Midwifery in rural Alaska

by Joan Koval, CNM, Art by Cynthia Wilson

In the dimly-lit labor room, a petite woman with hair black as baleen slowly paces around her birthing bed. She looks at me, her midwife, smiles, then returns to nearly silent breathing. A few beads of sweat glisten on her forehead, the only apparent sign that this Yup'ik Eskimo woman is in active labor. She does not cry out, for expressing pain calls attention to oneself. That is not the Yup'ik way.

"I need to push," she says in a whispered voice.

Once in the bed, the woman spontaneously turns onto her side. Barely gloved, my hands meet a crowning head emerging over a forgiving perineum. Rarely used scissors and sutures neatly decorate the delivery table. Now, seeing her baby born, tears stream down her face. Our moist eyes meet as I cover mother and baby in a warm blanket.

For the past eight years, I have shared many tears with women in rural Alaska as they have birthed their babies. I am humbled by the ease with which they deliver, and by the trust they have in the natural process of birth. And I am amazed by the patience and strength these Alaska Native women possess as they negotiate a healthcare system that requires long distance travel and, at times, long periods away from family in order to receive adequate prenatal and birthing services.

Rural Alaska's healthcare system challenges not only pregnant women, but also providers who venture into this remote, abundant land. The adventures are endless: from flying in small planes to isolated villages, to managing high-risk prenatal or delivery situations hundreds of miles away from the regional hospital, where in many instances the weather dictates the final management plan. But these adventures have also offered both spiritually enriching and professionally challenging experiences, encouraging me to continue practicing in a unique healthcare system among Alaska's diverse and culturally rich native peoples.

The Inupiat and Yup'ik Eskimo women I care for live in villages that aren't connected by roads to each other or to the outside world. Their homes line the shores of the arctic and subarctic oceans and rivers of some of the most isolated reaches of Alaska. Surrounded by some of the planet's last remaining wilderness, these Native people continue to live close to the earth. Traditional subsistence hunting and gathering still prevail. The Inupiat of Northern Alaska still hunt the bowhead whale, the seal and the walrus just like they have for centuries. The Yup'iks in Southwestern Alaska still depend on salmon, moose, caribou, berries, roots and wild greens to survive.

Cranberry tea and seal oil

It is the late 1940s. A Yup'ik woman in a small village along the Yukon River holds onto a chair and breathes deeply. She moves her hands up and down her lower back as she walks around her home. Finally, she sees blood and sends for the village midwife. (Traditional Native belief dictated that sending for her earlier would cause a long labor.)

When the midwife arrives, the laboring Yup'ik woman continues to walk around her home until ready to give birth. During delivery, the woman moves to a side-lying position, or she may squat, with the midwife behind the mother. The midwife pays little attention to the perineum, but instead, with hands poised, meets the baby as it is born. After the placenta is delivered, the woman breastfeeds her baby. The cord stump is coated with seal oil and covered with a soft skin. The placenta and umbilical cord will be burned.

After the birth, the mother drinks warm liquids, particularly tea made from cranberries gathered on the tundra, to prevent excessive blood flow. The mother stays in bed at least two days. Depending on the village, she may have to lie in bed with legs together and extended for five days, after which she may take a steam bath in a small shack outside of the main house. As soon as the mother can sit up, she begins to make clothing for her newborn. A fur parka, socks from the skins of ptarmigan or duck and boots that reach to the infant's thighs will be sewn by hand.

A Yup'ik woman living around the turn of the century may have birthed her baby by herself, in a small hut some distance from the family's subsistence camp. The belief then—and one still prevalent in some Native villages today—is that a woman should not anticipate difficulty in labor and should help herself as much as possible. They wondered: If the animals of the tundra birthed alone, then why should humans need anyone? The idea of trusting nature, and subsequently God, was a very strong message from the elders. However, if problems arose and she needed help, she would call on her mother, a sister or a sister-in-law.

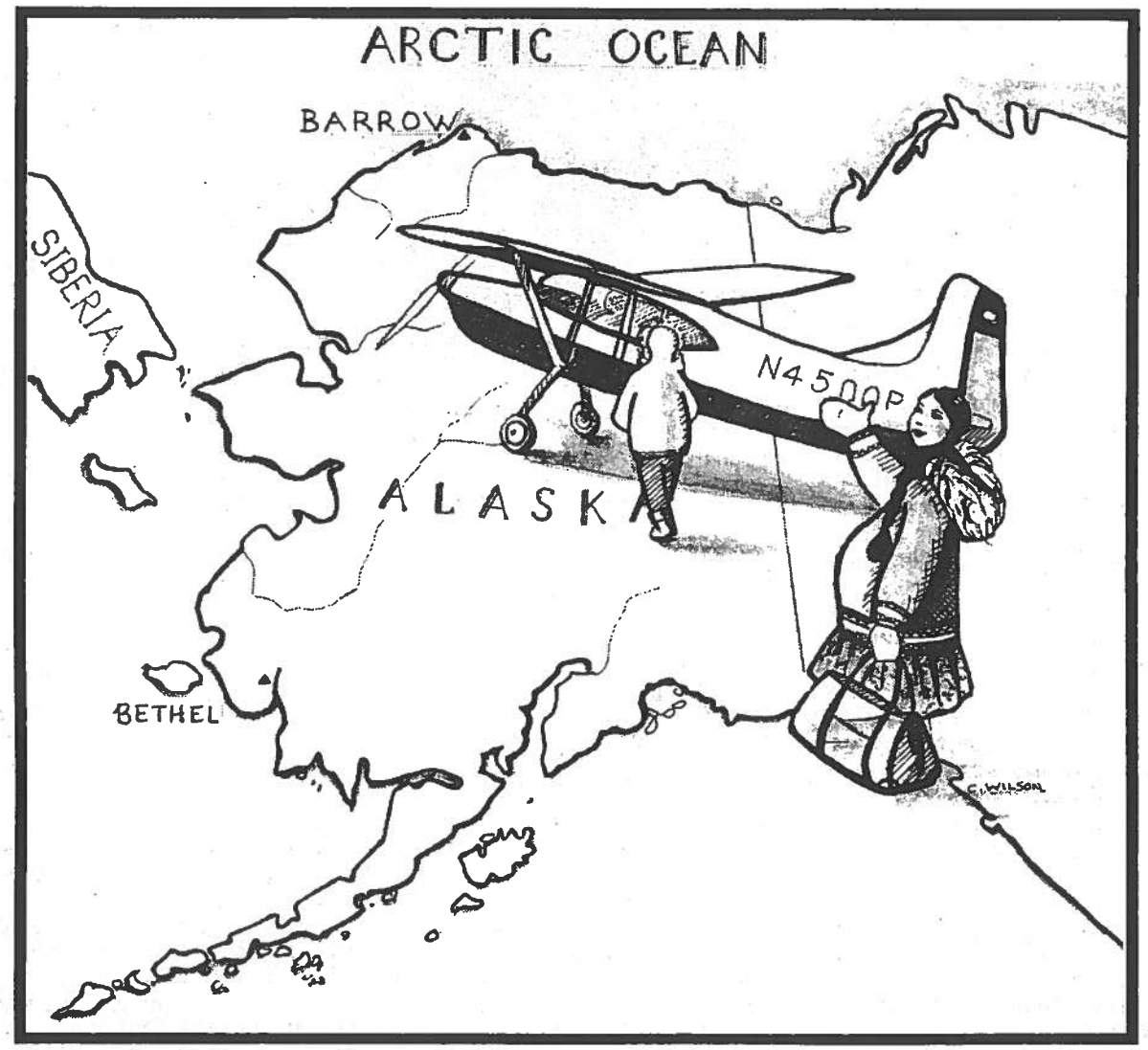
After the placenta was delivered, it would be buried and the cord put in a little leather sack for the child, to be kept as an amulet until the child was grown.

Hands as tools

For some midwives today, especially in the hospital setting, it is a struggle at times to trust our intuition and rely on our "hand's eye" when tempted by technology and the always present fear of potential litigation. Our "gut" tells us that a woman and her baby are fine, but the monitor strip may contradict what we feel. It's refreshing to assist women who support and expect more intuitive-based care and less technological intervention.

Before Alaska Native women entered the hospital, intuitive knowledge and skilled hands were the strongest tools used by the trusted midwives in the prenatal and birthing experiences. There was an acceptance of what happened in the natural birth process, and no one was to blame for a less-than-perfect outcome.

Lois David is a 63-year-old Yup'ik



translator for the Yukon-Kuskokwim Delta Regional Hospital (Yup'ik is still widely spoken in the region). She worked as a community health aide from 1975 to 1979 in the village of Mekoryuk, a tiny island in the Bering Sea just west of Bethel on the southwest coast of Alaska. In addition to the training she received as a community health aide, David also gained wisdom about pregnancy and birth from the elder midwives in her home village.

"You could tell if a baby was not right when the mother looked a certain way," she explained, adding that the mother would look pale and tired with dark eyes, and would admit to not eating well. "Years ago, the midwives never listened to the fetal heart," David said. "If the mother said the baby was moving, they knew it was healthy."

Measuring tapes and sonograms, in the days when traditional Native midwives attended births. David, counting on her fingers, calculates a due date. "They just add nine months to her last period," she said.

Marie Beans, 76, was born on one of the Aleutian Islands of Alaska. She learned her midwifery skills from a village elder who was the local traditional midwife. She went on to practice midwifery for 16 years in Mt. Village, a village located on the shores of the Yukon River in Alaska.

"We would just put our hands on the uterus and could feel if it was growing as it should," she said. "We could tell if it was breech." Beans said they never let the laboring mother see them worry. For example, they delivered breech babies but never told the mother the baby was in a complicated position. She told the mother, "It's coming, but it's going to

The footling breech, which in so many American hospitals is an automatic ticket to the operating room, would be attempted by the traditional Native midwives with little difficulty. "If one foot presented, it was tickled by the midwife so when pulled back in it would either be turned to vertex or delivered breech," said David.

Talking with traditional Native midwives reminds me that part of caring for women in pregnancy and birth includes fine-tuning all of our senses. We need to listen confidently to our intuition and respond from a place of trust, not fear.

Eskimo ice cream

I have found that the way a woman births often reflects how she lives her life. Certainly, the birth stories she has

perceives the birth process. In order to give the most sensitive midwifery care possible in rural Alaska, I have queried Native people on their traditions, which has opened the door to insights of the past. Native women's peaceful way of birthing and being inspires me to reexamine my own approach to midwifery—and even to life itself. Awareness of these taboos, which are still passed down today, has helped me to modify my prenatal counseling and instruction.

"Joan, I have been having tightenings this past week and feeling a lot of pressure," says Grace, a 20-year-old primigravida Yup'ik woman who is 30 weeks pregnant and visits me at the Maternal & Child Health Clinic in Bethel.

"Have you been more active than usual?" I ask.

"Well, I've been berry picking and my sister and I were on our feet a lot last night making *akutaq* (Eskimo ice cream)."

"Grace, I think you need to go on bedrest for a few weeks," I say after checking a cervix that is a fingertip open and slightly effaced.

"Lie around and do nothing?" she asks. "My grandmother told me if I lie around too much I'll have a big baby and my labor will be long."

Together, we think of activities she can do while lying down, such as talking with a friend, beading earrings and knitting. I advise that she can slowly increase her activity but should remain well aware of the danger signals telling her to return to rest.

Presently, regular prenatal care is encouraged and provided in local villages by the community health aides. When a high-risk situation occurs, the health aide refers the expectant mother to a practitioner at the Maternal & Child Health Clinic or a physician at the hospital. At 36 weeks, all village women are expected to stay at the pre-maternal home located in the region's hub community where the regional hospital is located, or at a relative's home to await the onset of labor.

As a midwife in New York and Philadelphia, I used to take for granted the process of providing prenatal care and the distance someone might have to travel to receive care. Unless a mother was delayed by traffic, we saw most clients regularly and without any real difficulty. In rural Alaska, however, the "simple" act of traveling to the hospital for a prenatal appointment or to give birth presents major obstacles. No roads connect the villages, so most expectant

Lois David supports Katherine Charles while laboring in Bethel, Alaska. Photo by Ann Glasheen, RN.

mothers get to the hospital via expensive air travel by small aircraft. When the rivers freeze, they become "highways" for snowmobiles, and even cars. During the warm weather, the river opens up for boat travel.

Challenges

On a summer day in a village on the Kuskokwim River, a woman stands by an outdoor table cutting fish, freshly caught by the net that stretches across the moving water in front of her. A slight breeze blows through the tundra grass. Salmon hang drying on wooden racks. Today, it is warm, about 60 degrees. As the woman cleans her *ulu* (round traditional bladed knife) a call comes on the CB radio, a common means of communication in Native fish camps today. The village health aide begins to speak.

"Sophie, Joan is calling from the Maternal & Child Health Clinic," says the crackling voice. "She is wondering when you are coming to Bethel."

"I know, I was supposed to be in Bethel two weeks ago to await labor," Sophie responds. "I'll pack up the boat and head in as soon as my husband returns from fishing. I'm also expecting my sister-in-law to be here tomorrow to help him take care of the kids."

As I hang up the phone, I sink back into my chair. In a daydream, I see myself birthing my own baby, alone, miles away from home, without my husband or older children nearby. Normal pregnancy and birth are already a challenge in rural Alaska. Add a high-risk situation, and the possibilities can be life-threatening.

As a midwife at Booth Maternity Center in Philadelphia, I knew that, if indicated, a doctor could perform a cesarean within minutes and a pre-term laboring mother could be stabilized and transferred to a high-risk facility within about 30 minutes. At North Central Bronx Hospital, where I practiced in 1983, the operating room, attending obstetrician and pediatrician were minutes away if high-risk intervention loomed.

But miles away from Philadelphia and the Bronx, in Barrow, Alaska, 300 miles above the Arctic Circle, I faced one of the most challenging midwifery experiences of my career. I realized that my backup facility was hundreds of miles away by plane and that weather plays an important part in the decision making.

I had been hired as the Maternal-Child Health Coordinator for the North Slope Borough in 1986. My duties included tracking prenatal women, providing prenatal care, keeping diligent chart reviews, and traveling regularly to this vast region's villages.

In November 1987, I requested and was granted voluntary privileges to attend births at the Indian Health Service Hospital in Barrow. I was the first nurse-midwife to deliver babies in the Barrow Hospital, and the realities of the position became starkly evident, on one day in particular.

"Joan, we have a woman from Barrow who just arrived," said an anxious voice on the other end of the phone. "She looks like she is in active labor and has had no prenatal care."

"I'll be right there," I said.

I ran through a hallway that connected the hospital to the Public Health Nursing Department where my office was located. I found a scared 31-year-old woman pregnant with her fifth child. My questions discovered that by an uncertain last menstrual period, she could be 30 to 33 weeks pregnant. As my hands moved over her abdomen, I found a baby in the transverse position. My heart began to pound as I felt a fully dilated cervix. Barrow has no cesarean capabilities nor any special-care nursery. In addition, the nearest high-risk facilities located hundreds of miles to the south are accessible only by aircraft. We called the Fairbanks referral center, since that city's hospital was an hour closer than Anchorage by air. The obstetrician recommended starting a terbutaline drip, turning the baby to vertex, if possible, and getting ready for a medivac. The family practice physician and I tried to turn the baby's head down, but the baby, with little resistance, preferred the breech position.

As the jet engines roared, the newborn isolette with resuscitative equipment was transported to the plane. The woman, whose contractions

had stopped, was escorted by a physician, nurse, medivac specialist and pilot. The tension did not lessen until she was safely in the hands of the referral center.

Hours later, we heard the mother had a cesarean at the Fairbanks Hospital. Her baby, whose lungs were immature, was admitted into the intensive care unit at the hospital. Although we would have tried to stabilize the baby, I was thankful that the weather was accommodating. It was cold, but the skies were clear and calm. It could have been a different outcome entirely.

Practicing in Barrow, Alaska not only presented challenging and exciting management decisions, but also gave me the unique experience of village travel and the opportunity to work with the community health aides/primary care providers who are the backbone of rural Alaska's healthcare system.

Aurora borealis and caribou

Today, at 10 a.m., it's 40 degrees below zero. The northern lights dance through the dark morning sky. As I stand in the small airport, I see other healthcare providers from the Barrow Hospital as well as village residents, barely recognizable through their thick Arctic clothing.

"Who is going to Wainwright?" asks the bush pilot. I raise my hand, along with a couple and their small child. As the pilot moves toward us, the back door of the airport flies open, letting in a severe gust of frigid wind.

"With the wind-chill factor increasing, we are heading toward 60 degrees below zero," says the pilot. "We'll need to delay the flight for a few hours."

At noon, I look out the window of the small plane. Now the sun shines brightly off the white frozen tundra. The pilot begins to descend but does not land. As the plane tips to one side, like a gift, he gives us a close-up view of a small caribou herd. As I lean my head

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Although the weather is harsh, the spirit here is warm and gentle.

Last Thanksgiving, a local church held an interfaith service. After the Yup'ik minister finished his English sermon, he paused and began to speak in his Native tongue. The elder Yup'ik woman sitting next to me lifted her head and moved forward in anticipation of his words. She pulled her legs up onto the pew and tucked her feet under her in a squatting position. At the end of his message, even though in Yup'ik, I turned to wipe a tear and met the eyes of my peaceful neighbor, drying her own eyes with a tissue.

Just like in the labor room, a connection of human spirit is made and acknowledged silently. There is something special happening in rural Alaska, something very healing, that continues to intrigue me.

I wonder if I'll ever leave.

Editor's Note: Those interested in more information about the Yup'ik people might want to find a copy of the book *Always Getting Ready: Upterrlainarluta Yup'ik Eskimo Subsistence in Southwest Alaska.* Through words, Yup'ik songs and black-and-white photographs, James H. Barker documents a Yup'ik year as measured by its hunting seasons. If you are interested in working with the Indian Health Service or finding out more about it, call (800) 962-2817.

Joan Koval is a nurse-midwife at the Yukon-Kuskokwim Delta Regional Hospital in Bethel, Alaska. She is married and has three children, ages 7, 5 and 1.