

# Indigenous women face outsized hardships giving birth in Northwest Territories

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A UBC student researcher is looking at how the lack of health care resources for pregnant women living in the Northwest Territories influences their delivery and overall wellbeing.

Lauren Eggenberger, a third-year Southern Medical Program student based at UBC Okanagan, has recently published research examining the ramifications of maternal evacuation—those who need to travel away from their families to give birth. Only four for the 33 communities in the NWT provide maternity care, meaning more than 40 percent of [women](#) must travel at least 100 kilometres—often further—before the baby arrives.

"For many years, perinatal travel has been an oppressive and isolating process for Dene, Métis and Inuvialuit women in the Northwest Territories," she says. "Due to a lack of lack of maternity care services these women move away their homes and often miss the joy of celebrating traditional birthing practices with family and friends."

Until 2017 [pregnant women](#) travelled alone. That year, the Canadian government created an escort policy, with funding for travel, lodging and food so pregnant women can bring a companion. However, their partner often stayed home with other children, who are not funded to travel, leaving moms to rely on friends or family members.

"This oppressive and essentialist policy continues to be applied to all women outside of the four NTW communities that offer birthing

services," Eggenberger says. "Indigenous women, basically making the most of a bad situation, are formulating their decisions for choices of escorts on their unique situations, socio-economic circumstances and social supports."

Eggenberger says lack of insight and research into the escort policy means it is unclear whether it has achieved the desired effect of reducing the emotional and physical hardships women experience while travelling for birth. To examine this issue, her research involved a systematic review of narrative literature from women who experience maternal evacuation.

There are numerous challenges faced by women who are evacuated for birth including loneliness and fear, separation from family and children, and no connection to the community where their child will be delivered.

Eggenberger says there are additional challenges including the [financial burden](#) of birthing away from home and the loss of self-determination and choice. She says this is concerning and may reflect ongoing systemic racism towards Indigenous people in the healthcare system

Preliminary data show having an escort can alleviate loneliness and isolation, but Eggenberger notes it does not address the core issue of having to leave home to give birth.

"The birthing process for women who must travel is fraught with separation from their loved ones. And without understanding the impact of the escort policy on the people regulated by it, we are worried about the wellbeing of these women," she adds. "There is a gap in stakeholder voices within the policy."

While this study was taking place a maternal child unit at the regional hospital in Yellowknife was closed and 86 women, who normally would

have stayed home to deliver, were evacuated from their communities. This exacerbated this situation and Eggenberger says these women, who experienced maternal evacuation for the first time, were outraged. The situation worsened when they were labelled as privileged by the many women who have experienced maternal evacuations for decades.

Study participants are from both cohorts—those who have been mandated for decades to travel for birth and those who travelled during the recent four-month disruption of perinatal service. Eggenberger says while Indigenous and non-Indigenous women faced the same hardships while away for delivery, the decision of escort did differ.

The non-Indigenous women chose their partners as escorts, while Indigenous participants chose friends, fathers, mothers and sometimes a partner.

There continues, she adds, to be little effort to return to community birthing by creating safety for Indigenous families through traditional practices, Indigenous midwifery, and community ceremonies. The final goal should be changing the disproportionate burden of poor outcomes experienced by Indigenous women because they need to travel to give birth.

"While women are given an opportunity in decision-making about who will travel with them as an escort, this does little to address the disparity of delivering their babies away from their families and communities, the burden of figuring out who cares for the children at home, and the impact their absences have on health of their families."

Eggenberger's research was published recently in the *International Journal of Circumpolar Health*.

**More information:** Lauren Eggenberger et al, Dene, métis and

inuvialuit peoples' voices on the impact of Canada's perinatal transport and non-medical escort policy in their communities: an outcome assessment approach and narrative literature review, *International Journal of Circumpolar Health* (2022). [DOI: 10.1080/22423982.2022.2149061](https://doi.org/10.1080/22423982.2022.2149061)

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