

NWT MIDWIFERY STAKEHOLDER ENGAGEMENT

AUGUST 2017

CONTENTS

EXECUTIVE SUMMARY

Introduction

The primary intent of this report is to present information gathered from residents during midwifery stakeholder engagement sessions held across the NWT from January to March 2017. Three key questions guided the project:

1. What are the perceived gaps in the current model of maternity services in NWT?
2. How could a territorial midwifery program enhance maternal health services for women, families and communities, particularly among vulnerable populations and those living in small communities?
3. How could a territorial midwifery program support community health nurses (CHNs) in delivering high quality pre-conception antenatal, emergency (unplanned) birthing, post-partum, and newborn care?

Based on an analysis of that information, recommendations have been put forth for consideration by Government of the Northwest Territories (GNWT), Department of Health and Social Services (HSS).

Methodology

The NWT Territorial Midwifery Program Stakeholder Engagement Working Group (Working Group) served as advisors to the midwifery stakeholder engagement process. Multiple methods were used to target a wide range of stakeholders across the NWT, including Sharing Circles, interviews (individual and group) and an online survey. Information was obtained from community members (pregnant women, mothers and fathers, people considering having children, and community members interested in maternity care generally), healthcare providers, community services staff, government staff, and community programs staff.

In-person Sharing Circles and interviews were held in Fort Smith, Hay River, Yellowknife, Inuvik, Tuktoyaktuk, Fort Simpson, Tulita, and Behchoko and teleconference Sharing Circles and interview options were provided for stakeholders outside these communities. In total, 182 individuals participated in in-person or teleconference Sharing Circles and interviews and 307 participants completed the online survey.

Qualitative and quantitative information gathered for this project was reviewed and assessed by each data collection activity separately and then, the information was triangulated. Triangulation was employed to explore convergence, complementarity and dissonance. Thematic analysis methods were used to code the data collected during the engagement process.

A few limitations may have impacted the findings of this report. Attendance at certain Sharing Circles was low due to conflicting scheduling and venue location. There may have been selection bias with respect to the participants who attended the Sharing Circles. It is quite likely that attendees represented those individuals with a specific interest in midwifery services being provided. In some of the communities, participants questioned the purpose and objectives of this project, given that many of them had participated in the consultation process in 2012 regarding the Midwifery Options Report. This may have impacted participation rates, as well as the perspectives shared by the individuals who did participate.

Background

Midwives are regulated in NWT under the *Midwifery Profession Act, S.N.W.T. 2006, c.24,* and the following regulations: *Midwifery Profession General Regulations, N.W.T. Reg. 002-2005; Prescription and Regulation of Drugs and other Substances Regulations, N.W.T. Reg. 003-2005;* and *Screening and Diagnostic Tests Regulations, N.W.T. Reg. 004-2005.* Since the implementation of the legislation, three midwifery programs have been introduced in the following communities: Fort Smith, Yellowknife, and Hay River. Operation of the Yellowknife program has since been suspended.

The 2016-2019 mandate of the GNWT was tabled on March 3, 2016. As part of the GNWT's commitment to community wellness and safety, the mandate affirms that the GNWT will continue implementing Right from the Start to improve early childhood education by,

- "Developing options to enhance access to birthing services and pre- and post-natal care, including development of a territorial midwifery model."[1]

In 2012, DPRA was contracted to carry out research (including stakeholder engagement) that would inform the development of recommendations to help improve the quality of perinatal care available to NWT families by increasing access to midwifery services and further integrating midwifery into the existing NWT framework of perinatal care. Three evidence-based options of midwifery care were put forth for consideration by GNWT HSS: community-based model; regional model; and, territorial model. These models varied in their cost effectiveness, ability to impact health outcomes, sustainability, culturally appropriateness, accessibility, and ability to support integrated care. This report focuses specifically on how a territorial midwifery program could enhance maternity care across the NWT.

Findings

Stakeholders shared many thoughts and opinions about the maternity care in NWT. Findings are presented according to eight areas of inquiry:

[1]GNWT. (2016). Mandate of the Government of the Northwest Territories 2016-2019. p. 24. http://www.assembly.gov.nt.ca/sites/default/files/td_29-182.pdf

- Strengths and challenges of maternity care services
- Maternity care improvements
- Level of interest in midwifery expansion
- Integration of midwifery with primary care
- Training, tools, and supports to enhance delivery of maternity care in communities serviced by CHNs and medical travel
- Supporting vulnerable / high-risk populations in maternity care
- Cultural safety in maternity care
- Medical travel for birth

The findings strongly relate to the types of services available in the community, as well as the stakeholder's role in the maternity care interaction. Where appropriate, findings are grouped into the three different maternity care models operating in NWT and the survey responses[2]:

- Communities serviced by midwives
- Communities serviced by physicians and nurse practitioners
- Communities serviced by community health nurses and medical travel
- Online survey respondents

In addition, where appropriate, findings are further broken down by the three stakeholder groups:

- Community members
- Healthcare providers
- Community organizations

Analysis and Discussion

WHAT ARE THE PERCEIVED GAPS IN THE CURRENT MODEL OF MATERNITY SERVICES IN NWT?

Engagement participants identified a wide variety of gaps associated with the current model of maternity services offered in the NWT:

- Lack of choice in provider, delivery location, and delivery method;
- Lack of continuity of care throughout the entire maternity process (prenatal, labour and birth, postnatal);
- Lack of pre- and post-natal supports, particularly with respect to peer support groups, prenatal and postnatal education, mental health and addictions, and breastfeeding;
- Lack of family supports during medical travel for birth;
- Lack of CHN obstetrical training and experience;
- Lack of Indigenous maternity supports;

[2] Because the survey did not ask respondents to identify their home community, it is not possible to fit the survey results into the three maternity care models nor the three respondent groups.

- Lack of midwifery recruitment and retention plan to ensure the sustainability of existing midwifery programs; and
- Lack of a territorial birth outcomes registry to track birth outcomes and medical interventions.

How could a territorial midwifery program enhance maternal health services for women, families and communities, particularly among vulnerable populations and those living in small communities?

A territorial midwifery program could improve the quality of maternity care services for women and families in the NWT by:

- Providing ongoing training and support to CHNs to enhance the delivery of prenatal and postpartum care;
- Enhancing health outcomes for vulnerable/high risk populations through longer appointment times and trust built through continuity of care; and
- Expanding the availability of maternity care services in communities serviced by physicians and NPs by offering home birth, on-call client support, longer prenatal appointments, home visits, and breastfeeding support.

In order to realize these benefits, midwifery would have to be well integrated with other primary care services to ensure inter-professional collaborations and a seamless flow of referrals, consultations, and transfers of care.

How could a territorial midwifery program support community health nurses (CHNs) in delivering high quality pre-conception antenatal, emergency (unplanned) birthing, post-partum, and newborn care?

A territorial midwifery program could support CHNs by:

- Building CHN capacity through ongoing training and individualized support;
- Supporting NWHP to provide assistance to CHNs with non-urgent clinical questions; and
- Providing in-person training and clinical support to CHNs though community visits, in a similar model to the midwifery program operating out of Cambridge Bay, Nunavut.

In order to realize these benefits, there would need to be a large enough complement of midwives to enable midwives to provide care to local clients, as well as facilitate travel to surrounding communities. A large group of midwives could be located in one regional location, such as Yellowknife, where midwives are each assigned to specific communities in a region. Alternatively, smaller groups of midwives could be located in different regional centres, such as Hay River, to provide care to surrounding communities.

Recommendations

The following recommendations are put forward for consideration by GNWT DHSS. The recommendations are based upon an analysis of the findings and with the following system objectives in mind:

- Ensure cost-effectiveness and sustainability of the NWT perinatal care system;
- Improve the cultural suitability of pregnancy, birth, postnatal care, sexual reproductive health, new born and well-woman care;
- Enhance and support midwifery integration into the primary community care teams and hospitals;
- Enhance the capacity of community health centres to provide high quality and culturally capable care to women, babies and families in the community; and
- Improve the accessibility of midwifery care to socially at-risk women and vulnerable populations.

It is important to note that because the recommendations are based on stakeholder engagement, further analysis is necessary to explore the feasibility with respect to cost, human resourcing, and operational realities.

1. It is recommended that GNWT DHSS continue to support a maternity care system that recognizes the uniqueness of the territory and the communities within and values:
    - Women and family-centered care;
    - Continuity of care in pregnancy through to the postpartum period;
    - A known provider at birth;
    - The safest option for birthing that is close to home; and
    - Choice of healthcare provider within a well-integrated system of healthcare providers practicing to their full scope of practice.

2. It is recommended that the GNWT HSS continue to use the NWT Midwifery Practice Framework to shape the model of care provided by midwives.

3. It is recommended that existing midwifery services in Hay River and Fort Smith be strengthened through ongoing financial and human resource investments to ensure sustainability of the current programs.

4. It is recommended that a midwifery recruitment and retention plan be developed to address program stability, succession planning, leave coverage, and program expansion.

5. It is recommended that to meet the demand for midwifery services, the feasibility of expansion be examined in the following communities:

    - Hay River – Based on the model currently being implemented in Cambridge Bay, Nunavut, consideration should be given to expanding the existing Hay River Midwifery Program from a community-based program to a regional-based program. A regional program would require midwives to continue to provide care to those women residing in Hay River and on the Katlodeeche First Nation Reserve while also providing care and support to women and CHNs in surrounding communities through travel on a regular basis to those communities. Low-risk women residing outside of the regional centre

could travel to Hay River to give birth. The operationalization of a regional model would require at a minimum, human resource investments (e.g., additional midwives would be required) and financial investments (e.g., boarding home, office space, birthing space). High risk pregnancies would still have deliveries in Yellowknife.

- Yellowknife – It is recommended that the GNWT HSS reinstate the midwifery program in Yellowknife and that the midwife hires be integrated into the existing primary health care teams and work closely with the NWHP, so that they can share in the provision of maternity care and provide birth place options for residents of Yellowknife and those women coming to Yellowknife for birth. Given the benefits of the midwifery model of care for vulnerable populations, midwives in Yellowknife should engage in community outreach to service this population. Consideration should be given to the role midwives in Yellowknife can play in traveling to communities outside of Yellowknife to support CHNs and women in these communities. Prior to integration, interdisciplinary maternity care guidelines be development that articulate shared values in a maternity model of care and the scope of practice for each health care provider working under this collaborative model. The reinstatement of the midwifery program in Yellowknife would require, at a minimum, human resource investments (e.g., new midwife hires) and financial investments (e.g., office space).

- Beaufort Delta – The impending Obstetric NP vacancy provides an opportunity to explore the feasibility of offering midwifery services out of Inuvik. Given the demand for midwifery services expressed by community members in the Beaufort Delta, it is recommended that the GNWT HSS consider how a midwife could be integrated with obstetrical services in Inuvik to enhance intrapartum and postpartum care while maintaining the sustainability of the existing obstetrical and surgical services. A midwife in Inuvik could continue the work of the Obstetric NP to support CHNs in the provision of maternity and well woman care in the seven communities of the Beaufort Delta. Replacing the outgoing Obstetric NP with a midwife or midwives in the Beaufort Delta would require human resource investments (e.g. new midwife hire).

- Behchoko – It is recommended that GNWT HSS consider the feasibility of expanding midwifery services to Behchoko. Midwives could be positioned in Behchoko to provide community-based care and provide supports to women and CHNs in the surrounding region. Birthing services in Behchoko should be explored to reduce the number of unplanned births currently taking place in the community and enhance patient safety. Implementing a midwifery program in Behchoko would require, at a minimum, human resource investments (e.g., new midwife hires) and financial investments (e.g., office space, birthing room).

6. It is recommended that the GNWT HSS develop a formalized training and support system for CHNs to enhance their competence and confidence in providing maternity care services. CHN training and support offered should be standardized, and the curriculum should be developed by

an inter-professional team of healthcare providers inclusive of midwives, GPs, OBs, NPs, and CHNs. Qualified healthcare providers (e.g. midwives, NPs, lactation consultants, etc.) from within the NWT and from outside the territory can be leveraged to provide this on-going training and support to CHNs. Midwives could be integrated to enhance the support services currently being provided to CHNs through NWHP and it is recommended that the GNWT consider how to best promote the existing supports available to CHNs to enhance knowledge and awareness.

7. It is recommended that the GNWT HSS continue to work with community programs to strengthen and expand existing programs and linkages and develop new, community-based programs that provide supports to women and families that range from information on contraception/safe sex through to healthy parenting. Community programs should address gaps in the areas of sexual education, breastfeeding, postpartum supports for mothers, mental health and addictions, education for fathers, and Indigenous-centered programming. The training of local community members to provide these programs should be prioritized.

8. It is recommended that the GNWT HSS continue to explore the feasibility of approving an escort for women who are sent out of the community to await their birth. It is also recommended that the GNWT HSS explore the viability of family-style lodging in Yellowknife and Inuvik.

9. In order to support northern workforce development, and to better support women and families throughout pregnancy, birth, and postpartum in their home communities, it is recommended that the GNWT HSS work with Aurora College and Aboriginal Health and Community Wellness to explore the feasibility of offering maternity care worker training and certification similar to that offered through Nunavut Arctic College. Such a program should be grounded in Indigenous cultural beliefs and values and incorporate both traditional and modern maternal care practices.

10. It is recommended that the GNWT DHSS implement a perinatal outcomes registry to systematically track pregnancy, birth, and childhood health outcomes in order to evaluate health interventions, track population health outcomes over time, and monitor system efficiency and effectiveness.

ACRONYMS

CHC	Community Health Centre
CHN	Community Health Nurse
CHR	Community Health Representative
CWW	Community Wellness Workers
EMR	Electronic Medical Records
ESW	Emergency Skills Workshop
FTE	Full-time Equivalent
GNWT	Government of the Northwest Territories
GP	General Practitioner
HSS	Department of Health and Social Services
LPN	Licensed Practical Nurse
NLF	Nursing Leadership Forum
NWHP	Northern Women's Health Program
NWT	Northwest Territories
NTHSSA	Northwest Territories Health and Social Service Authority
NIC	Nurse in Charge
NLF	Nursing Leadership Forum
NP	Nurse Practitioner
NRP	Neonatal Resuscitation Program
OB	Obstetrics
OBGYN	Obstetrician/Gynaecologist
PHN	Public Health Nurse
RN	Registered Nurse
TQT	Territorial Quality Team

1. INTRODUCTION

The primary intent of this report is to present information gathered from residents during midwifery stakeholder engagement sessions held across the NWT from January to March 2017. Based on an analysis of that information, recommendations have been put forth for consideration by Government of the Northwest Territories (GNWT), Department of Health and Social Services (HSS). The report is structured as follows:

Section 1: Introduction
Section 2: Purpose of the Project
Section 3: Engagement Methodology
Section 4: Background
Section 5: Findings
Section 6: Analysis and Discussion
Section 7: Recommendations

The report includes the following appendices:

Appendix A: NWT Birthing Statistics
Appendix B: Interview Questions and Sharing Circle Guide
Appendix C: Online Survey Question Set
Appendix D: Community Engagement Reports

2. PURPOSE OF THE PROJECT

The intended purpose of the Midwifery Stakeholder Engagement Project was to plan, facilitate, analyze and report on internal and external stakeholder engagement sessions that focused on exploring the implementation of a territorial model for midwifery care in the NWT. Three key questions guided the project:

1. What are the perceived gaps in the current model of maternity services in NWT?
2. How could a territorial midwifery program enhance maternal health services for women, families and communities, particularly among vulnerable populations and those living in small communities?
3. How could a territorial midwifery program support community health nurses (CHNs) in delivering high quality pre-conception antenatal, emergency (unplanned) birthing, post-partum, and newborn care?

The goal of the project was also to identify ways to:

- Ensure cost-effectiveness and sustainability of the NWT perinatal care system;

- Improve the cultural suitability of pregnancy, birth, postnatal care, sexual reproductive health, new born and well-woman care;
- Enhance and support midwifery integration into the primary community care teams and hospitals;
- Enhance the capacity of community health centres to provide high quality and culturally capable care to women, babies and families in the community; and
- Improve the accessibility of midwifery care to socially at-risk women and vulnerable populations.

The information gathered through the engagement process on these aspects maternity care was used to inform recommendations for a territorial midwifery program.

3. ENGAGEMENT METHODOLOGY

This section describes the approach and methods used to gather and analyze the information presented.

3.1 The NWT Territorial Midwifery Program Stakeholder Engagement Working Group

The NWT Territorial Midwifery Program Stakeholder Engagement Working Group (Working Group) served as advisors to the midwifery stakeholder engagement process. The membership of the Working Group included the following stakeholders:

- GNWT DHSS Senior Midwife Consultant, Chair
- Fort Smith midwife
- Stanton Obstetrician (OB)
- Yellowknife Family Physician
- Northern Women's Health Program Coordinator
- CHN representative
- Beaufort Delta Regional Obstetric Nurse Practitioner (NP)
- DPRA Staff

The Working Group met four times between January and March 2017 and also provided feedback and input via email as needed. The Working Group helped shape the methods and approach to the stakeholder engagement project, and provided guidance on the selection of locations for in-person community consultations, the list of stakeholders to consult, and the interview, focus group and online survey questions.

3.2 Stakeholder Engagement

DPRA used multiple engagement methods to target a wide range of stakeholders across the NWT. These methods included:

- Sharing Circles

- Interviews (individual and group)
- Online Survey

Stakeholder engagement activities took place in-person as well as through remote engagement methods. A summary of the engagement methods, locations, and stakeholders consulted is presented below.

3.2.1 Sharing Circles and Interviews

Methods

Recognizing the importance of public involvement in the project, in-person public Sharing Circles (focus group sessions) were held in selected NWT communities to collect information on the experiences and viewpoints of residents regarding maternity care in the NWT. In addition, one teleconference Sharing Circle was held.

Key stakeholder interviews were also conducted to collect information on the knowledge and opinions of individuals involved in the administration and/or delivery of perinatal/midwifery care within the NWT. Interviews took place in-person, by telephone, and by emailing the interview questions and requesting a written response. When stakeholders such as healthcare providers and community organization representatives were available to participate in a group, a group interview format was used, both in-person and through teleconference.

DPRA developed question sets for each of the different stakeholder groups and methods in conjunction with the Working Group.

Locations

DPRA traveled to eight communities across the NWT to gather stakeholder input. Communities were selected based on consultation with the Working Group to ensure representation of all of the regions and sizes of communities in NWT. The communities selected for in-person stakeholder engagement included: Fort Smith, Hay River, Yellowknife, Inuvik, Tuktoyaktuk, Fort Simpson, Tulita, and Behchoko.

Targeted Stakeholders

Information was obtained from the following stakeholders:

Table 1: List of Participants by Stakeholder Group

Stakeholder Group	Participants
Community Members	Pregnant women, mothers and fathers, people considering having children, and community members interested in maternity care generally
Healthcare Providers	▪ CHNs ▪ Family Physicians ▪ OBs

	▪ Pediatricians ▪ Nurse Practitioners ▪ Public Health Nurses (PHNs) ▪ Floor Nurses ▪ Northern Women's Health Program (NWHP) Coordinator ▪ Centering Pregnancy Program Coordinator ▪ Community Health Representatives (CHRs) ▪ Community Wellness Workers (CWW) ▪ Medical Directors ▪ Health Centre Directors ▪ Nurses in Charge (NICs) ▪ Midwives in Cambridge Bay ▪ Nursing Leadership Forum (NLF) members ▪ Territorial Quality Team (TQT), Women's and Child's Health ▪ Former NWT Midwives
Community Services Staff	▪ Healthy Families Workers ▪ Child and Youth Counsellors ▪ Mental Health Workers ▪ Wellness Counsellor/Social Workers ▪ Inuvik Transient Centre Staff ▪ Vital Abel Staff
Government Staff	▪ HSS Staff ▪ Northwest Territories Health and Social Service Authority (NWTHSS) Staff
Community Programs Staff	▪ Healthy Babies and Families (Behchoko) ▪ Our Babies, Our Futures (Fort Smith) ▪ Moms, Boobs, and Babies ▪ Centre for Northern Families ▪ Canada Prenatal Nutrition Program ▪ Growing Together (Hay River) ▪ N'dilo Community Wellness

Table 2 identifies the engagement dates and the total number of stakeholders that participated in the process by community. This table also identifies the total number of stakeholders that participated in the data collection process but were not part of a specific community engagement. These individuals spoke about maternity care from more of a territorial perspective (e.g., NTHSSA, NLF, TQT, NWHP). In total, 182 individuals took part in an interview (individual or group) or a Sharing Circle.

Table 2: Engagement Participation Summary

Community/Group	Engagement Dates	Number of Participants
Fort Smith	February 21 – 23, 2017	21
Fort Simpson	February 27 – March 1, 2017	11

Yellowknife	March 1-3 & March 8-9, 2017	54
Hay River	March 6-8, 2017	15
Inuvik	March 6-8, 2017	24
Tuktoyaktuk	March 9-10, 2017	12
Behchoko	March 10, 2017	10
Tulita	March 20 – 22, 2017	10
Not community specific	February 14 – March 28, 2017	25
Total Number of Participants		**182**

3.2.2 Online Survey

Methods

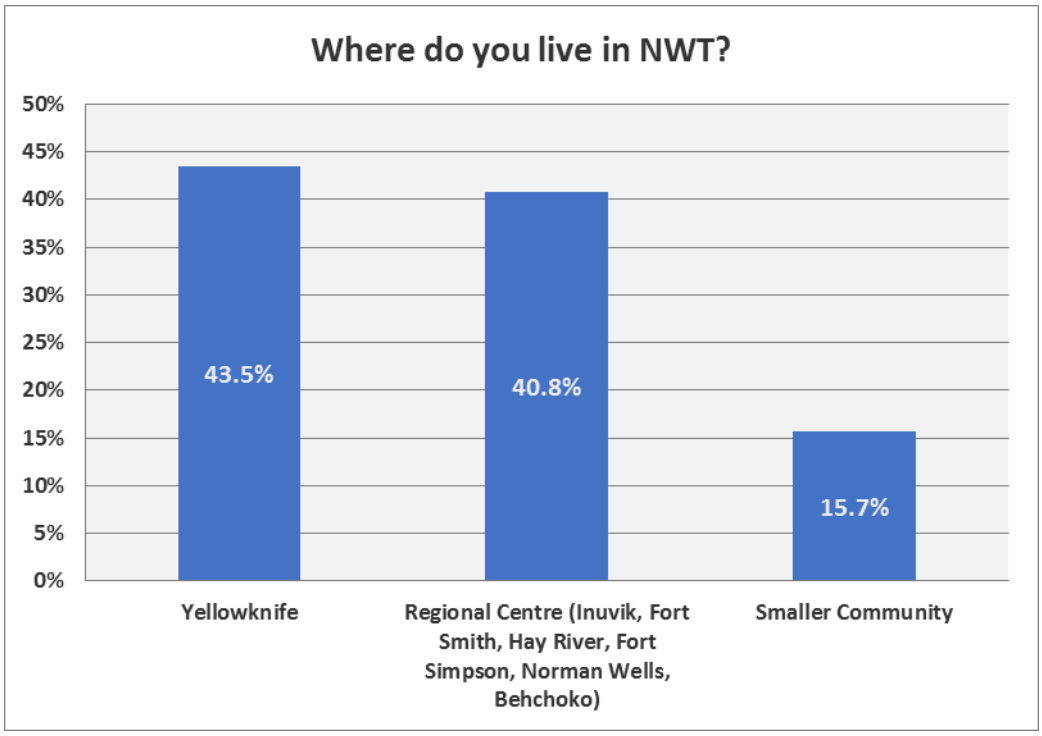
Community members across the NWT were provided the opportunity to complete an online survey about their experiences with maternity care and their opinions about midwifery services. The survey was hosted through Survey Monkey and was available from January 27 to March 24, 2017. The survey was advertised on the GNWT HSS website and was posted in the following Facebook groups across the NWT:

- Behchoko Buy, Sell, Trade
- Yellowknife Mom to Mom
- Hay River Community Announcements
- Fort Smith Community Announcements
- Tuk Buy and Sell
- Tuk Mom 2 Mom
- Tulita Bull, Sell, Trade
- Aklavik Events and Announcements
- Aklavik Buy, Sell, Trade
- Fort Smith Wanted, Buy, Sell, Trade
- Norman Wells Announcements
- Ulukhaktok Buy, Sell, Trade

Locations

In total, 307 participants completed the survey. Of those participants, 43% of respondents reported living in Yellowknife, 41% in a regional centre, and 16% in a small community (refer to Figure 1).

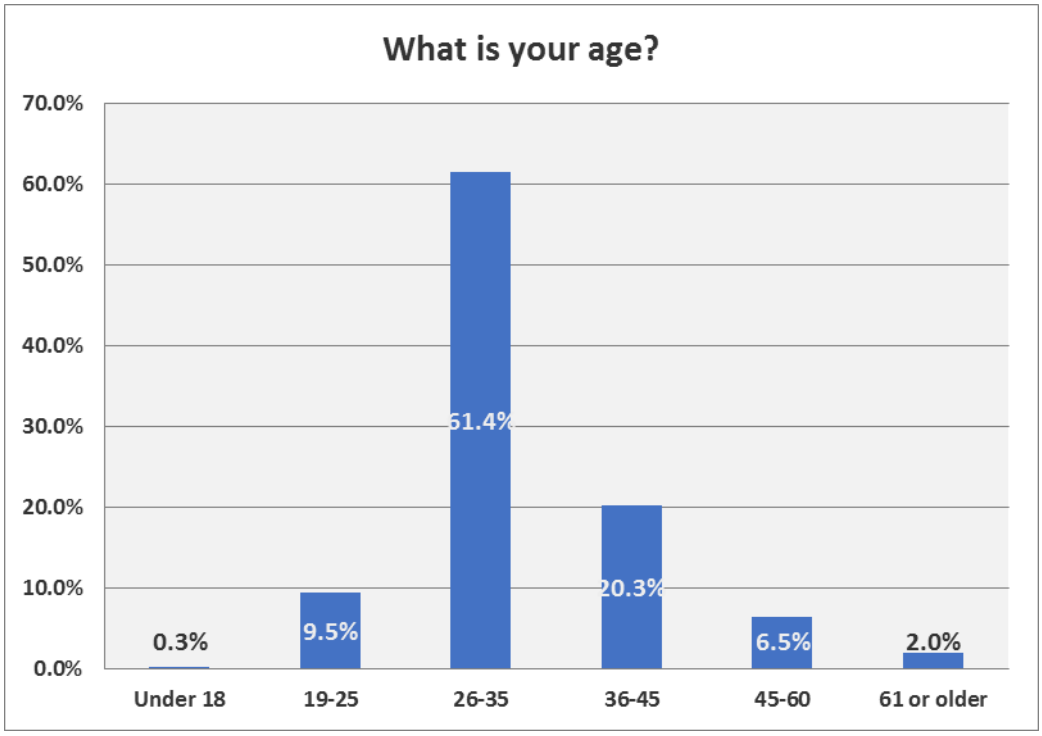
Figure 1: Community of Residence of Online Survey Respondents



STAKEHOLDERS

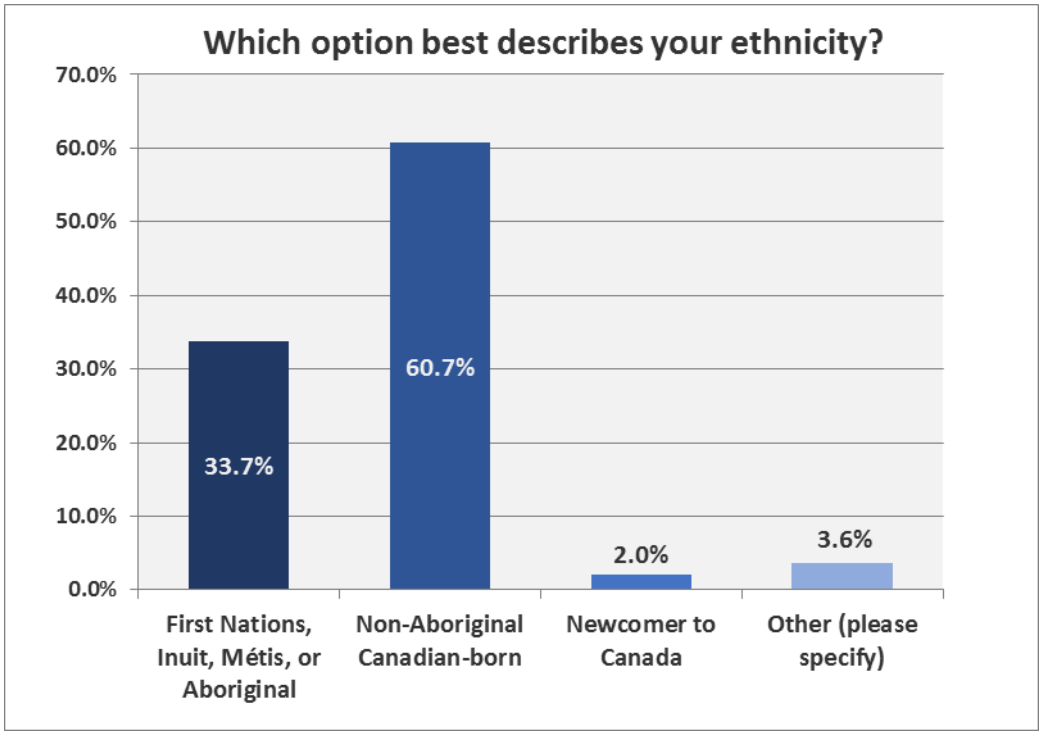
The majority of respondents reported being between 26-35 years of age (61%), followed by 36-45 (20%), 19-25 (9%), 45-60 (20%), 61 or older (2%) and 18 or younger (1%) (refer to Figure 2).

Figure 2: Age of Online Survey Respondents



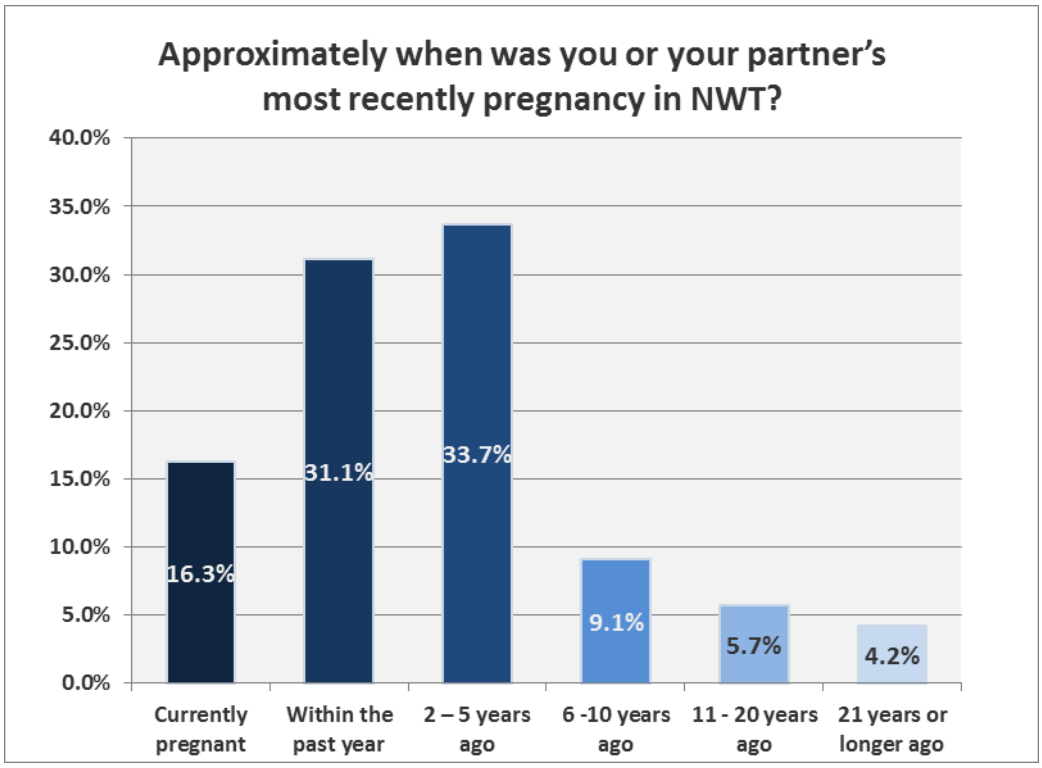
In terms of ethnicity, 61% of respondents identified themselves as being Non-Aboriginal, Canadian Born, 34% as First Nations, Inuit, Metis, or Aboriginal, 2% as newcomers to Canada, and 4% as Other (refer to Figure 3).

Figure 3: Ethnicity of Online Survey Respondents



Ninety percent (90%) of survey respondents reported being pregnant while living in NWT (refer to Figure 4). With respect to the timing of the most recent pregnancies, most respondents reported currently being pregnant (16%), having been pregnant within the past year (31%) or being pregnant within the last two to five years (33.7%) (refer to Figure 4).

Figure 4: Date of Most Recent Pregnancy of Online Survey Respondents



3.3 Analysis

Qualitative and quantitative information gathered for this project was reviewed and assessed by each data collection activity separately and then, the information was triangulated. Triangulation was employed to explore convergence, complementarity and dissonance. Three types of triangulation were employed in this analysis:

- Methodological – involves the use of more than one data collection technique;
- Data – involves the use of multiple data sources or respondent groups; and,
- Investigator – entails the involvement of two or more researchers/evaluators in the analysis.

Thematic analysis methods were used to code the data collected during the engagement process. First the researchers familiarized themselves with the data, then generated initial codes, then searched for themes that emerged from the codes. The findings are reported in Section 5, followed by an analytical discussion of the findings in Section 6, leading to a series of recommendations in Section 7.

The findings for each community are presented in a separate community engagement report. The reports can be found in Appendix D.

3.4 Project Limitations

The following limitations potentially impacted the findings presented in this report:

- The Sharing Circle in Behchoko was scheduled on the same day as a hand-games tournament and a Community Wellness Fair. In addition, some individuals may have been directed to the wrong venue. Although no community members attended the Sharing Circle, DPRA was able to consult with community members who attended the Fair. As a result of the circumstances, the responses provided by community members were less fulsome than those who participated in the two-hour long Sharing Circles in other communities.
- One of the Sharing Circles in Yellowknife garnered no participants. The Sharing Circle was scheduled to take place in the evening of a weeknight at the Yellowknife Public Library. The public advertisements promoting the Sharing Circles, including the posters, GNWT DHSS website, and newspaper advertisements, described the event as relating to midwifery.
- There may have been selection bias with respect to the participants who attended the Sharing Circles. It is quite likely that attendees represented those individuals with a specific interest in midwifery services being provided.
- No participants attended the teleconference Sharing Circle. As a result, participants from communities outside of the eight communities that received in-person engagement sessions were only able to provide feedback via the online survey.
- In some of the communities, participants questioned the purpose and objectives of this project, given that many of them had participated in the consultation process in 2012 regarding the Midwifery Options Report. This may have impacted participation rates, as well as the perspectives shared by the individuals who did participate.

4. BACKGROUND

4.1 Mandate of the Government of the Northwest Territories 2016-2019

The 2016-2019 mandate of the GNWT was tabled on March 3, 2016. As part of the GNWT's commitment to community wellness and safety, the mandate affirms that the GNWT will continue implementing Right from the Start to improve early childhood education by,

- "Developing options to enhance access to birthing services and pre- and post-natal care, including development of a territorial midwifery model."[3]

[3] GNWT. (2016). Mandate of the Government of the Northwest Territories 2016-2019. p. 24. http://www.assembly.gov.nt.ca/sites/default/files/td_29-182.pdf

4.2 Territorial Health and Social Service Planning

Health and social services in the NWT were formerly administered by eight regional health authorities. On August 1, 2016, six of those regional health authorities (Beaufort Delta, Sahtu, Dehcho, Fort Smith, Yellowknife, and Stanton Territorial Hospital) were consolidated into the Northwest Territories Health and Social Services Authority (NTHSSA). The goal of consolidating the operational oversight of health and social services is to:

- Improve coordination of our services;
- Ensure community and regional input into Territorial programs;
- Maximize the use of our human resources, facilities and every dollar we spend;
- Make our system more responsive to the needs of our residents; and
- Enhance frontline and community based patient-client care.[4]

At Present Hay River Health and Social Services Authority (HRHSSA) remains autonomous. Tlicho Community Services Agency (TCSA) will continue to deliver services in the Tlicho region under the Tlicho Self Government Agreement.

4.3 NWT Midwifery Legislation

The following section reflects information from the 2012 Midwifery Options Report[5] and is intended to provide context about midwifery in NWT. In 2005, the NWT passed legislation regulating the practice of midwifery under the *Midwifery Profession Act, S.N.W.T. 2006, c.24,* and the following regulations: *Midwifery Profession General Regulations, N.W.T. Reg. 002-2005; Prescription and Regulation of Drugs and other Substances Regulations, N.W.T. Reg. 003-2005;* and *Screening and Diagnostic Tests Regulations, N.W.T. Reg. 004-2005*. Since the implementation of the legislation, three midwifery programs have been introduced in the following communities: Fort Smith, Yellowknife, and Hay River. Operation of the Yellowknife program has since been suspended.

The following sections outline the definitions, scope of practice, principles, codes, and standards under which Midwifery in the NWT is expected to operate.

4.3.1 Goal of Midwifery

The goal of midwifery care in the NWT is that *Women in the community, along with their babies and families have healthy pregnancy, birthing and postpartum experiences.*

[4] NTHSSA. (2017). About Us. Retrieved from: https://www.nthssa.ca/en/about-us
[5] Ibid

4.3.2 Definition of Midwifery

In the NWT, a midwife is defined as:

> …a person who has acquired the requisite qualifications to be licensed to practice midwifery in the NWT. The midwife must be able to give the necessary care and advice to women prior to and during pregnancy, labour and the postpartum period, to conduct deliveries on his/her own responsibility, and to car for the infant and the mother.[6]

4.3.3 Scope of Practice

The scope of practice of a midwife in NWT, as cited in the *Midwifery Profession Act* s. 2(1):[7]

"A registered midwife is entitled to apply midwifery knowledge, skills and judgment

a) to provide counselling and education related to childbearing;
b) to carry out assessments necessary to confirm and monitor pregnancies;
c) to advise on and secure the further assessments necessary for the earliest possible identification of pregnancies at risk;
d) to identify the conditions in the woman, fetus or newborn that necessitate consultation with or referral to a medical practitioner or other health care professional;
e) to care for the woman and monitor the condition of the fetus during labour;
f) to conduct spontaneous vaginal births;
g) to examine and care for the newborn in the immediate postpartum period;
h) to care for the woman in the postpartum period and advise her and her family on newborn and infant care and family planning;
i) to take emergency measures when necessary;
j) to perform, order or interpret prescribed screening and diagnostic tests[8];
k) to perform episiotomies and amniotomies and repair episiotomies and lacerations not involving the anus, anal sphincter, rectum and urethra;
l) to prescribe and administer drugs in accordance with the regulations[9]; and
m) on the order of a medical practitioner relating to a particular client, to administer any drugs by the route and in the dosage specified by the medical practitioner."

As cited within the *Midwifery Profession Act* s. 4*,* a registered midwife is recognized as an autonomous primary health care provider:[10]

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[6] GNWT HSS. (2006). Draft NWT Midwifery Practice Accountability Framework. May 23, 2006.
[7] *Midwifery Profession Act*. S.N.W.T. 2003, c.21, In force January 29, 2005; SI-001-2005. Amended by .N.W.T. 2006, c.24, In force April 2, 2007; SI-001-2007. S.N.W.T. 2010, c.16,
[8] The Screening and Diagnostic Tests Regulations – an amendment to the *Midwifery Profession Act* – details the screening and diagnostic tests that a registered midwife may order, collect samples for, perform, receive the reports or results of, and interpret the reports or results of. [Midwifery Profession Act. Screening and Diagnostic Tests Regulations R-004-2005. In force January 29, 2005].
[9] In accordance with *Midwifery Profession Act* s.2910 (l) and pursuant to the *Pharmacy Act* s. 20(1)(c), registered midwifery are authorized to prescribe, and administer the drugs listed in the Appendix I-C of the Midwifery Practice Framework.

"A registered midwife may, in accordance with this Act, the regulations and the Midwifery Practice Framework, engage in the practice of registered midwives as a primary health care provider who

a) is directly accessible to clients without referral from a member of another profession;
b) is authorized to provide the services of a registered midwife without being supervised by a member of another professional; and
c) consults with medical practitioners or other health care professionals if medical conditions exist or arise that may require management outside the scope of the practice of registered midwives."

4.3.4 Standards of Practice

There exist standards of practice for registered midwives in the NWT (which are aligned with the *Midwifery Profession Act*).[11] The standards of practice document (refer to Appendix B) outlines the following:

- General competencies of registered midwives
- Standards of collaborative care, guidelines for medical consultation and transfer of care to a physician
- Standards for birth in a hospital
- Standards for birth outside of a hospital with specialist care
- Standards of records
- Standard on informed choice
- Standard for responding to client request for care against midwifery

4.3.5 Code of Conduct

Registered midwives in the NWT (and Nunavut) are bound by a code of conduct that states:

> Registered midwives act, at all times, in such a manner as to justify public trust and confidence, to uphold and enhance the good standing and reputation of the profession, to serve the interests of society and above all, to safeguard the interest of their clients.[12]

4.3.6 Continuing Competency

NWT midwives are also responsible for demonstrating their continuing competency. This competency is determined through a practice audit conducted once every three years. A midwife must:

- Attend 15 women[13] as primary midwife[14] over three years of registration

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[10] *Midwifery Profession Act*. S.N.W.T. 2003, c.21, In force January 29, 2005; SI-001-2005. Amended by .N.W.T. 2006, c.24, In force April 2, 2007; SI-001-2007. S.N.W.T. 2010, c.16,
[11] GNWT HSS. (2005). Standards of Practice for Registered Midwives in the NWT. February 2005.
[12] Midwives Association of the Northwest Territories and Nunavut. (2005). Code of Conduct for Registered Midwives in the NWT. January 25, 2005.
[13] Of those 15 cases, a minimum of 10 must demonstrate continuity of care which means providing care to the same woman through at least four prenatal visits, labour and delivery, the new born examination and at least one postnatal visit.

- Complete clinical practice forms
- Attend four peer case review meetings per registration year
- Carry out self-assessment and reflection
- Participate in continuing education/professional development activities
- Evaluate the program through the collection of client feedback[15]

4.3.7 Guiding Principles

The guiding principles of midwifery practice in the NWT as outlined in the Midwifery Practice Framework involves:

- Midwives as autonomous healthcare providers
- Accessibility of midwifery care
- Community input
- Community-based practice and practice sites
- Choice of birth setting
- Two attendants at each birth
- Partnership with women
- Informed choice
- Continuity of care
- Collaborative care
- Accountability and evaluation of practice
- Research
- Education

4.3.8 Midwifery Program Objectives

Within the scope of the NWT Midwifery Practice Framework and in compliance with the *Midwifery Profession Act*, the objectives of the program are:

- To provide safe and appropriate care to women and their babies including: preconception care, prenatal care, intra-partum care, and postnatal care in accordance with the NWT Midwifery Practice Framework, the *Midwifery Profession Act* and NWT Standards of Practice for Midwives.
- Create opportunities for women, their families, and health care providers to share responsibility for maternity care.
- To develop and share midwifery knowledge and best practices consistent with the NWT Midwifery Practice Framework.[16]

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[14] Primary midwife means a midwife who assumes primary responsibility for providing all aspects of midwifery care including prenatal, intrapartum and postpartum care of the newborn.
[15] Midwives Association of the Northwest Territories and Nunavut. (2005). Continuing Competency Program for Registered Midwives in the NWT. January 31, 2005.
[16] GNWT HSS. (2006). Draft NWT Midwifery Practice Accountability Framework. May 23, 2006.

The NWT Midwifery Program is intended to be of benefit to a wide range of residents: (1) direct beneficiaries, including women and their newborns and (2) indirect beneficiaries, including families and communities as a whole.

4.4 Midwifery Options Report

In 2012, DPRA was contracted to carry out research (including stakeholder engagement) that would inform the development of recommendations to help improve the quality of perinatal care available to NWT families by increasing access to midwifery services and further integrating midwifery into the existing NWT framework of perinatal care. Three evidence-based options of midwifery care were put forth for consideration by GNWT HSS: community-base model; regional model; and, territorial model. These models varied in their cost effectiveness, ability to impact health outcomes, sustainability, culturally appropriateness, accessibility, and ability to support integrated care. For the purposes of the current report, an overview of the territorial midwifery model outlined in the 2012 Midwifery Options Report is presented below.

TERRITORIAL MIDWIFERY MODEL

The territorial model is intended to address the long-term sustainability of perinatal care services throughout the NWT, enhance the perinatal knowledge and skill capacity of community nurses through continued interaction and support, in concert with the NWHP improve continuity of care for women from outlying communities, foster interdisciplinary perinatal care teams, ensure standardization of programming and health outcome data, increase knowledge and awareness of midwifery across the territory and support the education and training of local residents interested in pursuing a career in midwifery practice.

Given that Stanton Territorial Hospital is located in Yellowknife and that the majority of health care professionals are located in the Yellowknife, it is suggested that the territorial model of midwifery be operated from this locale. Eight midwives would be required to run the program – at any one time, two focused on administrative aspects of the program and six focused on service delivery. A territorial model would be beneficial for increasing collaboration and system-wide integration of multidisciplinary perinatal care teams, as well as providing additional supports to residents of Yellowknife and the Northern Women's Health program. It would also support the long-term sustainability of perinatal care services though out the territory by improving academic and training opportunities for local residents and diversifying the number of health professionals available to provide services. On the other hand, the model supports a centralized model of care (which is in opposition to the priorities established by the Caucus of the 17th Legislative Assembly) and would be associated with high human resources and operational costs. The specific pros and cons of the model are listed in Table 3.

Table 3: Potential Model Pros and Cons

Pros	Cons
▪ Provide support to increase knowledge, skill and confidence level of community health nurses with regard to perinatal care (which may translate into decreased number of unnecessary medevacs). ▪ Midwifery program helps ensure the sustainability of maternity services in the NWT should the territory experience a shortage of family physicians interested in providing maternity care in the future. ▪ Location in Yellowknife will help to foster increased collaboration and system-wide integration of perinatal health care providers to improve effectiveness of multidisciplinary care teams. ▪ Improve awareness and understanding of midwifery practice and safety of normal birth across the Territory. ▪ Provide additional supports to the Northern Women's Health Program thereby enhancing the coordination of care for women from outlying communities. ▪ Provide educational information and academic and training opportunities to local residents interested in pursuing a career in midwifery. ▪ Central location to develop a territorial perinatal surveillance system that will allow information on an identified list of perinatal indicators to be collected, analysed and monitored.	▪ Possible travel costs (including accommodation) for midwives to meet with community health nurses across the territory. ▪ Highly dependent on the recruitment and retention of qualified and dedicated staff. ▪ Supports a centralized model of care as opposed to the decentralized model supported by the priorities identified by the Caucus for the 17th Legislative Assembly. ▪ Program will require rental/construction of a facility to support perinatal care and birth.

To operate a program that would sustain the choice of maternity care provider for 46% of Yellowknife residents (number derived from utilization in Fort Smith) an operational budget (exclusive of operation and infrastructure costs) of $1,279,355.00 would be required.

5. FINDINGS

The following section presents the findings gathered through the stakeholder engagement process. The findings are categorized by topics reflective of the question sets posed to the different stakeholder

groups (Appendix B). The themes represent the full spectrum of opinions expressed by community members, healthcare providers, and community service staff.

5.1 NWT Birthing Statistics

On average, there are approximately 700 births per year across the NWT.[17] There are only five communities in Yellowknife that have more than 25 births per year, while 18 communities have fewer than 10 births per year.[18] These birth numbers demonstrate the complexity of provisioning maternity care services in the NWT. For the complete table of NWT birthing statistics, see Appendix A.

5.2 Current Maternity Care Programs and Services in NWT

The following section describes the current maternity care programs and services in NWT. The information presented in this section was gathered from interviews with the healthcare providers and administrators associated with each program, community service representatives and community members who accessed various programs. The descriptions below are based strictly on data collected through stakeholder engagement, rather than a fulsome program review.

The section is divided into two sections to present the different types of programs and services available:

1. Health Services – Maternity Care Models
2. Community Services that Support Pregnant Women and Parents of Infants

5.2.1 Health Services – Maternity Care Models

In terms of the health services available to pregnant women in NWT, there are currently three maternity care models operating across the NWT.

Communities Serviced by Midwives

There are two community-based midwifery programs operating in Hay River and Fort Smith. Midwifery services have been offered in Fort Smith since 2005 and in Hay River since 2014. Midwifery services were available in Yellowknife between 2006 – 2011.

Fort Smith

The Fort Smith Midwifery Program is staffed by two full time midwives and a prenatal Registered Nurse (RN). Pregnant women have the option of seeing a locum family physician or midwife for prenatal care, but almost all prenatal care is provided by the midwives. The midwives provide prenatal care, pregnancy counselling, labour and birth services, care the newborn infants up to six weeks and well woman care up to 12 months after birth. The midwives collaborate with The Healthy Families and Public Health to provide group prenatal classes. Labour and birth services are provided in the health centre in the birthing

[17] NWT Bureau of Statistics. (2017). NWT Births, by Region and Mother's Community of Residence, 1995-2013. Retrieved from: http://www.statsnwt.ca/population/vital-statistics/
[18] Ibid

room or at a client's home. Infants are also seen by Public Health Nurses during regular well child visits. At all times, one of the midwives is on-call, and when a client is approaching her due date, two members of the team are on call (either both midwives, or one of the midwives and the RN who is a trained second attendant).

The midwives provide counselling to the client about whether giving birth in the community is a safe option, or whether travel to Yellowknife or Edmonton at 36-38 weeks is advised. Should an urgent complication arise during birth, the midwives can consult the locum physicians in the community or the OB on call in Yellowknife, or a Medivac transports the client to Yellowknife or Edmonton for care. The midwives sit on the Maternity Care Committee with the local NP, a PHN, and an OB in Yellowknife. The group meets bi-weekly to discuss cases, review charts, and discuss policy and procedural matters.

An ultrasound technician travels to Fort Smith on a regular basis. Should there be an urgent need for an ultrasound while the technician is absent, the client is flown to Yellowknife. The midwives are also able to provide some ultrasound services in the community, but their scope is limited. If a client is flown to Yellowknife for an ultrasound close to her due date, she will be kept in Yellowknife until the delivery.

In addition to the continuity of care provided to clients, the midwives also provide episodic care to women who are in Fort Smith for a limited time, who decide to seek a therapeutic abortion, or have a miscarriage. The midwives see between 35 – 52 clients per year, a combination of both the full and episodic care.

Hay River

The Hay River midwifery program is staffed by two full-time midwives and a part-time administrative assistant. The midwives provide prenatal, intrapartum, and postpartum care to the residents of Hay River and Katlodeeche First Nation. Each client sees both of the midwives throughout her prenatal appointments. The midwives also offer prenatal classes when there is enough interest in group classes. The midwives provide care to newborn infants up to six weeks after birth. Formal check-ups on the client end after six weeks, but the client is able to contact the midwife for an appointment up to a year after the birth. The midwives in Hay River currently handle all of the abortion referrals in the community.

An ultrasound technician is available in Hay River for two weeks out of each month. If an urgent ultrasound is needed, the client is flown to Yellowknife.

The midwives currently offer births in the health clinic setting, through they hope to offer home births in the future, as soon as there is interest from a client. There is always one midwife on call who can be reached by phone or text message to provide urgent care. The hospital floor nurses act as second attendants at the births. The midwives have provided Newborn Resuscitation Program (NRP) training to all nurses, as well as training to be a second attendant. Many of the nurses also received Emergency Skills Workshop (ESW) training from a locum midwife. Should an urgent transfer to Stanton Territorial Hospital be required during the labour and birth, a Medivac is ordered.

The midwives meet bi-weekly with an OB in Yellowknife to discuss cases and the client's desired birth location and medical history. The same OB travels to Hay River monthly, and can provide consultations during that time as needed. In addition, Hay River has both locum and permanent family physicians who are available for consultations or to manage a component of care (e.g. thyroid issues) if the need presents. Infants are also seen by Public Health Nurses during regular well child visits.

COMMUNITIES SERVICED BY PHYSICIANS AND NURSE PRACTITIONERS

For Inuvik and Yellowknife residents, women typically receive prenatal care through family physicians and nurse practitioners (NPs) and delivery typically takes place in the local hospital (barring any complications that necessitate travel).

YELLOWKNIFE

Residents of Yellowknife have the option of receiving one-on-one prenatal care through the team-based primary care model, or through the Centering Pregnancy Program. In the primary care team model, patients are assigned to a team made up of a family physician, NP, licensed practical nurse (LPN), and a clinic assistant. Prenatal care is provided by the family physicians or NPs. Clients are scheduled to see whichever provider is available but an attempt is made to schedule clients so that they can see a consistent provider for prenatal care.

Centering Pregnancy is a group prenatal care model developed in the United States by the Centering Healthcare Institute.[19] In 2015, the Centering Pregnancy program became available to pregnant women in Yellowknife as an alternative to the one-on-one prenatal appointments provided through family physicians and nurse practitioners. Expectant mothers are grouped together by estimated birth months. Each cohort (8-12 women) receives 10 sessions that include both prenatal education and prenatal care-from a family physician and nurse during two-hour long sessions. Although an evaluation of this program has not yet occurred in the NWT, it has been demonstrated in other jurisdictions to reduce the rate of preterm and low weight babies, increase breastfeeding rates, and lead to better pregnancy spacing.[20] In the first year of the program in Yellowknife, there was a 49% uptake of eligible participants.

Barring any complications requiring treatment in Edmonton, Yellowknife residents labour and birth at the Stanton Territorial Hospital. The Obstetrics Unit currently contains 13 beds and is staffed by shift nurses and on-call general practitioners and obstetricians. A pediatrician is always on-call to monitor and assess infants.

After a mother and baby are discharged from the hospital, PHNs provide home visits during business hours Monday to Friday to check on the mother and child and offer support for breastfeeding. Family physicians and nurse practitioners do clinic-based follow up appointments for the mother and baby as needed. Infants are also seen by Public Health Nurses during regular well child visits.

[19] Centering Healthcare Institute. (2017). Centering Pregnancy. Retrieved from: ttps://www.centeringhealthcare.org/about
[20] Ibid

Inuvik

For Inuvik residents, prenatal care is primarily provided by the Obstetric NP through individual appointments. The Obstetric NP, who is currently also a midwife, provides services as part of a multi-disciplinary team of physicians and nurses working at the Inuvik Regional Hospital who deliver obstetrical care. The Obstetric NP is an autonomous practitioner who provides prenatal education on a one-to-one basis from her office at the hospital. This complements the prenatal classes that are offered four times per year by public health.

The Obstetric NP also performs primary care services for obstetrical patients with acute illness and injuries which may include diagnosis, ordering and interpreting selected diagnostic tests, therapeutics, and follow up with obstetrical patients. The Obstetric NP is also involved with prenatal educational workshops and provides clinical nursing leadership to hospital nurses as an educator on women's health. While the Obstetric NP is currently based in the hospital she also provides prenatal care and supports at seven Community Health Centres (CHCs) under the NTHSSA.

Barring any complications requiring medivac to Yellowknife, Inuvik residents labour and birth at the Inuvik Regional hospital. This is a 47-in patient bed accredited facility. There are currently five physicians in Inuvik who provide labour and delivery services. Since there is no OB in the community, should a consult be needed, the on-call OB in Yellowknife is contacted. Two general practitioners are able to provide C-sections at the hospital if needed. The NP can provide additional emotional support to pregnant clients in labor or during hospitalization if requested.

Public health nurses primarily provide all postnatal care in Inuvik. This includes but is not limited to lactation and breastfeeding support, infant immunizations, infant weights, counselling on birth control options, nutritional counselling and well-women care. Mothers are immediately referred to public health via the Obstetric NP or hospital physicians following the birth. PHNs provide home visits to the new mother as well as their appropriately timed follow-up visits.

Communities Serviced by Community Health Nurses and Medical Travel

Beaufort Delta

The Beaufort-Delta Health and Social Services Authority (BDHSSA) serves the 6,700 residents in the region. In the Beaufort Delta, women living outside of Inuvik receive prenatal care primarily from the Obstetric NP. The Obstetric NP works as a facilitator to coordinate, monitor and evaluate the delivery of obstetrical care for all clients within the NTHSSA. The NP visits all seven CHCs (Aklavik, Paulatuk, Sachs Harbour, Tsiigehtchic, Tuktoyaktuk, Ulukhaktok, Fort McPherson) that are administered by the NTHSSA. Visits are made to all communities approximately twice per year. This is equivalent to one visit per month for approximately two to four days. The NP liaises with the CHCs to ensure that lists of obstetrical patients are complete and updated. PHNs provide prenatal and postnatal care via a satellite clinic in Tsiigehtchic. Ongoing care and additional pre-natal care for mothers is provided by the Nurse in Charge (NIC) and the CHNs located in the CHCs. Mothers travel to Inuvik at 18-20 weeks postpartum for an ultrasound.

Barring any major complications, mothers from the communities in the Beaufort Delta are required to travel to Inuvik at 36 weeks postpartum for labour and delivery. When they arrive in Inuvik, mothers stay at the Transient House located within the Inuvik Regional Hospital. The Obstetric NP provides ongoing prenatal care at the hospital. Obstetrical care is provided to the mothers by the on-call physicians. The weekly rounds by physicians allows the team to discuss any mother staying at the transient house that is 36 weeks or greater gestation. The physician on call then delivers the baby. Mothers return to their remote community where postpartum care is provided by the NIC, CHRs and assisted by the Community Health Representatives (CHRs).

Other NWT Communities

In other communities outside of the communities described above, CHNs are responsible for the delivery of prenatal care. Depending on the week of the pregnancy, the CHN will provide a check up to the client once a month, then twice per month, then weekly. Some health centres offer group-based prenatal programs, while others only offer one-on-one appointments.

In all communities where birthing services are unavailable, pregnant women are sent to Yellowknife, Inuvik, or Edmonton at 36 – 38 weeks depending on the client's medical history. Yellowknife, Inuvik and Edmonton all provide boarding home accommodation. The Medical Travel program arranges the travel and expenses. An escort is funded to accompany pregnant women under the age of 18.

The NWHP coordinates care for women who are traveling to Yellowknife for care. The NWHP acts as a single point of reference to coordinate prenatal referrals and ensures timely access to services requiring travel to Yellowknife, such as ultrasound appointments. NWHP also coordinates the remainder of prenatal care for women when they arrive in Yellowknife to await their birth.

While in Yellowknife, women have the option of having the remainder of their prenatal care provided through one-on-one appointments with a family physician or NP, or through a group-based program organized through NWHP called Healthy Pregnancies. Based on the Centering Pregnancy model, expectant mothers are grouped together into cohorts by due date and provided prenatal education as well as check-ups. The vast majority of women in Yellowknife from smaller communities awaiting birth access prenatal care through the Healthy Pregnancies program.

Once labour begins, the pregnant women present at Stanton Territorial Hospital or Inuvik Regional Hospital for labour and birth. The physician on-call at the time will attend the delivery with the support of floor nurses.

Following the birth, women from smaller communities typically remain in the hospital for approximately 48 hours. Medical travel books the flight(s) for the client to return to her home community, and once she is medically cleared to travel, she and her infant are flown back to her home community. At that point in time, depending on the health providers in the community, the mother and baby will receive follow up appointments from the CHN or PHN at the health clinic. Some small communities offer a home visit within the first week of the return to the community.

5.2.2 Community Services that Support Pregnant Women and Parents of Infants

There are a number of community services that provide support during pregnancy and the early years of a child's life. A brief description of the non-profit and government-funded community services that were discussed by stakeholders are provided below. This is not a comprehensive analysis of community services; only community services mentioned by stakeholders during the engagement process are described below.

Healthy Families, multiple communities in NWT

The Healthy Families Program is funded through the Department of Health and Social Services and operates in multiple communities across the NWT. The program offers home visits for families with infants in order to support parents in establishing a nurturing relationship with their child, and to increase the child's developmental opportunities. Using the "Growing Great Kids" curriculum, the Healthy Families program provides prenatal and postnatal training to strengthen parent and child attachment and enhance parenting skills. The specific programs and services provided by Healthy Families workers varies by community.

Mama n Bebia Program, N'dilo

The Mama n Bebia Program through Yellowknives Dene First Nation provides a weekly drop-in session with food and activities such as arts and crafts. All participants receive a baby bag with items they need following the birth, from personal hygiene items to clothes for the infant. Participants have access to a treadmill in the program space, and they are given passes to the running track and pool. The program is expanding to have an additional two drop-in times where families can use the computer or treadmill, talk, and relax. The wellness worker coordinates with the Vital Abel boarding home to invite pregnant women to attend the program.

Centre for Northern Families, Yellowknife

The Centre for Northern Families offers a Moms and Babies group each Thursday in Yellowknife. The centre recently ran a 6-week pilot program targeted towards young moms where different topics were discussed and food and a $25 gift certificate was provided each session. This program recently received funding to continue.

Moms, Boobs, and Babies

Moms, Boobs, and Babies is a volunteer-run organization that provides peer support to mothers (and families) to help mothers start and continue breastfeeding. It is funded through different government grants. Major initiatives include:

- Support to mothers though a volunteer-staffed phoneline and a Facebook group
- A peer-support training program offered through Community Health Representatives. The objective is to incorporate traditional knowledge into literature and tools
- Community outreach to share resources and offer support to breastfeeding mothers
- An annual breastfeeding challenge
- Promoting breastfeeding normalization in the community;

- Mapping breastfeeding friendly places
- Developing advocacy materials
- "Nurse-ins" at community events

Sa'Naeah Pre & Post-Natal Program, Fort Simpson

The Sa'Naeah Pre & Post-Natal Program in Fort Simpson is funding through the Canada Prenatal Nutrition Program. The program provides a meal bag program for pregnant women and new mothers. The program used to be open to all families, but now it is only open to families with an income under $40,000. In addition the program also runs a soup kitchen open to anyone in the community, but is mainly targeted at low income and elderly people. Sa'Naeah Pre & Post-Natal Program offers a cooking program for pregnant women, but no education about the pregnancy or parenting is provided. The program used to have a dietician come in to do workshops and another person used to offer Lamaze classes, but now the focus is just cooking.

Healthy Babies Program, Inuvik

The Healthy Babies Program is provided at the Ingamo Hall Friendship Centre. The program includes but is not limited to traditional sewing, cooking, smoothies making, traditional crafts, and nutritional bingo. Child care and lunch is provided for most activities. In additional, taxi vouchers are provided to the participants whom attend the program. The Healthy Babies Program is run by a coordinator that was born and raised in Inuvik and understands that maternity care landscape. The program is advertised to parents on television, Facebook and via posters and a calendar that is posted around town in Inuvik.

Inuvialuit regional corporation (IRC) – Regional Prenatal Pilot programs

The IRC is working with partners to deliver programs for expectant mothers who are staying at the boarding homes. This includes weekly workshop sessions, daily physical activities, nutrition projects and providing a baby bag of resources for healthy living with newborns. IRC works closely with the BDHSSA and offers traditional crafts at the Transient House in Inuvik hospital. As well, it works along with sister project at the Vital Abel Boarding Home in Ndilo. IRC has the support of elders for these projects and has elders participate by sharing their knowledge in areas of sewing, cooking and overall well being.

Healthy Babies and Families, Behchoko

Healthy Babies and Families provides a collective kitchen cooking circle with healthy families and a lunch once a month with the elders where they talk about healthy parenting and living.

Growing Together, Hay River

Growing Together program provides cooking circles, workshops such as baby massage, crafting programs. Used to do some prenatal education, but people didn't show up. The program centers on peer support. The program is funded by the Healthy Children Initiative and the CPNP.

Our Babies, Our Future, Fort Smith

The Our Babies, Our Future program is funded through the CPNP. Drop-in sessions are provided at the Tapwe House where a nutritious meal is served and an activity is provided, such as arts and crafts or a discussion.

5.3 Strengths and Challenges of Maternity Care Services

This section presents the strengths and challenges of the current maternity care services in NWT, as identified by stakeholders. The section is divided into the following sub-sections:

1. Satisfaction Levels with Maternity Care
2. Strengths of Current Maternity Care Services
3. Challenges in Maternity Care Services

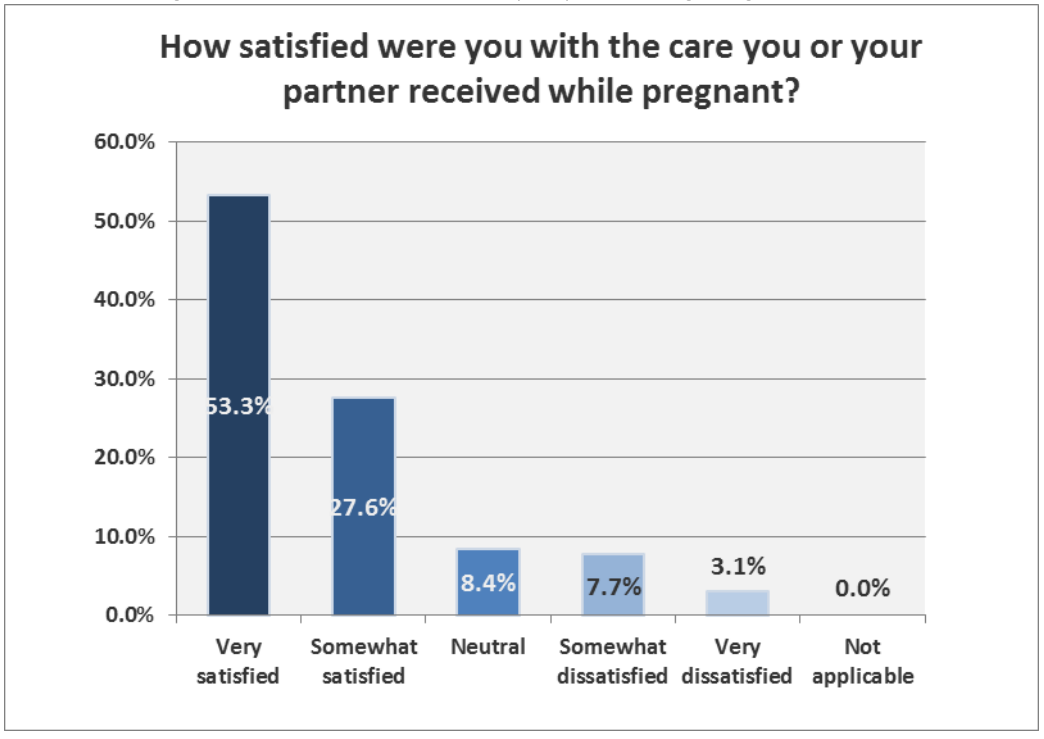
5.3.1 Satisfaction Levels with Maternity Care

The following section presents the findings from the online survey of community members. The survey did not ask respondents to identify their specific community of residence, and thus finding presented below represent the perspectives of residents from across the NWT.

Prenatal Care

Eighty-one percent of online survey respondents were very satisfied or somewhat satisfied with the prenatal care they received. Eleven percent of respondents reported being somewhat or very dissatisfied with the prenatal care they received.

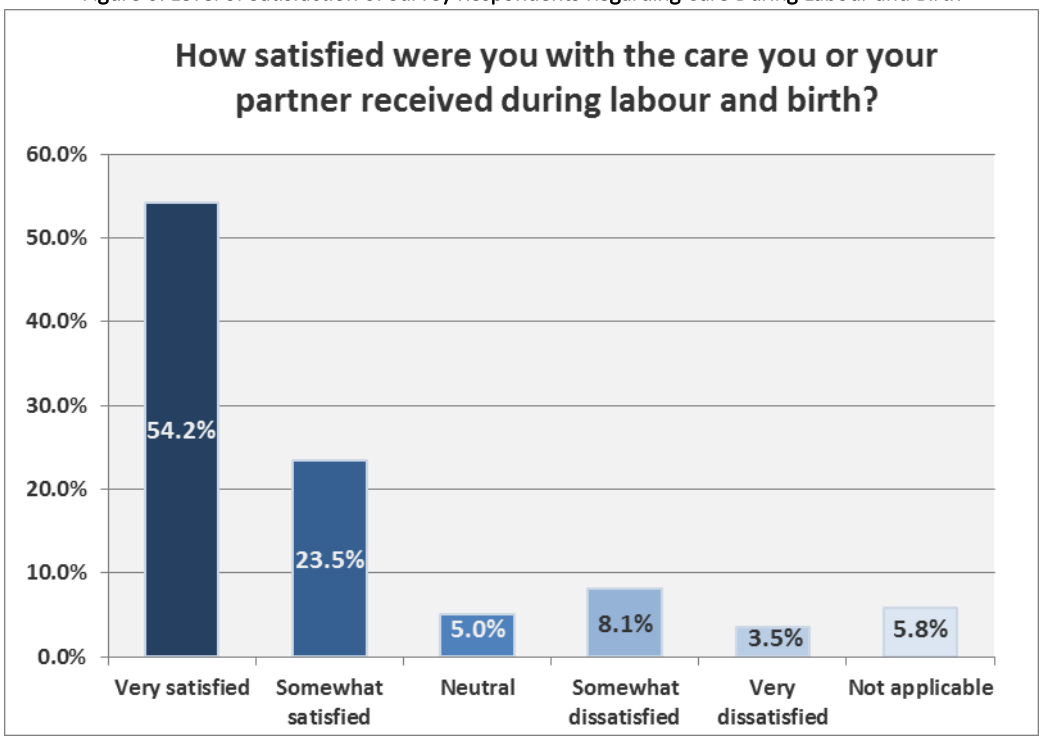
Figure 5: Level of Satisfaction of Survey Respondents Regarding Prenatal Care



Labour and Birth

In terms of the support received during labour and birth, 78% of respondents reported being very or somewhat satsfied, while 12% reporting being somewhat or very dissatisfied with the care they received.

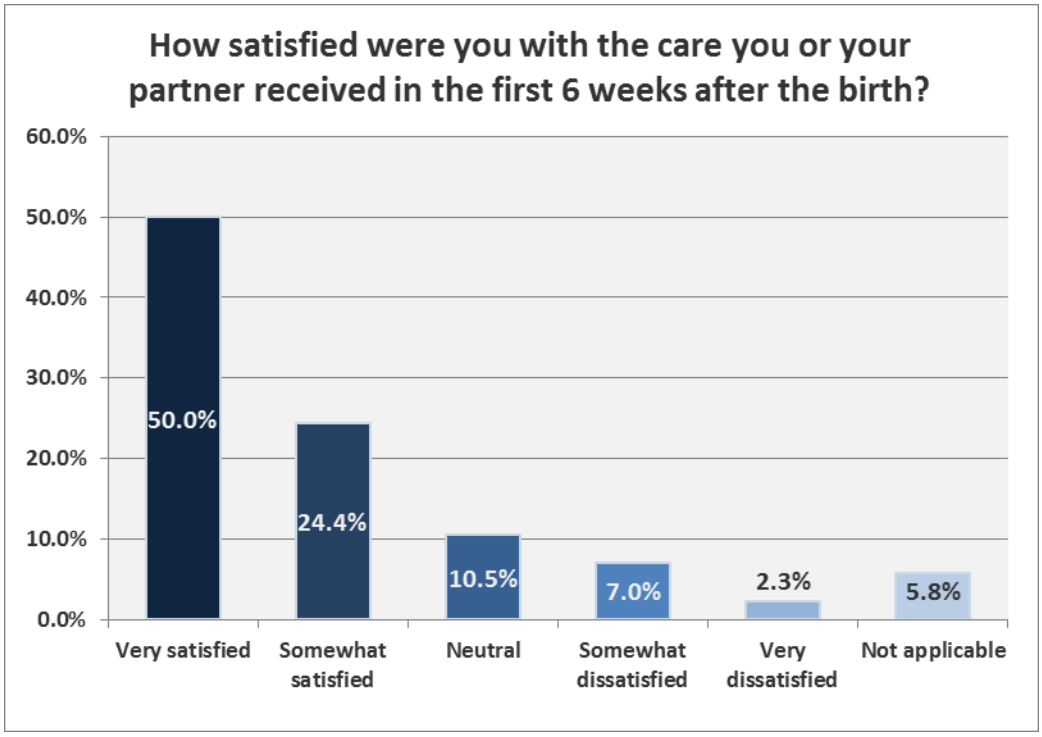
Figure 6: Level of Satisfaction of Survey Respondents Regarding Care During Labour and Birth



Postpartum Care

Seventy-four percent of respondents reported being very or somewhat satisfied with the postpartum care they received, while 9% reported being very or somewhat dissatisfied.

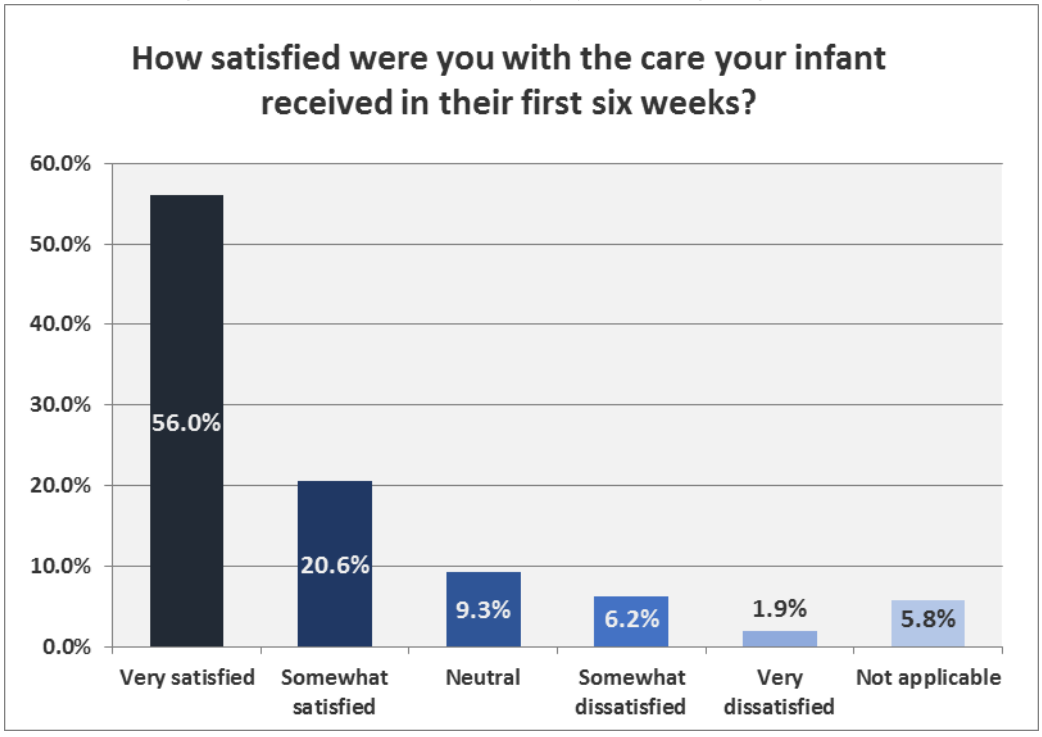
Figure 7: Level of Satisfaction of Survey Respondents Regarding Postpartum Care



Infant Care

In terms of the care provided to infants in the first six weeks of their life, 77% of respondent reported being very or somewhat satisfied, while 8% reported being very or somewhat dissatisfied.

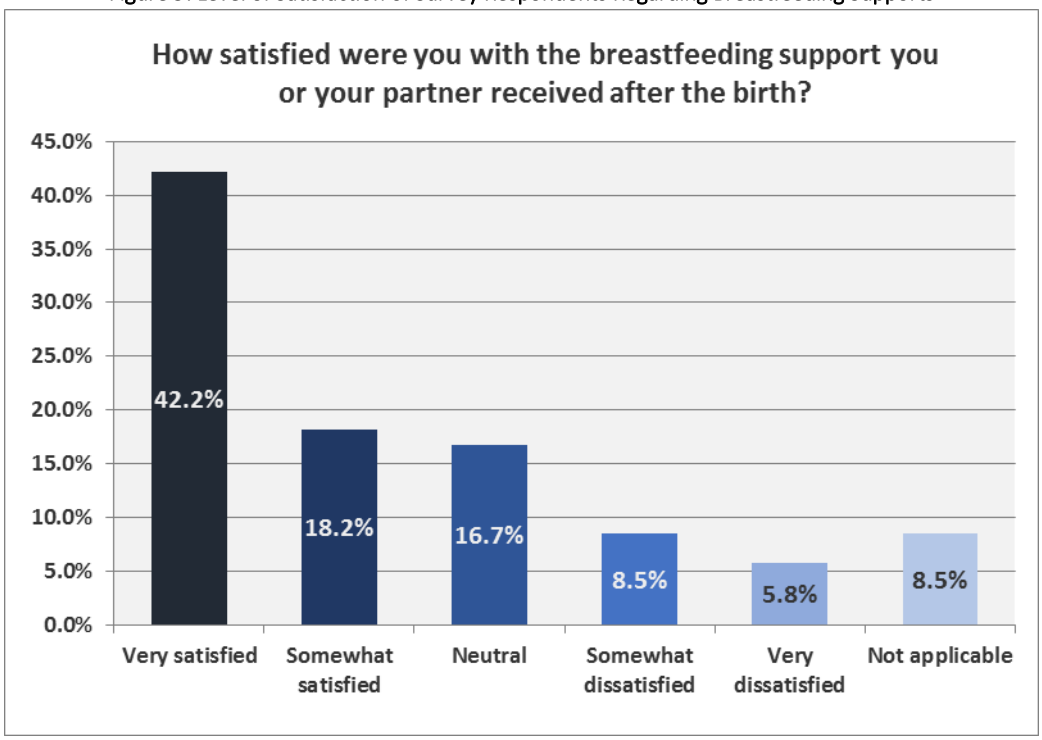
Figure 8: Level of Satisfaction of Survey Respondents Regarding Infant Care



Breastfeeding Support

Sixty percent of respondents were very or somewhat satisfied with the breastfeeding supports they received, while 14% of respondents reported being very or somewhat dissatisfied.

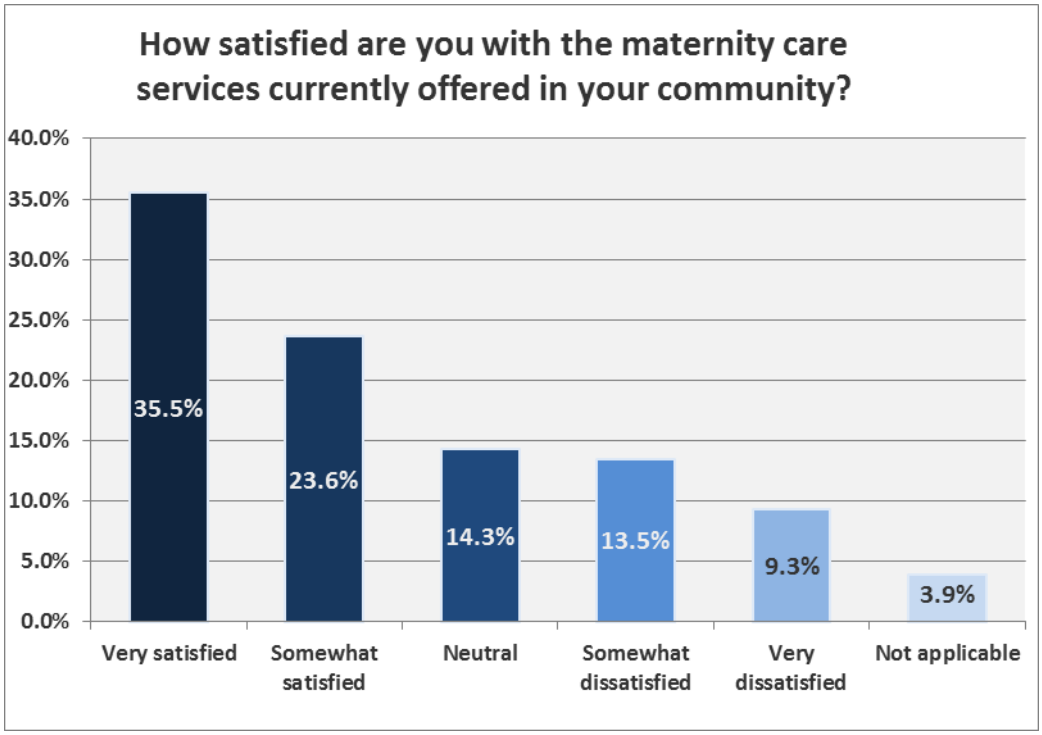
Figure 9: Level of Satisfaction of Survey Respondents Regarding Breastfeeding Supports



Availability of Services

Fifty-nine percent of respondents reported being somewhat or very satisfied with the maternity care services in their community, while 23% reported being somewhat or very dissatisfied.

Figure 10: Level of Satisfaction of Survey Respondents Regarding the Availability of Services



5.3.2 Strengths of Maternity Care Services

The perceived strengths of maternity care services are strongly related to the types of services available in the community, as well as the stakeholder's role in the maternity care interaction. Findings are grouped below into the three different maternity care models operating in NWT and the survey responses[21]:

- Communities serviced by midwives
- Communities serviced by physicians and nurse practitioners
- Communities serviced by community health nurses and medical travel
- Online survey respondents

The findings are further broken down by the three stakeholder groups:

- Community members
- Healthcare providers
- Community organizations

Communities Serviced by Midwives

Community Members

Table 5: Strengths Identified in Maternity Care by Community Members in Communities Serviced by Midwives

Theme	Description
Birth in the Community	Having the option of birth in the community was highly valued by participants. One participant described the return of birth to Hay River as "joyous," for the whole community.
Labour and Birth Options	Participants expressed their appreciation for having the options of home birth and waterbirth available in the community. In addition, participants noted that the midwives in both communities were very helpful in suggesting different positions to try for pain management.
Midwifery Clinic Space	Participants commented that the midwifery clinic is a very welcoming space. Having toys provided makes it easy to bring kids to the appointment. There is also lots of space for the whole family to be in the room together.
Continuity of Care	One of the biggest strengths identified by participants was the continuity of care provided by the midwives. Through this continuity of care, participants described building trust and feeling very well supported throughout the entire pregnancy, birth, and as new parents.
24/7 Access to Midwives	Many participants described the value of the on-call phone where a midwife is available at all times for concerns. Being able to text the phone was especially important for some participants. Although not all participants used the on-call phone, just knowing it was

[21] Because the survey did not ask respondents to identify their home community, it is not possible to fit the survey results into the three maternity care models nor the three respondent groups.

	there provided comfort.
Breastfeeding Support	Participants noted that the midwives provided excellent breastfeeding support. Participants described the midwives as very knowledgeable about breastfeeding, and that they were full of tips and tricks to help with latching or other issues.
Coordination of Care	For clients who needed care outside of the scope of the midwives, participants described the referral process as seamless. Participants noted that the midwives either consulted with the other provider so that they didn't need to go to another appointment, or the midwife arranged the appointment for them if it was needed.
Home Visits	Home visits were highly valued by participants. The home visits were particularly helpful for mothers with other young children, or in the first few weeks after giving birth, especially in the winter. One participant expressed that the midwives were very warm and friendly and always stayed for a cup of tea instead of rushing off.
Community Programs	Participants described the value of the Healthy Families program, and in Hay River, the Growing Together program. Both of these programs provide helpful resources and allow moms to meet and learn for each other.

HEALTHCARE PROVIDERS

Table 6: Strengths in Maternity Care Identified by Healthcare Providers in Communities Serviced by Midwives

Theme	Description
Coordination of Care	Participants described a seamless flow of referrals and consults between the midwives and nurse practitioners/family physicians in the health centre. The midwives in both communities also noted that they were always easily able to access consults with obstetricians and pediatricians in Yellowknife. The midwives expressed that they felt they had a strong role to play in system navigation for their clients to make sure they got all the care they needed.
Integration of Midwifery Services	In both Hay River and Fort Smith, the vast majority of pregnant women are receiving care from the midwives. Midwifery care has become fully integrated into the health centre.
Abortion Counselling	The midwives in Hay River and Fort Smith provide the vast majority of abortion counselling in the communities. The physicians in these communities noted that this was very helpful because midwives have longer appointments, and having the midwives take on this area of care freed them up for other patients.
Second Attendant Support	A strength identified in Hay River was the supportive role played by the health centre nursing staff as second attendants at births. Participants described the enthusiasm of nurses to receive training to become second attendants.

COMMUNITY SERVICES

Table 7: Strengths Identified in Maternity Care by Community Services Staff in Communities Serviced by Midwives

Theme	Description
Referrals	Participants described the referral system as working very well. In Fort Smith, the midwives and Healthy Families program collaborate on many programs and they are able to do some case coordination as well.

Prenatal Classes	In Fort Smith, the midwives and Healthy Families program offer joint prenatal classes, which the participants described as being highly successful. Participants from these programs then learn all about the Healthy Families program, and they are likely to enroll in the activities and programs for new parents after the baby is born.

COMMUNITIES SERVICED BY PHYSICIANS AND NURSE PRACTITIONERS

COMMUNITY MEMBERS[22]

Table 9: Strengths Identified in Maternity Care by Community Members in Communities Serviced by Physicians and Nurse Practitioners

Theme	Description
Non-interventionist Approach	Participants were pleased with the commitment from the obstetrical providers in Yellowknife to vaginal birth. Participants noted that the physicians in Yellowknife provide family-oriented care that reflects the latest knowledge about the benefits of low-intervention birth and skin-to-skin bonding.
Public Health Visits	Participants found that the home visits provided by public health nurses were very helpful. Particularly in the first few days after giving birth, participants expressed that it was difficult to get out of the house, especially in winter.
Hospital Services	Many participants expressed that they felt comforted knowing that the Yellowknife hospital has the vast majority of medical supports they would need should a complication arise. This was true especially for first-time mothers. In Inuvik, participants noted that the hospital allows mothers to stay until they are well and does not discharge them prematurely.
Centering Pregnancy	Several participants expressed that they had a very positive experience in the Centering Pregnancy program. Being able to meet a group of women in the same stage of pregnancy is very helpful, particularly if it is your first child. One participant noted that she is still in regular contact with the other participants of her Centering Pregnancy cohort though a Facebook group message where they can ask each other questions about their newborns.
Community Programs	Yellowknife residents noted that there are a number of community programs that provide excellent supports for pregnant women and new parents. These include: Mama n Bebia in Ndilo, Moms, Boobs, and Babies, and the Heathy Families Program.

HEALTHCARE PROVIDERS

Table 10: Strengths Identified in Maternity Care by Healthcare Providers in Communities Serviced by Physicians and Nurse Practitioners

Theme	Description
Low Intervention	Participants expressed that the commitment to a non-interventionist approach that is supportive of physiologically normal birth has resulted in quality outcomes. In Inuvik,

[22] The findings below reflect the perspectives of Yellowknife and Inuvik residents. The responses of women who participated from smaller communities in Yellowknife and Inuvik are included in Section 5.2.1.

Rates	one participant noted a reduction in C-section rate from 35% to 20%. In Yellowknife, participants reported that midwifery students and residents who train at Stanton Hospital have noted that there is a greater commitment to physiological birth and client choice than at other Southern maternity hospitals. The Inuvik hospital has a very strict skin to skin policy where mothers and babies are not disturbed for 1-2 hours following birth.
Centering Pregnancy	Healthcare providers in Yellowknife noted the positive impacts of the Centering Pregnancy model. Through this program, women are able to receive both medical and peer-based support. The program provides an opportunity to identify risk factors and support the mothers to access community services and programs. One participant noted that people who have completed the program have been happy with their experiences and that all of the cohorts to have completed the program are still in contact in some way. The program is new but growing, and there is a diversity of people entering the program, including new and experienced parents and people from other countries.
Collegiality and Cooperation	Participants reported that there is a high degree of collegiality and cooperation in the obstetrics units. Primary care providers' work in a team based model, and healthcare providers noted that this allows for frequent and direct communication between providers. In addition, small and frequent meetings allow the providers to discuss specific cases.
Communication	There are well-functioning communication systems in maternity care. Regular rounds allow all of the providers to stay in the loop about cases and to learn and grow together. The Wolf EMR system makes it easy for providers to flag issues for other providers in the chart. This enhances communication between providers, which ultimately enhances patient safety.
Call Schedule	On-call schedules are working well for providers. There is a rotating call schedule of physicians who do delivery and birth which allows for predictable on-call schedules for providers.
MORE-OB	Both Yellowknife and Inuvik hospitals have implemented MORE-OB, which is a performance improvement program to enhance patient safety in obstetrical units. This program has allowed both hospitals to reflect on what is working well and what the challenges are, and to address these issues in a collaborative way. As a result, participants reported that both patient and provider satisfaction is high.

Community Services

Table 11: Strengths Identified in Maternity Care by Community Services Staff in Communities Serviced by Physicians and Nurse Practitioners

Theme	Description
Community Programs	Participants expressed the value of the community programs available. These include: Moms, Boobs, and Babies, Healthy Babies, Healthy Families, Mama n Bebia, Centre for Northern Families. Each program offers unique supports to pregnant women and new mothers, from nutritious meals, to social support, to breastfeeding support, to information and resources on early childhood development.

Obstetric Nurse Practitioner Model	In the Beaufort Delta, the Obstetric NP model of community visits was described as great and well utilized.

COMMUNITIES SERVICED BY COMMUNITY HEALTH NURSES AND MEDICAL TRAVEL

COMMUNITY MEMBERS[23]

Table 12: Strengths Identified in Maternity Care by Community Members in Communities Serviced by Community Health Nurses and Medical Travel

Theme	Description
Quality of Care	The prenatal care provided by CHNs in the communities was described by the majority of participants in the small communities as satisfactory. Several participants mentioned that the prenatal care they received in while in confinement and the care they received in labour and delivery was good.
Health Pregnancy Program	The Healthy Pregnancy program was mentioned as a positive way to meet other moms and to keep women occupied while they are in confinement. The snacks provided through Healthy Pregnancies were appreciated.
Healthy Families Program	Participants in communities that had Healthy Families programs expressed that the home visits were very valuable to them.

HEALTHCARE PROVIDERS

Table 13: Strengths Identified in Maternity Care by Healthcare Providers in Communities Serviced by Community Health Nurses and Medical Travel

Theme	Description
Access to Information and Referrals	Participants reported being well-connected to information. Having an integrated Electronic Medical Record (EMR) allows providers in different communities to access information. The Northern Women's Health Program makes it easy for providers to access referrals for their patients. Several participants noted that there is open communication between facilities. One community noted that they had moved to an electronic system to track prenatal appointments, which enables the providers to track prenatal appointment scheduling and re-scheduling.
Collegiality and Cooperation	The healthcare providers located at Stanton Territorial Hospital reported that they have developed strong and trusting relationships across the regions with other healthcare providers. By providing CHNs with support through telehealth and written resources such as check-lists, capacity has been built.
Continuity of Prenatal Care	Two of the small communities have designated prenatal nurses who provide all of the prenatal care in the community. Another one of the communities used to have this but

[23] Responses here include participants from Tuktoyaktuk, Fort Simpson, Tulita, and Bechoko, as well as women from smaller communities who participated in Yellowknife and Inuvik who were awaiting their birth.

	recently switched to a system where all of the health centre nurses rotate between practice areas. Having a designated nurse handling the prenatal care is effective because it allows that nurse to become a maternity care specialist and keep track of all of the patients to ensure they are getting the care they need, even if they don't show up to their scheduled appointments.

Community Services

Community services staff in small communities did not identify any major themes as successes in maternity care in their communities.

Online Survey Respondents

Online survey participants had the opportunity to provide comments regarding the aspects of their maternity care that they liked most. A total of 183 comments were provided by community members. The key themes that emerged from the comments are presented below.

The main reasons cited by the online survey participants for liking the maternity care they received were:

- The professionalism, level of knowledge, and kind nature of the physicians, nurses, nurse practitioners, and midwives from whom they received care;
- The "personal" and "individualized" care they received;
- That their questions, concerns, and requests were taken seriously and respected;
- The positive experience of receiving care through the Centering Pregnancy program;
- The non-interventionist approach for labour and birth in the NWT;
- Continuity of care from one or two providers;
- Having a private doula supporting them;
- The 24/7 availability of midwives; and
- The seamless integration of specialist services so people get the care they need.

5.3.3 Challenges in Maternity Care

The perceived challenges of maternity care services are strongly related to the types of services available in the community, as well as the stakeholder's role in the maternity care interaction. Findings are grouped below into the three different maternity care models operating in NWT:

- Communities serviced by midwives
- Communities serviced by physicians and nurse practitioners
- Communities serviced by community health nurses and medical travel
- Online survey respondents

The findings are further broken down by the three stakeholder groups:

- Community members

- Healthcare providers
- Community organizations

COMMUNITIES SERVICED BY MIDWIVES

COMMUNITY MEMBERS

Table 14: Challenges in Maternity Care Identified by Community Members in Communities Serviced by Midwives

Theme	Description
Confinement in Yellowknife	Participants who chose to go to Yellowknife for labour and birth or who were recommended to do so due to their medical history, reported that confinement is lonely, boring, and it is very difficult to leave your young children and partner behind. These participants noted that the difference in care was felt acutely, because they had grown accustomed to continuity of care, hour long appointments, and the personal relationships they had developed with the midwives in their community.

HEALTHCARE PROVIDERS

Table 15: Challenges in Maternity Care Identified by Healthcare Providers in Communities Serviced by Midwives

Theme	Description
Sustainability	One of the biggest challenges identified by the participants was midwifery program sustainability. With only two midwives in each program, the midwives are on call for a significant portion of time, which can lead to burn out. In addition, midwives provide services to their clients for up to one year after their birth, as well as counselling and system navigation. These services enhance care for clients, but take up a lot of the midwives' time, which reduces their work-life balance. In Fort Smith, recruiting a second midwife was a difficult endeavor (though this was not identified as a challenge in Hay River). In addition, the midwifery programs do not currently have succession plans in place to promote stability if one of the midwives ceased to practice in the community.
Integration	Since Hay River is a new program, some challenges with integration were identified. When the midwives arrived, the providers who had been providing the prenatal care (physicians and public health nurses) ceased to provide this care in a significant way. This led to providers needing to change their practice to focus on other areas, which was expressed as a challenge by some.
Role of Nurses	In Fort Smith, the floor nurses do no act as second attendants, only the prenatal RN affiliated with the program is a second attendant. Healthcare providers reported some tensions between the nurses and the midwives, because the nurses feel nervous when a higher risk patient elects to give birth in Fort Smith and they don't feel that they are prepared to manage any complications that could emerge in the community.
Scope of Practice	Another challenge that was described by healthcare providers was confusion about where scope of practice starts and ends, and who is the most responsible practitioner (MRP) in different scenarios that occur. For example, when a pregnant woman comes

	into the Emergency Room, the nurse needs to decide whether to call the midwife. This was causing some confusion and concern for nurses in Fort Smith, so the midwives worked with the physicians and nurses to develop a triage chart to help nurses know who to call and when. This challenge has been reduced as a result.
Locum Midwives	A major challenge for the sustainability of the existing midwifery programs is finding locum midwives to replace the midwives for leave time. The midwives noted that they are responsible for recruiting their own locum replacement, organize their travel, sort out their licensing, find funding, and then orient the locum midwife. This is an arduous task for the midwife who has clinical responsibilities. In addition, midwives in the NWT have an expanded scope compared to southern midwives, so significant training is needed when a locum midwife arrives from another jurisdiction.
Administration	Since midwives are employees, they tend to accrue a significant amount of overtime, and are usually unable to flex their time due to their caseload. This can be difficult for the health centre to manage financially. Although the midwives provide excellent care, there are areas where other providers in the community could take on more of the care to reduce their workload, such as relying in Healthy Families to do home visits after 6 weeks postpartum, having social workers available for counselling, and family physicians providing some care to women in the year after their birth.

Community Services

Table 16: Challenges Identified in Maternity Care by Community Services Staff in Communities Serviced by Midwives

Theme	Description
Coordination of Services	Participants discussed that there have been occasions were services have been duplicated, due to a lack of communications between community services and healthcare providers.

Communities Serviced By Physicians and Nurse Practitioners

Community Members

Table 16: Challenges Identified in Maternity Care by Community Members in Communities Serviced by Physicians and Nurse Practitioners

Theme	Description
Lack of Continuity of Care	A major issue identified by participants was seeing multiple doctors and/or nurse practitioners for prenatal care. Some participants who had family doctors they had been seeing for years were unable to get consistent appointments with their known provider. Participants described the frustration of having to explain their story over and over to each new provider. Because there is no relationship built over time, the healthcare providers you see don't know your personality, your pain threshold, and what you need. Two participants noted that providers they saw didn't believe them about certain issues because they didn't know them and their bodies. One participant noted however that the experience from her first birth to her most recent birth had changed significantly, and in her most recent birth she had seen one consistent physician her whole

	pregnancy.
Unknown Provider at Birth	Participants expressed that having a provider they had never met deliver their baby was a serious issue. Although many noted that the care they received was good, many participants felt that their experience would have been a more positive one if they knew the provider and had already built a trusting relationship. Birth is a highly stressful time, and one that can be pivotal in a woman's life. For some participants, not having any idea of who would be there for them during that time caused significant anxiety.
No Option for Home Birth	Many participants expressed their wish for the option of having a home birth. Some of the reasons cited for wanting a home birth were: to be able to have your whole family there, to be comfortable in your own home, to reduce the chances of unnecessary interventions, and to be able to recover at home.
No Support Phone Line	Participants expressed the desire to have a phone line that they can call 24 hours a day, seven days a week with questions and concerns about their pregnancies. If participants were concerned about an issue, they discussed feeling uncertain of whether or not go to the emergency room. Having a phone line available would assist them in getting the appropriate help needed.
Hospital Experience	Several participants described having negative experiences in the hospitals. One participant noted that in the hospital, you lose "your modesty and dignity." The obstetrics ward can get quite full, and participants described experiences of being sent home prematurely because there simply were not enough beds. Two participants discussed their experiences of feeling forgotten and not receiving any food or pain medication for hours after their delivery because there was an emergency C-section that required the medical staff's attention. The shift turnover was cited as another challenge in the hospital. Different nurses come on shift and they often repeat tests just completed because they have not fully read the chart. The number of people providing you care in the hospital can be overwhelming.
Limitations of Public Health Visits	Although many participants found the public health home visits very helpful, a key gap that was identified was that the home visits only occur during regular business hours. If you are discharged from the hospital on Friday, there is no support available until Monday.
Breastfeeding Support	Many participants expressed that the breastfeeding support they received was inadequate. In the hospital, the level of knowledge and expertise of the nurses in breastfeeding is highly variable. The public health nurses provide home visits which are helpful, but they are only available during business hours, and usually the most difficult times for feeding are in the middle of the night when you are tired and alone.
Healthy Families Eligibility	The Healthy Families program was discussed by many participants as a wonderful service. However, the eligibility requirements are strict for the program. Participants expressed that they felt like they would have really benefitted from the program, but did not qualify. One participant noted that just because someone has a good income, does not mean they are not struggling in other areas of their life, such as mental health or being socially isolated. Participants expressed the desire to have this program available to all who wish to use it.
Lack of	Participants expressed that they felt that they should have a choice in their maternity

Choice of Provider	care provider, and that midwifery should be one of the options available. Participants noted that midwifery is available in many other jurisdictions in Canada, and it should be more widely available in NWT.
Use of Labour/Birth Tubs	Another gap identified by participants was waterbirth. Although there is a labour tub in the current hospital, participants were told it was not an option. Some participants were aware that waterbirth tubs are included in the new hospital construction, and they expressed the desire to be able to use them even if there were no midwives available.
Postpartum Care	After the birth, participants noted that they did not feel that there was sufficient postpartum care, particularly for themselves. The infant receives care from the public health nurses and then has regularly scheduled check-ups and immunizations. However, mothers felt like after a few weeks, no one asked how they were doing. In the hospital, the level of care provided postpartum is variable depending on which healthcare provider are working and how busy they are.
Centering Pregnancy	While some participants enjoyed their time in Centering Pregnancy, a few expressed concerns about not feeling comfortable asking questions in a group setting, not having sufficient privacy during check-ups, and not being able to continue to have the family doctor, who gave the Centering Pregnancy sessions, to provide care to them following their birth.
Labour Supports	A few participants expressed that while they were labouring in the hospital, the physician would come in very briefly to check on them, but offered no labouring support. The nurse was available for longer periods of time, but they also had other patients to check on. As a result, some participants felt that they had little support during the labour to help them try different pain relief techniques.
Appointment Length	For participants who had one-on-one appointments rather than group prenatal appointments, they described the appointment length as very short. One participant said that the wait time for the appointment was triple the length of the appointment itself. According to the participants, the appointments were 5-15 minutes and consisted of routine tests, and no prenatal education or conversation about how the client was doing.
Indigenous Programs	One participant noted that there are too few programs tailored to Indigenous mothers. The Mama n Bebia program is excellent, but it is only one program and there needs to be more programs and more diversity of programs. In addition, the community programs that are available to anyone need to be made more accessible to Indigenous mothers so that they feel welcomed.

Healthcare Providers

Table 17: Challenges Identified in Maternity Care by Healthcare Providers in Communities Serviced by Physicians and Nurse Practitioners

Theme	Description
Providing Continuity of Care	Healthcare providers in Yellowknife expressed that while they strive to provide continuity of care in prenatal appointments, it can be difficult to manage due to scheduling. The front-line staff do not always have the training and knowledge to book clients in to see the same provider. For the Centering Pregnancy program, they try to

	have one physician assigned to each cohort but due to leave and scheduling this can be a challenge.
Prenatal Care Referrals	Since the inception of the Centering Pregnancy program, when people call seeking prenatal appointments, their information is supposed to be passed to the Centering Pregnancy program coordinator. However, not all calls regarding prenatal care are being directed to the coordinator and this remains an ongoing challenge.
Data on Health Outcomes	There is currently no repository about maternity care health outcomes for women and infants. Participants expressed a desire to have a fulsome data collection strategy for NWT to be able to measure outcomes in the system and identify areas for improvement.
Centering Pregnancy	Since the Centering Pregnancy program is new, a few challenges were identified by the healthcare providers involved in the program. Firstly, the Centering Pregnancy program was unable to lay the recommended ground work prior to opening the program because the funding allocation dictated when the program needed to be operational. Secondly, scheduling physicians to be assigned to each cohort can be a challenge, and the cohorts need to be scheduled two years in advance. Thirdly, there is currently no postpartum element associated with the program, though there is hope that this will be offered in the near future. Finally, the Centering Pregnancy model is very appointment-heavy, which can be challenging for people with certain types of jobs and who don't do well with appointments.
Obstetric Nurse Practitioner Staffing	The NP currently in the position of Obstetric Nurse Practitioner will be leaving the position shortly. This opens up a gap of filling this position to maintain the program and the care she was providing in the small communities in the Beaufort Delta.
Birth Numbers	The birth numbers in the NWT are generally low. All providers doing labour and birth need to keep up their competencies by attending births. Particularly in Inuvik, participants felt that there are not sufficient birth numbers to sustain a large number of healthcare providers doing labour and delivery.

Community Services

Table 18: Challenges Identified in Maternity Care by Community Services Staff in Communities Serviced by Physicians and Nurse Practitioners

Theme	Description
Community Program Funding	A key concern for the participants was the sustainability of community program funding. Many of the community programs are fully or partially funded by different government funds, and the funding can be precarious at times, which limits the ability for the organizations to meet the needs of their clients. In particular, Moms, Boobs, and Babies noted that it is volunteer-based, and this limits the amount of support they are able to provide, as well as the sustainability of the program.
Support for Fathers	A gap identified by community services was support and education for fathers while their partner is pregnant and after the birth. The participants noted that fathers need training and education on parenting, child development, child feeding and diaper changing.

COMMUNITY SERVICED BY COMMUNITY HEALTH NURSES AND MEDICAL TRAVEL

COMMUNITY MEMBERS

Table 19: Challenges Identified in Maternity Care by Community Members in Communities Serviced by Community Health Nurses and Medical Travel

Theme	Description
Confinement	While some participants noted that it is useful to be able to go shopping when sent to Yellowknife for appointments or to await their birth, most participants described the emotional, financial, and physical burden of confinement. In particular, participants expressed concerns about not being able to find suitable and safe childcare for their children, finding it difficult to be separated from young children, feeling alone and isolated in confinement, and feeling bored. Some participants noted that it is very physically taxing to travel during pregnancy. For communities close to Yellowknife or Inuvik, participants reported that they would find rides back to their community on the weekend to visit family. Not having a support person able to accompany pregnant women for birth was discussed by almost all participants as being very difficult. Multiple participants used the terms "afraid," and "alone," to describe their experiences in confinement. Not only is it challenging on the woman in confinement, but not being able to be there to support their partner causes stress and sadness, and anxiety, for fathers as well. The boarding home itself was commonly discussed as being a challenging environment. Participants noted that the hard beds, shared rooms, and unappealing food made the stay uncomfortable. In addition, the physical location of the Vital Abel house in Yellowknife made it very difficult to do shopping and recreation activities because transportation is only provided to attend prenatal appointments.
Treatment in Yellowknife and Inuvik	Several participants noted that they were treated poorly in Yellowknife or Inuvik by healthcare providers, and some felt that this was grounded in prejudice. One participant noted that as soon as you begin prenatal care in Yellowknife, they push contraception on you and it feels like "It's as if they are getting tired of helping our babies and they want us to stop getting pregnant." Another participant noted feeling like, "at the hospital, you are just a number, you don't even have a name."
Prenatal and Postnatal Classes	Within the communities, prenatal and postnatal groups and classes were identified as a key gap. In one community, a group of local mothers took action to fill that gap and began their own peer support group to discuss pregnancies and new parenting and support each other to quit drinking and using drugs. In multiple communities, participants noted the need for more peer-support groups and prenatal and postnatal education classes. In particular, many expressed that they felt forgotten postpartum because all attention shifts to the infant. Accordingly, peer support groups for new moms would be helpful.

Breastfeeding Support	Breastfeeding support was identified as a gap in multiple communities. The CHNs often do not have the knowledge or resources to support mothers with breastfeeding. Since the mother is flown back to their community as soon as possible after the birth, they do not receive much support for breastfeeding while in Yellowknife. The staff hospital nurses do provide some assistance, but the quality of this assistance is highly variable. The stress of travel was also noted by some participants as interfering with their ability to breastfeed.
Mental Health and Addictions Supports	Participants reported that addictions and mental health supports are a major gap in maternity care services. It is difficult to be surrounded by people going to bars in Inuvik and Yellowknife. In addition, there are insufficient mental health and addictions supports available to pregnant women to help them curb addictions and prevent them from returning during pregnancy and in the early and stressful days of parenting.
Community Health Centre Staff Turnover	One community noted that the high staff turnover rate at the health centre negatively impacts patient care. This can result in confusion for both the patient and the provider. Participants described trying to keep track of all of their own health information, because they need to make sure no mistakes are made.
Ultrasounds	Multiple participants expressed that having to fly out to receive an ultrasound is highly stressful. Depending on the community and the available flights, women are sometimes flown out and back on one day, which is very tiring when you are pregnant. If there are any concerns identified on that ultrasound and an immediate decision is needed, you are required to decide on the spot what you want to do without any support person with you. If there is no fetal heartbeat, the woman needs to wait until her ultrasound and travel is scheduled which can take days.

Healthcare Providers

Table 20: Challenges Identified in Maternity Care by Healthcare Providers in Communities Serviced by Community Health Nurses and Medical Travel

Theme	Description
CHN Training and Experience	Many participants noted that many CHNs who begin working in the small communities have little to no obstetrical training. This makes it challenging to provide quality prenatal care. In particular, CHNs with little to no obstetrical experience feel unprepared to handle any emergency situations regarding labour and birth.
Unplanned Births	Unplanned births take place in the communities due to the occasional unanticipated preterm labour, and clients returning to their home communities when they have been sent to Yellowknife or Inuvik to await their birth. Unplanned birth in the community is a very stressful occurrence for health centre staff, particularly if there is no permanent or locum physician in the town or if the CHN has very little to no obstetrical experience.
Lack of Continuity of Care	Participants expressed that they are often unable to provide continuity of care due to a number of reasons. Firstly, there is a high staff turnover rate at the health centres. Secondly, some health centres want all of the nurses to maintain their competencies in prenatal care, so they rotate though practice areas and then don't always get to see their patients through their pregnancy. Finally, when a patient is flown to Yellowknife or Inuvik for the birth, the patient then sees a new provider. When they return to the

	community, it is often challenging to get them to come back to the health centre for follow up appointments.
Lack of Consultative Supports	Many of the communities do not have a permanent physician or consistent locum physicians, which means the only supports available to CHNs are remote consults. Telehealth can be useful, but the system in the NWT is set up for scheduled appointments, not emergency consults. One community noted that they had a difficult time accessing consults from the obstetrician in Yellowknife, particularly for pregnancies under 20 weeks.
Mental Health and Addictions	Participants noted that there are not enough mental health supports in the communities for their patients. There are high rates of substance abuse in some communities, and it is difficult for healthcare providers to provide the support their patients need to address the addiction.

Community Services

Table 21: Challenges Identified in Maternity Care by Community Services Staff in Communities Serviced by Community Health Nurses and Medical Travel

Theme	Description
Sexual and Reproductive Health Education	Participants noted that there is insufficient education for community members regarding sexual and reproductive health, particularly in the high schools. There is a lack of information about contraception, as well as on pregnancy and birth. The only location where free condoms are available in one community is at the community health centre, and some youth feel embarrassed to go there so they have unprotected sex.
Mental Health and Addictions	Substance use was identified as a major concern during pregnancy in the communities.
Violence During Pregnancy	In one community, a major challenge identified was violence during pregnancy.
Breastfeeding Supports	Breastfeeding support was identified as another gap in the smaller communities. One community brought in a lactation consultant to do training for a community organization to be able to offer this support, but more training is needed.

Online Survey Respondents

Online survey participants were able to provide comments regarding the aspects of maternity care they liked least. A total of 183 comments were provided.

The main reasons for participants' dissatisfaction in maternity care provided through the online survey were:

- Not having continuity of provider for prenatal appointments and a known provider at birth
- Not enough involvement of partners/fathers in maternity care

- Having to stay in confinement until the baby is born without any familial support. One responded describe the experience as "traumatizing" and another as "hell"
- Limited physician availability and difficulties booking appointments
- Test results being lost, missed, or not communicated to the client
- Lack of knowledge and expertise of community health nurses, floor nurses, and locum physicians
- Judgement from community health nurses, public health nurses, and floor nurses about the client and her circumstances (e.g. age, relationship status, struggles with breastfeeding)
- Not being able to have a prenatal appointment until 12 weeks
- Pressure to breastfeed without the help or supports to do so when you are struggling and inconsistencies in advice given by different nurses
- Lack of privacy during Centering Pregnancy, particularly when receiving check-ups and embarrassment asking questions
- Short length of prenatal appointments with little prenatal education

5.4 Maternity Care Improvements

The following section presents the viewpoints of stakeholders regarding ways to improve maternity care services in their community and in the NWT. There is a degree of overlap here with the sections above. Findings are grouped below into the three different maternity care models operating in NWT:

- Communities serviced by midwives
- Communities serviced by physicians and nurse practitioners
- Communities serviced by community health nurses and medical travel
- Online survey respondents

The findings are further broken down by the three stakeholder groups:

- Community members
- Healthcare providers
- Community organizations

COMMUNITIES SERVICED BY MIDWIVES

COMMUNITY MEMBERS

Table 22: Suggested Areas of Improvement from Community Members in Communities Serviced by Midwives

Theme	Description
Prenatal Classes	Participants in Hay River expressed a desire to see more parental classes.
Mental Health and Addictions	Participants in Hay River noted that there was a need in the community for more mental health and addictions services.

HEALTHCARE PROVIDERS

Table 23: Suggested Areas of Improvement from Healthcare Providers in Communities Serviced by Midwives

Theme	Description
Midwife Leave Coverage	A sustainable solution is needed to provide coverage to midwives to go on leave. This could be a locum program to support midwives, or having an NWT floater midwife who acts as a locum when needed.
Program Expansion	In order to meet the needs of the surrounding communities, participants in Hay River expressed that the midwifery program would be expanded. Having a third midwife in the program could allow the midwives to offer a clinic on the reserve, provide care in Fort Resolution and Fort Providence, support the CHNs in Fort Simpson and Fort Liard, provide additional training and certification to local nurses, provide leave coverage to each other, and enhance the sustainability of the program.

Community Services

Table 24: Suggested Areas of Improvement from Healthcare Providers in Communities Serviced by Midwives

Theme	Description
Service Coordination	To enhance service delivery and to avoid duplication of efforts, regular meetings should take place with midwives, social services, Healthy Families, and public health staff.

Communities Serviced by Physicians and Nurse Practitioners

Community Members

Table 25: Suggested Areas of Improvement from Community Members in Communities Serviced by Physicians and Nurse Practitioners

Theme	Description
Continuity of Care	Participants expressed the desire to have the same provider, or small group of providers, throughout pregnancy, birth, and postpartum.
Known Provider at Birth	Having a known provider during labour and birth was noted by participants as a way to enhance their experience.
Home Birth	Participants noted that home birth should be made available as an option in the community.
Support Phone Line	Participants thought that the addition of a 24 hour a day, 7 day a week support phone line would be a useful addition.
Home Visits	Given the limited hours of public health home visits, participants suggested extending these hours into the weekend and evenings, or providing another avenue to receive home visits from a health provider.
Breastfeeding Support	Many participants expressed that the breastfeeding support they received was inadequate. In the hospital, the level of knowledge and expertise of the nurses in breastfeeding is highly variable. The public health nurses provide home visits which are helpful, but they are only available during business hours, and usually the most difficult times for feeding are in the middle of the night when you are tired and alone.
Healthy Families	Participants expressed a desire to expand the Healthy Families eligibility so all women had access to the program.

Eligibility	
Midwifery Services	Participants in Yellowknife indicated that maternity care services would be improved by the addition of midwifery services. Participants felt that they should have choice in their healthcare provider.
Labour Supports	Participants in Yellowknife expressed the desire to have more natural pain relief options available during labour. In addition, participants felt that having a provider that stayed with them throughout the labour, instead of coming in and checking on them periodically would support them better in labour.
Appointment Length	Offering longer appointment times would enable women receiving one-on-one prenatal care to get the full prenatal education and medical support they need.
Doula Services	Participants suggested that having publicly funded doula services would allow high risk women to have a support person with them throughout their pregnancy and birth.

Healthcare Providers

Table 26: Suggested Areas of Improvement from Healthcare Providers in Communities Serviced by Physicians and Nurse Practitioners

Theme	Description
Prenatal Care Referrals	Providers expressed that a robust parental care referral system would support women in accessing the type of care they prefer. To accomplish this, reception staff need further training.
Data on Health Outcomes	To enhance the ability to make evidence-informed decisions, NWT needs a health database system to track health care and population health outcomes.
Postpartum Classes	Healthcare providers noted that having more postpartum classes available to new parents would be beneficial.

Community Services

Table 27: Suggested Areas of Improvement from Community Services in Communities Serviced by Physicians and Nurse Practitioners

Theme	Description
Community Program Funding	More consistent and predictable funding would enable community programs to be able to sustainably provide their services.
Support for Fathers	Participants noted that there needs to be more educational programs and supports for fathers provided.
Home Birth	Participants felt that home birth should be made available as it would benefit the clients of their programs.
Midwifery Services	Participants expressed that the addition of midwifery services would enhance maternity care services.

COMMUNITIES SERVICED BY COMMUNITY HEALTH NURSES AND MEDICAL TRAVEL

COMMUNITY MEMBERS

Table 28: Suggested Areas of Improvement from Community Members in Communities Serviced by Community Health Nurses and Medical Travel

Theme	Description
Patient Escorts	Participants expressed that having a support person of their choosing be funded to accompany them to Yellowknife or Inuvik would improve their experience.
Prenatal and Postnatal Classes	To enhance maternity care services, participants noted that more prenatal and postnatal classes were needed in their communities.
Breastfeeding Support	Participants indicated the healthcare providers in their communities needed to be trained in breastfeeding supports to better meet their needs.
Mental Health and Addictions Supports	More mental health and addictions programs were identified by participants as a way to enhance services for pregnant women and new mothers.
Midwifery Services	Participants expressed the desire to have midwifery services available.
Ultrasounds	To reduce the amount of travel during pregnancy, participants felt that having ultrasound services in their community would greatly enhance maternity care.
Birth in the Community	To avoid the negative elements of medical travel and confinement identified by participants, participants stated that birth should be offered in their community in the health centre.
Midwife and Doula Training	Participants expressed a desire to see a midwife and/or doula program offered through Aurora College so that more community members can be trained to support women in maternity care.

HEALTHCARE PROVIDERS

Table 29: Suggested Areas of Improvement from Healthcare Providers in Communities Serviced by Community Health Nurses and Medical Travel

Theme	Description
Training for CHNs	Participants expressed that CHNs require more training and support to be able to deliver quality prenatal and postpartum care.
Unplanned Births	To reduce the number of unplanned births that occur in communities, participants suggested offering birth in the community where possible.
Continuity of Care	Having a designated physician or midwife in Yellowknife or Inuvik who came to the community to provide care periodically, was available to the providers in the community for consultations, and who could provide care to community members when they travelled to Yellowknife or Inuvik would improve maternity care.
Ultrasounds	Provide ultrasound equipment to all communities and have an ultrasound technician come to the community monthly so reduce the amount of medical travel.
Mental Health and Addictions	Increase the number and quality of mental health and addictions supports available to pregnant women and new mothers.

Community Services

Table 30: Suggested Areas of Improvement from Community Services in Communities Serviced by Community Health Nurses and Medical Travel

Theme	Description
Appointments	Community services staff felt that appointment scheduling could be streamlined to better support clients. Appointments should be confirmed before travel occurs.

Online Survey Respondents

Community members who completed the survey had the opportunity of providing comments regarding ways to enhance maternity care services in their communities. A total of 183 comments were provided. The most frequent suggestions include:

- Reduce appointment wait times
- Provide prenatal care earlier into the pregnancy
- Provide the option of midwifery care
- Have the option of home birth
- Enable clients to see the same provider (or small group of providers) throughout pregnancy, labour, birth, and postpartum
- More education and support for caring for a newborn
- Expand the eligibility of Healthy Families so all families can access the program
- Offer prenatal classes on evenings and weekends
- Train local people to be midwives, nurses, and doulas
- Increase the length of prenatal appointments
- Have more breastfeeding supports available
- Build a birthing centre that is separate from the hospital
- Bring birth back to the community
- Enhance the privacy of the check-ups during Centering Pregnancy
- Provide escorts for people who are travelling for birth

5.5 Level of Interest in Midwifery Expansion

Community members were provided with information about midwifery and asked whether they would be interested in using midwifery services for a future pregnancy. The answers were highly personal, and contingent on many factors (e.g. medical history, type of midwifery services available, options for birth location, etc.). In the section below, a description of themes that emerged from these discussions is presented. For more detailed responses regarding participants' interest in midwifery services, please see the community reports in Appendix A.

Findings are grouped below into the three different maternity care models operating in NWT:

- Communities serviced by midwives
- Communities serviced by physicians and nurse practitioners

- Communities serviced by community health nurses and medical travel
- Online survey respondents

The findings are further broken down by the three stakeholder groups:

- Community members
- Healthcare providers
- Community organizations

COMMUNITIES SERVICED BY MIDWIVES

COMMUNITY MEMBERS

Table 31: Level of Interest in Midwifery Expansion from Community Members in Communities Serviced by Midwives

Theme	Description
Repeat Clients	All of the participants who had access midwifery services reported that they would use them again in a future pregnancy.
Birth in the Community	For some first-time mothers who chose to travel to Yellowknife for birth because they were worried about potential complications, for their future children they expressed an interest in staying in the community.
Home Birth	Some participants who had given birth in the hospital in Yellowknife or the midwifery clinic expressed an interest in having a home birth for a future birth.

HEALTHCARE PROVIDERS

Table 32: Level of Interest in Midwifery Expansion from Healthcare Providers in Communities Serviced by Midwives

Theme	Description
Sustainability	Participants noted that the midwifery programs are highly successful and should be sustained.
Choice of Provider	Despite the fact that the vast majority of women in Hay River and Fort Smith are cared for by the midwives, participants expressed that maintaining a choice of provider is important.

COMMUNITY SERVICES

Table 33: Level of Interest in Midwifery Expansion from Community Services in Communities Serviced by Midwives

Theme	Description
Education	Participants noted that when people move to a community with midwives, they need education about what midwives do so that they are willing to use the service.

COMMUNITIES SERVICED BY PHYSICIANS AND NURSE PRACTITIONERS

COMMUNITY MEMBERS

Table 34: Level of Interest in Midwifery Expansion from Community Members in Communities Serviced by Physicians and Nurse Practitioners

Theme	Description
Midwifery Services	Participants expressed a strong interest in using midwifery services if they were available in their community.
Location of Birth	There was a high degree of interest in having a home birth, if the option was available. Other participants expressed an interest in having a midwife-attended birth in hospital.
Choice of Provider	Some participants expressed that they preferred to have physician-based maternity care, but that women should have choice in provider.
Midwifery Model of Care	Participants described the reasons in which they were interested in midwifery care, and these related to the midwifery model of care. Participants mentioned the following as factors that made them desire midwifery care: continuity of care throughout pregnancy, birth, and postpartum, support throughout labour, natural pain relief, expertise in breastfeeding, home visits, home birth, water birth, informed choice, long appointment lengths, and woman-centred care.

HEALTHCARE PROVIDERS

Table 35: Level of Interest in Midwifery Expansion from Healthcare Providers in Communities Serviced by Physicians and Nurse Practitioners

Theme	Description
Well Functioning Maternity Care	Some participants noted that the maternity care being provided in Yellowknife and Inuvik is highly functional and has positive outcomes, and therefore midwifery services are not needed to enhance care.
Birth Numbers	Some participants noted that there are not high enough birth numbers to sustain midwifery in Yellowknife or Inuvik.
Demand for Services	Some participants expressed that they felt that people should have a choice in maternity care provider, and that their clients had expressed an interest in midwifery service.
Vulnerable populations	Participants expressed that high risk and vulnerable populations would benefit greatly from midwifery care due to the longer appointment lengths and continuity of care.
Education	Participants were interested in the educational role midwives can play in the health system in educating nurses and other healthcare providers.

COMMUNITY SERVICES

Table 36: Level of Interest in Midwifery Expansion from Community Services in Communities Serviced by Physicians and Nurse Practitioners

Theme	Description
Demand for Services	Clients of community services have demonstrated a desire to have midwifery services and participants felt that this would be a good addition to maternity care services.

COMMUNITIES SERVICED BY COMMUNITY HEALTH NURSES AND MEDICAL TRAVEL

COMMUNITY MEMBERS

Table 37: Level of Interest in Midwifery Expansion from Community Members in Communities Serviced by Community Health Nurses and Medical Travel

Theme	Description
Community-Based Midwives	There was a strong interest from participants in using midwifery services if they were in the community.
Hospital Birth	Some participants expressed that even if midwifery and birth services were provided in their community, they would still opt to go to Yellowknife or Inuvik to be able to give birth in hospital.
Birth in Community	Some participants expressed a desire to have birthing services available in their community, regardless of the type of provider.

HEALTHCARE PROVIDERS

Table 38: Level of Interest in Midwifery Expansion from Healthcare Providers in Communities Serviced by Community Health Nurses and Medical Travel

Theme	Description
Reduce Unplanned Births	In Behchoko, providers expressed that having midwives in the community would likely reduce the number of unplanned births that occur in the community when women come back to the community when they are meant to be awaiting birth in Yellowknife.
CHN Support and Education	Providers expressed interest in seeing midwives support CHNs through consultations, in-person and remote training, and community visits.
Midwifery Referrals	Some participants expressed that they would like to be able to refer interested clients to the midwives in Hay River and Fort Smith, but the protocols on this are unclear from medical travel.
Regional Model	Providers expressed an interest in seeing a regional model of midwifery care where midwives travel between the different communities in one region and provide birthing services in the regional centre.

COMMUNITY SERVICES

Table 39: Level of Interest in Midwifery Expansion from Community Services in Communities Serviced by Community Health Nurses and Medical Travel

Theme	Description
Demand for Services	Clients of community services have demonstrated a desire to have midwifery services and community services staff felt that this would be a good addition to maternity care services in the community.

ONLINE SURVEY RESPONDENTS

Online survey participants were asked if they would consider using midwifery services if they were available in their community or regional centre, if they or their partner were to get pregnant. Seventy-six percent of respondents reported that they would consider using midwifery services, while 9% would not consider using midwifery services. The remaining 16% responded that they were unsure or the question was not-applicable to them.
Participants were able to provide comments for why they would, or would not, be interested in using midwifery services. A total of 183 comments were received.

The most commonly cited reasons for why they would or would not use midwifery services are listed below.

Table 40: Reasons Why Online Survey Respondents Would or Would Not Use Midwifery Services

Reasons Why Participants Would Use Midwifery Services	Reasons Why Participants Would Not Sure Midwifery Services
▪ Home birth	▪ Feel comfortable with a physician
▪ Home visits	▪ Want to have a hospital birth
▪ Continuity of Care	▪ Lack of expertise of midwives in complications and emergencies
▪ Expertise in pregnancy and birth	▪ Had previous high risk pregnancies
▪ More personalized, holistic care	▪ Positive experience with physicians in the past
▪ Longer appointments	▪ Negative experience with midwives in the past
▪ Woman and family-centred care	
▪ Empowering care	
▪ Natural pain relief	
▪ Non-medicalized model	
▪ Positive experience with midwives in the past	
▪ Negative experience with physicians in the past	

5.6 Integration of Midwifery with Primary Care

Healthcare providers and community services staff discussed the following themes with respect to the integration of midwifery services with other primary health services across the NWT.

Table 41: Themes Identified Regarding the Integration of Midwifery with Primary Care

Theme	Description
Medical Records	Of vital importance is the integration of midwifery services with the existing primary care EMR system. Providers discussed how this enables them to see the client's full medical history so they have all of the information they need to support the client's

	needs. In addition, the Wolf EMR enables providers to be able to flag issues for other providers, which makes consultations and referrals a more seamless process.
Clinic Location	The physical location of clinical space can greatly impact the integration of services. Providers in Hay River reported that when midwifery services were first introduced into the community, the clinical space was shared with the family physicians and was near-by to public health. This proximity allowed for frequent communications and seamless consultations. Conversely, when the new health clinic space opened, the midwifery clinic was put on the other side of the building, which reduced the amount of contact the providers had. Similarly, when midwifery was operating in Yellowknife, the clinical space was separated from other health services, which providers reported made it feel more isolated from the rest of primary care services.
Protocols and Procedures	A key factor to enabling integration of midwifery with other primary care services is developing strong protocols and procedures. Providers indicated that there needs to be robust documentation of protocols and procedures for transfers of care, medivac, emergency situations and charting to ensure all providers involved in care know their roles and responsibilities in any given situation. Providers noted that there are very strong protocols and procedural documents being used at Stanton Territorial Hospital, which would be used elsewhere to enhance consistency. New providers need to be made aware of the policies and procedures, and any changes made need to be communicated to all providers. Stakeholders noted the importance of involving multiple healthcare providers in the development of protocols and procedures to make sure that they are safe, effective and feasible to implement.
Birth Numbers	Birth numbers were mentioned by several healthcare providers with respect to the integration of midwifery services with primary care services. In Hay River and Fort Smith, the locum physicians reported that they liked coming to these communities because they knew they would not have to do any obstetrical care. Conversely, in Inuvik and Yellowknife, obstetrical practice was a recruitment draw for permanent and locum family physicians. In Inuvik, healthcare providers discussed the importance of maintaining the obstetrical competencies of the family physicians in the community with the already somewhat low number of births that occur there. Some healthcare providers in Inuvik and Yellowknife expressed concern that there were not enough births to sustain additional providers, while others felt that integrating midwifery would not significantly impact physician birth numbers.
Recruitment and Retention	Participants discussed the importance of recruitment and retention of qualified individuals who have the intention to stay in the community long-term as an important consideration in integration. Whenever a new provider comes to a community, it takes time to build trust and to become fluent in the protocols and procedures in the system. Having providers who are committed long-term to the community enhances integration.
Freeing Up Resources	Participants noted that a well integrated midwifery program would free up primary care resources to address other health issues and needs. If a territorial midwifery program was well integrated into the primary care system, each provider could focus on their areas of expertise, which would enhance the health system's overall

	effectiveness.
Integration with Existing Maternity Care Programs	Participants expressed that there are many opportunities to integrate midwives into existing programs and services including: Centering Pregnancy, Healthy Pregnancies, Healthy Families, NWHP, and the interprofessional primary care teams in Yellowknife.
Input in Design and Implementation	Several providers discussed the importance of being involved in the design and implementation of any new midwifery programs. In Hay River, providers discussed the importance of the Midwifery Initiation Committee in providing different types of providers in the community to voice their concerns, share ideas, and ask questions about the new midwifery program. Providers in Hay River expressed that this process helped to build trust and secure provider buy-in before the midwifery program was even operational.
Champions	A key factor identified by healthcare providers regarding the integration of midwifery services with primary care services is the need for senior leadership to set expectations of the integration. For example, in Hay River, healthcare providers noted that the health centre leadership were very clear about their expectations of providers in integrating the new programs. In other communities, stakeholders mentioned the importance of having key change makers in the system set an example for other providers or working collaboratively and exploring integration opportunities.

5.7 Training, Tools, and Supports to Enhance Delivery of Maternity Care in Communities Serviced by Community Health Nurses and Medical Travel

One of the key questions of this project was to understand the knowledge and training gaps for CHNs with relation to prenatal care, emergency birthing services, and postpartum care. Through discussions with a wide range of healthcare providers, including community health nurses, physicians, nurse practitioners, and midwives, the following themes emerged as opportunities for midwives to support CHNs in the communities to provide quality care to pregnant women, new mothers, and infants.

Table 42: Themes Identified Regarding Training, Tools, and Supports Needed to Enhance Delivery of Maternity Care in Communities Serviced by Community Health Nurses and Medical Travel

Theme	Description
Knowledge Gaps	The CHNs interviewed raised a number of areas in which they felt they were lacking in knowledge and expertise. These areas were consistently echoed by other healthcare providers who are supporting CHNs through consultations. The knowledge gaps identified include: routine prenatal assessments, normal labour progression and birth, managing complications in labour and birth, breastfeeding, reading ultrasounds, postpartum depression screening, pregnancy counselling, postpartum care, bleeding during the third trimester, complications during pregnancy such as gestational diabetes, hypertension, and hyperemesis gravidarum, and doing Leopold maneuvers.
Orientation	CHNs interviewed noted that there is no comprehensive and consistent orientation program for CHNs in NWT. The CHNs noted that a fulsome orientation would be helpful, and should contain the following: what options are available to pregnant women (such

	as whether/how they can access the Hay River and Fort Smith midwifery programs and what prenatal options are available to women awaiting birth in Yellowknife) to support people in navigating the health system, the resources that are available to CHNs to support women through pregnancy and postpartum, breastfeeding best practices, how to manage labour in the health centre (e.g. where are the supplies located, how should the room be set up). One participant mentioned that Health Canada runs an excellent nurse orientation program through Sioux Lookout that could be used as a model for NWT.
In-Person Training	Participants discussed the value of CHNs being provided regular PD opportunities to go to Yellowknife and work on the obstetrics floor or in a midwifery clinic, have a midwife or other expert in birth come to the community to run mock code drills (e.g. what to do during postpartum hemorrhage or shoulder dystocia), and provide NRP and ESW training to all CHNs. In addition, another training opportunity discussed by CHNs was to shadow midwives during community visits to learn about prenatal and postpartum care. Due to the high turnover of CHNs, in-person training opportunities should be offered frequently throughout the years.
Remote Training	To continue to reinforce learnings from in-person trainings, participants discussed the importance of on-going, remote leaning opportunities. The NWHP provides educational sessions through telehealth for CHNs. Participants discussed this as being a good training opportunity that could be expanded. In addition, midwives and other healthcare providers could develop check-lists and "cheat sheets" to help CHNs manage specific situations in the health centres.
Consultations	Several CHNs noted that they often have questions about providing prenatal and postpartum care, but they don't feel that the question merits calling the obstetrician on-call because it is not urgent and the obstetricians are busy. These CHNs noted that having a midwife available to ask questions about routine care would be helpful, particularly in the first 20 weeks of pregnancy.
Delivery of Prenatal and Postpartum Care	CHNs in some communities noted the value of having family physicians or obstetricians come to the community to see clients, and how having a midwife travel to the community would equally valuable to support the prenatal and postnatal clients. Some participants noted that CHNs are overworked, and having a midwife support prenatal care could free up resources to deal with chronic disease management and the acute care needed. However, other CHNs expressed that providing prenatal care was a fulfilling experience for them and they would not want to give it up. While some CHNs agreed that it would be beneficial for midwives travel to the community to provide prenatal care and then attend the client's birth in Yellowknife or Inuvik, other noted that the real benefit of midwifery services arise from having a permanent midwife who can do low risk births in the community.

5.8 Supporting for Vulnerable / High-Risk Populations in Maternity Care

Community members, healthcare providers, and community services staff offered their thoughts and suggestions regarding ways in which a territorial midwifery program could support vulnerable populations through pregnancy and in the early days of parenting. The following themes emerged relating to the needs of vulnerable populations and ways in which to support these populations.

Table 43: Themes Identified Regarding Supporting Vulnerable/High Risk Populations in Maternity Care

Theme	Description
Population Groups	Stakeholders identified several population groups that would benefit most from midwifery care, given the longer appointment length and continuity of care. These population groups include: teenage/young women and families, Indigenous women and families, women and families with low income, women with disabilities, and women with mental health and addictions challenges.
Referrals	Both healthcare providers, community services staff, and community members identified that referrals are an important way to getting vulnerable populations into midwifery care. Stakeholders noted that referrals to midwifery care could come from social services, community programs, and other healthcare providers.
Patient Quotas	The topic of establishing a quota of clients that are earmarked for vulnerable populations to ensure that they have access to midwifery services was discussed by several participants. While a few stakeholders felt that this was an appropriate way to ensure that the women and families who may benefit greatly from the midwifery care model had access, others expressed concern over such a policy. Multiple stakeholders referenced the healthy families program and how the program was stigmatized when the eligibility criteria targeted high risk families. Many stakeholders discussed how they felt that midwifery services should be available to every family that wants the service, even if that means continually expanding the program.
Outreach and Education	Another important factor identified by community members, healthcare providers, and social services staff is outreach and education about midwifery services. Many participants reported that there is a lack of awareness about midwifery care, and there are many myths about the safety of midwifery care. Through outreach and education, many of the stakeholders felt that people would be more likely to seek out midwifery care, or to be open to receiving midwifery care.

5.9 Cultural Safety in Maternity Care

Community members, healthcare providers, and community services organizations described the following themes regarding enhancing cultural safety in maternity care for Indigenous clients.

Table 44: Themes Identified Regarding Cultural Safety in Maternity Care

Theme	Description
Indigenous Midwives	Many community members mentioned relatives or Elders they knew who were Indigenous midwives. Several participants who identified themselves as Indigenous noted that because midwifery has a long history in their communities, women would feel

	comfortable in midwifery care. Many participants spoke of the importance of training Indigenous women to be midwives or doulas and that the Aurora College nurse training program could be used as a model for a local midwifery or doula program.
Teachings from Elders	Multiple participants, including community members, healthcare providers, and community services staff, mentioned that in order to enhance cultural safety for Indigenous clients, midwives need to work with Elders to learn the teachings to help their clients have a healthy pregnancy.
Education of Providers	Several participants expressed the importance of educating healthcare providers on the lasting impact of colonialism and residential schools in Indigenous communities, as well as the impacts of the social determinants of health on health outcomes.

5.10 Medical Travel for Birth

One of the topical areas discussed with community members, healthcare providers, and community services staff was the experience of medical travel and staying in Yellowknife and Inuvik to await birth. Below, the themes are presented regarding stakeholder's perspectives regarding ways to enhance the experience of women living in communities serviced by community health nurses and medical travel.

Table 45: Themes Identified Regarding Medical Travel for Birth

Theme	Description
Accommodation	One of the most frequent challenges community members identified about the confinement period in Yellowknife or Inuvik was the boarding home accommodation. Participants noted the uncomfortable beds, the need to share rooms with a roommate, and the quality of the food as negatively impacting their experience. Multiple participants expressed that they would prefer to have access to a family apartment while in Yellowknife or Inuvik so they could bring a support person and/or their children with them.
Patient Escorts	To enhance the experience of women who travel to Inuvik or Yellowknife, many participants expressed that there should be a patient escort funded to accompany the pregnant woman, regardless of her age or number of previous births. Participants expressed that the patient's escort should be a person of her own choosing who can provide her emotional support during the stress of labour and birth.
Ultrasounds	Multiple participants expressed their frustration of needing to travel to receive ultrasounds. For some participants, travelling to Yellowknife or Inuvik is a lengthy process, sometimes involving multiple flights. Accordingly, many participants suggested having ultrasound appointments in community, or at least as close as possible to home, would improve their pregnancy experience.
Known Provider	Participants discussed the value of having a known provider in Yellowknife and Inuvik to help make the woman in confinement feel more comfortable and to assist with a seamless transition from care in the community to care in Yellowknife or Inuvik. There were several suggestions for how to establish this relationship, including through telehealth, through an initial meeting at the ultrasound appointment, or through a check-up in the client's community of residence by the provider. However,

	multiple participants expressed that having a known provider for prenatal care during confinement is insufficient, and that the known provider should also be there for the birth, particularly when a woman has no support person with her.
Peer Support	An idea that emerged from multiple community members was to have a peer support program in Yellowknife and Inuvik where women in town for confinement are matched with a local volunteer who can drive them around on errands, invite them over for dinner, and help them navigate services and shops in the community.
Birth Close to Home	While multiple participants expressed that they had enjoyed going to Yellowknife and Inuvik for the birth in order to shop and enjoy the recreation facilities, other participants noted that being able to have birth as close to home as possible would be ideal. For these participants, they indicated that they were more likely to know someone in the closest regional centre than Yellowknife or Inuvik, and that the cultural background of residents was more likely to be similar to their own. In addition, the length of time needed to travel to the regional centre may be shorter, and therefore it would be more likely that a family member could come for the birth if they were able to afford it.

6. ANALYSIS AND DISCUSSION

6.1 What are the perceived gaps in the current model of maternity services in NWT?

Engagement participants identified a wide variety of gaps associated with the current model of maternity services offered in the NWT.

Lack of Choice

Unlike women in most jurisdictions across Canada, women in the NWT (with the exception of women in Fort Smith and Hay River), do not have a choice about their maternity care provider, where their delivery will take place or the method of that delivery.

Lack of Continuity of Care

While the adoption of a Patient Medical Home model of primary care - including implementation of formal teams, rostering of patients, innovations in service delivery and improved interdisciplinary collaboration - has addressed some of the continuity of care challenges noted in the 2012 Midwifery Options Report, lack of a consistent provider throughout the entire maternity process (prenatal, labour and birth, postnatal) was still identified by the majority of participants as a gap in the current system. In particular, not knowing which physician (in Yellowknife or Inuvik) will ultimately be responsible for the birthing of their child (due to on-call scheduling) was the most distressing gap noted by community members. The current maternity model offers little opportunity for expectant parents to build a relationship with the provider they are trusting with the birth of their child(ren).

Lack of Pre- and Post-Natal Supports

There are identified gaps in the availability of both prenatal and postnatal supports particularly in the smaller communities and in communities serviced by physicians and nurses (e.g., Yellowknife and Inuvik). Stakeholders from many communities spoke about the need for more peer-support groups and prenatal and postnatal education classes that provided a venue for discussing pregnancies and new parenting, supporting one another in their efforts to quit drinking and using drugs, and providing educational materials. A lack of sufficient mental health and addictions supports available for expecting and new moms was identified as an important gap in some communities. Some community members noted that there was a lack of opportunity for one-on-one consultations with health care providers/educators in which to ask questions they were not comfortable posing in a group setting. Support, training and education for new and expectant dads on topics such as good parenting, family violence, child development, child feeding and diaper changing was considered a gap by some of the community service agencies.

Consistent support while labouring in the hospital was an identified gap. Neither the physician nor the nurses have the time available to stay with a woman during the entire birthing process because they have other patients to check on. As a result, some women felt that they had little support during the labour about positions to try to ease the pain.

Many community members noted that support for breastfeeding was a significant gap. While mothers received some assistance with breastfeeding from the hospital nurses, many felt that the support offered was variable due to differing levels of lactation knowledge and expertise. With respect to their home communities, participants commented that support was not always available when it was needed (e.g., PHNs are only available during business hours, and not during the most difficult times, in the middle of the night when you are tired and alone; PHNs do not work on the weekends so women who are discharged from the hospital on a Friday are left with no public health support until Monday) and that CHNs do not always have the knowledge or resources to support mothers.

Lack of Family Supports during Medical Travel for Birth

Not having an escort travel with an expectant mom to Yellowknife or Inuvik or being allowed to have a family member stay with them at the boarding home were considered key gaps in the current maternity system. Women spoke about feeling afraid, alone, sad, bored and stressed during confinement. Additionally, they noted that having to leave their home communities to give birth was challenging because they had to leave their family behind and because often times they could not find suitable and safe childcare for their children.

Lack of CHN Obstetrical Training and Experience

CHNs who begin working in the small communities often have little to no obstetrical training. The lack of training and experience challenges their ability to provide quality prenatal and postnatal care and often leaves them unprepared to handle emergency labour and birth situations. The lack of consistent obstetrical training and education is a gap with the potential for associated risks and liabilities.

Lack of Indigenous Maternity Supports

There is gap across the territory in the availability of maternity services that have been adapted to suit the cultural and linguistic needs of the Indigenous population in the NWT. To date, the only program available is the Mama n Bebia program offered in Ndilo to all Yellowknife Denes First Nations (YKDFN) members, other Indigenous individuals living in Yellowknife or in other communities, and all expecting mothers at the Vital Abel House.

Lack of Midwifery Recruitment and Retention Plan

There is no midwifery recruitment and retention plan in place in Fort Smith or Hay River to help support the sustainability of the midwifery programs in these communities. There is no accessible pool of northern trained and oriented midwives (locums) to draw from to cover holidays, sick leave and periods of time when there is a heavy case load (i.e., high number of pregnant and birthing mothers). Moreover, there is also no designated human resource support to assist with the recruitment of midwife locums. Currently, midwives are responsible for recruiting their own locum replacements and for the planning, logistics and administrative support required to employ locum midwives. There is also no overall succession plan in place to address attrition through retirement or staff turnover.

Lack of Territory-wide Birth Outcomes Registry

While midwives are required to report on birth outcomes (e.g. birth weight, preterm labour, screening results etc.) as part of their registration, there is no territory-wide birth outcomes registry (as there is in Ontario – Better Outcomes Registry & Network (B.O.R.N.)), so physicians are not systematically capturing critical data about each birth. The lack of territory-wide data compromises the ability of healthcare providers to obtain information/knowledge they can apply to improve the overall maternity system.

6.2 How could a territorial midwifery program enhance maternal health services for women, families and communities, particularly among vulnerable populations and those living in small communities?

A territorial midwifery program could improve the quality of maternity care services for women and families in the NWT. However, the strength of a territorial midwifery program to enhance maternal health services depends on the structure of the program. The following analysis assumes that a territorial midwifery program would have midwives located in a regional centre who:

- Provide continuity of care to local clients;
- Support CHNs remotely through regularly scheduled telephone meetings and remote training opportunities;
- Travel to surrounding communities to provide in-person support to CHNs as well as clinical care to women in these communities; and
- Provide clinical care to women awaiting birth in Yellowknife or Inuvik;

Communities Serviced by CHNs and Medical Travel

A territorial midwifery program could enhance maternity care by strengthening the capacity of CHNs. This would be specifically evident in small communities that are serviced by CHNs and medical travel. By strengthening the capacity of CHNs, this in turn may improve the overall quality of care in small communities (See 6.3 for more detail). For example, participants in small communities often acknowledged that breastfeeding supports were lacking during the postpartum period. A territorial midwifery program could build local capacity in this area via training opportunities. Moreover, if midwives were able to provide clinical care to clients in their home community, as well as during their stay in Yellowknife or Inuvik, then continuity of care would be enhanced.

However, it should be noted that a territorial midwifery model would not address the top concern expressed by participants in smaller communities, which is the necessity to travel for birth. Community members indicated strong support for birthing services to be offered in their home community, or for medical travel to be improved by allowing patient escorts and providing family lodging.

There was a strong interest expressed by participants in Behchoko to have midwifery and birthing services located in the community. Given the community's close proximity to Yellowknife, pregnant women frequently return to Behchoko from Yellowknife, which increases the probability of unplanned births in the community. The birth numbers in the community would support midwifery services in the community, particularly if the midwives were able to provide care to surrounding communities.

Vulnerable / High Risk Populations

Stakeholders agreed that the midwifery model of care confers many benefits for vulnerable and high risk women and families. The continuity of care associated with a midwifery model helps to establish and build trust over time. This is specifically important with Indigenous community members where a legacy of distrust exists within the health care system. Indigenous mothers consulted often described the long history of midwifery in their communities, and the traditional practices surrounding pregnancy and birth. Accordingly, many of the Indigenous community members noted that they would naturally feel comfortable with midwifery care as this was a typical practice in the past.

In addition, the clinical spaces of midwifery practices were described by community members as less-threatening and more welcoming than a hospital environment. Longer appointment times with a midwife allows clients to ask questions, and allows the provider more time to understand the unique needs of the client and refer them to other community services if needed. A territorial midwifery program could best enhance maternity care for vulnerable populations if midwives were able to provide local continuity of care. These benefits would be reduced if midwives were required to travel to other communities, for long periods of time, which would ultimately interrupt a relationship with local clients.

Communities Serviced by Physicians and NPs

A territorial midwifery program could address some of the maternity care challenges identified by community members in communities serviced by physicians and NPs. Maternity care would be enhanced if midwives were to provide care in the model or practice outlined in the NWT Midwifery practice

framework. During pregnancy, midwifes could provide 24/7 on-call support to pregnant women with non-urgent concerns, provide longer prenatal appointments and could visit clients at their homes. Moreover, midwives could offer the option of home birth, provide continuous support throughout labour with non-medical pain relief techniques, enhance breastfeeding support and support clients to have an earlier discharge from the hospital. Overall, a midwifery program enhances maternity care via increased continuity of care and by offering choice of provider.

Integration with Primary Care

A territorial midwifery program could only enhance maternity care in NWT if midwives could be fully integrated with other primary care services. In order for successful integration, there would need to be "buy in" from all healthcare providers. Most, but not all, of the healthcare providers who participated in the stakeholder engagement supported the idea of a midwifery program expansion. However, there were concerns raised by some healthcare providers about their birth numbers being reduced, or their role in providing prenatal care being diminished. In Yellowknife, healthcare providers expressed support for midwives being integrated into the existing primary care team model and joining the on-call labour and delivery rota. This model of midwifery practice was described by healthcare providers as a way to enhance interprofessional care, reduce the duplication of services that would result from parallel maternity care systems, enable midwives to travel to surrounding communities, and free up family physicians for other clinical needs. However, in this model, midwives would not be fully practicing according to the NWT Midwifery Practice Framework model of care. If midwives are unable to provide continuity of care to their clients throughout pregnancy, labour, delivery, and birth, the benefits of the midwifery model of care would not be fully realized, and it may be difficult for the NWT to recruit midwives.

Taken together, the ability of a territorial midwifery program to enhance maternity care services is dependent on the design of the program.

6.3 How could a territorial midwifery program support community health nurses (CHNs) in delivering high quality pre-conception antenatal, emergency (unplanned) birthing, post-partum, and newborn care?

Building Capacity

There was widespread agreement among healthcare providers that midwives could play a key role in providing training and support to CHNs to enhance the delivery of prenatal and postpartum care in communities without regular physicians or midwives. The CHNs interviewed were very forthcoming about their knowledge gaps in the area of maternity care, and expressed strong discomfort with the idea of handling an unplanned birth due to a lack of expertise and/or lack of practice. Many of the CHNs interviewed expressed a desire to enhance their knowledge and skills in maternity care, and an openness to having midwives provide them with education and clinical support. The areas where CHNs felt they needed additional training and support were: routine prenatal assessments, normal labour progression and birth, managing complications in labour and birth, breastfeeding, reading ultrasounds, postpartum depression screening, pregnancy counselling, postpartum care, bleeding during the third trimester,

complications during pregnancy such as gestational diabetes, hypertension, and hyperemesis gravidarum, and doing leopold maneuvers.

Support for Non-Urgent Questions

CHNs noted that they felt that they had insufficient support for non-urgent questions about routine care, hypothetical questions regarding situations that could emerge, and clinical care for patients 20 weeks or earlier into their pregnancies. CHNs stated that they felt that they could not call the OB on call for this type of support, because the OB was very busy and they did not want to bother them with non-urgent questions. Only one CHN made mention of using the NWHP 1-800 phone line for non-urgent clinical support. Midwives expertise in low-risk birth could be leveraged to support CHNs in these situations, by supporting NWHP to provide telephone support, regularly scheduled telephone or tele-health meetings, or regularly scheduled in-person visits.

In addition, midwives could play a role in orienting CHNs. CHNs expressed a desire to receive more fulsome orientation about providing maternity care services. Midwives could train newly hired CHNs about the protocols and procedures around maternity care in NWT, provide NRP and ESW training where appropriate, and act as the contact person to support the CHN in providing prenatal and postpartum clinical care. Given that CHNs have high turnover rates, having a consistent midwife associated with the community could enhance the stability and consistency of the care provided in the community, while also building the capacity of CHNs.

Midwifery Model in Cambridge Bay

A regional midwifery model is being successfully utilized in Cambridge Bay, Nunavut where midwives provide care to the local population and travel to four communities to provide training and clinical support to CHNs. Women in these communities travel to Cambridge Bay or Yellowknife for birth depending on the client's preference and their risk factors.

When a new CHN is hired, they have an orientation with the midwives in Cambridge Bay to learn the basics of prenatal screening, become familiar with the associated forms and clinical guidelines, and learn how to handle emergency situations. The CHN then shadows the midwife through an initial assessment and a prenatal check-up, and then practices these services under the supervision of the midwife. When the midwife visits the community, they provide ESW and NRP training if they are certified instructors, organize lunch and learns for health centre staff, and provide clinical support to the CHNs in delivering prenatal and postpartum care. Typically, one midwife spends seven days in each community, and the midwives attempt to visit each of the four communities four times per year, budget permitting. Throughout the year, the midwives have bi-weekly teleconference case management meetings with the CHNs. Cambridge Bay is staffed by three indeterminate midwives, and casual midwives to support the community visit aspect of the program.

Territorial Midwifery Program in NWT

In order to have a similar program operating in NWT, there needs to be a large enough complement of midwives to enable midwives to provide care to local clients, as well as facilitate travel to surrounding

communities. A large group of midwives could be located in one regional location, such as Yellowknife, where midwives are each assigned to specific communities in a region. Alternatively, smaller groups of midwives could be located in different regional centres. The midwives of Hay River have an interest in expanding the midwifery program to enable a midwife to travel to Fort Resolution, Fort Providence, Fort Simpson, and Fort Liard to support maternity care in these communities. In Inuvik, the Obstetric Nurse Practitioner position was providing in-person and remote support to surrounding communities. The soon to be vacant position provides an opportunity for a midwife or midwives to fill this role to support the delivery of maternity care services in the Beaufort Delta.

Northern Women's Health Program

The Northern Women's Health Program can be leveraged in a territorial midwifery model. NWHP provides monthly tele-health educational sessions for CHNs, and midwives could help to deliver some of the training opportunities. This possibility was strongly supported by the NWHP Coordinator. In addition, since NWHP coordinates the care for clients travelling to Yellowknife from smaller communities, there is an opportunity for the program to be expanded to also coordinate the community visits by healthcare providers to ensure that community members are receiving seamless maternity care that minimizes travel for the client.

7. RECOMMENDATIONS

The following recommendations are put forward for consideration by GNWT DHSS. The recommendations are based upon an analysis of the findings and with the following system objectives in mind:

- Ensure cost-effectiveness and sustainability of the NWT perinatal care system;
- Improve the cultural suitability of pregnancy, birth, postnatal care, sexual reproductive health, new born and well-woman care;
- Enhance and support midwifery integration into the primary community care teams and hospitals;
- Enhance the capacity of community health centres to provide high quality and culturally capable care to women, babies and families in the community; and
- Improve the accessibility of midwifery care to socially at-risk women and vulnerable populations.

It is important to note that because the recommendations are based on stakeholder engagement, further analysis is necessary to explore the feasibility with respect to cost, human resourcing, and operational realities.

1. It is recommended that GNWT DHSS continue to support a maternity care system that recognizes the uniqueness of the territory and the communities within and values:
    - Women and family-centered care;
    - Continuity of care in pregnancy through to the postpartum period;

- A known provider at birth;
- The safest option for birthing that is close to home; and
- Choice of healthcare provider within a well-integrated system of healthcare providers practicing to their full scope of practice.

2. It is recommended that the GNWT HSS continue to use the NWT Midwifery Practice Framework to shape the model of care provided by midwives.

3. It is recommended that existing midwifery services in Hay River and Fort Smith be strengthened through ongoing financial and human resource investments to ensure sustainability of the current programs.

4. It is recommended that a midwifery recruitment and retention plan be developed to address program stability, succession planning, leave coverage, and program expansion.

5. It is recommended that to meet the demand for midwifery services, the feasibility of expansion be examined in the following communities:

    - Hay River – Based on the model currently being implemented in Cambridge Bay, Nunavut, consideration should be given to expanding the existing Hay River Midwifery Program from a community-based program to a regional-based program. A regional program would require midwives to continue to provide care to those women residing in Hay River and on the Katlodeeche First Nation Reserve while also providing care and support to women and CHNs in surrounding communities through travel on a regular basis to those communities. Low-risk women residing outside of the regional centre could travel to Hay River to give birth. The operationalization of a regional model would require at a minimum, human resource investments (e.g., additional midwives would be required) and financial investments (e.g., boarding home, office space, birthing space). High risk pregnancies would still have deliveries in Yellowknife.

    - Yellowknife – It is recommended that the GNWT HSS reinstate the midwifery program in Yellowknife and that the midwife hires be integrated into the existing primary health care teams and work closely with the NWHP, so that they can share in the provision of maternity care and provide birth place options for residents of Yellowknife and those women coming to Yellowknife for birth. Given the benefits of the midwifery model of care for vulnerable populations, midwives in Yellowknife should engage in community outreach to service this population. Consideration should be given to the role midwives in Yellowknife can play in traveling to communities outside of Yellowknife to support CHNs and women in these communities. Prior to integration, interdisciplinary maternity care guidelines be development that articulate shared values in a maternity model of care and the scope of practice for each health care provider working under this collaborative model. The reinstatement of the midwifery program in Yellowknife would

require, at a minimum, human resource investments (e.g., new midwife hires) and financial investments (e.g., office space).

- Beaufort Delta – The impending Obstetric NP vacancy provides an opportunity to explore the feasibility of offering midwifery services out of Inuvik. Given the demand for midwifery services expressed by community members in the Beaufort Delta, it is recommended that the GNWT HSS consider how a midwife could be integrated with obstetrical services in Inuvik to enhance intrapartum and postpartum care while maintaining the sustainability of the existing obstetrical and surgical services. A midwife in Inuvik could continue the work of the Obstetric NP to support CHNs in the provision of maternity and well woman care in the seven communities of the Beaufort Delta. Replacing the outgoing Obstetric NP with a midwife or midwives in the Beaufort Delta would require human resource investments (e.g. new midwife hire).

- Behchoko – It is recommended that GNWT HSS consider the feasibility of expanding midwifery services to Behchoko. Midwives could be positioned in Behchoko to provide community-based care and provide supports to women and CHNs in the surrounding region. Birthing services in Behchoko should be explored to enhance patient safety by reducing the number of unplanned births currently taking place in the community. Implementing a midwifery program in Behchoko would require, at a minimum, human resource investments (e.g., new midwife hires) and financial investments (e.g., office space, birthing room).

6. It is recommended that the GNWT HSS develop a formalized training and support system for CHNs to enhance their competence and confidence in providing maternity care services. CHN training and support offered should be standardized, and the curriculum should be developed by an inter-professional team of healthcare providers inclusive of midwives, GPs, OBs, NPs, and CHNs. Qualified healthcare providers (e.g. midwives, NPs, lactation consultants, etc.) from within the NWT and from outside the territory can be leveraged to provide this on-going training and support to CHNs. Midwives could be integrated to enhance the support services currently being provided to CHNs through NWHP and it is recommended that the GNWT consider how to best promote the existing supports available to CHNs to enhance knowledge and awareness.

7. It is recommended that the GNWT HSS continue to work with community programs to strengthen and expand existing programs and linkages and develop new, community-based programs that provide supports to women and families that range from information on contraception/safe sex through to healthy parenting. Community programs should address gaps in the areas of sexual education, breastfeeding, postpartum supports for mothers, mental health and addictions, education for fathers, and Indigenous-centered programming. The training of local community members to provide these programs should be prioritized.

8. It is recommended that the GNWT HSS continue to explore the feasibility of approving an escort for women who are sent out of the community to await their birth. It is also recommended that the GNWT HSS explore the viability of family-style lodging in Yellowknife and Inuvik.

9. In order to support northern workforce development, and to better support women and families throughout pregnancy, birth, and postpartum in their home communities, it is recommended that the GNWT HSS work with Aurora College and Aboriginal Health and Community Wellness to explore the feasibility of offering maternity care worker training and certification similar to that offered through Nunavut Arctic College. Such a program should be grounded in Indigenous cultural beliefs and values and incorporate both traditional and modern maternal care practices.

10. It is recommended that the GNWT DHSS implement a perinatal outcomes registry to systematically track pregnancy, birth, and childhood health outcomes in order to evaluate health interventions, track population health outcomes over time, and monitor system efficiency and effectiveness.