



Suvaguuq

Pauktuutit, Inuit Women's Association of Canada

National Newsletter on Inuit Social and Cultural Issues

Special Report on Traditional Midwifery

T*his issue of Suvaguuq is devoted entirely to a report on Pauktuutit's traditional midwifery research project. The research was carried out between October 1992 and January 1993 when Martha Greig interviewed elders in ten communities across the north. Since then, we have been translating the interviews into English, organizing and analysing the information, and preparing a research report. This newsletter is an edited version of that report..*

A lot more work lies ahead of us. For information on what we hope to do with the research results turn to page 12: *Resolution 95-05*, passed by delegates to the 1995 Annual General Meeting, directs Pauktuutit to produce a variety of resource materials for distribution across the north. We are now searching for funds to do just that.

What's Inside:

- * Traditional Midwifery Techniques
- * Education of a Midwife
- * Childbirth and the Family
- * Inuit Men and Childbirth
- * Traditional Health Promotion
- * Displacement of Inuit Midwives

and more....

Elders Who Participated in the Research Study

SACHS HARBOUR

Winnie Carpenter
Alexandria Elias
Edith Haogak
Martha Kudlak
Sarah Kuptana
Samantha Lucas
Lena Wolkie

AKLAVIK

Rosie Archie
Winnie Elanik
Kathleen Hansen
Ida Inglangasuk
Lucy Inglangasuk
Sarah Miyook
Sheba Selamie

COPPERMINE

Nellie Hikok
Helen Kungitok
Elva Pigalak

TALOYOAK

Ootookie Ashevak
Mosi Jayko
Lena Kingmiaqtuq
Mabel Kootook
Nipisha Lyall
Seeta Mannilaq
Annie Saituk
Peeteekootee Tucktoo

POND INLET

Tatinaq Akpaleapik
Apphia Awa
Simonie Kanayok
Isapik Kanguk
Leetia Kayak
Martha Koonoo
Elizabeth Ootoova
Rebecca Qitsualik

WHALE COVE

Monica Adjuk
Maggie Akerolik
Mary Nangmalik
Annie Napayok
Agnes Tiknak

BAKER LAKE

Vera Akomalik
Myrah Arngna'naaq
Winnie Attungala
Lucy Kownak
Hattie Mannik
Mary Mariq
Hannah Nanauq
Rhoda Parker
Elizabeth Paurnagaq
Betty Peryouar
Winnie Putumegatuk
Mona Qijuarjuk
Bessie Scottie
Mary Tagoona
Martha Talerook
Julie Tuluqtuq
Lucy Tunguaq

HALL BEACH

Rebecca Arnaquyak
Theresa Ijjangiaq
Madeleine Ivalu
Abigaili Kaermerk
Roda Qipanniq
Laura Quassa
Zippora Ulluapak

KANGIQSUALUJJUAQ

Lizzie Annanack
Penina Assevak
Sarah Brown
Willie Emudluk
Clara Etok

NAIN

Miriam Brown
Katie Dicker
Clara Fox
Miriam Fox
Naimi Maggo
Zack Obed
Dasi Obed
Nancy Pamak
Silpa Tuglavina

REPORT ON TRADITIONAL MIDWIFERY

Our elders are among the last generation of Inuit to have given birth in the traditional way. The move from camps into permanent settlements drastically altered Inuit life, including the way women gave birth to their children. Most women now have their babies in a hospital, often after being sent hundreds of miles away from home and family. In addition to the impact on women, these changes have transformed family and community life. When births took place at home or on the land, the woman's husband, parents, and in-laws often played important roles in the birthing process; today, these roles have been overtaken by nurses and doctors working in remote medical institutions.

Through resolutions passed at Pauktuutit's annual general meetings, Inuit women have raised concerns about the loss of traditional midwifery skills and the failure to pass the knowledge base surrounding traditional childbirthing on to younger women. Concerns have also been raised about the insensitivity of the medical system and of some health professionals to traditional Inuit childbirthing methods.

In response to these concerns, Pauktuutit decided to research traditional Inuit approaches to pregnancy and childbirth. Between October 1992 and January 1993, Martha Greig spoke with elders in ten Inuit communities about their own experiences of giving birth and of assisting at the births of other women. These interviews form the basis of this research project.

Unlike most research that takes place in the north, this study was carried out by an Inuit women's organization in response to a need identified by Inuit women. While the project is ongoing (see p.12, Resolution 95-05 for details on the work to be completed), this newsletter presents a summary of our progress to date.

MIDWIFERY RESEARCH PROJECT

Martha Greig asked the elders she interviewed to speak about the circumstances surrounding the birth of each of their children, including where the birth took place and who assisted. The women in this study gave birth under a variety of circumstances and conditions; early births tended to take place on the land while many of their later births were confined to hospitals. In the intervening years, many women gave birth in their homes with the assistance of midwives or at community nursing stations assisted by both Inuit midwives and nurses. Gradually, more and more pregnant women were sent from their communities to give birth in regional and southern hospitals.

The interviews provide a wealth of information about births on the land. For example, shelters range from igloos, tents, and temporary houses and shacks made of sod or logs, to hybrid shelters that are half house and half tent or igloos with tents for roofs. There are also accounts of births in the open, in boats, and on moving sleds.

Births on the land tended to be in a kneeling or squatting position using caribou skins for blankets and mats. Umbilical cords were cut with scissors, pieces of broken glass or, occasionally, ulus, and tied with caribou sinew. While some women were told explicitly not to use an ulu to cut the cord, Kathleen Hansen (Aklavik) said, "*Before the scissors were born, that was when I was born and we used ulus.*"

In reviewing the interviews we found that births in igloos and tents were quite common, especially among women from the communities of Baker Lake and Taloyoak. In Nain, on the other hand, most women gave birth in their homes and in Aklavik the vast majority occurred in hospitals. Interviews from Taloyoak, in particular, point to the existence of unique regional practices. For

example, Mabel Kootoo states: *"The tradition in those days was to build a new igloo just prior to giving birth."*

As elders recounted the births of their children, they talked about who assisted them. Women in labour preferred midwives who were experienced, good natured, calm, and comforting and who were capable of dealing with emergencies. Apart from recognized midwives, women were often assisted by their mothers and mothers-in-law. Depending upon circumstances, however, almost anyone could be recruited including husbands, daughters, and neighbours. Overall, midwives and family members assisted at early births and only later did nurses and doctors take over.

In the interviews, those who assisted at births were referred to in a variety of ways. Here we have used the term "midwife" to describe all references to midwives and anyone else who may have assisted at births. This includes family members, neighbours, elders, and the "fellow citizen" described by Myra Arnagna'naaq.

Inuktitut Terms for "Midwife"

In Inuktitut, there are many words describing people who assist at births. These words vary from region to region. There are also specific words that identify the relationship between the midwife and the child she delivered.

For example, in one area of Nunavik a midwife who delivers a girl baby may be called SANAJI or SUNNAGEEQ. She is a special person to the young girl who is called ANALIAQ to the midwife. A midwife who delivers a boy is called AGNAQUTIQ to the boy and he is the midwife's ANGUSIAQ.

Midwives are also referred to as IRNIKKAJI, IKAJOKTI, IKAJUQTI, IQNISUQSIIYI, and IGNIKKAJI. There are also many other words used.

Traditional Inuit Midwifery

The interviews suggest that in most cases midwifery was not viewed as a "profession" in the (southern) sense that knowledge and expertise reside only in particular individuals who have received specialized education and training. Rather, knowledge was shared among all those who had need of it. Although the larger camps had midwives, women and men who assisted at births tended to be related to the pregnant woman (especially mothers and mothers-in-law) or living in close proximity to her when she went into labour. Because of the small number of people who camped together, any one who was available might be recruited to assist at a birth. In her interview, Rebecca Qitsualik noted, *"Some people would choose to camp with midwives who they were comfortable with..."*

Certainly it was important to have at least one person in the camp with the knowledge and experience to assist a woman during labour. Maggie Akerolik (Whale Cove) said that her mother told her she should always be prepared to help a woman in labour *"because it can happen any time and you might be alone with your family ... when there are no other women around."*

Often two or three midwives (primarily women) were present at a birth. In one case, a difficult labour was attributed to the presence of too many men: *"They were commanded to leave because these three men were blocking the child's exit"* (Mary Tagoona). Madeline Ivalu (Hall Beach) notes that *"in Inuit tradition, if a woman is having trouble delivering, they took into consideration things that are distracting her, like someone present making her uneasy."*

Where more than one midwife was present at the birth, there appeared to be no hierarchical relationship: often the first person to arrive at the birth scene supervised while others helped out as required. An exception may have been made, however, in the case of an elder and experienced midwife.

In Nain, Labrador the situation was somewhat different. Women who were recognized by the community as midwives were the ones most likely to be called to a birth. Since Labrador Inuit have a longer history of living in permanent settlements than Inuit elsewhere, this is not surprising. Given the larger population base in established communities, individuals with special skills, expertise, and interest would have had more opportunities to practice midwifery and gain recognition.

Traditional Midwifery Techniques

While the practice of midwifery tended to be informal, a high level of skill and knowledge was required. For example, the interviews recorded detailed accounts of how to massage a fetus into the preferred position before the birth; how to turn a breech baby during the labour; and what to do if the afterbirth is stuck or the women bleeds excessively. The following quotes are examples of traditional techniques:

Clara Fox (Nain):

I even used to have to (re)position (them) on those occasions. They used to call me, "fix our baby, heh." That's when I'd be really pleased, when I was able to position. I was taught how to massage. The one who used to massage me, she taught me how to massage...

Nancy Pamak (Nain):

We had to help by feeling, anyone with large hands could not do it, only the one with the smallest hands would do the feeling and only when absolutely necessary, when nothing else could be done. The feeling was done by the smallest hands in case the baby had to be better positioned for delivery, always having the welfare of the mother utmost in mind. If only the arm, belly, or some other unusual part of the body was coming out, it could be moved and better positioned by a midwife who had the smallest hands of those who were present.

Penina Assevak (Kangigsualtjuaq):

One time when I was helping a woman and her baby's leg came out first and I had to tell the mother that I was sorry and that I was going to have to push the baby back in. So she agreed and then it came out in the right position after that...

Apphia Awa (Pond Inlet):

My daughter had a difficult labour when I assisted her, her child moved up rather than down. I had to try and move the child around to induce labour. I tied her around the waist to stop the child from moving upwards. I had watched my husband assist the delivery of one of his dogs where the puppies were moving upwards. He had tied it (the bitch) with a rope around the middle. I used the same technique on my daughter. The breech position was adjusted and she delivered normally after.

Theresa Ijjangiaq (Hall Beach):

The placenta was stuck inside me so somebody had to pull it out. The next birth I thought the same would happen so I quickly sat up to help it come out but instead I helped it to go back in when it would've come out by itself as I laid down. Afterwards I learned my lesson and pushed it out myself in the next births. In those days if the midwife was going to have to reach inside she had to cut her nails and clean them.

Madeline Ivalu (Hall Beach):

I had trouble expelling the afterbirth. I was told to stick my hand in my mouth to vomit, as soon as I did that, the afterbirth expelled.

Lena Kingmiaqtua (Taloyoak):

If the afterbirth or placenta didn't come out right away the new mother was told to put her hands against her abdomen and push it out. They knew in those days that if the placenta was to stay inside the woman it can rot and even kill the woman.

Clara Etok (Kangigsualujuaq): (for loss of blood)

We were given some kind of medication called Aittigtuyaijut. ... we boil, boil, boil the leaves and they would let me drink it. ... And you can even see your vein line after drinking that juice.

In general, midwives were expected to be experienced, open, caring, and comforting and to have the following basic skills:

- * a knowledge of women's bodies including "what's inside";
- * know how to cut and tie the umbilical cord;
- * the ability to instruct the woman in labour, tell her what to expect, and make her mentally and physically comfortable;
- * know which birthing positions promoted quick deliveries; and
- * have the ability to deal with complications.

For the woman in labour, being personally comfortable with the midwife was considered essential. **Betty Peryouar** (Baker Lake) said, *"It won't matter to me who helps as long as I can understand the person and that he/she is an Inuk..."*

Theresa Ijjangiaq (Hall Beach) said the midwife should be calm, but equally important is the woman's comfort level with the midwife:

...what I try to make sure of is to ask the woman whether she's comfortable with me or not, if she feels shy with me I would leave. If for any reason they didn't want me I would respect their wishes... it would make the birth a lot more difficult if the woman is not comfortable.

In light of these comments, it must have been very difficult for women to adjust to giving birth in a hospital environment.

Education of a Midwife

Young women learned about childbirth by listening to stories, receiving explicit verbal instruction, and watching their mothers or other women give birth. This information was tied to preparing girls for womanhood. It also laid the foundation of a knowledge base that would be built upon as their personal experience grew and as they became more able to help others.

Simonie Kanayok of Pond Inlet stated:

Although ordinary Inuit have no education in delivery, they do learn a lot more from experience and helping, actually helping women. And seeing women in labour. Mind you, it took me a long time to be good.

Annie Saltuk of Taloyoak made a similar point:

I used to watch women in labour, I didn't get officially educated on it but it was from watching and experiencing birth myself and I also learned as I go along in assisting births. My father was also a midwife himself.

Annie Napoyok noted that the traditional way of learning was by doing. Most midwives, in fact, learned through hands-on experience at births.

Winnie Elanik (Aklavik), when asked to help her mother-in-law at a birth said, *"how could I help you?" She was told, "Just be with me..."*

Women also learned about midwifery through the process of giving birth themselves. **Lucy Kownak** of Baker Lake noted that she was "self-taught from giving birth" although she received advice from elders and her mother-in-law.

Tatinaq Akpaleapik (Pond Inlet) learned how to assist at births from an older woman who had many children. The first time she assisted, she only watched. Her training began when she started to have children of her own: *"Ever since I gave birth to my first, I was given instructions on birthing techniques..."*

Women made connections between their own experiences giving birth and watching and

assisting other women in labour. Hence, the learning process was integrated into the women's lives. This reflects the degree to which childbirth was viewed as a normal part of family and community life rather than as an isolated medical event. Simply put, childbirth is not an illness.

Because childbirth was a normal part of everyday life, women grew up hearing stories about births. Through these stories, knowledge was passed from one generation to the next. As well, young women were often present when their mothers, older sisters, and other relatives gave birth. As **Betty Peryouar** (Baker Lake) noted, "*We did not need to be taught what to do; we did things as we had seen done.*"

As a young man, **Isapik Kanguk** was carefully instructed by an elder woman in order to prepare him to assist his future wife. He recalled:

She used to instruct me by using examples. Such as when you skin a rabbit or other animals like a fox, this is how you do it. Slowly taking the skin off the flesh. And it could happen that way when a woman is in labour and you're trying to take the placenta out.

In Nain, those who practised midwifery passed their knowledge on to other women:

... the woman started teaching me the technique of massaging and the delivery of babies; she was Ikey Harris, the mother of David Harris. ... That one had been a teacher to a lot of midwives and had delivered a lot of babies herself. (Miriam Fox)

Ikey Harris has helped me very much in terms of informing me about midwifery... (Miriam Brown)

Penina Assevak (Kangiqualujuaq) noted that practising midwifery was more than just learning a set of skills: "*... it's also in your heart. When you really want to help somebody it just sort of comes out automatically or naturally.*"

Childbirth and the Family

The interview material includes information on the traditional roles of husbands, families, and extended family members in childbirth. When women gave birth surrounded by their family they were cared for throughout the pregnancy and labour, and newborns were immediately welcomed. Removing birth from this environment has affected social relationships. For example, the bonding between fathers and infants and between grandparents and grandchildren is delayed. Therefore, returning birth to the community can only strengthen family ties. This could lead to a reduction in social problems such as violence and abuse.

The midwife had an important role in the education of the growing child. Traditionally the newborn was welcomed into the world with words spoken by the midwife and sometimes with a special gift. A girl baby might be told she will be good sewer or be given a thimble. A boy could be given a hunting tool or told he will be a good hunter. As children grew, they would be reminded of these words. **Myrah Arngna'naaq** stated: "*They will follow what their sanaji had said.*"

Children were told who delivered them and taught to show this person appreciation and respect. As **Nipisha Lyall** noted, "*... we have to give a face to the people who delivered us.*" If the midwife was also the child's grandparent the relationship between them would be even stronger.

A tradition of presenting one's midwife with the first piece of sewing or the first animal hunted reinforced and maintained this relationship:

Usually the midwife is given the first catch from her angusiaq although it doesn't have to continue every time the boy catches game. Same goes for the girl, the arnalialq gives her first sewn item. It still continues today for some people.

Therese Ijjangiaq, Hall Beach

The interviews reveal how important traditional childbirthing practices were to the

social fabric of Inuit society. The relationships established go beyond the birth event to the education of the child and to their place within the community. Bonding within the family and extended family was also more immediate and intense.

Inuit Men and Childbirth

The role of the husband in traditional births varied from being present but uninvolved, to supporting his wife's back or legs during labour, to providing skillful assistance. Occasionally, a husband would be away hunting or he was asked to stay outside until the child was born. Often, however, he provided crucial physical and emotional support. **Apphia Awa** of Pond Inlet recalls that her husband *"used to get everything ready and be at hand when I was due. He made a point not to hunt too far from home."* During her sixth pregnancy, they were living in a government-issue matchbox house in an outpost camp and slept on a wooden bed covered in caribou skins. Apphia stated:

When I went into labour, my husband cut a hole in the wooden bed and placed a caribou skin over it for me to release the baby. He also had me lean against the wall for support. Once my labour was over, he repaired the bed platform with plywood. We were happy with the delivery and the birth.

Rebecca Arnaquyak (Hall Beach) recalled that her husband made sure she ate well and that he *"hunted for my cravings."* There is also a suggestion that a formal practice existed for men to build a birthing shelter. **Isapik Kanguk** of Pond Inlet commented:

When a women is going to deliver for the first time they would make a shelter, a shelter for her. And once, they always had a young person, not just a very small kid but a young girl or a young boy look after the women who is in labour. Just to be a watching person while they are making a

shelter. I remember cause this was a practice.

Males were not sheltered from birthing knowledge. They gained experience from watching their mothers, wives, and daughters give birth. The interviews indicate that men were much more actively involved in the events surrounding pregnancy and birth than is the case today.

Traditional Health Promotion

Traditionally, pregnant women and nursing mothers led a healthy lifestyle with lots of physical activity and a nutritious diet. Pregnant women throughout the north were advised to keep active, beginning with rising early each morning and going immediately outside to "smell the fresh air." Keeping active was seen as essential to promoting quick labours and ensuring that the placenta did not stick in the womb. However, women were warned not to over-exert themselves, fall, or walk in deep snow. Scraping skins was viewed as an especially strenuous activity.

Women were encouraged to eat a variety of foods, especially caribou, char, muktuk, and seal, but they were advised not to eat too many berries and never to eat aged food while pregnant. Cold and frozen food helped to alleviate heartburn. Nursing mothers were fed caribou broth, often made with blood, and sometimes fish soup to encourage milk production. One woman stated that in Labrador hunting camps, seal blood was given to the mother to drink immediately after the birth.

Few of the women recalled prohibitions on eating specific foods although one woman was instructed not to eat plants or seaweed during the latter stages of pregnancy. **Clara Etok** (Kangigsualujjuaq) lamented that she was denied Qiaq, the outer part of seal intestine and *"the best part of the seal"*, during her pregnancy.

A couple of the interviews suggest that prohibitions may have been more common in the

old days. For example, **Winnie Putumegatuk** of Baker Lake said:

I was born when people had started attending church services and my father, though I was aware of the taboos, told me ... I do not have to refrain from eating certain foods anymore because I was now a Christian.

Like pre-natal classes today, young women received basic information on what to expect during their pregnancy and how to recognize the first signs of labour. **Elizabeth Ootoova** (Pond Inlet) describes how she was instructed by her mother to practice the squatting position so she would be comfortable during her first labour.

Some fascinating advice was given to pregnant women related to beliefs about how the woman's behaviour could affect the length of her labour or the health of the baby. For example, dragging ones kamik laces could lead to the umbilical cord being tangled around the baby's neck, lingering in doorways to a long labour, and exiting a dwelling backwards to a breech birth. Making fun of someone could result in giving birth to a baby that looks like the person who was mocked. As well, when retiring at night, the proper placement of clothing and the sleeping position of the pregnant woman was seen to affect the position of the baby at birth.

The advice pregnant women received reveals a concern for the health of the woman and her unborn child. This caring and concern was also expressed in reminders to eat regularly and nutritiously as well as in direct action - hunting for or preparing special foods. **Apphia Awa** remembered her father-in-law "*had gone out rabbit or ptarmigan hunting to save for my meal after my delivery so I would produce milk.*" Specially-made soups and broths were an important part of the diet of nursing mothers.

Many of the elders said that young women today eat poorly and fail to keep active enough to ensure healthy pregnancies. While a diet of

country food is high in protein and nutritious, many pregnant women only have access to store-bought foods. This study contains a great deal of information on traditional Inuit lifestyles and health care practices that could be used in developing a realistic health promotion strategy.

Changes to the Inuit Birthing Experience

Women were asked how they felt about the changes that have taken place in the way Inuit give birth. Many stated they would prefer to have their labours at home or in the community as long as there were no complications. Their hope was to have the best of both worlds: problem births were recognized as needing special attention while normal births should occur with as little medical interference as possible. Unless absolutely necessary, pregnant women should not have to endure the separation, homesickness, and the alienation of the hospital environment.

Births in hospitals and nursing stations were viewed as uncomfortable and the labours as taking too long. Some of this discomfort was due to being forced to give birth lying down rather than in a position the woman was more accustomed to or comfortable with. Two women from the Baffin region stated the problem with giving birth lying down was that it felt like the baby pushes unnaturally upward and thus delays the birth. The experience of being tied up while giving birth was recounted in three of the interviews. Hospital and nursing station births do not afford the individual attention a midwife offers and thus adds to the sense of loneliness, shyness, and stressfulness associated with these institutions. The language barrier was also noted as an alienating factor.

Interestingly, women across the Arctic suggest that children born in hospitals are different. At its simplest, the shift to hospital births can be viewed as a marker in time that locates the change from life on the land to that of today. **Samantha Lucas** from Sachs Harbour suggested these children have a different lifestyle.

Mary Tagoona from Baker Lake stated hospital newborns are bigger, they weigh more. **Abigail Kaerner** of Hall Beach noted that it takes longer to toilet train when diapers are used instead of skins. One woman suggested there are more birth defects with hospital births and another worried about the connection between newborn babies travelling by air and the high number of ear infections in young children.

Overall, those interviewed from Nain, Labrador showed the most consistently positive attitude towards doctors. All Inuit women, however, do recognize the contribution of doctors and nurses to their communities, although hospitals may be an over-reaction to a natural process like childbirth. Consistently, it was stated that childbirth is not an illness. There is also a clear sense of loss at the displacement of Inuit midwives by health professionals and the resulting loss of the experience of childbirth as a family-centred event.

Displacement of Inuit Midwives

The health care system displaced traditional Inuit childbirthing in stages: first, nurse-midwives were stationed in Inuit communities and they would attend home births only upon invitation; later, births started to take place in nursing stations with Inuit midwives and nurses both assisting the woman in labour; during the third stage, Inuit women who were considered high risk (for example first births, fifth or later birth, previous complications) were evacuated to hospitals in regional or southern centres; this gradually evolved into the present practice whereby almost all women are required to give birth in hospital.

Most of the elders interviewed in this study are no longer practising midwifery. Elders who identified themselves as midwives were asked why they stopped assisting at births. While a variety of reasons were given, some personal in nature, the following quotes capture an

unmistakeable trend:

Rebecca Arnaquyak (Hall Beach):

We moved to Hall Beach in 1960. But the nurses took the responsibility. I expected to be called to assist, but I don't expect it anymore.

Clara Etok (Kangisualujjuaq):

I cannot even participate now because now only the nurses just deliver babies. If I am asked to come when somebody is in labour, I would certainly go today.

Lena Kingmiaqtua (Taloyoak):

The very last time I helped was in 1985. Nowadays a lot of women have to leave town.

Silpa Tuglavina (Nain):

As I can help only through invitation, when asked, I have not been invited lately. I really would like to be invited, now that I am really used to it. Able to deliver on my own.

Changing circumstances created fewer and fewer opportunities for Inuit women to practice midwifery. In one case, a midwife was threatened with legal charges:

Right after the birth as we were cleaning up someone came to tell us why we have not informed anybody and they said if we every practised midwifery again inside a private home we could be charged. After that incident Ikey Harris never practised her midwifery skills again when every pregnant woman was told to go to hospital. (Miriam Brown, Nain)

In another case the "fear of reprimand by the nurses" led to her retirement. (Miriam Fox, Nain)

As midwifery has been almost completely removed from the family and community, younger

women are no longer being exposed to childbirth in the natural course of Inuit life. In light of the evidence that midwives learned much of their craft by watching and doing, this has serious implications for the future of traditional Inuit midwifery.

Fortunately, there are a few bright lights: Inuit midwives are being trained at the Inuulitsivik Maternity in Povungnituk, and in Rankin Inlet a new birthing centre has been established. In rare instances, there is the continuation of community birthing. **Annie Napoyak** of Whale Cove spoke about her continued involvement in birthing:

... when I started participating I actually assisted in three births but the third and last one [in 1990] I was alone. Also when I came to Whale Cove I became more vocal about my interest in midwifery and people recognized this interest and began asking me to be [their midwife]. In this case the first two births I assisted the nurses. ... And when I assisted in my first birth the nurses began asking me more about the traditional way of birthing or on midwifery. This was a positive thing and I was happy about their interest.

Conclusions

Through this research project Pauktuutit has documented traditional Inuit midwifery and traditional approaches to pregnancy and childbirth. The timeliness of this study cannot be overstated for without an ongoing midwifery practice in the north, the vast knowledge base of Inuit elders is threatened with extinction. In fact, some of the old ways have already been lost. In her interview, elder **Elizabeth Ootoova** of Pond Inlet stated:

By the time I was able to have children we weren't living the way our ancestors had so we weren't really informed about traditional ways of pregnancy - what to do and what not to do. Also that my mother

and grandmother had been christened and baptized that we didn't believe in the traditional ways anymore because they were considered unchristian.

Pauktuutit's current priority *must* be to make this material available to the Inuit public. Following a presentation of initial research results to **Pauktuutit's 1995 Annual General Meeting** (Inuvik, NWT, March 6-10), delegates passed the a resolution directing us to seek funding to produce a variety of oral and written resource materials. This resolution is printed in full on the following page.

Research Team

Martha Greig	Principle Investigator
Linda Archibald	Project Coordinator
Phillip Bird	Data Analysis Consultant
Claudia Brann	Pauktuutit Advisory Committee
Eeta Kanayuk	Pauktuutit Advisory Committee
Patricia Kaufert & John O'Neil	Academic Advisors University of Manitoba
Sally Webster	Pauktuutit Advisory Committee

Translators

Simona Arnatsiaq-Barnes, Ruby Arngna naaq, Deborah Evaluarjuk, Sadie Hill, Sally Ikoutaq, Rhoda Kayakjuak, Sam Metcalfe, Mary Nashook, Leah Idlout Paulson, Muat Qitsualik

Funding for this study was provided by the National Health Research And Development Program (NHRDP) "Community Initiatives North of 60". File # 6606-4710-T

Newsletter funding was provided by Heritage Canada (Yellowknife) and NHRDP

RESOLUTION 95-05 TRADITIONAL MIDWIFERY

WHEREAS Pauktuutit has completed a comprehensive research project on traditional Inuit approaches to pregnancy and childbirth;

WHEREAS the research is based on the vast knowledge and experience that Inuit elders agreed to share with Pauktuutit;

WHEREAS this research provides a record of the history of Inuit approaches to pregnancy, labour, childbirth and midwifery in this century;

AND WHEREAS this Annual General Meeting has clearly indicated the necessity of returning the results of the research to the communities by developing a variety of Inuktitut and English resource materials;

THEREFORE BE IT RESOLVED that Pauktuutit seek funding to produce the following resource materials for distribution throughout the north:

1. Bilingual publications organized around particular areas such as birthing stones told by elders and a discussion of traditional midwifery skills, techniques, beliefs and practices;
2. Educational materials for use in the schools;
3. Edited tapes of the original interviews for radio broadcast;
4. Other resources requested by the communities.

BE IT FURTHER RESOLVED that Pauktuutit supports the development of training materials for use in communities and in distant education programs so that Inuit women have access to midwifery training in their own communities;

AND THAT Inuit midwives be fully involved in the development and delivery of training materials and programs;

FURTHER BE IT RESOLVED that Pauktuutit supports the establishment of birthing facilities in all Inuit communities so that Inuit children can be born in their own communities and mothers can give birth without having to leave their families.

Pauktuutit receives its mandate each year through resolutions passed at the Annual General Meeting. Based on the enthusiastic response to the presentation on traditional childbirthing and the resolution outlined above, our directions are clear: the results of this study must become widely available throughout the north.