Government of Nunavut
Department of Health
and Social Services

Nunavut Maternal and Newborn Health Care Strategy 2009 – 2014

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Department of Health and Social Services
Government of Nunavut
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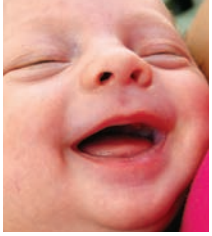


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MINISTER'S MESSAGE

It is my pleasure to release Nunavut's first *Maternal and Newborn Health Care Strategy*. Improving maternal and newborn health is essential to supporting the well-being of Nunavummiut. Healthy eating, prenatal care and family support are fundamental to nurturing healthy mothers and babies.

In order for Nunavummiut to have the best possible start in life, we have developed a strategic plan to address the challenges we face both collectively and personally. The *Maternal and Newborn Health Care Strategy* sets out clear goals over the next five years and, consistent with *Tamapta*, seeks to build healthy families and communities with specific emphasis on improving health through prevention and addressing social concerns at their roots.

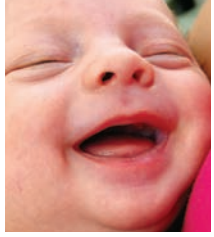
We seek to bring birth back to our communities, building on our community-based services and strengthening maternal care and midwifery services. This represents an important step forward for our territory as it takes concrete action in integrating modern medicine with traditional and culturally relevant practices – a practical example of how our programs can embrace Inuit Qaujimajatuqangit.

As the Minister of Health and Social Services, my department and I are committed to this long-term and sustainable plan so that Nunavummiut are able to enjoy life-long healthy living.

Sincerely,

Tagak Curley

Minister




INTRODUCTION – CONTEXT FOR THE STRATEGY

The experience of pregnancy and childbirth has profound and lifelong effects on the lives of the mother, father, child and community. A family-centred, culturally relevant and supportive approach to pregnancy and childbirth is key to providing the best start possible in life.

Inuit have always viewed pregnancy and birth as natural as breathing air. However, with the arrival of contemporary western practices, women began experiencing a different approach to maternal care as hospitalization for childbirth became the normal practice in Canada. While this gave women in Nunavut equal access to the highest standard of medical care, there was a high price to pay in terms of separation from their families for several weeks due to the enormous distances involved in travelling to southern hospitals. Traditional local midwifery which had always been a rich part of Inuit culture and heritage was also being lost. This resulted in many people and organizations actively working toward bringing birth back to the North. They felt this would give women the choice to give birth in a safe environment in the North supported by family and connected to Inuit tradition, knowledge and skills.

There is a need to improve maternal and newborn health care service capacity in the territory. However, the health of the mother and baby is influenced not only by heath care services but also by a number of health determinants, including nutrition, the use of alcohol, drugs and tobacco, social and emotional support, and broader social conditions. As these factors are, to a large extent, responsible for the health status of the mother and newborn, a more comprehensive approach must be adopted in addressing needs throughout the preconception, prenatal, birth and postnatal periods.

The *Maternal and Newborn Health Care Strategy* is the Department's response to addressing these challenges. It is a long-term and sustainable action plan comprising priority actions over a five-year period and beyond. The Strategy will guide the Department of Health and Social Services in delivering its mandate to improve the health of Nunavummiut, and to provide quality maternal and newborn health care to its residents.

The Strategy supports community development and capacity building, which are key to its success. It is guided by Inuit Qaujimajatuqangit, and by the work, research and consultations completed to date in the territory. The Strategy also provides the broader policy framework for the *Midwifery Profession Act*, which was passed by the Government of Nunavut in September 2008 to assure high quality and safe births in Nunavut by registered midwives.

The Strategy draws from and builds upon the Department's *Developing Healthy Communities: A Public Health Strategy for Nunavut, 2008-2013*. Efforts in shaping a better model of care are also guided by the *Nutrition in Nunavut: A Framework for Action* and the *Nunavut Nursing Recruitment and Retention Strategy*, which offer the potential for synergies as the Department addresses the territory's health priorities.

The Strategy comprises the following major components:

- A Vision for Maternal and Newborn Health Care
- Guiding Principles for Maternal and Newborn Health Care
- An Action Plan: Specific Goals and Priority Actions
- Key Measurable Outcomes

ISSUES TO BE ADDRESSED BY THE MATERNAL AND NEWBORN HEALTH CARE STRATEGY

The following problems and issues are the prime motivation for a Strategy focused on maternal and newborn health care and highlight why it is critically needed.

Health Status and Risk Conditions

There are many complex contributing factors involved in the health status of Nunavut's population. While there are no comprehensive reports or studies that can provide in-depth analysis of maternal and newborn health in the territory, there have been significant improvements in maternal and newborn health due to improving social conditions. Nevertheless, available Nunavut maternal and newborn health status measures[1] indicate that they are still below the national average and that there is substantial room for improvement.

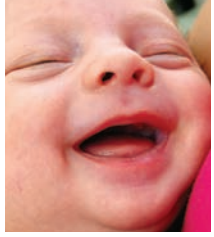
The following health measures are indicative of the health gaps between Nunavummiut and other Canadians:

Nunavummiut experience some of the highest rates nationally for known risk factors for pre-term births, including single marital status, age of the mother, smoking, low or high weight gain, infection, drug and alcohol use as well as stress. All of these are indicators of broader social conditions affecting well-being.

Nunavut reports the highest teenage pregnancy rate in the country – 24% of live births were to mothers under the age of 19 years compared to the national average of 5% in 2004.[3] Young mothers who are 17 years or younger have an increased risk of delivering babies who are pre-term. Young mothers are also more likely to smoke and drink alcohol, and less likely to breastfeed.

Sexual health is also an issue of concern. For example, 17 times more women and men are diagnosed with chlamydia in Nunavut than for the whole of Canada.

Health Status Measure (2004)[2]	Canada	Nunavut
Pre-term births (less than 37 weeks)	8%	12%
Rate of infant death (per 1000 live births)	5	16
Rate of neonatal death (per 1000 live births)	4	9
Rate of post-neonatal death (per 1000 live births)	1	7
Rate of neonatal hospital readmission	3.5%	5.5%




More support is required to address key health determinants such as poor nutrition, tobacco and substance abuse, and family and emotional problems, which are viewed as the major maternal health challenges faced by Nunavummiut.

While there has been considerable success with the 2003 tobacco strategy reducing the smoking rate to 53%,[4] pregnant women remain a priority group for action due to the effects of tobacco use on the baby. Alcohol use can result in poor pregnancy outcomes and fetal alcohol spectrum disorder (FASD); a study of women in the Baffin region found that 22% reported drinking alcohol when known to be pregnant.[5]

Food security is an issue for pregnant women. While pregnant mothers do receive supplemental food, it is often shared with the extended household, as there is a traditional expectation that food is communal. Inadequate nutrition during pregnancy can result in low birth weights, iron-deficiency anemia, and increased risk of some birth defects. A study of pregnant women in the Baffin region found that 80% had vitamin D deficiency severe enough to put their infants at greater risk for rickets.[6]

Travel outside the woman's home community for the birthing process is not an ideal situation. When women leave, often without an escort, for extended periods of time, the family connection can deteriorate. As a consequence, it can often be difficult for the father and the rest of the family to feel involved with the child and its birth.

Additionally, men should be encouraged to play a more active role in providing support to pregnant and new mothers, as well as bonding with and being responsible for their child. Parents need emotional and social support after the birth and throughout the development of the baby. They also need support as they deal with the realities of parenthood and work to balance traditional and modern parenting practices.

Finally, it is worth noting that maternal and newborn health data can be difficult to obtain, and there is a need to improve perinatal and child health surveillance and monitoring. This will make it possible to better track progress, evaluate and identify needs and understand influences in pregnancy and child health, increasing the Department's ability to develop more effective programs and supports.

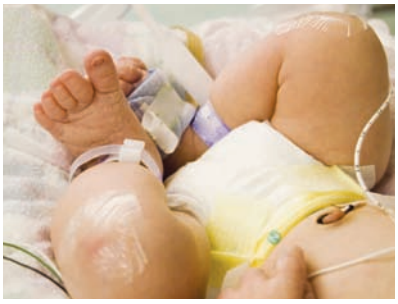
Enhancing Nunavut's Model of Maternal and Newborn Health Care

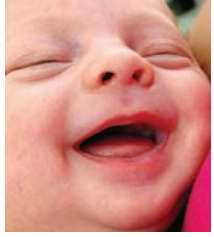
While there are many dedicated people who deliver maternal and newborn health care across the territory, further work is required to shape Nunavut's model of care so that it is based on a broad and social determinants approach to health, which includes Inuit traditional values and culture, and that it is delivered in a more consistent and integrated fashion.

The range of providers involved in maternal and newborn care needs to be recognized and supported and work as a team: registered midwives, nurses including public health nurses and nurse practitioners, perinatal educators and resource providers, maternity care workers, community health representatives, prenatal nutrition program coordinators, elders, family doctors and obstetricians.

It is important to create opportunities to build and integrate a base of trained midwives – internationally recognized as a care provider of choice for low-risk births – into the health system. To that end, Nunavut Arctic College (NAC) has established the Maternity Care Worker and Midwifery Program, from which a number of Inuit students have already graduated. In September 2008, the Government of Nunavut passed the *Midwifery Profession Act*, which provides a legislative framework for midwifery in the territory to assure high quality and safe births in Nunavut.

As more registered midwives are employed in Nunavut, they will be uniquely positioned to provide excellent maternal and newborn health care for low-risk births from preconception to postpartum, incorporating traditional Inuit values and knowledge for birthing women and their families. They will also promote health practices that interconnect the mind, body, spirit, and environment, while meeting national and international entry-to-practice competencies.





New maternity care workers will partner with registered midwives and other care providers to assist in community wellness programs. They will provide a range of prenatal and postnatal resources and support to expecting mothers and fathers, and perform home visits, working with the entire extended family.

While a range of services are provided to Nunavummiut across the territory to support maternal and newborn health, one particular service delivery model stands out for its proven success in providing community-based, family-centred care to mothers, newborn and their families. The Rankin Inlet Birthing Centre (RIBC), in operation since 1992, has successfully delivered over 500 low-risk birth babies with the support of registered midwives and other care providers. Providing comprehensive and culturally relevant care, maternal and newborn health has been enhanced as a result of this service. The birthing centre has even evolved into a regional birthing centre, enabling low-risk mothers to give birth within the Kivalliq region, rather than spending several weeks out-of-territory. The Department has also been successful in a limited regional expansion of the RIBC services by establishing a satellite clinic in Arviat, which has the highest birth rate of any community in Nunavut.

There is strong evidence that the delivery of maternal and newborn health care is safe in remote communities such as at the RIBC. For example, researchers from the University of Manitoba conducted an audit of the RIBC covering 1991-2004 and found that: "*Overall, in the opinion of the reviewers, the data reviewed showed that the RIBC has provided safe and acceptable maternity care during the initial years of its existence.*"[7]

Having more community-based capacity to deliver maternal and newborn health care, supported by registered midwives and maternity care workers, offers the potential for women and their families to receive local care that is safe, focused on health promotion, and based on Inuit culture and knowledge. As the current model of care is reshaped, an approach must be fostered that connects the family, community and its culture to childbirth.

The *Maternal and Newborn Health Care Strategy* has been developed to address the critical conditions outlined above and to provide health care consistent with Inuit traditional birthing and newborn care.

STRATEGIC PHILOSOPHY

Vision

Through the *Maternal and Newborn Health Care Strategy*, we envision that:

All Nunavummiut will have the best possible start in life, with strong family support and access to excellent and culturally appropriate maternal and newborn health care so they are able to enjoy healthy living.

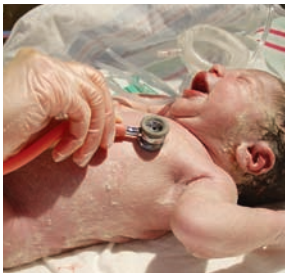
Guiding Principles

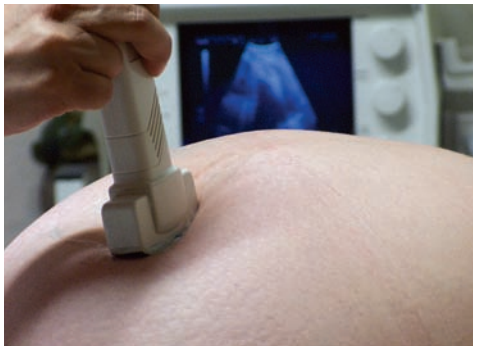
The Strategy supports many of the priorities outlined in *Tamapta/CLᖁC: Building our future together*, seeking to build healthy families and communities with specific emphasis on the following four priorities:

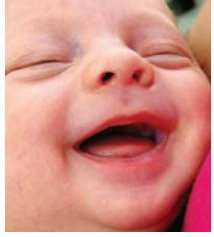
(1) *improve health through prevention*;
(2) *address social concerns at their roots*;
(3) *help those at risk in communities*; and
(4) *improve education and training outcomes*.

Overarching Inuit principles, as outlined in *Tamapta*, also guide the Strategy:

- **Inuuqatigiitsiarniq**: respecting others, relationships and caring for people.
- **Tunnganarniq**: fostering good spirit by being open, welcoming and inclusive.
- **Pijitsirniq**: serving and providing for family and/or community.
- **Aajiiqatigiinniq**: decision making through discussion and consensus.
- **Pilimmaksarniq/Pijariuqsarniq**: development of skills through observation, mentoring, practice and effort.
- **Piliriqatigiinniq/Ikajuqtigiinniq**: working together for a common cause.
- **Qanuqtuurniq**: being innovative and resourceful.
- **Avatittinnik Kamatsiarniq**: respect and care for the land, animals and the environment.







Additional principles relevant to the Strategy include:

- *Choice*: mothers, families and communities are able to choose and access appropriate maternal and newborn health care, taking into consideration what is best for them
- *Promotion of childbirth as normal*: where birth is understood to be a normal part of life – a natural life process that usually does not require medical interventions
- *Local, family-centred care*: value is placed on the mother being supported by the father, her family and her community; giving birth in one's community is the optimal setting for low-risk births and will positively impact the community as a whole
- *Determinants approach to pregnancy and birth*: considers all health determinants in the care for mother and newborn; increases awareness and responsibility, and provides a good start for parents
- *Collaboration and partnership*: are essential and includes teamwork among various care providers, and between the mother and her care providers, fostering increased ownership, decision-making and responsibility for parents
- *Sustainability*: through capacity building across Nunavut, with the inclusion of Inuit maternity care workers and registered midwives as part of the health care team
- *Accountability*: evolution of the model of care is long-term, striving for the highest standards of care, taking into account lessons learned

ACTION PLAN: GOALS AND PRIORITY ACTIONS

The Strategy's Action Plan comprises four goals with supporting priority actions.

Goal 1: To increase local capacity and participation in Nunavut

Priority Actions:

Development of new maternal and newborn health centres and satellite clinics[8] in selected communities across the territory through a phased approach:

- Enhanced services in each region through the establishment of regional maternal and newborn health centres in Rankin Inlet and Cambridge Bay
- Following the establishment of new regional centres, new satellite clinics would be set up in selected communities, based on criteria such as caseload, priorities and needs

Enhanced maternal and newborn health care services at the Qikiqtani General Hospital in Iqaluit through the integration of registered midwives in the hospital's collaborative practice model

Involvement of community health committees and elders in the planning and delivery of enhanced maternal and newborn health services in the communities

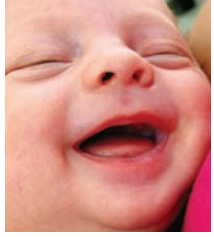
Offering of obstetrical emergency skills workshops and neonatal resuscitation programs to key communities to increase emergency preparedness skills.

Goal 2: To increase the number of maternity care workers and registered midwives in Nunavut

Priority Actions:

Active recruitment of Inuit to train as maternity care workers and registered midwives through the Maternity Care Worker and Midwifery Program at Nunavut Arctic College and to work in communities across the territory

Expansion of the Nunavut Arctic College's program beyond Rankin Inlet to Cambridge Bay and Iqaluit, ensuring increased access to maternity care and midwifery training and education



Placement of maternity care workers and registered midwives beyond Rankin Inlet to other new maternal and newborn health centres and satellite clinics through a phased approach

Regulation of the midwifery profession through new midwifery legislation and the implementation of a regulatory framework with Practice Guidelines and Policies

- The *Midwifery Profession Act* was passed in September 2008, bringing into force new Practice Guidelines and Policies which will need to be implemented to ensure consistent, high quality and evidence-based care

Development of a plan to integrate registered midwives and maternity care workers within a collaborative practice model with other providers such as nurses (including public health nurses and nurse practitioners), family doctors, perinatal educators and resource providers, community health representatives, and prenatal nutrition program coordinators.

Goal 3: To increase the number of pregnant women receiving early, comprehensive and culturally relevant prenatal care

Priority Actions:

Increased participation of pregnant women in prenatal activities through:

- Prenatal classes and visits including outreach by maternity care workers, registered midwives and other providers
- Community-based health programs such as Canada Prenatal Nutrition Program (CPNP) in all communities

Decreased risk exposure of babies to tobacco, drug and alcohol use through:

- Prenatal screening, support and counseling
- Smoking cessation and alcohol and drug abuse counseling offered as part of CPNP
- Partnering with communities to increase awareness and implement strategies addressing Fetal Alcohol Spectrum Disorder

Improved access to traditional food and nutritious store bought food for pregnant and breastfeeding women through:

- Healthy Foods North program as an evidence-based community approach
- Community-based approaches that will increase access to traditional food
- Improved delivery of supplemental food

Increased access to prenatal vitamin supplements, including adequate vitamin D, folic acid and iron for pregnant women through prenatal food supplementation programs and involvement of nurses, community health workers and elders

Increased screening for anemia for pregnant women and infants

Increased information and awareness about sexually transmitted diseases during prenatal visits

Improved monitoring and surveillance as a means of tracking progress and improving initiatives for better health outcomes through the implementation of a perinatal and child health surveillance system.

Goal 4: To increase pregnancy planning and parenting support and skills

Priority Actions:

Increased access to sexual health education and preconception counseling through schools, health centres, workplaces, and the media

Support to teens to increase pregnancy planning, focusing on decision-making, resisting peer pressure, communication and conflict resolution

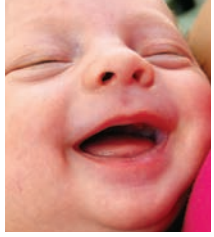
Increased involvement of fathers in prenatal care and classes, labour and birth, and parenting to promote healthy family relationship

Increased involvement of family and community members as desired by the pregnant woman to support and coach her during the birthing process

Increased breastfeeding, particularly for teen mothers, with a focus on babies aged 0-6 months to promote healthier babies, through support and counseling, and the creation of Baby Friendly Places in communities

Further development and delivery of culturally relevant family programs, such as prenatal classes, breastfeeding teaching, and parenting skills (e.g. Great Kids, Nobody's Perfect) in all communities

Increased home visitation and outreach programs by maternity care workers, registered midwives and other providers to support parents in need.



KEY MEASURABLE OUTCOMES

Through the assessment of the following outcomes, the success of the Strategy's actions can be measured and programs and services can modified to be more responsive and effective.

Increased Health and Well-Being of Babies, Mothers, Families and Communities: Improved health and well-being outcomes are expected as a result of improved prenatal care and support, improved birthing choices, increased inclusion of Inuit traditions and culture, and early parent support.

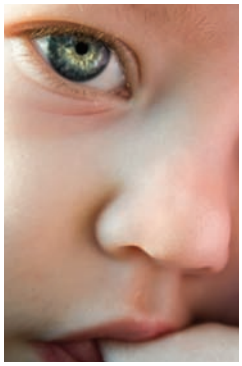
Measurements of success include:

- *decreased rate of low birth weight babies*
- *decreased neonatal and post-natal mortality rates*
- *decreased rate of teen pregnancies*
- *decreased rate of pre-term births*
- *increased rate of breastfeeding for babies up to 6 months of age*

Increased Quality of Care: The model that is emerging is community-based, preventative, family-centred and collaborative -- key to providing quality care and the best start possible in life.

Measurements of success include:

- *Increased rate of women attending CPNP and prenatal classes*
- *decreased rate of smoking, drug and alcohol use among pregnant women*
- *decreased rate of pregnant women reporting food insecurity*
- *decreased rate of neonatal hospital readmission*
- *increased satisfaction of mothers and families with their maternal and newborn health care*



Reduction of Out-of-Territory Services: The establishment of midwifery services in regional maternal and newborn health centres and at the Qikiqtani General Hospital will provide low-risk maternity patients with increased choice in birthing settings. Under this model, near-term mothers would only need to be transported to another province or territory under specific conditions. This approach may generate cost-savings that can be reinvested in improved maternal and newborn health services.

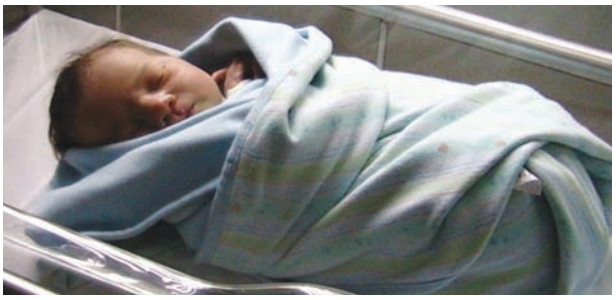
Measurement of success includes:

- *increased rate of low risk births taking place in Nunavut communities*

Increased Community Involvement and Empowerment: Returning birthing to the North is an ideal opportunity for community empowerment on numerous levels, including integrating Inuit concepts and traditions around birthing, involving Elders and the community in the planning and delivery of services, and having fathers and families as supporters and coaches during pregnancy and birth.

Measurement of success includes:

- *Increased involvement of fathers and families in pregnancy and birth*
- *Increased number of maternal and newborn health care centres and satellite clinics in communities*

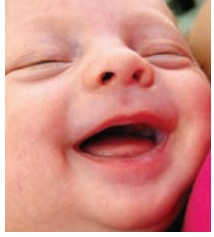


Increased Inuit Participation in the Health System and in the Workforce: The Strategy will build health system capacity, and increase Inuit working in the health system and in the workforce generally, by developing continuous accredited education, training, mentoring initiatives and new job opportunities. By expanding the NAC's program delivery, many recruitment and retention difficulties in Nunavut will be lessened.

Measurements of success include:

- *Increased number of communities offering Maternity Care Worker and Midwifery Program*
- *Increased number of Inuit maternity care workers and registered midwives*

"Healthier, happier children grow into healthier, happier adults who are better equipped to become healthier, happier parents in turn."[9]




ANNEX I: TERMS AND DEFINITIONS

Maternity Care Worker

As a member of the primary care team, the maternity care worker (MCW) participates in and facilitates effective, consistent and culturally appropriate delivery of maternal newborn health services. The role has a primary health care focus, utilizing health promotion and illness prevention strategies. The maternity care worker assists in community wellness programs in various locations throughout the community. Maternity care workers are able to provide a range of prenatal and postnatal resources and support to expecting mothers and fathers. Maternity care workers also perform home visits, which would enable more effective one-on-one communication and problem solving. Home visits allow the MCW to work with the entire extended family, reflecting the multigenerational nature of many Inuit families.

Registered Midwife

A registered midwife is a person who has acquired the requisite qualifications to be registered to practise midwifery. She is recognized as an accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on her own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. She has an important task in health counseling and education, not only for the woman, but also within the family and the community.

This work involves antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care. A registered midwife is directly accessible to clients without referral or supervision from another health care professional and may practise in any setting including the home, community, hospital, clinic or health unit.

Maternal and Newborn Health Care

As defined by communities in Nunavut, maternal and newborn health care encompasses a broad, community-based continuum including: reproductive and sexual health, family health, family planning, prenatal education and support, childbirth, postnatal health, support for mother and baby, and participation of family and community. These areas have been identified as a priority from both the communities and the Government of Nunavut.

They are all included in the maternal and child health continuum that is defined in *Piliriqatigiinngnig – Working Together for the Common Good*[10] as:

- Sexual health education
- Prenatal check ups and screening
- STD screening
- Health and nutrition education
- Substance use and FASD education, screening and support
- Local birthing centres with midwifery supports
- Access to specialists for high risk pregnancies
- Maternal and newborn care
- Local breastfeeding supports

- Home based postpartum
- Maternal and infant nutrition education
- Culturally relevant parenting and relationship education and support
- Local family, maternal and child care
- Infant and child nutrition education
- Local access to oral health programs and surgeons
- FASD assessment and early therapeutic supports

Terms related to stages of pregnancy and childbirth

Preconception – period when a woman is of child-bearing years but is not pregnant

Prenatal – period during pregnancy

Perinatal – period around childbirth about three months before birth and one month after birth

Postnatal – period beginning immediately after the birth of a child and extending for about six weeks

Postpartum (not the same as the postnatal period) – refers specifically to the state of the mother and her adjustment to the process of child-bearing, both physically and psychologically, usually considered to be six weeks or several months after the birth

Maternal and newborn health centres

A maternal and newborn health centre, in the context of this Strategy, is not meant to be a new "bricks and mortar" facility. It is a centre, located within an existing health facility, which is staffed by registered midwives and other care providers and which delivers comprehensive maternal and newborn health services. The centre is based on a continuum of care model, which seeks to provide support throughout the preconception, prenatal, birth and postnatal period. It emphasizes a family environment, the normalcy of birth and the empowerment of the mother.

Satellite maternal and newborn health clinics (satellite clinics)

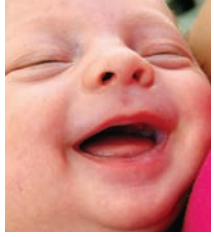
A satellite maternal and newborn health clinic is also not meant to be a new "bricks and mortar" facility. It is a clinic where a maternity care worker and a registered midwife provide prenatal and postpartum care to local families.

Maternity Care Worker and Midwifery Program (Nunavut Arctic College)

NAC offers a "laddered" program where courses for a Maternity Care Worker certificate are also considered to be the first year toward a three-year diploma in midwifery, which in turn can eventually be part of a degree in that field, if desired. The program reflects the goals, values, and ethical codes established for Nunavut; Nunavut Arctic College and Nunavut, and Canadian and international midwives.

The program is based on:

- *Inuit Qaujimajatuqangit*, in recognizing and promoting the healthy interconnection of mind, body, spirit, and environment; facilitating access for all; incorporating traditional activities and values as a dominant thread throughout by inclusion of Inuit knowledge of birthing women and their families as well as insuring that traditional Inuit midwives have an integral role in teaching midwifery principles and values,
- *A health promotion model* in that health promotion as a theoretical framework will be a thread throughout and will do so within the context of Inuit values, and
- Meeting *global entry-to-practice competencies* for all midwives within the context of Inuit values.




ANNEX II: REFERENCE DOCUMENTS

Canadian Perinatal Health Report 2008, Public Health Agency, Government of Canada, 2008.

Developing Healthy Communities: A Public Health Strategy for Nunavut, 2008-2013, Department of Health and Social Services (Nunavut), 2007.

Examining Midwifery-Based Options to Improve Continuity of Maternity Care Services in Remote Nunavut Communities, Sara Tedford, Gold, John O'Neil and Vicki van Wagner, 2005.

Monitoring Trends of Human Environmental Contaminants in Nunavut (Qikiqtani Region) (Maternal Health Survey or Anaana project), Department of Health and Social Services (Nunavut), University of Montreal, Indian and Northern Affairs Canada and Health Canada, 2008.

Nutrition in Nunavut: A Framework for Action, Department of Health and Social Services (Nunavut), 2007.

Piliriqatigiinngnig – Working Together for the Common Good (Health Integration Initiative Project), Department of Health and Social Services (Nunavut), Nunavut Tunngavik Incorporated and Health Canada, 2006.

Rankin Inlet Birthing Centre, Audit 1991-2004, by Alexander Macaulay, Anne Durcan and J.A. Hildes, Northern Medical Unit, Inuit Health Program, Department of Community Health Sciences, University of Manitoba, 2005.

ENDNOTES

[1]Health measures in this section, unless otherwise indicated, are drawn from: Piliriqatigiinngnig – Working Together for the Common Good, Department of Health and Social Services (Nunavut), Nunavut Tunngavik Incorporated and Health Canada, 2006, p. 50-53 and p. 73.

[2]Canadian Perinatal Health Report 2008, Public Health Agency, Government of Canada; health measures are rounded to the nearest whole figure.

[3]Canadian Perinatal Health Report 2008, Public Health Agency, Government of Canada.

[4]Drawn from: Developing Healthy Communities – A Public Health Strategy for Nunavut, 2008-2013, Department of Health and Social Services (Nunavut), 2007, p. 9.

[5]Monitoring Trends of Human Environmental Contaminants in Nunavut (Qikiqtani Region) (Maternal Health Survey or Anaana project), Department of Health and Social Services (Nunavut), University of Montreal, Indian and Northern Affairs Canada and Health Canada, 2008.

[6]Ibid.

[7]Rankin Inlet Birthing Centre, Audit 1991-2004, by Alexander Macaulay, Anne Durcan and J.A. Hildes, Northern Medical Unit, Inuit Health Program, Department of Community Health Sciences, University of Manitoba, 2005, p. 49.

[8]Maternal and newborn health centres or satellite clinics are *not* meant to be new "bricks and mortar" facilities; it is envisioned that they would be located within an existing health facility. See Annex I for further details.

[9]Piliriqatigiinngnig – Working Together for the Common Good (Health Integration Initiative Project), Department of Health and Social Services (Nunavut), Nunavut Tunngavik Incorporated and Health Canada, 2006, p. 49.

[10]Piliriqatigiinngnig – Working Together for the Common Good (Health Integration Initiative Project), Department of Health and Social Services (Nunavut), Nunavut Tunngavik Incorporated and Health Canada, 2006, p. 50.