



Centre de Santé et Services Sociaux Inuulitsivik
Inuulitsivik Health & Social Services Centre

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We need midwives to help Inuit women give birth in Nunavik this August and September!



Locally trained Inuit and ‘southern’ trained midwives at the Inuulitsivik Health Center have been providing complete maternity, well-woman and well-baby care to the Inuit women of the Hudson Bay Coast since 1986. The WHO, ICM, CAM, NAHO, and the SOGC have identified Inuulitsivik’s combined midwifery service and education program as an excellent model for aboriginal and remote communities.

This summer, we are particularly short staffed; we are currently urgently looking for midwives for the following:

1. **August 6th to October 1st 2019, short-term 2-8-week locum contracts available. Please contact me as soon as possible if you are interested.**
Hired midwives will replace both local and southern midwifery staff that is on holiday or on leave. Together with local staff, you will participate in the functioning of the maternity and whenever possible, in the ongoing education of students.
2. **A permanent full-time position at the Puvirnituk maternity. This contract involves 8 months of work and 4 months off work within the year. The full-time contract is generally divided up into two months of work followed by one month of holiday. Exact dates are flexible, but we are hoping to find a midwife who can start work this summer (2019).** Together with local staff, you will participate in the functioning of the maternity and other relevant initiatives within the maternity and community. You will serve as a mentor/instructor and help to develop the education program according to the ongoing needs of the students and their communities.
3. **We are also looking for experienced midwives to commit to regular locums for 2-6 months per year** in one of the three village maternities. This is to provide improved continuity and to help develop our midwifery education program. Together with local staff, you will participate in the functioning of the maternity and serve as a mentor/instructor helping to develop the education program according to the ongoing needs of the students and their communities

Conditions for all contracts (regardless of length) are the following:

- Base salary between 27.71\$ and 50.41\$ / hour (based on experience);
- Isolation and remote practice bonus (8 848\$ - 15 595\$ /year);
- Food allowance (6 034\$ /year);
- Paid over time;
- Paid travel costs;
- Furnished lodging provided by employer.

Minimum Requirements:

- **Must have authorization to work in Canada: citizenship or valid work permit;**
- Eligibility for registration with the OSFQ – reciprocity is available for midwives registered in other Canadian provinces. Unfortunately, new registrant's from outside of Quebec cannot register with the OSFQ (reciprocity only applies to general registrants, without conditions);
- Current Obstetric Emergency Skills certification;
- Updated Neonatal Resuscitation certification (including intubation);
- Autonomy and initiative;

- An open mind, teaching skills and a capacity to listen;
- Fluency in English (the second language of the local staff);
- At least 1 year of clinical midwifery practice is preferred;
- Ability to speak and write French is an asset;
- Northern and/or cross-cultural experience is also an asset.

The Inuulitsivik Maternities:

Local and 'southern' trained midwives have been providing complete maternity, well-woman and well-baby care to the Inuit communities of the Hudson Bay Coast since 1986. Experienced local midwives and midwifery students provide services in Inuktitut. Midwifery education is based on a community-centered apprenticeship model, which strives to combine both traditional and modern ways of knowing and learning. In the fall of 2008, the Quebec Ministry of Health together with the Order of Quebec Midwives (OSFQ) granted recognition to Inuulitsivik's Midwifery Education Program and its traditional learning pathways, offering full licensure to its graduates. Midwives from across Canada, the United States, Greenland, Scandinavia, France, England, Germany, and the Middle East have participated in the education program. The WHO, ICM, CAM, NAHO, and the SOGC have identified Inuulitsivik's combined midwifery service and education program as an appropriate and realistic model for aboriginal and remote communities.

Each village maternity was initiated by and continues to take direction from the people of its community. Prior to the creation of these services, two generations of women were separated from their families and sent to Moose Factory (Ontario) to have their babies with people who did not share their language or cultural background. The effects of these evacuations were devastating not only for the families, but for the entire community. Now, most women on the Hudson Coast give birth to their babies in their own communities, their own culture and language, and with family and friends.

The Inuulitsivik Health Centre Maternity in Puvirnituq has been serving women and families for over 30 years. It is located in a wing of the Health Centre and serves its own village population and that of the smaller villages that do not yet have midwives. Puvirnituq midwives also receive and provide care during birth for women whose medical and social situations require additional or more specialized care than can easily be given in the more remote villages. The Inukjuak Maternity opened in 1996, and the Salluit maternity began training students in 2004. These maternities are located in the CLSC (nursing stations) and serve the women and families of their respective villages. Women who have a normal pregnancy and birth history have the opportunity to stay in their village to have their babies.

The reality of a remote northern region requires a larger scope of practice in both emergency care and community health than in southern midwifery practices. Midwives work in collaboration with medical and nursing staff and community service workers.

Working in the North is both challenging and rewarding. It is an opportunity to support the Inuit community in their efforts to regain autonomy for defining health and health care, and to reclaim birth as a normal and important community event.

If you are interested and available, please contact:
Catherine Mason at catmason@gmail.com