postnatal monitoring, as well as follow-up care and birthing in some communities.

2. CURRENT MIDWIFERY SERVICES (2014)

2.1 CURRENT MIDWIFERY SERVICES PROVIDED BY THE UTHC

2.1.1 CURRENT SITUATION

Introduction of UTHC midwifery services began in 2008 and operations started in 2009. Since 2012, midwives have been providing complete follow-up for women living in Kuujjuaq. Development of these services now extends to clients on the Ungava coast.

2.1.2 CLIENT-BASE DESCRIPTION

UTHC midwives are the front line for all pregnant women in the village of Kuujjuaq. Women in Kangiqsualujjuaq, Tasiujaq, Aupaluk, Kangirsuk, Quaqtaq and Kangiqsujuaq travel to Kuujjuaq in the 37th week of pregnancy to give birth there, and remain until discharged from midwifery services, when they return to their village.

2.1.3 SERVICE DESCRIPTION

Current midwifery services activities	**UTHC**	**IHC**		
	Kuujjuaq	**Puvirnituq**	**Inukjuak**	**Salluit**
Pregnancy monitoring				
Prenatal and postnatal consultation until six weeks post-partum	x	x	x	x
Referrals and on-site consultation with perinatal professionals (nutritionist, physiotherapist, social worker, psychologist, nurse)	x	x	x	x
Integrated perinatal and early childhood services (IPECS)	x		x	
Arctic Char Program		x	x	x
Perinatal coupons (EMO equivalent)	x			

Current midwifery services activities	UTHC	IHC		
	Kuujjuaq	Puvirnituq	Inukjuak	Salluit
Delivery				
In hospital	x	x		
At CLSC			x	x
At home	x	x	x	x
Post-partum				
Follow-up of mother and infant until six weeks, by midwife	x	x	x	x
Home care (including three visits during the first week)	x		x	x
Breastfeeding support	x	x	x	x
Reproductive health				
Contraception		x	x	x
PAP tests and BBVSTI		x	x	x
Medical team and nursing support				
Participation in medevacs from villages	x	x	x	x
Participation in schedevacs to Montreal by regular flight	x	x	x	x
Participation in transfers by Challenger	x	x		
Visit to communities without a midwife		x	x	x

Current midwifery services activities	UTHC	IHC		
	Kuujjuaq	**Puvirnituq**	**Inukjuak**	**Salluit**
Obstetric referral and support for physicians and nurses working at UTHC	x	x	x	x
Concerted action and knowledge transfer				
Weekly interdisciplinary team meeting (perinatal committee)	x	x	x	x
Weekly team meeting	x	x	x	x
Participation in IPECS and FASD program	x	x	x	x
On-site training of Inuit midwives	x	x	x	x
Participation in community activities (women's shelter, community kitchen, etc.)	x	x	x	x
Participation in various activities				
National Aboriginal Council of Midwives (NACM)	x	x	x	x
Canadian Association of Midwives (CAM)	x	x	x	x
Nunavik Midwifery Working Group (NMWG)	x	x	x	x
Ordre des sages-femmes du Québec (OSFQ)	x	x	x	x
Council of physicians, dentists, pharmacists and midwives	x	x	x	x
CSN		x	x	x
Regroupement Les Sages-femmes du Québec (RSFQ)	x			

Table 2: Current midwifery service activities (UTHC)

2.1.4 HUMAN RESOURCES

	Job title/No. (FTE)			
Facility	Head midwife	Midwife	Student midwife	Training and village midwife
UTHC	1	3	1	0

Table 3: Kuujjuaq midwifery services human resources (UTHC)

2.1.5 FINANCIAL RESOURCES

Expenditure items	**2014-2015**
Salaries (including benefits and costs)	$664,435.21
Supplies and other costs	$65,148.12
Total	**$729,583.33**

Table 4: Current midwifery services activities (UTHC)

2.1.6 MATERIAL RESOURCES

Consulting service – CLSC portion	
Spaces	Material resources / Comments
Consulting room (2)	• 1 single bed • 1 desk • 3 chairs

Perinatal – Hospital portion	
Spaces	Description / Comments
Delivery room	• 1 obstetrics-emergency room • 1 mechanical bed • 1 Giraffe bed for neonatal resuscitation
Administrative office	• Office with workstations (administrative)

Table 5: Midwifery services material resources (UTHC)

2.1.7 BUILDING RESOURCES

The UTHC midwifery services are divided into two spaces, with consulting facilities in an accessible building some 15 metres away from the space used for deliveries. The space is divided as follows.

Use	Space (m^2)
Consultation side (former transit)	
Consultation room x 2	**20**
Delivery side (hospital service)	
Administrative office (including restroom)	**19**
Delivery room (for obstetric emergencies)	**19**
Total space	**58**

Table 6: Midwifery services building resources (UTHC)

Current services suffer from a lack of space that makes it impossible to expand the midwife team beyond its current size and have more women give birth in Kuujjuaq instead of Montreal. This space constraint also limits the number of Inuit students who can be trained, which places the service at risk over the long term.

In addition, the facilities used at the UTHC are not adapted to midwifery services as other birth homes in the rest of the province are.

Finally, beyond the practical problems linked to lack of space, it must be noted that the delivery room is located in the midst of the hospital services, creating a particularly high risk of nosocomial infections.

2.2. CURRENT MIDWIFERY SERVICES PROVIDED BY THE IHC

2.2.1 CURRENT SITUATION

The IHC's midwifery services were introduced in Puvirnituq in 1986 at the request of women in the seven Hudson Bay communities. Two other units were opened, first in Inukjuak in 1998 and then in Salluit in 2004. There has been no new development in the past 10 years.

2.2.2 CLIENT-BASE DESCRIPTION

IHC midwives are the front line for all pregnant women in the villages of Inukjuak, Puvirnituq and Salluit. The women of Kuujjuarapik, Umiujaq, Akulivik and Ivujivik travel to one of these three maternity centres in the 37th week of pregnancy to give birth and remain until their return to their village. Most go to Puvirnituq where temporary (transit) accommodation is available, unlike Inukjuak and Salluit, where they are housed in a boarding home.

2.2.3 SERVICE DESCRIPTION

Current midwifery services activities	**UTHC**	**IHC**		
	Kuujjuaq	**Puvirnituq**	**Inukjuak**	**Salluit**
Pregnancy monitoring				
Prenatal and postnatal consultation up to six weeks post-partum	x	x	x	x
Referrals and on-site consultation with perinatal professionals (nutritionist, physiotherapist, social worker, psychologist, nurse)	x	x	x	x
Integrated perinatal and early childhood services (IPECS)	x		x	
Arctic Char Program		x	x	x
Perinatal coupons (EMO equivalent)	x	x	x	x

Current midwifery services activities	UTHC	IHC		
	Kuujjuaq	Puvirnituq	Inukjuak	Salluit
Delivery				
In hospital	x	x		
At the CLSC			x	x
At home	x	x	x	x
Post-partum				
Follow-up of mother and infant for up to six weeks, by the midwife	x	x	x	x
Home care (including three visits in the first week)	x		x	x
Breastfeeding support	x	x	x	x
Reproductive health				
Contraception		x	x	x
PAP tests and BBVSTI		x	x	x
Medical team and nursing support				
Participation in medevacs from villages	x	x	x	x
Participation in schedevacs to Montreal by regular flight	x	x	x	x
Participation in transfers by Challenger	x	x		
Visit to communities without a midwife		x	x	x

Current midwifery services activities	**UTHC**	**IHC**		
	Kuujjuaq	**Puvirnituq**	**Inukjuak**	**Salluit**
Obstetric referral and support for physicians and nurses working at the IHC	x	x	x	x
Concerted action and knowledge transfer				
Weekly interdisciplinary team meeting (perinatal committee)	x	x	x	x
Weekly team meeting	x	x	x	x
Participation in IPECS and FASD program	x	x	x	x
On-site training for Inuit midwives	x	x	x	x
Participation in community activities (women's shelter, community kitchen, Family House, etc.)	x	x	x	x
Participation in various activities				
National Aboriginal Council of Midwives (NACM)	x	x	x	x
Canadian Association of Midwives (CAM)	x	x	x	x
Nunavik Midwifery Working Group (NMWG)	x	x	x	x
Ordre des sages-femmes du Québec (OSFQ)	x	x	x	x
Council of physicians, dentists, pharmacists and midwives	x	x	x	x
CSN		x	x	x
Regroupement Les Sages-femmes du Québec (RSFQ)	x			

Table 7: Current midwifery services activities (IHC)

2.2.4 HUMAN RESOURCES

		Job title and No. (FTE)			
Establishment	**Location**	**Midwife (including team leader)**	**Student midwife**	**Head Midwife**	**Midwife in charge of training for three villages**
IHC	Puvirnituq	4.5	2	1	0
	Inukjuak	3	2	1	1
	Salluit	2	2	0	0

Table 8: Midwifery services human resources (IHC)

2.2.5 FINANCIAL RESOURCES

Expenditure item	**2014-2015**		
	Puvirnituq	Inukjuak	Salluit
Salaries (including benefits and costs)	$1,100,833.61	$580,094.91	$597,431.01
Supplies and other costs	$123,237.00	$60,664.00	$46,065.00
Total	**$1,224,070.61**	**$640,758.91**	**$643,496.01**

Table 9: Midwifery services financial resources (IHC)

2.2.6 MATERIAL RESOURCES

Resource	Puvirnituq	Inukjuak	Salluit
Desk/table	5	2	1
File cabinet	2	2	2
Chair	10	4	3
Computer	3	3	3
Love seat/sofa	1	1	0
Telephone (including birthing rooms)	7	3	3
Photocopier/fax	1	1	0
Delivery bed	1	0	1
Twin bed	0	1	0
Double bed	3	2	1
Pharmacy cabinet	1	1	1
Neonatal resuscitation table	1	2	1
Vital signs monitor	1	0	0

Centrifuge	1	0	0
Autoclave	1	0	0
Refrigerator	1	1	0
Freezer	1	1	0
Vehicle	1	1	1

Table 10: Midwifery services material resources (IHC)

2.2.7 BUILDING RESOURCES

2.2.7.1 PUVIRNITUQ

Use	Space (m^2)
At Puvirnituq IHC	
Administrative office	19.13
Kitchen space	4.03
Office space	9.39
Delivery room	19.17
Birthing room with restroom (3 with 2 restrooms)	50.9
Storage	9.42
Hallway/waiting room	55
Total space	**167.04**

Table 11: Puvirnituq building resources (IHC)

2.2.7.2 INUKJUAK

Use	Space (m^2)
At Inukjuak CLSC	
Administrative office	15.95
Birthing room x 2	21.57
Restroom in one birthing room	2.5
Consultation room	14.44
Space total	**54.46**

Table 12: Inukjuak building resources (IHC)

2.2.7.3 SALLUIT

Use	Space (m^2)
At Salluit CLSC	
Administrative office	6.57
Birthing room with restroom	17.14
Common room (desk and consulting bed)	15.6
Space total	**39.31**

Table 13: Salluit building resources (IHC)

3. DEVELOPMENT OF BIRTH HOMES IN NUNAVIK (2015-2023)

The regional network of birth homes should first be based on the communities that already offer midwifery services, Kuujjuaq in Ungava, and Puvirnituq, Inukjuak and Salluit in Hudson Bay. Rapid population growth in Nunavik also requires the consideration of future development and the establishment of midwifery services in communities where these are not yet present.

A birth home is a welcoming space, a living environment for pregnant women and their families. It is a house in the heart of the community, a physical place distinct from their own home and the hospital, yet part of the public healthcare system. This facility is provided to accommodate a reasonable number of births each year, to maintain its intimate, family and human atmosphere. A birth home can be considered a "maxi-house" rather than a "mini-hospital."

In all cases, a birth home remains a place where only midwives practice and in which all services and care provided must respect the midwives' field of practice. The organization of midwives' services is centered on a birth home as the hub of their practice. Development of services is based on the reality and needs of the community.

A birth home meets the needs of the community in which it is located and develops a social and citizen's vision of birth. This implies a partnership with families and citizens at every stage in the life of a birth home. This model is especially well suited to safeguarding Inuit practices and values.

An interdisciplinary approach and interprofessional collaboration are also promoted to meet client needs more effectively through continuity of care during the prenatal and postnatal periods as well as during the crucial early childhood stage.

A birth home delivers primary care. The midwives who work there provide women and their families with comprehensive follow-up covering pregnancy, delivery and postnatal care for mother and child, up to six weeks for women in the community. Eligible women from villages covered by a birth home are transferred to the house in the 37th week of pregnancy and receive follow-up until they return to their village on the second or third day post-partum.

Beyond the services provided in a birth home, at home or in hospital or a CLSC, more effective integration of the future network of midwifery services centered on birth homes is important.

Some existing services, especially in Salluit, could expand to become birth homes serving Hudson Bay and Ungava communities, such as Kangiqsujuaq or Quaqtaq.

This type of organization would involve agreements between the various health centres and the potential introduction of temporary (transit) accommodation services but would promote better use of existing resources.

3.1 DEVELOPMENT OF UTHC BIRTH HOMES

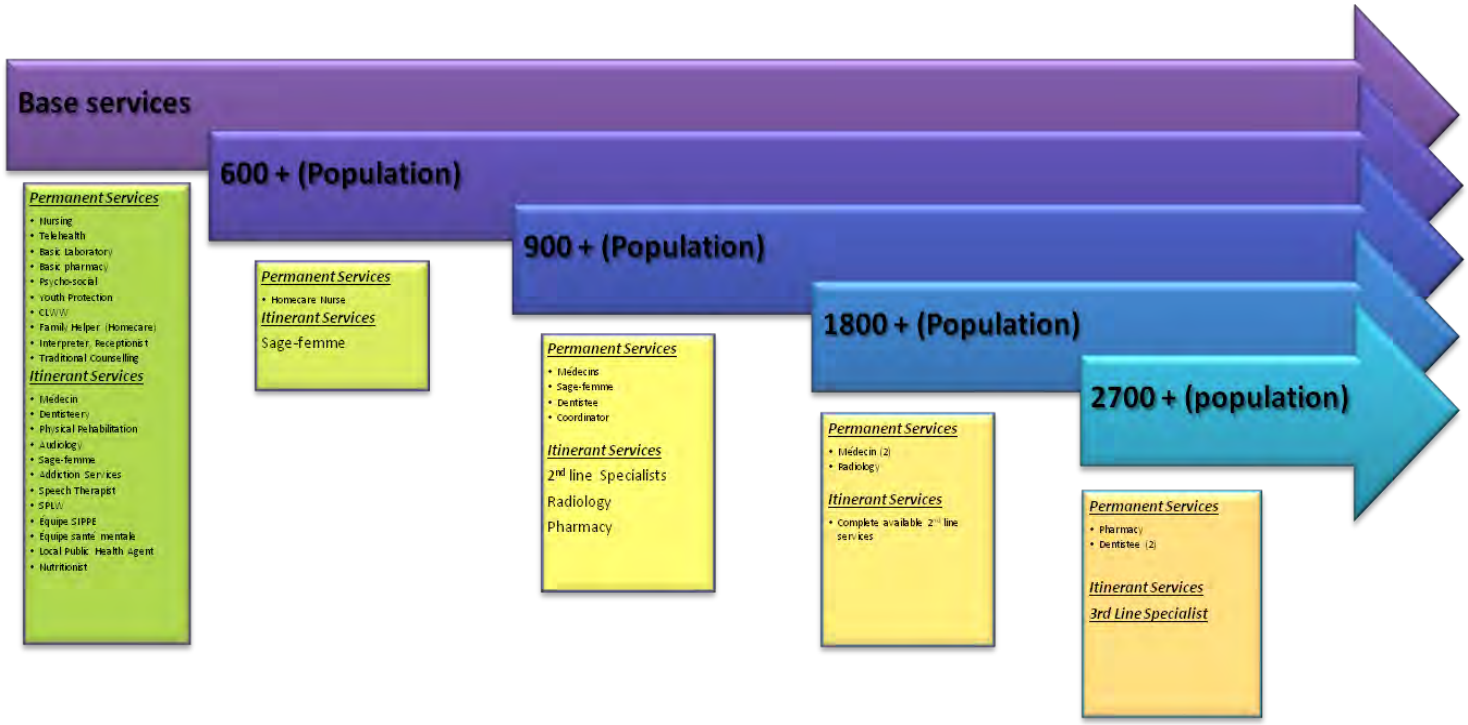
3.1.1 CLIENT-BASE DESCRIPTION

By 2023, Ungava is expected to reach a maximum of 160 births a year, an increase of almost 54 percent over 2003 (**Chart 6**). This forecast first requires stabilization and expansion of the existing midwifery services in Kuujjuaq, which serves the seven communities in Ungava Bay. Training of Inuit midwives, which began in 2013, must also be consolidated as it is currently limited by lack of space. This goal requires establishment of a birth home in Kuujjuaq.

A second birth home should be planned for the community of Kangiqsualujjuaq, where the population will soon exceed 900. The threshold of 900 residents has been selected for the introduction of midwifery services (**Chart 7**). This second birth home will complete the midwifery services network in Ungava and help meet the growing needs of the public between 2023 and 2033.

To provide sufficient, appropriate service in response to the anticipated population growth and rise in the number of deliveries assisted by midwives, the Kuujjuaq birth home should have an expanded team compared with current services as well as a building specifically dedicated to its mission, capable of accommodating a perinatal centre in cooperation with IPECS services.

Chart 7: Distribution of regional services by population, CLSC service point, Nunavik 2014]



3.1.2 SERVICE DESCRIPTION

3.1.2.1 SERVICE AND ACTIVITY PROGRAMMING IN BIRTH HOMES

Planned birth home activities	UTHC	IHC		
	Kuujjuaq	Puvirnituq	Inukjuak	Salluit
Pregnancy monitoring				
Primary care prenatal consultation for all pregnant women from the community of residence	x	x	x	x
Coach women from other villages served by the birth home starting in the 37th week of pregnancy, until they return to their village.	x	x	x	x
Referrals and on-site consultation with perinatal professionals (nutritionist, physiotherapist, social worker, psychologist, nurse)	x	x	x	x
Referrals and consultations at specialized centres (ultrasound, amniocentesis, placental abruption, etc.)	x	x	x	x
Integrated perinatal and early childhood services (IPECS)	x	x	x	x
Prenatal group meetings to prepare for natural delivery and breastfeeding	x	x	x	x
Prenatal coupon (EMO equivalent)	x			
Delivery				
In hospital	x	x		

Planned birth home activities	UTHC	IHC		
	Kuujjuaq	Puvirnituq	Inukjuak	Salluit
At CLSC				
Birth home	x	x	x	x
At home	x	x	x	x
Post-partum				
Follow-up of mother and infant by midwife, up to six weeks	x	x	x	x
Home care (including three visits in the first week)	x	x	x	x
Follow-up for women from villages served by the birth home until they return to their community	x	x	x	x
Breastfeeding support drop-in centre	x	x	x	x
Reproductive health				
Contraception		x	x	x
PAP tests and BBVSTI		x	x	x
Medical team and nursing support				
Participation in medevacs from villages	x	x	x	x
Participation in schedevacs to Montreal by regular flight	x	x	x	x
Participation in transfers by Challenger	x	x	x	x
Obstetric referral and support for physicians and nurses working in HCs	x	x	x	x

Planned birth home activities	UTHC	IHC		
	Kuujjuaq	Puvirnituq	Inukjuak	Salluit
Concerted action and knowledge transfer				
Weekly interdisciplinary team meeting (perinatal committee)	x	x	x	x
Weekly team meeting	x	x	x	x
Participation in the IPECS and FASD program	x	x	x	x
Visits to villages	x	x	x	x
Training for Inuit midwives				
On-site training of Inuit midwives	x	x	x	x
Nunavik Midwife Education College			x	
Participation in various activities				
National Aboriginal Council of Midwives (NACM)	x	x	x	x
Canadian Association of Midwives (CAM)	x	x	x	x
Nunavik Midwifery Working Group (NMWG)	x	x	x	x
Ordre des sages-femmes du Québec (OSFQ)	x	x	x	x
Council of physicians, dentists, pharmacists and midwives	x	x	x	x
CSN		x	x	x
Regroupement Les Sages-femmes du Québec (RSFQ)	x			

Planned birth home activities	UTHC	IHC		
	Kuujjuaq	Puvirnituq	Inukjuak	Salluit
Community activities				
Execution of the "Baby Book" project	x	x	x	x
Prenatal meetings	x	x	x	x
Sewing, crochet and other gatherings	x	x	x	x
Breastfeeding workshops	x	x	x	x
Parenting skill transfer workshops	x	x	x	x
Plaster tummy casting	x	x	x	
Community kitchen	x	x	x	x
Baby shower	x	x	x	x

Table 14: Planned birth home activities

3.1.2.2 HOME SERVICES PROGRAMMING

Midwives in a birth home can also attend deliveries at home, following the regulations in force. The midwife travels to the home of a person living in the same community where the birth home is located.

3.1.2.3 HOSPITAL SERVICES PROGRAMMING

Midwives can also assist with deliveries at the health centre, depending on the pregnant woman's needs. These deliveries remain the midwife's responsibility, based on the regulations in force. In certain emergency situations and/or cases requiring transfer of care, delivery must take place in hospital and the midwife assists the medical team and nurses as required.

3.1.2.4 CLSC SERVICES PROGRAMMING

Midwives in birth homes also provide support in villages:

- Support for nurses in villages
- Regular visits to each village for consultations, support and teaching. These visits must be made regularly, two to four times a year, in villages without a midwife.
- Medevacs

3.1.3 HUMAN RESOURCES

	Midwife team (FTE)			**Support team (FTE)**		
Community	Head, midwifery services	Midwives	Student midwives	Birthing assistant on call	Administrative officer	Janitor
Kuujjuaq	**1**	**5**	**2**	**3**	**1**	**1**

Table 15: Human resources required for Kuujjuaq birth home

3.1.3.1 MIDWIFE TEAM

The midwife team for the Kuujjuaq birth home should consist of the following:

- One head of midwifery services (HMS)
- Five FTE midwives
- Two student midwives (2 FTEs)

3.1.3.2 SUPPORT TEAM

In addition to the midwives and the head of midwifery services, the team should include the following.

- Birthing assistants on call (3 FTEs)
- Administrative officer (1 FTE)

- Janitor (1 FTE)

3.1.3.2.1 BIRTHING ASSISTANTS

The birthing assistants report to the head, midwifery services. They are on duty and on call on a schedule that ensures birthing assistance 24 hours a day, seven days a week.

- They work with clients.
- Their duties are related to organization of services and activities at the birth home.
- They provide laundry services.

3.1.3.2.2 ADMINISTRATIVE OFFICER

The administrative officer reports to the head, midwifery services and performs the following duties:

- Draft and produce documents for the birth home and clients.
- Contact clients to inform them of appointments.
- Liaise with various administrative services at UTHC.
- Oversee the harvesting of electronic data (SIC+ statistics).
- Oversee the opening and closing of files.

3.1.3.2.3 JANITOR

- The janitor reports to the head, midwifery services and performs the following duty: Perform daily maintenance of the facilities.

3.1.4 FINANCIAL RESOURCES

Financial Resources (Projection)	2023
Total	**$1,241 231.51**

Table 16: Financial resources required for the Kuujjuaq birth home

3.1.5 MATERIAL RESOURCES

Consultations		
#	Needs	Descriptions / Comments
1	Entrance	• Place for coats • Place for boots
2	Waiting room/family corner	• Chairs and tables • Television • Children's play corner • Library and documentation corner
3	Reception	• Reception workstation (computer, telephone) • Administrative officer's desk • Storage for documentation/stationery
4	Archives	• Nearby room for access to active files on pregnant women • Desk
5	Consultation room	• 2 rooms with necessary medical equipment (twin bed, scale, etc.) • 1 consultation room that can be used for a delivery if the birthing room is unavailable • Adequate storage space
6	Gynecological examination room	• Examination table • All materials for collecting blood or other specimens • Repair of perineum tears
7	Office	• Student midwives/documentation
8	Multipurpose room	• Classroom • Meeting room • Community room
9	Offices	• 1 office for the head, midwifery services • 1 office for the instructor and village midwives
10	Restroom	• 1 client restroom • 1 midwives restroom

Delivery		
#	Needs	Descriptions / comments
11	Birthing room	• 3 birthing rooms with queen-size bed, bathtub, toilet, wash basin, closet, nightstands • Promote the calm atmosphere needed for labour, delivery, bonding and breastfeeding
12	Working office	• Desk with one workstation (computer) and telephone
13	Soiled utility room	• Cleaning of soiled materials prior to sterilization at UTHC • The soiled utility room includes storage space with a wash tub and storage space for materials awaiting transfer to the UTHC sterilization unit • Soiled linen and clothing receptacle • Location for janitorial materials
14	Clean utility room	• Storage for sterile materials received from UTHC • Heated cabinet for infant clothing and blankets
15	Laundry room	• 1 washing machine • 1 dryer • Storage space for sheets, blankets, towels
16	Storage room	• Materials (IV, syringes, etc.) • Space for resuscitation cart • Space for cardiotocogram • Refrigerator • Drugs and space for antibiotics preparation
17	Kitchen	• Midwives and family kitchen (stove, refrigerator, etc.) • Tables • Chairs • Easy chair
18	Lounge	• Sofa for relaxing and resting • Table and chairs • Clothes closets
19	Bathroom	• Exclusively for midwives, with shower, toilet and wash basin

Table 17: Material resources required for the Kuujjuaq birth home

3.1.6 BUILDING RESOURCES

Space must be provided for consultation offices, professional meetings, collection of blood and gynecological specimens, and group gatherings. Spaces for birthing must be in a quiet area to provide privacy for women in labour.

Use	Space (m^2)
Consultation side	
Administrative officer and receptionist	15
Space for visitors' boots and coats	5
Consultation rooms (3)	45
Gynecological examination and blood collection room	10
Office of head, midwifery services	15
Office for instructor/village midwife	15
Children's and family playroom (waiting room)	20
Multipurpose/documentation office	15
Archives/Clinical administration	15
Classroom/meeting room /community room	25
Restrooms (2)	20
Deliveries side	
Birthing rooms (3)	75
Midwives' office (telephone, computer, etc.)	15
Midwives' lounge	10
Soiled utilities/laundry room	10
Clean utilities room	15
Storage room for materials, drugs, refrigerator, neonatal resuscitation cart	25
Lounge/kitchen for staff and families	15
Midwives' bathroom	10
Total area	**375**
To this area must be added 25 percent for inherent contingency factors (hallways, stairs, etc.)	**93.75**
Total space required	**468.75**

Table 18: Building resources required for Kuujjuaq birth home

Other criteria should be considered for locating the birth home.

- Direct access from outdoors
- Accessible, covered passage to hospital (Kuujjuaq)/CLSC (Kangiqsualujjuaq) for rapid transfer and accessibility in emergency cases
- Parking space
- Facilities designed for birthing
- Budget efficiency

3.2 IHC BIRTH HOMES: INUKJUAK, PUVIRNITUQ, SALLUIT

3.2.1 CLIENT-BASE DESCRIPTION

By 2023, the Hudson Bay communities are expected to have about 260 births a year, an increase of almost 58 percent over 2003 (**Chart 6**). This forecast first requires stabilization and expansion of existing midwifery services in Puvirnituq, Inukjuak and Salluit, which serve the seven Hudson Bay communities. It is also important to consolidate training of Inuit midwives, making Inukjuak a regional training centre. Consistent with the MSSS 2008-2018 perinatal policy, this objective is addressed by establishing birth homes, first in Inukjuak and Salluit, and then in Puvirnituq.

A fourth birth home might be planned for the community of Kuujjuarapik, where the population should exceed 900 over the next 10 years. This threshold of 900 residents was selected for introducing midwifery services (**Chart 7**). This fourth birth home will complete the midwifery services network in Hudson Bay to meet the growing needs of residents between 2023 and 2033.

To provide sufficient, appropriate service commensurate with the anticipated population growth and the increased number of deliveries assisted by midwives, these birth homes should have expanded teams compared with current services as well as a building specifically dedicated to their mission. As the population grows, the midwifery services' objective is still to focus on each woman, to make time to offer counselling, and to broaden the scope of midwifery practice in Nunavik.

3.2.2 SERVICE DESCRIPTION

3.2.2.1 BIRTH HOME SERVICES AND ACTIVITY PROGRAMMING

Planned birth home activities	UTHC	IHC		
	Kuujjuaq	Puvirnituq	Inukjuak	Salluit
Pregnancy follow-up				
Primary care prenatal consultation for all pregnant women from the community of residence	x	x	x	x
Coach women from other villages served by the birth home starting in the 37th week of pregnancy, until they return to their village.	x	x	x	x
Referrals and on-site consultation with perinatal professionals (nutritionist, physiotherapist, social worker, psychologist, nurse)	x	x	x	x
Referrals and consultations in specialized centres (ultrasound, amniocentesis, HRP, etc.)	x	x	x	x
Integrated perinatal and early childhood services (IPECS)	x	x	x	x
Prenatal group meetings to prepare for natural birthing and breastfeeding	x	x	x	x
In hospital	x	x		
At CLSC				
Birth home	x		x	x

At home	x	x	x	x
Post-partum				
Follow-up of mother and infant by midwife, up to six weeks	x	x	x	x
Home care (including three visits during the first week)	x	x	x	x
Follow-up for women from villages served by the birth home until they return to their community	x	x	x	x
Breastfeeding support drop-in centre	x	x	x	x
Reproductive health				
Contraception		x	x	x
PAP tests and BBVSTI		x	x	x
Medical team and nursing support				
Participation in medevacs from villages	x	x	x	x
Participation in schedevacs to Montreal by regular flight	x	x	x	x
Participation in transfers by Challenger	x	x	x	x
Obstetric referrals and support for physicians and nurses working in HCs	x	x	x	x
Concerted action and knowledge transfer				
Weekly interdisciplinary team meeting (perinatal committee)	x	x	x	x
Weekly team meeting	x	x	x	x
Participation in IPECS and FASD program	x	x	x	x

Visits to villages	x	x	x	x
Midwife Education Program				
On-site training for Inuit midwives	x	x	x	x
Nunavik Midwife Education College			x	
Participation in various activities				
National Aboriginal Council of Midwives (NACM)	x	x	x	x
Canadian Association of Midwives (CAM)	x	x	x	x
Nunavik Midwifery Working Group (NMWG)	x	x	x	x
Ordre des sages-femmes du Québec (OSFQ)	x	x	x	x
Council of physicians, dentists, pharmacists and midwives	x	x	x	x
CSN		x	x	x
Regroupement les Sages-femmes du Québec (RSFQ)	x			
Community activities				
Execution of the "Baby Book" project	x	x	x	x
Prenatal meetings	x	x	x	x
Sewing, crochet and other sessions	x	x	x	x
Breastfeeding workshops	x	x	x	x
Parental skills transfer workshops	x	x	x	x

Plaster tummy casting	x	x	x	x
Community kitchen	x	x	x	x
Baby Shower	x	x	x	x

Table 19: Type of services required for IHC birth homes

3.2.2.2 HOME SERVICES PROGRAMMING

Midwives in a birth home can also attend deliveries at home, following the regulations in force. The midwife travels to the home of a person living in the same community where the birth home is located.

3.2.2.3 HOSPITAL SERVICES PROGRAMMING

Midwives can also assist with deliveries at the health centre, depending on the pregnant woman's needs and risk factors. These deliveries remain the midwife's responsibility, based on the regulations in force. In certain emergency situations and/or cases requiring transfer of care, delivery must take place in hospital and the midwife assists the medical team and nurses as required.

3.2.2.4 CLSC SERVICES PROGRAMMING

Midwives in birth homes also provide support to villages, such as:

- Providing services in proximity to the CLSCs in Inukjuak and Salluit so that care is delivered in cooperation with the CLSC team.
- Referrals to specialized services delivered in CLSCs.
- Support for nurses in villages.
- Regular visits to each village without a resident midwife, for consultations, support and teaching. These visits must be made regularly, between two and four times a year, to villages that lack a midwife.
- Medevacs

3.2.3 HUMAN RESOURCES

3.2.3.1 TEAMS

	Midwife team (FTE)			**Support team (FTE)**		
Community	Head, midwifery services	Midwives	Student midwives	Birthing assistant on call	Administrative officer	Janitor
Puvirnituq	**1**	**4.5**	**3**	**2**	**1**	**1**
Inukjuak	**1**	**3**	**3**	**2**	**1**	**1**
Salluit	**1**	**2**	**3**	**2**	**1**	**1**

Table 20: Human resources required for IHC birth homes

3.2.3.2 BIRTHING ASSISTANTS

Birthing assistants report to the head, midwifery services. They are on duty and on call according to a schedule that ensures availability of birthing assistance 24 hours a day, seven days a week.

- They work with clients and monitor vital signs when necessary.
- They provide advice to parents on various topics such as breastfeeding, nutrition, infant first aid, etc.
- They perform duties related to organization of services and activities conducted in the birth home.
- They provide laundry services.

3.2.3.3 ADMINISTRATIVE OFFICER

The administrative officer reports to the head, midwifery services and performs the following duties.

- Draft and produce documents for the birth home and clients.
- Contact clients to inform them of appointments.
- Liaise with various IHC administrative services.
- Oversee the gathering of electronic data (SIC+ statistics).
- Oversee the opening and closing of files.
- Support the organization of perinatal and social activities, especially for groups.

3.2.3.4 JANITOR

The janitor reports to the head, midwifery services and performs the following duty:

- Provide daily maintenance of facilities.

3.2.4 FINANCIAL RESOURCES

Annual Budget (Projected)	**2023**
Total	**$3,725,809.21**

3.2.5 MATERIAL RESOURCES

Resource	Puvirnituq	Inukjuak	Salluit
Desk/table	11	9	8
File cabinet	4	4	3
Chair	22	10	8
Computer	12	11	10
Love seat/sofa	2	2	2

Telephone	18	14	13
Photocopier/fax	2	2	2
Birthing bed (for gynecological examination room)	1	1	1
Birthing bed (for delivery room)	1	0	0
Twin bed	4	3	3
Double bed	3	2	2
Pharmacy cabinet	1	1	1
Neonatal resuscitation table with heat lamp	0	1	1
Neonatal resuscitation unit	1	0	0
Vital signs monitor	1	1	1
Centrifuge	1	1	1
Autoclave	1	1	1
Refrigerator	2	2	1
Freezer	2	2	2

Heated cabinet	1	1	1
Vehicle	1	1	1

Table 21: Material resources required for IHC birth homes

3.2.6 BUILDING RESOURCES

Spaces must be provided for consultation offices, professional meetings, collection of blood and gynecological specimens as well as group gatherings. Birthing spaces must be in a quiet location to provide privacy for women in labour.

Use	**Space (m²)**		
	Puvirnituq	**Inukjuak**	**Salluit**
Consultation side			
Administrative officer and receptionist	15	15	15
Space for visitors' boots and coats	5	5	5
Consultation rooms	(3 x 15) 45	(2 x 15) 30	(2 x 15) 30
Gynecological examination and blood collection room	15	15	15
Office of head, midwifery services	15	10	10
Office for the instructor/village midwife	10	15	10
Children's and family play room (waiting room)	20	20	
Multipurpose/documentation office	1	1	1
Archives/clinical administration	15	15	15
Classroom/meeting room/community room	25	25	25
Restroom	10	10	10
Birthing side			
Birthing rooms	(3 x 25) 75	(2 x 25) 50	(2 x 25) 50
Midwives' office (telephone, computer, etc.)	(2 x 10) 20	10	(1 x 10) 10

Midwives' and post-natal workers' lounge	(15 x 2) 30	15	15
Soiled utilities/laundry room	15	10	10
Clean utilities room	10	10	10
Materials storage, drugs, refrigerator, neonatal resuscitation cart	15	10	10
Lounge/kitchen for staff and families	20	20	20
Midwives' bathroom	7	7	7
Total area	368	293	268
To this space must be added 25 percent for inherent contingency factors (hallways, stairs, etc.)			
Total space required	460	366.25	335

Table 22: Building resources required for IHC birth homes

Other criteria must be considered for the birth home's location:

- Direct outdoor access
- Accessible covered passageway from hospital (Puvirnituq)/CLSC (Inukjuak and Salluit) to ensure rapid transfer and accessibility in an emergency
- Parking space
- Facilities designed for birthing
- Budget efficiency

4. BIRTH HOME PROTOCOLS (HEALTHCARE SYSTEM PARTNERS)

4.1 BIRTH HOME INTERNAL POLICIES

4.1.1 MIDWIFE COORDINATION: HEAD OF MIDWIFERY SERVICES

Under the *Act respecting Health Services and Social Services*, the government has made provision for the appointment of heads of midwifery services (*cf Appendix* 1).

4.1.2 MIDWIFE REPRESENTATION: THE COUNCIL OF MIDWIVES

A midwives council must also be formed (*cf Appendix* 2) in each health centre.

4.1.3 INTEGRATING MIDWIVES INTO THE HEALTHCARE AND SOCIAL SERVICES SYSTEM

Midwives are primary care practitioners integrated into the healthcare system. They work within child-youth-family teams under the responsibility of general services at UTHC. At the IHC, they are part of professional services and report to the director of professional and hospital services. An interdisciplinary approach and interprofessional collaboration are promoted to meet client needs more effectively through continuity of care in the pre-natal and post-natal period and during the crucial early childhood stage.

As required, midwives refer pregnant women to appropriate services (nutritionist, social worker, psychologist, physiotherapist) and use an interdisciplinary working approach centered on client needs (especially IPECS program clients).

The current framework governing the work of midwives in Quebec is defined by the *Act respecting Health Services and Social Services.*[4] It is also important to implement collaborative and operational procedures based on existing services and partners on each side and in each community.

4.2 COLLABORATION AND LIAISON PROCEDURES WITH THE HEALTHCARE SYSTEM

[4] *Act respecting Health Services and Social Services* http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/S_4_2/S4_2.html (Accessed on December 12, 2014).

These procedures may vary depending on regional and local organization of the system.

4.2.1 COLLABORATION PROCEDURES WITH MEDICAL SPECIALISTS

- Several times a year, medical specialists visit for a few days to provide consultations, thereby avoiding the transfer of several people to Montreal.
- For all consultation and care transfers: primarily with obstetricians, gynecologists, pediatricians or the HRP clinic.
    - Consultations with other specialists are sometimes required (endocrinologists, cardiologists) whether in the HC territory or in Montreal.
- UTHC liaison is responsible for agreements between UTHC and specialists.
- IHC specialized services is responsible for northern visits by specialists.

4.2.2 COLLABORATION PROCEDURES WITH GENERAL PRACTITIONERS

Procedures are in place for collaboration during obstetric emergencies, participation in perinatal committees, prescription of certain drugs or to obtain preventive removal. Referrals are necessary after six weeks post-partum for medical monitoring of the infant.

4.2.3 COLLABORATION PROCEDURES WITH NURSES

Procedures are in place in the HC nursing department when midwives assist a woman giving birth or in cases involving consultations or transfers to physicians. Nurses also assist midwives when delivery is imminent and the midwife is alone. Specialized community health and BBVSTI nurses also collaborate with midwives.

4.2.4 COLLABORATION PROCEDURES WITH TECHNICAL SECTOR STAFF

Procedures are in place allowing laboratory and radiology (obstetric ultrasound) staff to implement the regulation governing examinations and analyses that a midwife may order, perform or interpret in the practise of her profession.

4.2.5 COLLABORATION PROCEDURES WITH AMBULANCE ATTANDANTS

These procedures are in place with the department for emergency and non-emergency transfers. A midwife can simply place a direct call to obtain an ambulance for any transfer.

4.2.6 COLLABORATION PROCEDURES WITH INTEGRATED PERINATAL AND EARLY CHILDHOOD SERVICES (IPECS)

Procedures are in place with the 0-5 years team in HCs for integrated perinatal and early childhood services (IPECS) for clients. The IPECS program in Nunavik applies to all clients 0-5 years old and the midwifery services cooperates with and participates in the program.

Over the long term, IPECS helps reduce intergenerational transmission of health and social problems, including child abuse and neglect. IPECS pursues the following primary objectives.

- Maximize the health and wellness potential of mothers, fathers, infants and children 0-5 years old in vulnerable situations.
- Include children's birth and development in a life plan that fosters parental success while reinforcing the ability of families and communities to act in all spheres of life (personal, family, social, cultural, economic and political).

4.2.7 COLLABORATION PROCEDURES WITH LIAISON WORKERS

Liaison is responsible for the agreement between the HC and referral hospitals. Liaison establishes communication methods during client transfers (during prenatal, perinatal and postnatal periods) between the midwifery services and the referral hospital's team of specialists.

Liaison schedules appointments with specialists coming to UTHC for consultations (gynecologist, psychiatrist, pediatrician, etc.) at the request of midwives. At the IHC, Liaison is provided by a nurse in each village. Specialized Services manages northern visits by specialists and coordinates appointments.

Liaison is also responsible for videoconferences.

4.2.8 COLLABORATION PROCEDURES WITH PATIENT SERVICES

Patient services provides transportation for pregnant women at their request. It also provides transportation for midwives on duty who are called to support midwifery services.

4.2.9 COLLABORATION PROCEDURES WITH THE PHARMACY

The pharmacy accepts prescriptions issued by midwives pursuant to the regulations on drugs that midwifes are allowed to prescribe.

4.2.10 COLLABORATION WITH TRANSPORTATION SERVICES (TMS)

This collaboration gives midwives the option to reserve airline tickets for clients to travel to Montreal or to return to their village following delivery.

5. REGIONAL INUIT MIDWIFE TRAINING PROGRAM

In 1986, the Inuulitsivik Health Centre introduced a midwifery service at the request of women in the seven Hudson Bay communities. This service began in Puvirnituq. Since then, two other midwifery services have been launched, in Inukjuak in 1998 and Salluit in 2004.

An Inuit midwife training program was created in each of these midwifery services in Hudson Bay. To date, this program has graduated about 10 Inuit midwives. It has since gained international recognition as a teaching and practice model for northern and remote regions.

In 2008, the Ministère de la santé et des services sociaux drafted regulations on degree and training equivalency standards for issuance of licences by the Ordre des sages-femmes du Québec, to recognize the training completed by Inuit midwives as equivalent to the existing program at UQTR. This program complies with the obligations contained in the JBNQA (*Appendix* 3).

Training of Inuit midwives at UTHC in Kuujjuaq began on August 26, 2013. Lack of space currently prevents training of more than one student at a time. Deployment of birth homes would make this training more accessible and provide a better trained local succession.

A birth home is a training venue for future Inuit midwives. It allows students to:

- Take courses to acquire the knowledge they need to practice as a midwife;
- Observe and practice spontaneous physiological and pathological deliveries;
- Develop the clinical judgment indispensable to practising as a midwife outside hospitals and in remote regions;
- Build confidence and acquire the necessary skills to advance in this art.

In addition to their clinical responsibilities, midwives act as teachers and preceptors for students and take part in training for succession.

Nurses, medical residents and interns may occasionally engage in observation internships, which contribute to their education on the physiology of pregnancy, delivery and post-partum.

Midwives are also active in updating knowledge by contributing to teaching activities for nurses and physicians (NRP, integration of new nurses, etc.).

6. APPRAISAL PROCESS FOR MIDWIFERY SERVICES, THE REGIONAL MIDWIFE TRAINING PROGRAM AND BIRTH HOMES

Term: 10 years

Objectives	Activities	Responsibility
Establish a birth home in Kuujjuaq.	-Propose plans. -Participate in planning and building code work.	NRBHSS HMS-UTHC NRBHSS
Integrate the birth home facilities.	-Install the facilities, materials and supplies in the consultation and delivery portion.	HMS UTHC
Establish a birth home in Inukjuak and Salluit.	-Propose plans. -Participate in planning and building code work.	NRBHSS HMS-IHC-head SSF NRBHSS

Consolidate the training of Inuit midwives by starting the midwife school in Inukjuak.	-Cooperate with the IHC in participating in the training program and the future midwife school. -Increase the number of Inuit student midwives.	HMS IHC midwives UTHC and IHC
Establish midwifery services in the other communities served by HCs.	-Train Inuit midwives from each community. -Pre- and post-partum monitoring in each village by local Inuit midwives	HMS UTHC NRBHSS
Establish a birth home in all villages served by HCs with an on-duty physician (Kangiqsualujjuaq, Kangiqsujuaq, Kuujjuarapik).	-Develop and establish a birth home. -Introduce and start training for local Inuit midwives. -Conduct prenatal and postnatal follow-up of all pregnant women in the village. -Delivery in villages by the perinatal committee for women who meet the eligibility criteria -Assist the medical and nursing team at their request with any emergency or other request.	HMS UTHC-IHC Head MDN NRBHSS

Table 23: Midwifery services appraisal process

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8. APPENDICES

APPENDIX 1: *ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES*: SECTIONS APPLICABLE TO THE HEAD OF MIDWIVES

Article 208.1

Every institution that operates a local community service centre in which midwifery is practiced shall appoint a midwifery services coordinator. The coordinator must be a midwife.

Article 208.2

Under the authority of the executive director, the midwifery services coordinator must

(1) supervise and assure the quality of the acts performed for the institution by midwives;

(2) define standards of care to be adhered to by midwives which take account of the necessity to provide appropriate and efficient services to the users and of the available resources of the institution;

(3) assume the functions provided for in the first paragraph of section 225.3, where applicable.

Article 208.3

Subject to the provisions of the regulation made under paragraph 13 of section 505 and under the authority of the executive director, the midwifery services coordinator must

(1) ensure appropriate distribution of the midwifery services dispensed for the institution;

(2) coordinate midwifery services in relation to the needs of the institution;

(3) assume the functions provided for in section 225.4, where applicable;

(4) assume any other function for which provision is made in the organization plan.

APPENDIX 2: SECTIONS OF THE *ACT RESPECTING HEALTH SERVICES AND SOCIAL SERVICES* APPLICABLE TO THE COUNCIL OF MIDWIVES

Article 225.1

A council of midwives shall be established for every public institution which operates a local community service centre and has entered into a service contract pursuant to section 259.2 with no fewer than five midwives.

The council shall be composed of all the midwives who have entered into such a contract with the institution.

Article 225.2

Notwithstanding section 225.1, an institution may, on the joint recommendation of the midwives practising under a service contract entered into with the institution and of the council of physicians, dentists and pharmacists of the institution, designate the council of physicians, dentists and pharmacists to exercise the functions of the council of midwives established under section 225.3. In such a case, the midwives practising under a service contract shall form part of the council of physicians, dentists and pharmacists, and shall appoint three of their number to sit on the executive committee of the council if such a committee is formed. They shall participate in the deliberations of the council and of the executive committee, if any, but have the right to vote only on matters relating to the functions of the council of midwives.

Article 225.3

In accordance with the regulations of the institution, the council of midwives is responsible to the board of directors for

(1) monitoring and assessing, generally, the quality and pertinence of the acts performed by midwives for the institution;

(2) making recommendations on the standards of care to be adhered to by council members;

(3) making recommendations on the appropriate distribution of the services provided by council members;

(4) making recommendations on the qualifications and competence of a midwife who has submitted an application to the board of directors for the purpose of entering into a contract with the institution pursuant to section 259.2;

(5) making recommendations on the obligations to be attached to the practice of midwifery under a service contract made pursuant to section 259.2;

(6) assuming any other function assigned to it by the board of directors.

The council of midwives must report annually to the board of directors on the carrying out of its functions and its resulting opinions.

If there is no council of midwives and section 225.2 is not applied, the midwifery services coordinator shall carry out the functions described in the first paragraph.

Article 225.4

In accordance with the by-laws of the institution, the council of midwives or, where there is no such council, the midwifery services coordinator, is responsible for advising the executive director on the following matters:

(1) the scientific and technical organization of the local community service centre;

(2) the means to be used to assess and maintain the professional standards of midwives;

(3) any other matter submitted by the executive director.

Article 225.5

The council of midwives may adopt by-laws concerning its internal management, the creation and operation of committees and the pursuit of its objects. The by-laws come into force after they are approved by the board of directors.

Article 225.6

The responsibilities of the council of midwives shall be exercised by an executive committee composed of not fewer than three midwives, designated by the council, and the executive director.

The executive committee shall exercise all the powers of the council of midwives.

APPENDIX 3: SECTIONS OF THE JAMES BAY AND NORTHERN QUEBEC AGREEMENT APPLICABLE TO THE TRAINING OF INUIT MIDWIVES

15.0.21 In implementing the Agreement, Quebec should recognize and allow to the maximum extent possible for the unique difficulties of operating facilities and services in the North.

[…]

b) in providing employment and advancement opportunities for Native people in the fields of health and social services, and in providing special educational programs to overcome barriers to such employment and advancement.