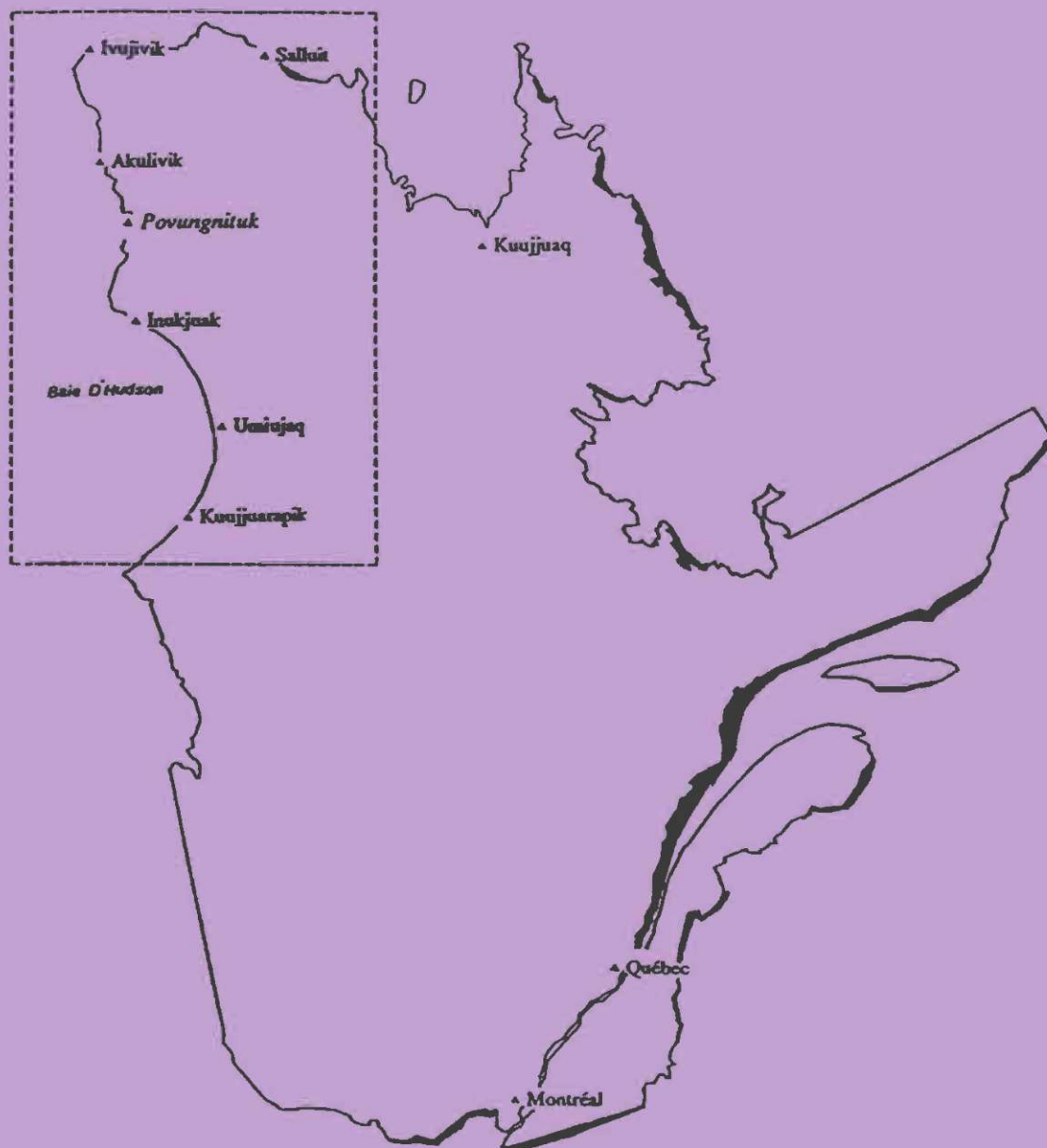


PREGNANCIES
AND
BIRTHS
AMONG THE INUIT POPULATION
OF HUDSON BAY
1989-91



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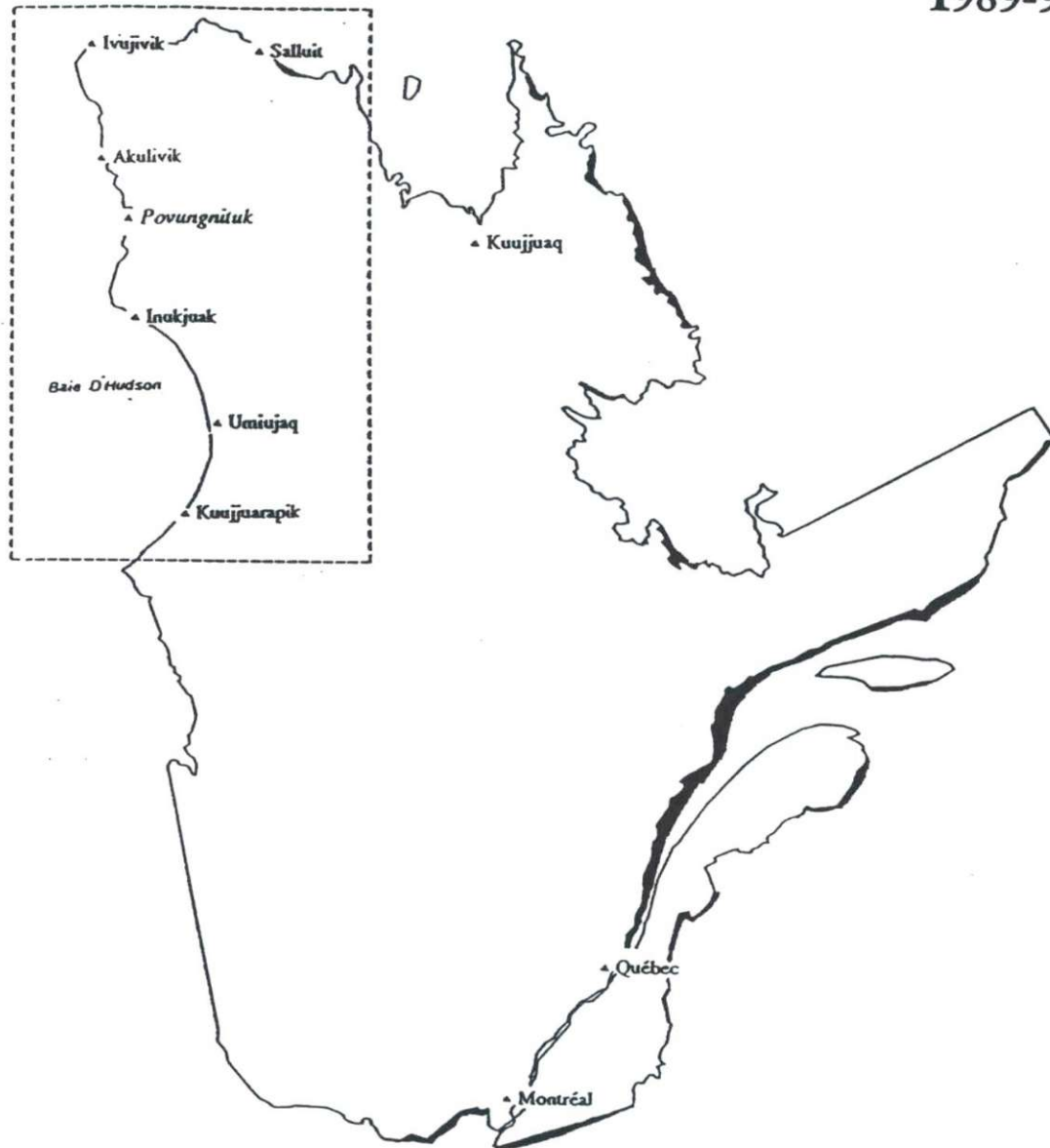
Community Health Department
Laval Hospital Centre

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PREGNANCIES AND BIRTHS AMONG THE INUIT POPULATION OF HUDSON BAY 1989-91



Projet Nord
Community Health Department
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HIGHLIGHTS

PREGNANCIES AND BIRTHS IN THE INUIT POPULATION OF HUDSON BAY 1989-91

- At the Povungnituk Maternity, Inuulitsivik Health Centre, there were 93, 108, and 149 births in the years 1989, 1990 and 1991 respectively.
- A mid-wife assisted in the delivery in 91.7% of the cases.
- Only 23 women required hospitalization or transfer for reasons other than delivery.
- The proportion of deliveries in the North has increased considerably. From 30% in 1986, it rose to 87.6% in 1989 and 82.1% in 1990.
- The proportion of women who had pre-natal follow-up is high (99.7%). The majority of women (91.1%) met with a mid-wife at least once during their pregnancy.
- Anemia during pregnancy is frequent (42.7%).
- Some 41.0% of women had at least one sexually-transmitted disease (STD) diagnosed and/or treated during pregnancy.
- Most women (87.5%) smoke cigarettes, 25.9% of these smoke more than 10 cigarettes a day during their pregnancy.
- Labour and delivery last an average of 10 hours.
- The proportions of premature births (< 37 weeks) and low birth weight (< 2 500g) are 7.5% and 2.3% respectively.
- The adoption of children at birth is a common traditional practice: 21.6% of new-borns were given up for adoption, 45.7% of them were related to the adopting family and 45.8% of babies given up for adoption remained in the same community as their biological mother.

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INTRODUCTION

A brief descriptive analysis with graphics is included. The tables showing the results follow the same logical order as the data-gathering document.

Given the high birth rate among adolescents 18 years and younger in Nunavik compared to other socio-health regions in Quebec, we focused particularly on this group of women and compared them with the older age-group.

The data-gathering document can be found in Annex 1. A map of Nunavik is in Annex 2, to help locate the Hudson Bay region and the population studied in geographical terms. The perinatal care and service process in which the Inuk woman embarks when pregnant is shown schematically by the author in Annex 3.

Limitations

The presentation of results considers only the data gathered on the questionnaire. It would have been interesting to have other information in order to measure the effects of the Hudson Bay perinatal program on the quality of life of women and their families.

The data presented in this report demonstrate that we are looking at a small population, in the statistical sense of the term. This means that the results must be interpreted prudently, as an error or some missing data can result in an important difference.

1. Presentation of the study

Population studied

The population studied, drawn from the Birth File of the Povungnituk Maternity, includes women living in the seven villages of the Hudson Bay territory, and who gave birth at the Maternity of the Inuulitsivik HC in Povungnituk, between January 1, 1989 and December 31, 1989. The seven villages of the territory are: Kuujjuarapik, Umiujaq, Inukjuak, Povungnituk, Akulivik, Ivujivik and Salluit. There is no road connecting these villages. The only means of transport between the communities is by air. Since 1986, the women of the region have been able to deliver at the Povungnituk Maternity, part of the Inuulitsivik Health Centre, located in the village of Povungnituk. The majority of women delivered there, 87.6% in 1989 and 82.1% in 1990. A certain proportion of women delivered outside their home territory. They were either women whom the perinatal committee judged as having a high-risk pregnancy or women from the village of Kuujjuarapik which is as far from Povungnituk as from the South and who decided to go to the South to deliver their child.

A total of 347 pregnancies are included in the Birth File of the Povungnituk Maternity during the period studied; 50 women delivered twice during the period studied, and one women delivered 3 times. There were two gemellary pregnancies in 1989 and one in 1991.

Objectives of the study

- 1) to describe certain personal characteristics and life-style habits of women living in the Hudson Bay territory at the time of their delivery between January 1, 1989 and December 31, 1991;

1. Presentation of the study

- 2) describe the characteristics of the newborns;
- 3) describe the characteristics of adolescent women 18 years and younger and compare them with women 19 years and older;
- 4) compare the results of the period 1989-91 with those for the period 1987-88;
- 5) describe the deliveries taking place outside the Hudson Bay territory and compare them with those taking place at the Povungnituk Maternity in 1989-90;
- 6) compare the births that took place in the Hudson Bay region with those that took place in Ungava Bay, according to the MSSS Birth File.

Data sources

The Birth File of the Povungnituk Maternity is made up of data collected with the help of the data-gathering document (Annex 1). As well, we obtained from the Ministry of Health and Social Services (MSSS) an extract of their Birth File. This extract concerns certain information contained in the records of live births for all women living in the territory studied for the years 1989 and 1990. The data for the year 1991 were not yet available.

Methodology

The midwives of the Povungnituk Maternity completed, shortly after each delivery, a data-gathering document (Annex 1) for all the newborns whose mother resided in the Hudson Bay

1. Presentation of the study

territory at the time of delivery. The information collected deals with socio-demographic characteristics, prenatal follow-up, obstetrical and medical history and the progress and outcome of the pregnancy.

We followed the calendar year, which excluded a birth that took place on October 12, 1988. The 26 births that took place in 1992 were not considered in this analysis in order to have complete annual data.

The data of the MSSS Birth File included the mother's age, civil status and schooling, the length of the pregnancy, the interval of time since the last delivery, the type of birth, the sex and weight of the newborn, the number of preceding live births and the number of preceding still-births.

This information allowed us to validate certain data in the Birth File of the Povungnituk Maternity. As well, it was possible to trace a portrait of those women who delivered outside the territory, and to compare the characteristics of births taking place in 1989 and 1990 for the two northern territories: Hudson Bay and Ungava Bay.

Variables chosen

We have used most of the variables normally used in epidemiology and present in the literature dealing with perinatality that serve to describe pregnancies and births, such as socio-demographic factors, prenatal follow-up, obstetrical and medical history, the progress of the pregnancy, labour and delivery, the post-partum and adoption. However, certain variables are less well known and merit definition. Among others, there is intra-uterine growth retardation, which is defined as insufficient weight for the gestational age and corresponds to a weight under the 10th

1. Presentation of the study

percentile[2]. The average birth weight was not used as it seemed more useful to us to present its dispersion. The length of pregnancy used is that calculated by the professionals and entered on the questionnaire. Lastly, we used premature deliveries after 37 weeks of gestation; low birth weight, corresponding to a weight under 2 500 g; and the inter-genesic interval which is the interval of time measured in months between the last delivery and the beginning of the pregnancy being studied.

Analysis

The analysis of the data from the Povungnituk Maternity Birth File was carried out with the help of the program SAS (Statistical Analysis System). The population studied was first compared with the information available in the MSSS Birth File (information contained in the live birth records) for the years 1989 and 1990. A Chi-squared frequency comparison statistical test was carried out. A threshold of statistical significance of 0.05 was used in a bilateral test.

The socio-demographic characteristics, the prenatal follow-up, the obstetrical and medical history and the progress and outcome of the pregnancy in the population studied were then described in frequency distributions and proportions (%).

Next, the results obtained for the period 1989-91 were compared with those from the preceding study for the period 1987-88. Chi-squared or Fisher statistical tests were carried out on the data that could be compared. Only those variables with a significant statistical difference at the 0.05 threshold were presented.

It was possible to compare the population of Hudson Bay with those delivering outside the territory, by using the MSSS Birth File. Statistical tests of frequency comparison such as the

1. Presentation of the study

Chi-squared test and the Fisher exact method were used. The threshold of significance used was 0.05 in a bilateral test.

The comparison of the populations of Hudson Bay and Ungava Bay was carried out using the same statistical tests and threshold as above.

Ethical considerations

The researcher ensured that the data were analyzed in a strictly confidential manner.

Validity of the data gathered

In order to validate the data gathered, we used the MSSS Birth File for the years available, which were 1989 and 1990. According to the births compiled in this File in 1989 and 1990, the majority (87.6% and 82.1%) of women in Hudson Bay delivered at the Povungnituk Maternity (Diagram 1) (Table 1).

1. Presentation of the study

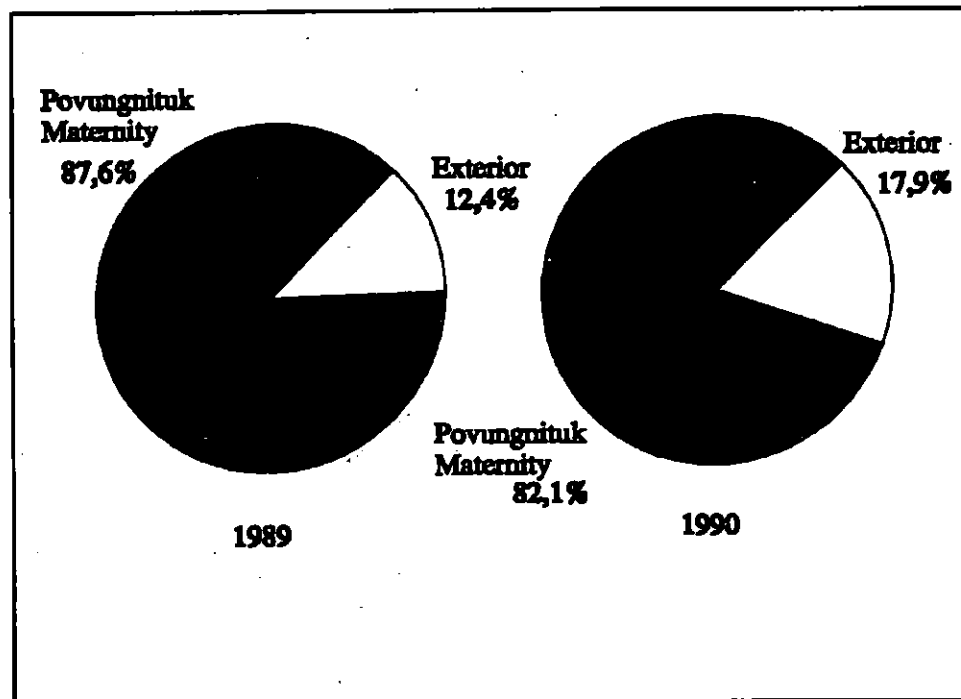


Diagram 1 Percentage of women delivering at the Povungnituk Maternity according to the MSSS Birth File, Hudson Bay, 1989 and 1990

When the two sources of data are compared, it is clear that certain births were not compiled. These are births that took place between January and April 1989, before the data-gathering document was available, as well as a number of births that took place outside the sub-region of Hudson Bay. Overall, 74.0% of all births that took place in 1989-90 are included in the Povungnituk Maternity Birth File, including 81.1% of all births that took place at the Maternity and 34.2% of births that were determined very early on to be high risk and which took place outside the region (Table 1-A, 1-B).

1. Presentation of the study

Table 1-A: Distribution of the number of births in Hudson Bay by place of delivery, according to the MSSS Birth File, Hudson Bay, 1989, 1990

	1989	1990	1989-90
Total number of births	129	140	269
Number of births taking place at the Povungnituk Maternity	113	115	228
Number of births taking place outside the Hudson Bay territory	16	25	41

Source: MSSS Birth File, 1989,90

Table 1-B: Distribution of the number of births in Hudson Bay according to the Povungnituk Maternity Birth File, Hudson Bay, 1989, 1990

	1989	1990	1989-90
Total number of births	91	108	199
Number of births taking place at the Povungnituk Maternity	84	101	185
Number of births taking place outside the Hudson Bay territory	7	7	14

Source: Povungnituk Maternity Birth File, 1989, 1990

1. Presentation of the study

However, having carried out statistical tests to compare the distribution of the Hudson Bay population compiled in the MSSS Birth File who delivered in 1989-90 with those who delivered at the Povungnituk Maternity and are part of this study (Table 2), we can conclude that the data that we possess as well as the results obtained are representative of what actually happened in this region of Hudson Bay. The missing files are being documented at the present time. They will be analyzed later and will be the subject of a document to be annexed to the present one.

2. Sociodemographic characteristics

The majority of women are between 20 and 34 years (66.5%) (Diagram 2, Table 3). Mothers younger than 20 or older than 35 represent respectively 30.3% and 3.2% of the population. Among the younger women, the majority (77.1%) are between 17 and 19 years old, the others between 14 and 16 (Diagram 3). In 1986 and 1987, women under the age of 15 were sent to a city hospital in the South[3]. This procedure has since been abandoned.



Diagram 2 Distribution of the population studied by age at the time of delivery, Hudson Bay, 1989-91

2. Sociodemographic characteristics

Most women are single (35.1%) or living common-law (22.8%). Only 19.3% are married. More than half of the women have 12 or fewer years of schooling (Diagram 4).

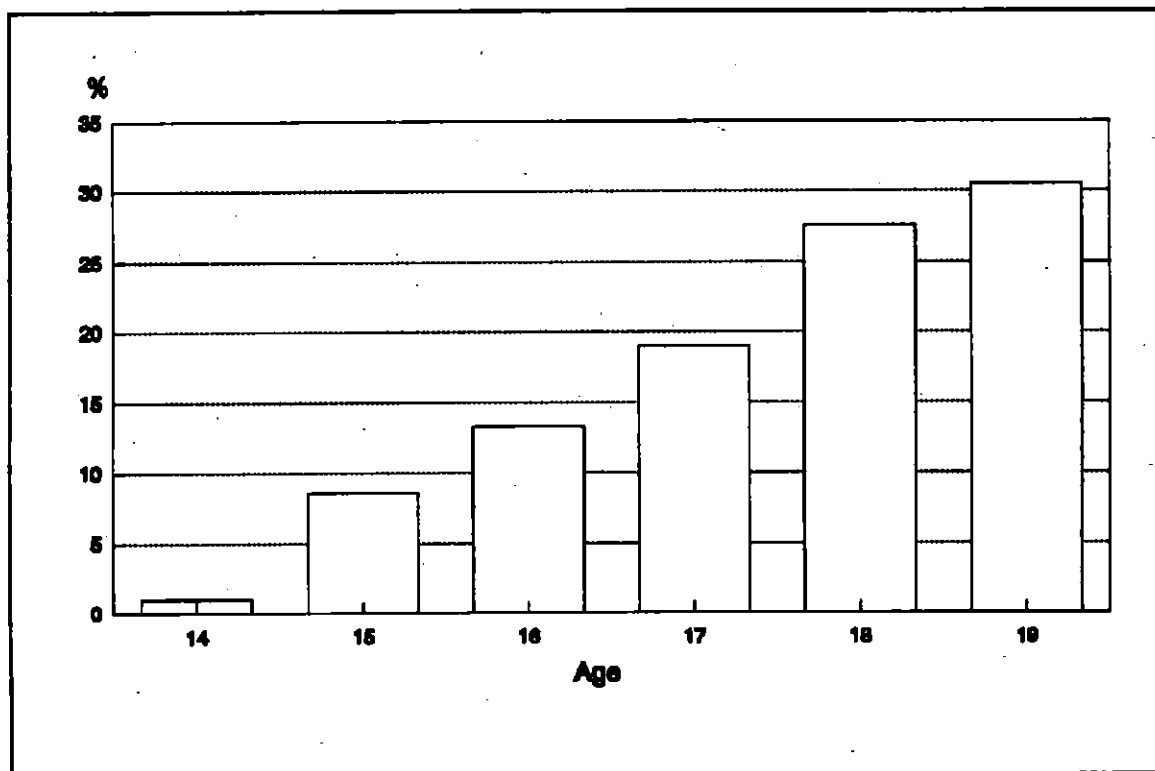


Diagram 3 Distribution of mothers of less than 20 years of age at the time of delivery, Hudson Bay, 1989-91

2. Sociodemographic characteristics

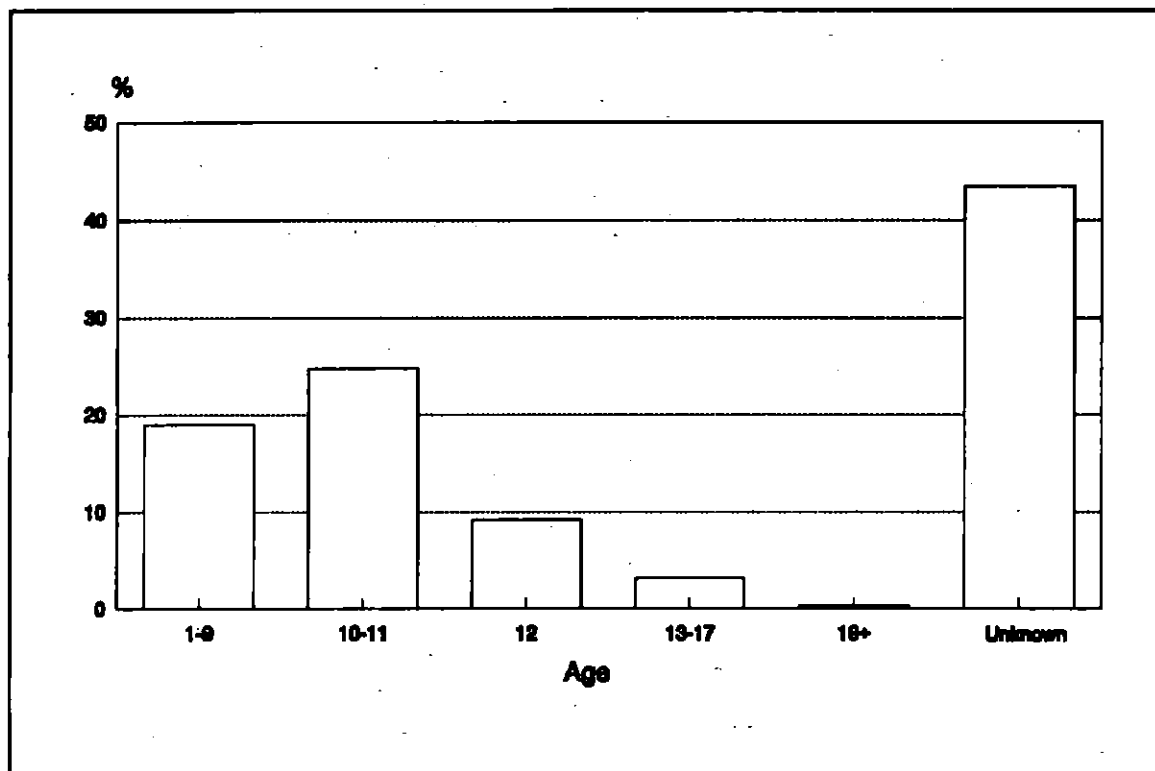


Diagram 4 Distribution of the population studied by level of schooling, Hudson Bay, 1989-91

The three principal villages of origin of the women are Inukjuak (24.2%), Salluit (23.3%) and Povungnituk (21.3%). Almost all the women are of the Inuit race (95.1%), and 31.4% give working at home as their main occupation, while 16.4% work outside the home (Diagram 5). Their partners are unemployed in a proportion of 7.2%, 1.2% are hunters and 2.9% work in the construction sector.

2. Sociodemographic characteristics

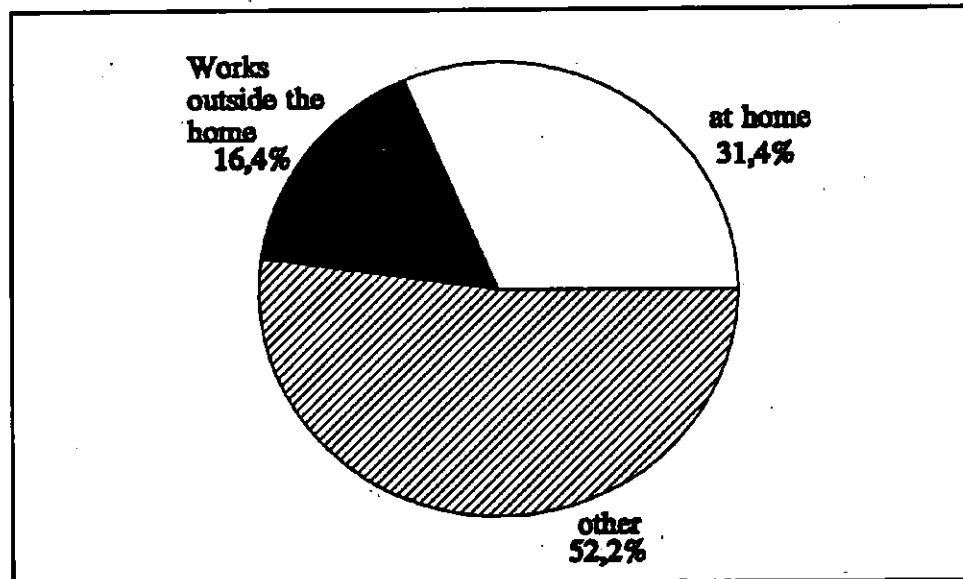


Diagram 5 Distribution of the population studied by mother's occupation, Hudson Bay, 1989-91

3. Prenatal follow-up

For the majority of women (76.6%), the first prenatal visit took place in the first trimester of pregnancy at the nursing station in their home village (Diagram 6, Table 4). The women meets with the doctor or nurse and it is the latter, usually, who carries out the prenatal follow-up. So far, mid-wife work has been concentrated mainly in Povungnituk. The process of perinatal services is illustrated in Annex 3.

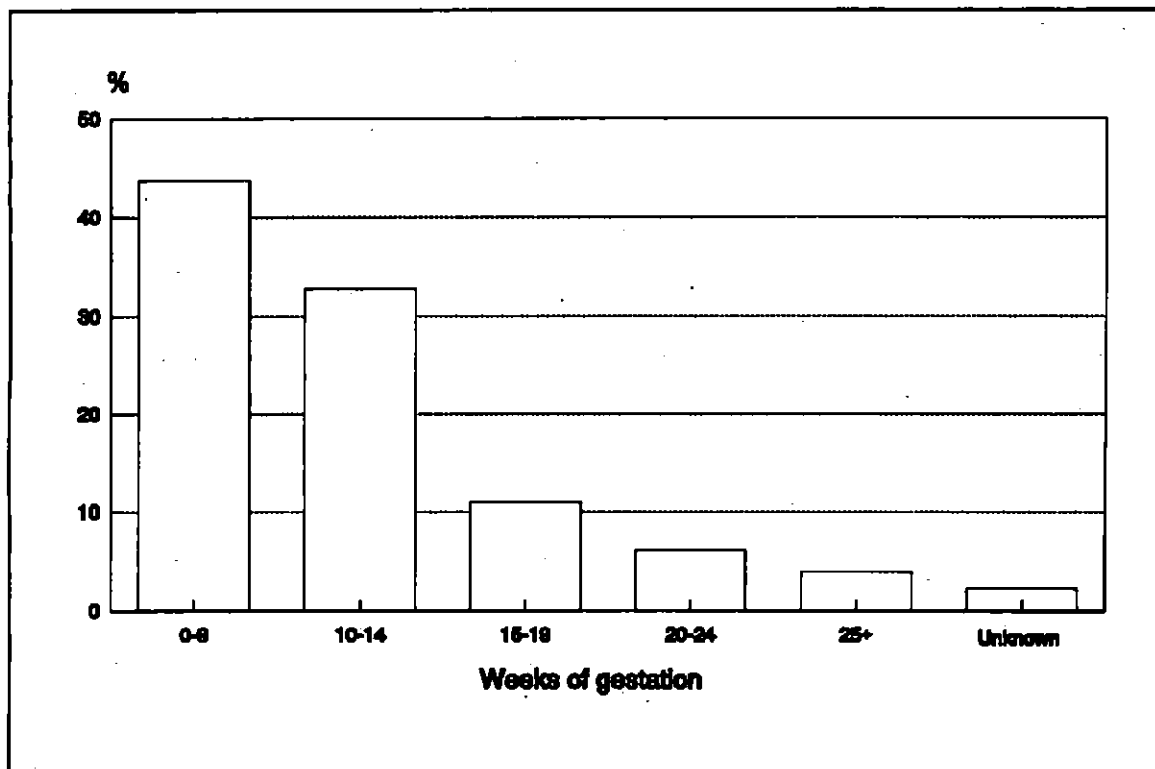


Diagram 6 Distribution of the population studied by time of first prenatal visit, Hudson Bay, 1989-91

3. Prenatal follow-up

Most women (78.1%) had between 10 and 19 prenatal visits (Diagram 7).

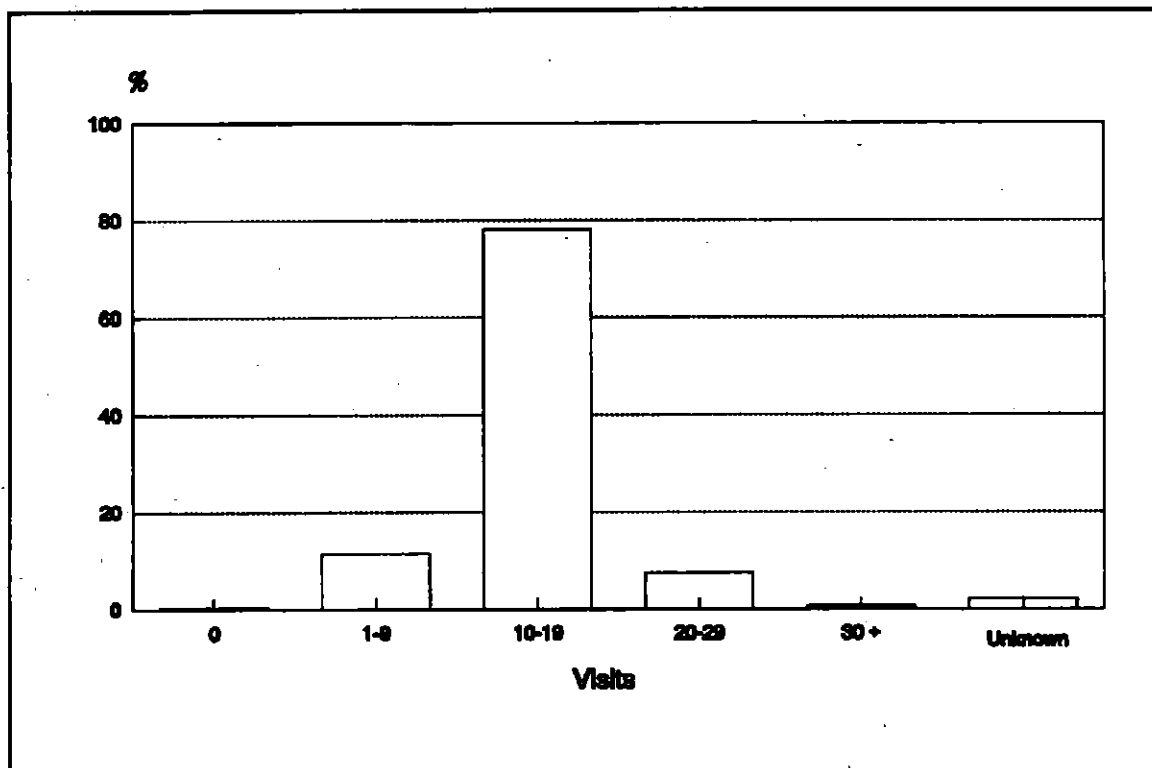


Diagram 7 Distribution of the population studied by the total number of prenatal visits, Hudson Bay, 1989-91

3. Prenatal follow-up

Among the professionals consulted, a doctor was seen by 95.7% of mothers, a mid-wife by 91.1% and a nurse by 83.6% (Diagram 8).

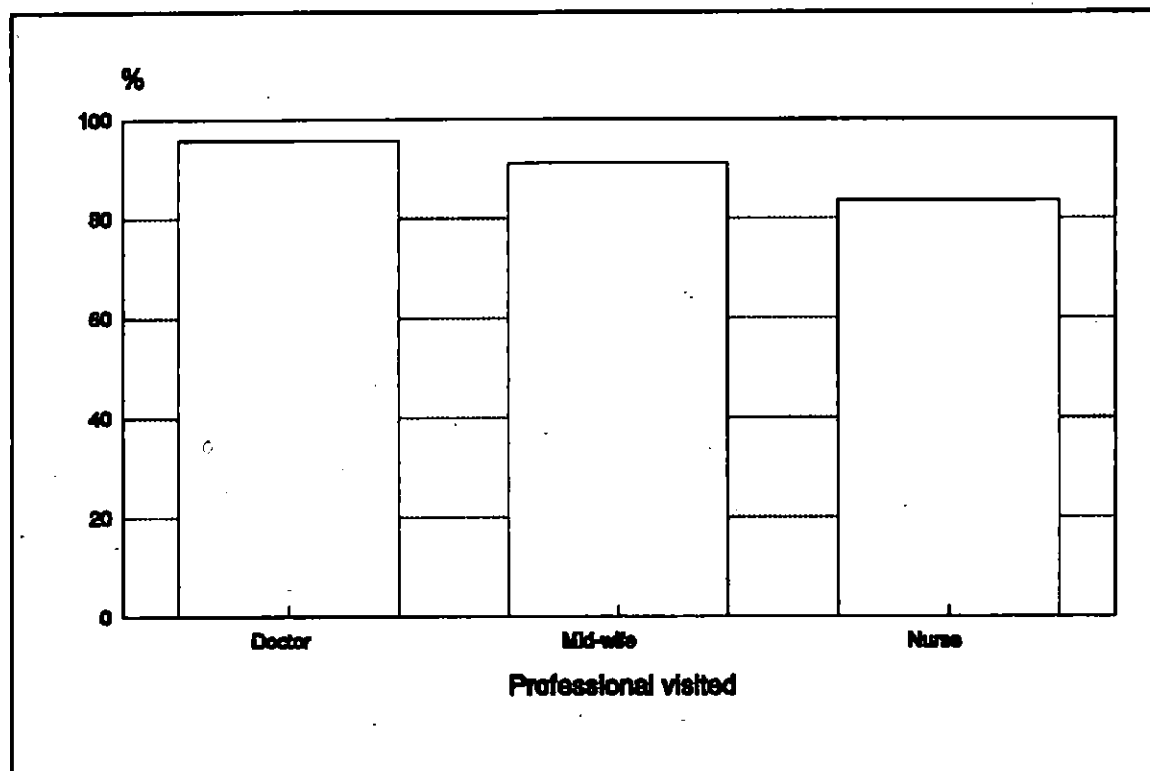


Diagram 8 Distribution of the population studied by professional met during prenatal visits, Hudson Bay, 1989-91

3. Prenatal follow-up

A proportion of 53.3% of women met a mid-wife at least 4 times (Diagram 9). The women who do not live in Povungnituk meet a mid-wife during their wait in Povungnituk before the delivery. One of the main objectives of the Maternity is being met as services to families are assured during the perinatal period.

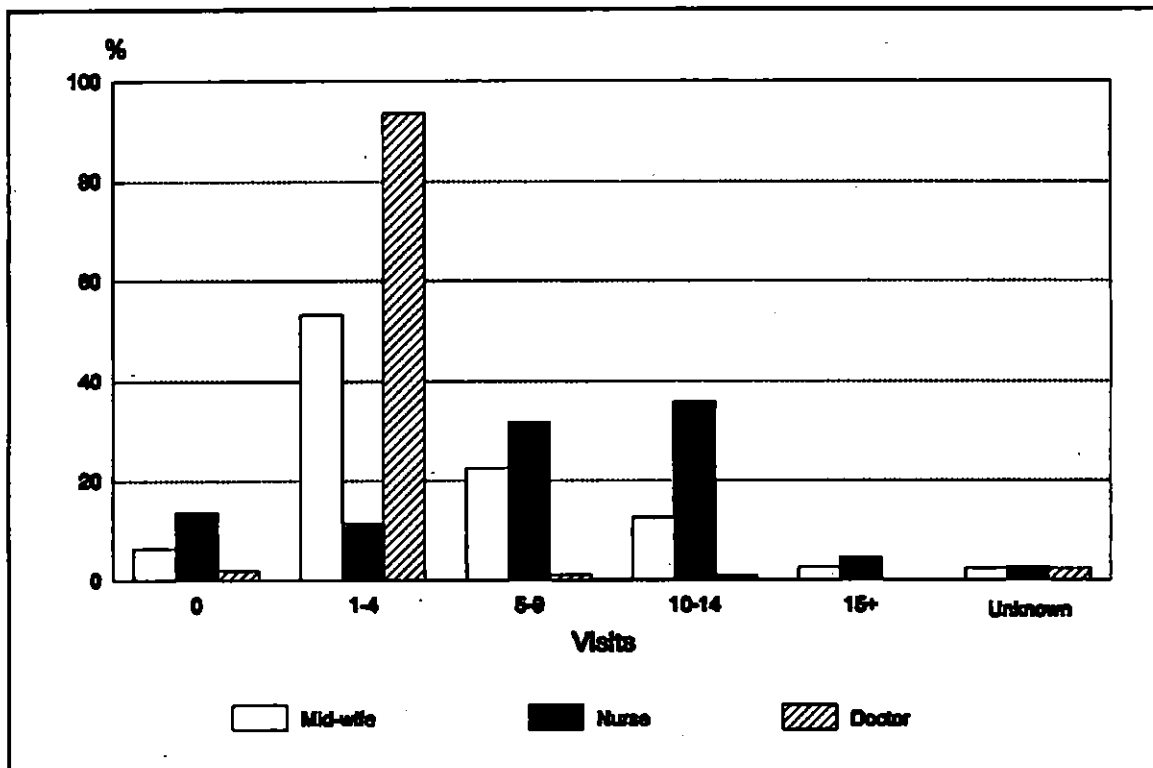


Diagram 9 Distribution of the population studied by number of visits to a professional, Hudson Bay, 1989-91

The method most commonly used to determine the length of gestation, as well as the expected date of delivery is the calculation from the date of the last menstruation (49.5%). This calculation is sometimes used with another method (32.5%) like a clinical examination or ecography. Ecographic examinations are not available on site, which is the reason only 9.2% of women received one.

4. Obstetrical history

For 22.8% of women, this was their first pregnancy and first delivery (Diagram 10, Table 5). Among those women who had already been pregnant, 34.3% had already had at least one abortion or still-birth. As well, respectively 3.4%, 3.4% and 3.0 % had a history of still-birth, neonatal death, or a delivery before 27 weeks (child born non-viable). A proportion of 12.7% of women had a premature delivery, that is between 27 and 36 weeks. Among the 268 multipares women, 16.8% became pregnant again less than a year after their delivery, and 17.9% between 12 and 23 months after their delivery. Only 7.1% had an intergenesic interval of 24 months or more. The intergenesic interval was 42 months or more for only 1.5% of those women who had already delivered.

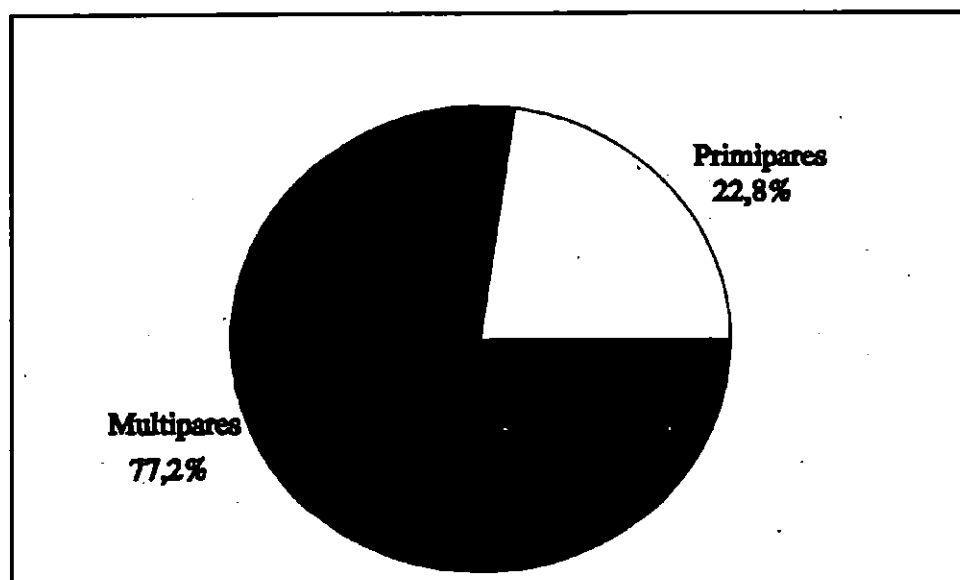


Diagram 10 Distribution of the population studied by history of pregnancy, Hudson Bay, 1989-91

Histories of low birth weight (< than 2 500 g) were found in 10.5% of cases. Those women with a history of pre-eclampsia or gestational diabetes represent respectively 7.5% and 4.5%. Finally, a proportion of 3.0% of women gave birth to a baby with a congenital anomaly.

5. Medical history of the mother

Among the medical histories of the mothers before this pregnancy, the health problem most often noted is anemia (33.1%) (Diagram 11, Table 6). Next are cardiac problems (3.5%), psychiatric or severe emotional problems (3.2%), hypertension (2.9%) and respiratory problems (2.9%).

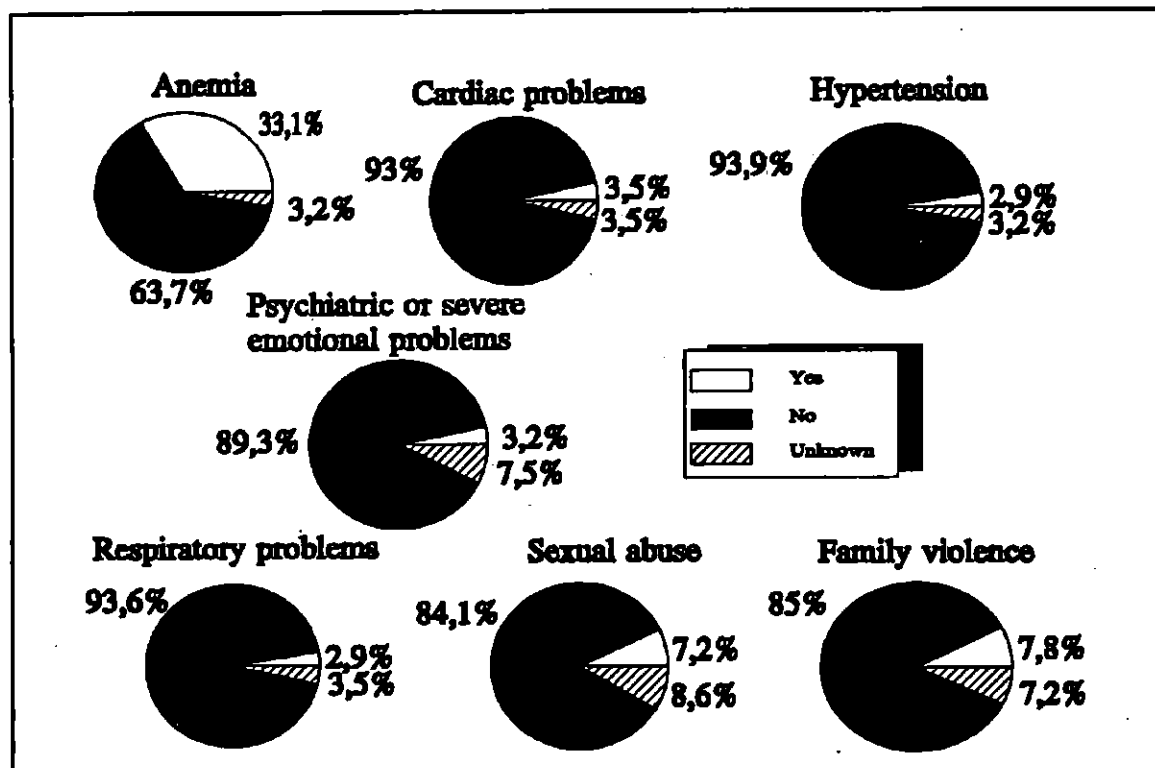


Diagram 11 Distribution of the population studied by mother's history of health problems, Hudson Bay, 1989-91

Histories of surgery other than cesarians are found in a proportion of 2.3% (8 women) and of blood transfusions in 6.3% of cases. Certain phenomena that can affect a woman's health were mentioned, notably 7.2% were victims of sexual abuse and 7.8% of family violence.

6. Progress of the pregnancy

Women with a low pre-gravidic weight, that is less than 50 kg make up a proportion of 17.0% (Diagram 12, Table 7). Almost half the women (48.0%) gained less than 10 kg during the pregnancy, and 65.9% had a net weight gain (weight gain less the baby's weight) under 10 kg (Diagram 13).

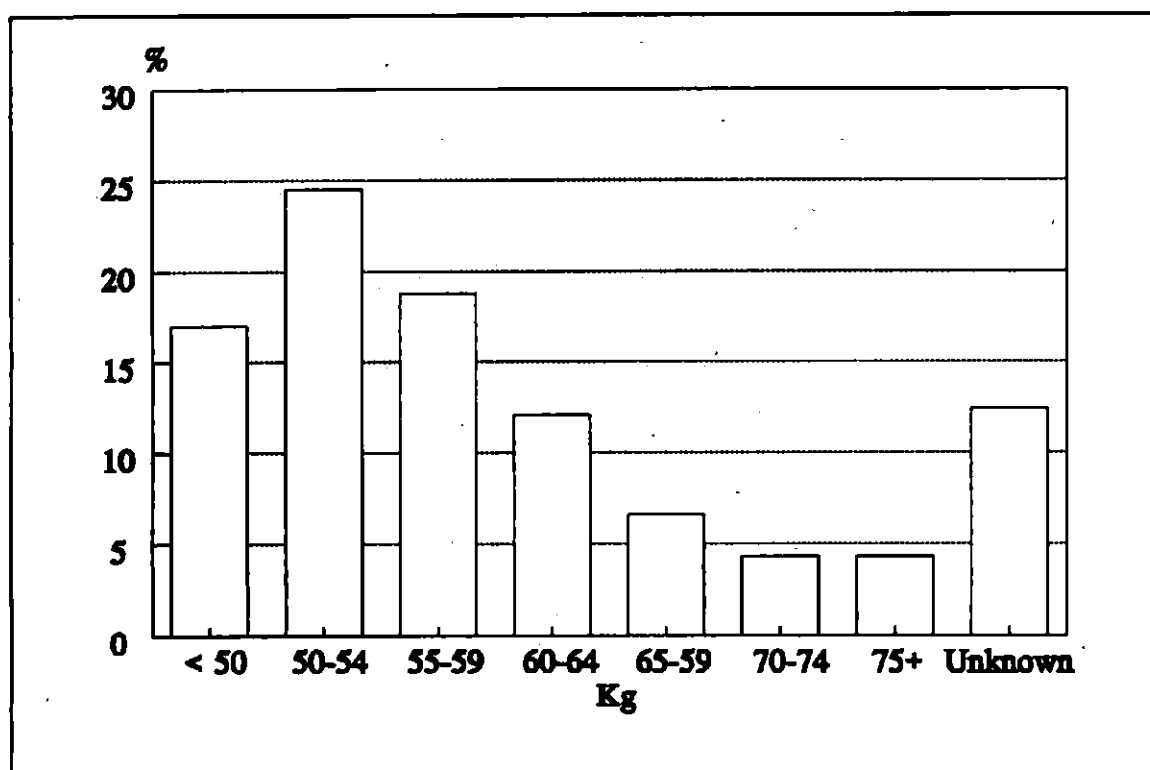


Diagram 12 Distribution of the population studied by pregravidic weight, Hudson Bay, 1989-91

6. Progress of the pregnancy

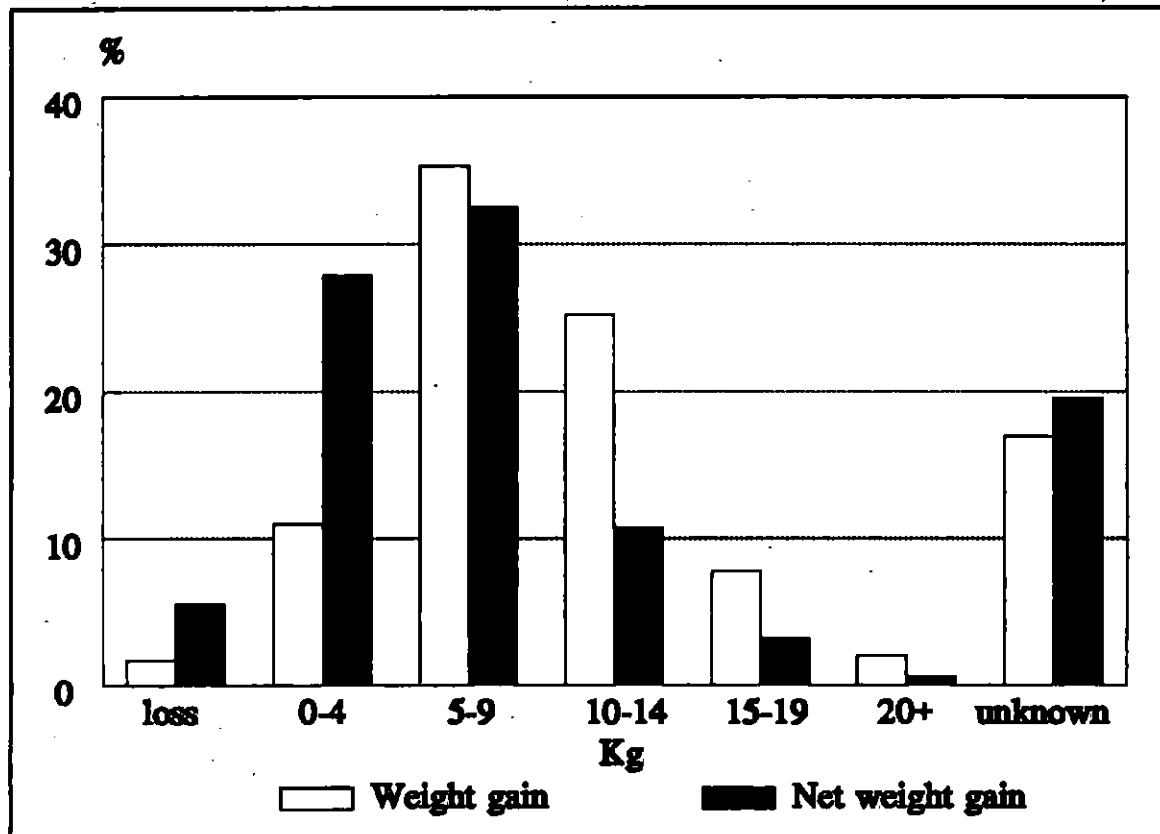


Diagram 13 Distribution of the population studied by weight gain and by net weight gain, Hudson Bay, 1989-91

6. Progress of the pregnancy

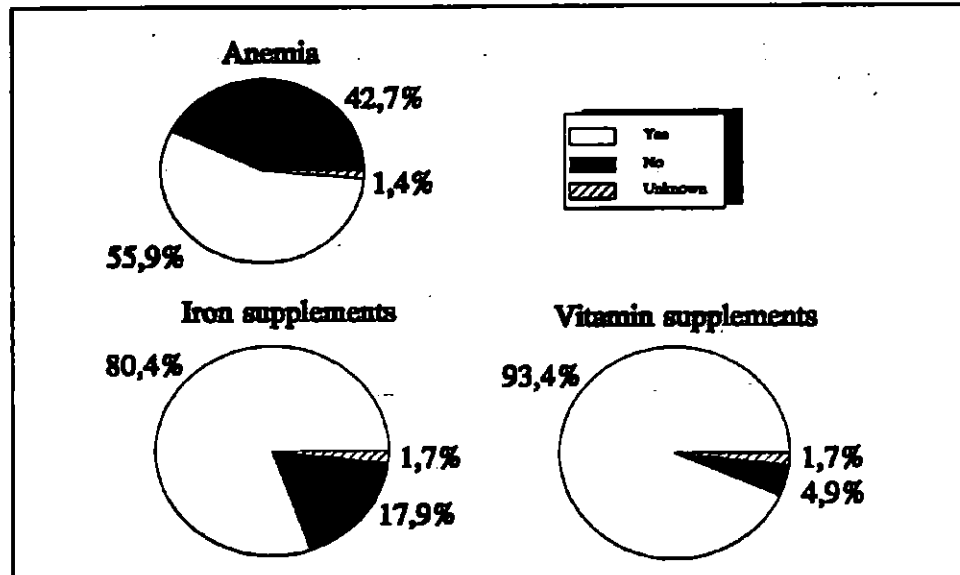


Diagram 14 Distribution of the population studied by anemia during the pregnancy and iron and vitamin supplements, Hudson Bay, 1989-91

More than half the women (55.9%) suffered from anemia during pregnancy (Diagram 14, Table 7). The majority of pregnant women were prescribed vitamin (93.4%) or iron (80.4%) supplements. It would however seem that compliance with the prescribed treatment was low. Abnormally low hemoglobin (< 12 g/100ml) at the time of the first prenatal visit was found in 31.7% of women, and abnormally low hematocrit (< 38 ml/100ml) in 68.6% and even more frequently during pregnancy (Diagram 15). Between 1986 and 1988, women with a hemoglobin level below 10 were sent to the South[3].

6. Progress of the pregnancy

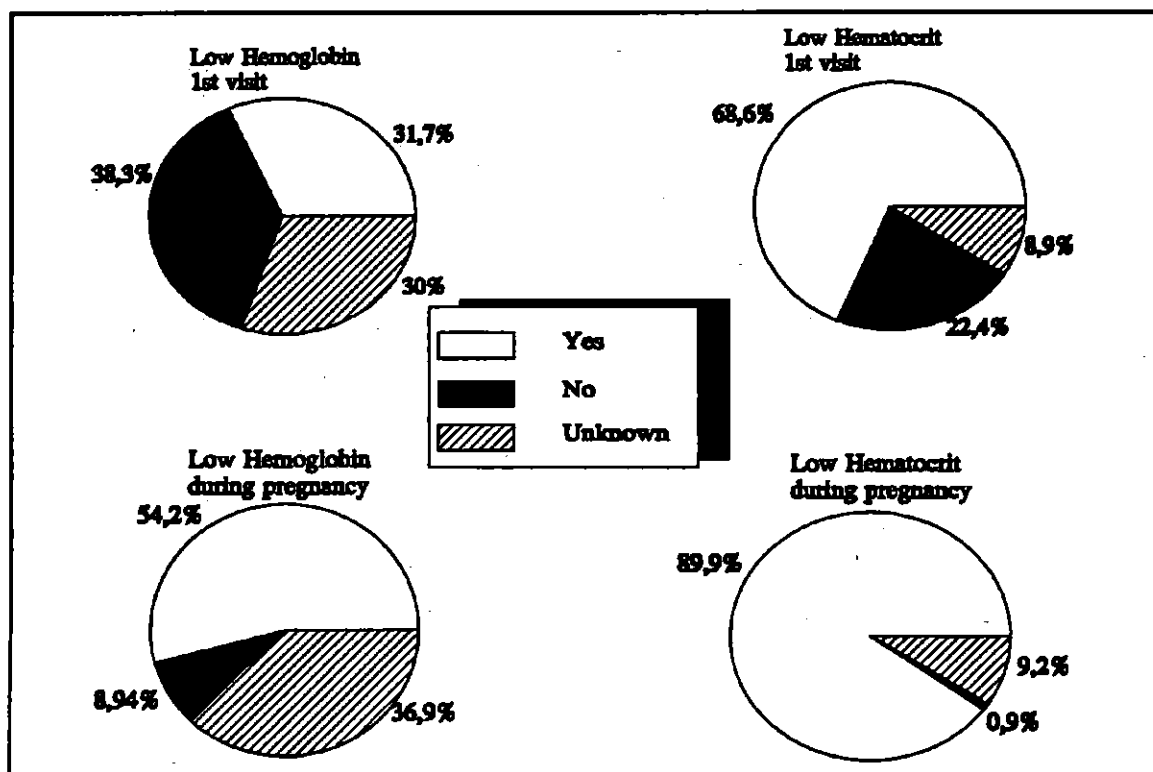


Diagram 15 Distribution of the population studied by abnormally low hemoglobin and hematocrit, Hudson Bay, 1989-91

Among the diseases and complications reported during pregnancy, pre-eclampsia was found in 2.6% of women (Table 8). Also present were hypertension (8.1%) and gestational diabetes (7.2%). More than a third of women (41.0%) were diagnosed as having a sexually transmitted disease (STD) during pregnancy (Diagram 16). Certain women had one STD (30.7%), others two STD's (8.6%), and 1.7% had 3 STD's or more. Among the sexually transmitted diseases were noted particularly chlamydia (18.5%), gardnerella (13.6%) and trichomonas (11.6%). Infectious diseases mentioned are mainly urinary (11.5%) and genital (7.2%) types, which required antibiotic treatment for 42.6% of women.

6. Progress of the pregnancy

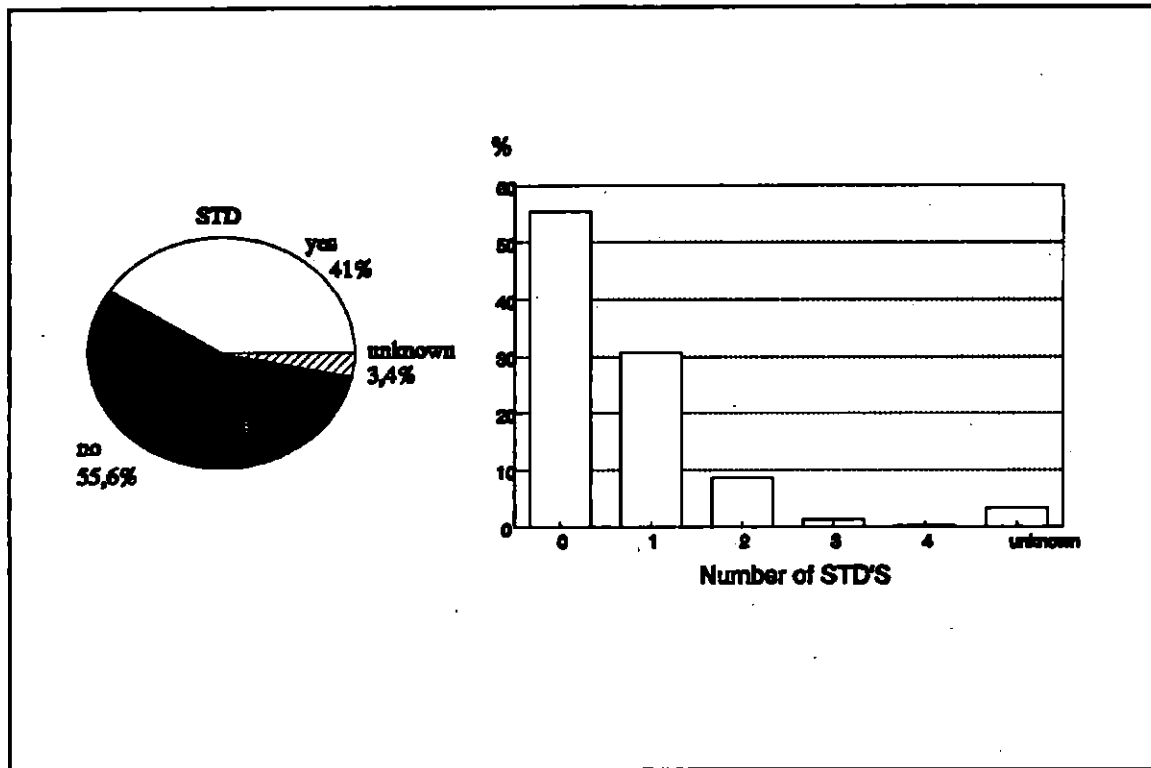


Diagram 16 Distribution of the population studied by sexually transmitted diseases, Hudson Bay, 1989-91

The proportion of women who smoked during pregnancy is 83.5%. More than 25% smoked more than 10 cigarettes a day (Diagram 17). During pregnancy, 5.2% declared that they had consumed alcohol and 4.9% that they had used drugs.

6. Progress of the pregnancy

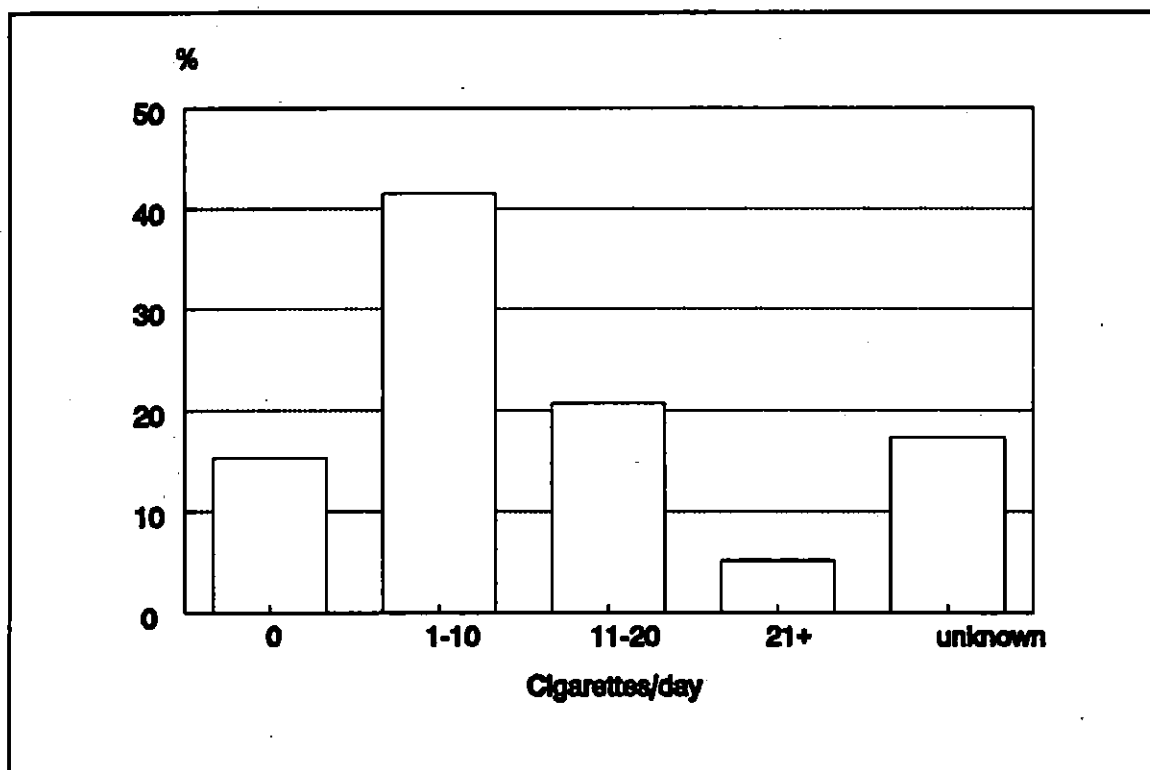


Diagram 17 Distribution of the population studied by consumption of cigarettes, Hudson Bay, 1989-91

A proportion of 4.7% had a loss of amniotic fluid before membranes rupture and 5.8% had premature membranes rupture. In 4.7% of cases (16 women) tocolytics were prescribed to stop premature contractions.

An external version, in order to change the baby's presentation in the pelvis, was carried out in 2% of cases. It was carried out between the 32nd and 37th week of pregnancy. Women who did pelvic exercises represented 2.3%. The majority of babies (95.0%) had a cephalic presentation at 35 weeks and 95.7% at delivery (Table 8).

6. Progress of the pregnancy

Herbs are sometimes used to help with maturation of the cervix before labour and delivery. A proportion of 14.7% of women used them.

7. Other hospitalizations and transfers

In general, the only hospitalization required for a pregnant women is at the end of pregnancy for the delivery. However, certain problems may require hospital care, which we consider to be another hospitalization. When the women does not live in the same village as the hospital, she is sent by plane to the location best able to fill her health needs. In Hudson Bay, hospitalizations and transfers of women during pregnancy are not numerous. Only 23 women were hospitalized and/or transferred once and 5 had a second hospitalization and/or transfer (Table 9).

First hospitalization

The majority of hospitalization or transfers take place from Povungnituk (34.9%), Salluit (26.1%) and Inukjuak (17.4%). The principal destination hospitals were the Povungnituk Maternity (61.1%) and the Royal Victoria Hospital Centre in Montreal (17.4%) (Diagram 18).

7. Others hospitalizations and transfers

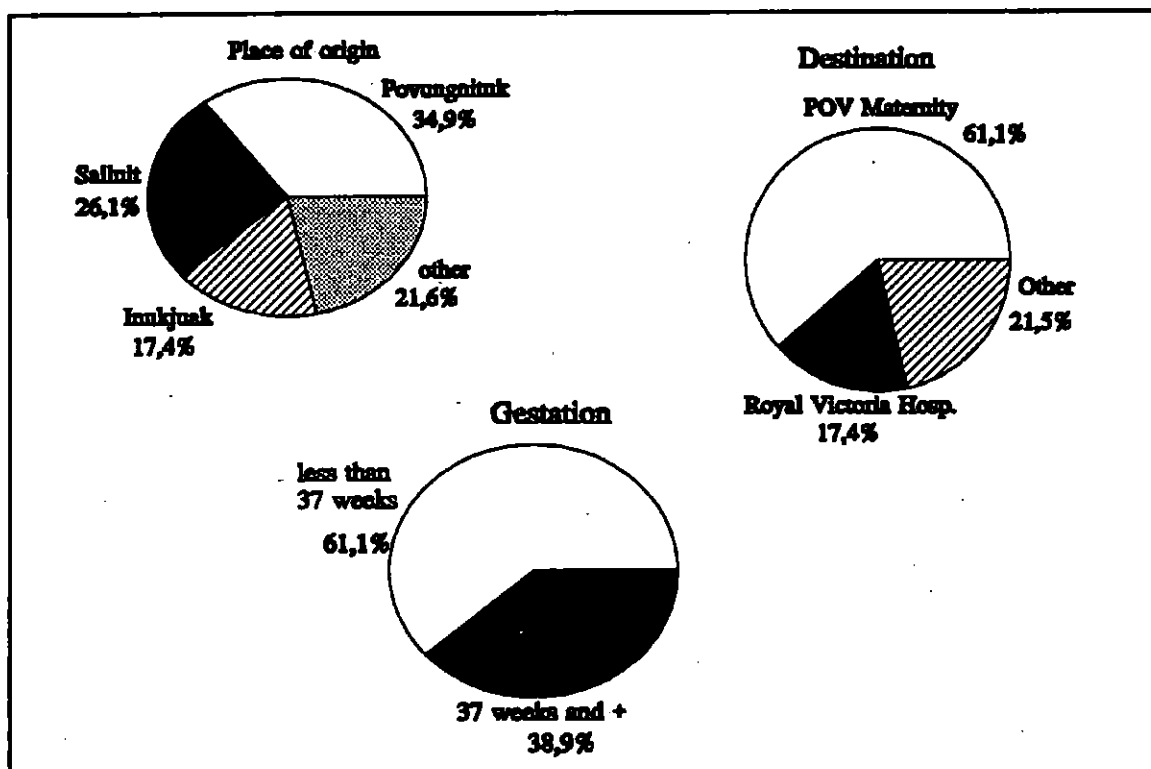


Diagram 18 Distribution of the population studied hospitalized during the pregnancy, Hudson Bay, 1989-91

More than half the women hospitalized (61.1%) had not yet reached 37 weeks of pregnancy. Most (47.5%) stayed less than 10 days and only 4.3% more than 20 days. The principal reasons for transfers are problems in labour and delivery (61.1%), a health problem affecting the mother (17.4%), such as cholestasis, diabetes or hypertension related to pregnancy and pre-eclampsia, and a problem affecting the baby (17.4%) such as the detection of a congenital anomaly during the pregnancy, a precarious state of health in the newborn and a birth weight below 2 500 g. Upon leaving the hospital after the first hospitalization, women return to their own village, unless their health condition requires supplementary care or periodic surveillance.

7. Others hospitalizations and transfers

Second hospitalization

In all, five women were hospitalized a second time. One of them was hospitalized a second time at the Maternity after having spent 4 weeks in a hostel in Povungnituk for surveillance of a pre-eclampsia. Two women were transferred to Montreal, to the Royal Victoria Hospital for delivery. One had gestational diabetes and the other a pre-eclampsia. One woman had a cesarian at the Frobisher Bay Hospital, following a cholestasis at 35 weeks pregnancy. Lastly, one woman went Sainte-Justine Hospital in Montreal at 32 weeks gestation for the detection of a congenital anomaly.

Three women had not completed 37 weeks of pregnancy. The number of days at the hospital was under 10.

8. Labour and delivery

Most women (91.7%) were assisted by a mid-wife during delivery (Diagram 19, Table 10). From the beginning of the year 1989 up until July 1991, three native mid-wives underwent training. During a delivery, they were always accompanied by a non-native mid-wife. Two of them left and one completed her training in July 1991. At the moment, two other mid-wives are in training.

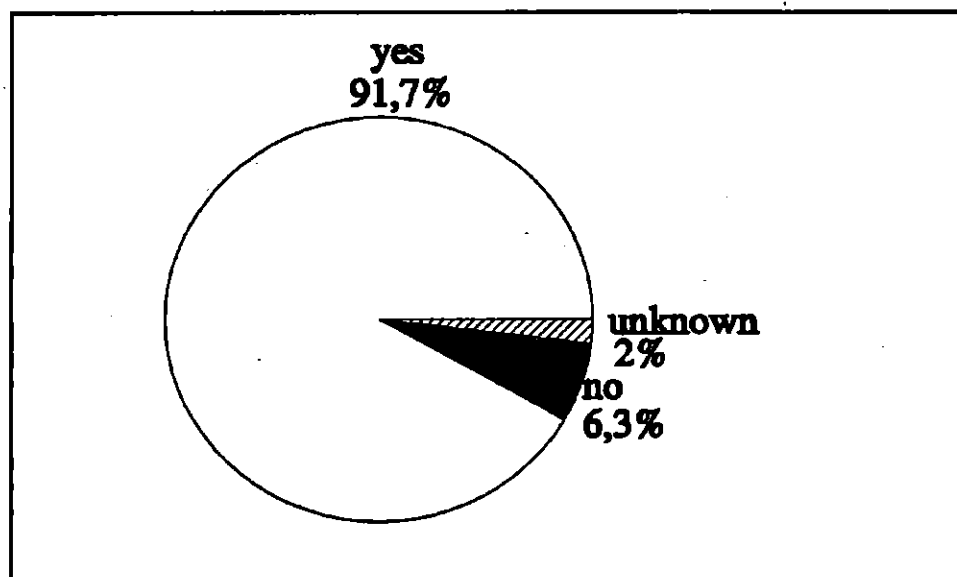


Diagram 19 Distribution of the population studied by delivery with mid-wife in attendance, Hudson Bay, 1989-91

The proportion of women delivering before term (before 37 weeks) was 7.5%. In 40.7% of cases, the partner was present at the delivery. A large proportion (78.1%) had a total length of labour under 15 hours, following spontaneous labour (87.7%), spontaneous birth (97.6%) and spontaneous expulsion of the placenta (96.2%).

The first stage, that is from the beginning of labour until complete cervical effacement, lasted less than 10 hours for 62.8% of women. The second stage, that is from complete dilatation until the

8. Labour and delivery

birth of the baby, lasted less than 30 minutes for 70.0% of women. The third stage, that is from the birth of the baby until delivery of the placenta, lasted less than 30 minutes for 91.3% of women and less than 15 minutes for 74.9% of them.

The time between membranes rupture and birth of the baby was less than 12 hours in a majority (76.9%) of cases. The amniotic fluid contained meconium in 7.8% of women. Women kept an intact perineum in 62.2% of cases, episiotomy was necessary for 4.9% (Quebec: 65.4%)[4] and 2nd, 3rd and 4th degree tearing occurred in 15.0%. In this last group, vulvar and vaginal tears represented respectively 60.4% and 40.8%. Close to half (56.5%) had blood loss of less than 500 ml during delivery. Before delivery, abnormally low levels of hemoglobin and hematocrit are found in proportions of 54.7% and 86.7%. We observe that 19.3% of women had a hemorrhage or uterine atony after expulsion of the placenta.

In general, Inuit women deliver naturally, 82.4% having no need for any substance for maturation of the cervix, for an analgesic or for an anesthetic. No analgesic was required for 87.0% (Quebec: 15.6%)[4] of women in labour (Diagram 20). In all, 68.3% of women had neither analgesic nor anesthetic. Among the women who used herbs as an analgesic, 80.0% did not require any anesthetic during the delivery. The use of herbs as analgesic during labour and delivery is not frequent (1.4%). The most commonly used analgesic (4.3%) is the narcotic type. Local anesthetic is used in only 17.9% (Quebec: 61.2%)[4] of cases, and the majority of women (72.9%) (Quebec: 15.6%)[4] had no anesthetic. Herbs may also ease the expulsion of the placenta, but are seldom used (3.7%). The most commonly used substance is syntocinon (28.8%).

8. Labour and delivery

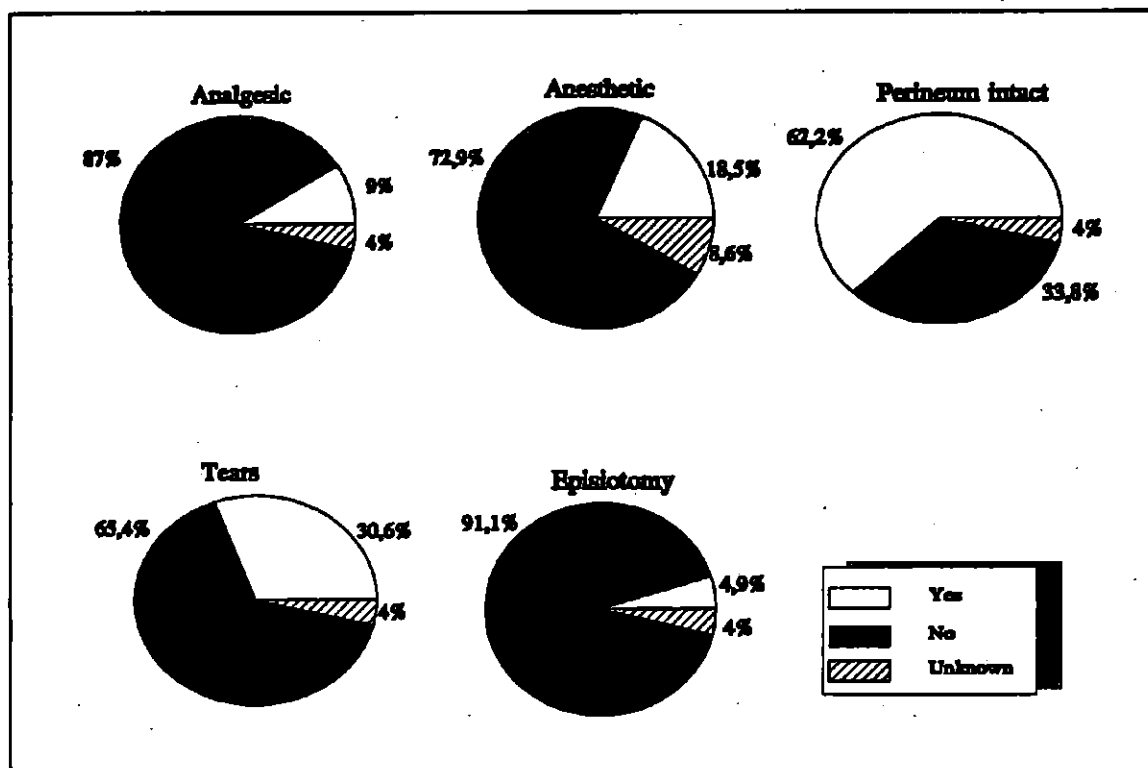


Diagram 20 Distribution of population studied by interventions during delivery, Hudson Bay, 1989-91

Obstetrical interventions such as the use of forceps and vacuum extractor are rare. Forceps were not used (0%) (Quebec: 12.5%)[4] and the vacuum extractor was seldom used (0.9%) (Quebec: 5.2%)[4].

9. Outcome of the pregnancy and newborn characteristics

Premature deliveries (< 37 weeks) represent 7.5% (Table 9), and 2.3% of babies weigh less than 2 500 g at birth (Diagram 21, Table 11). Only 3.2% are under the 10th percentile in weight.

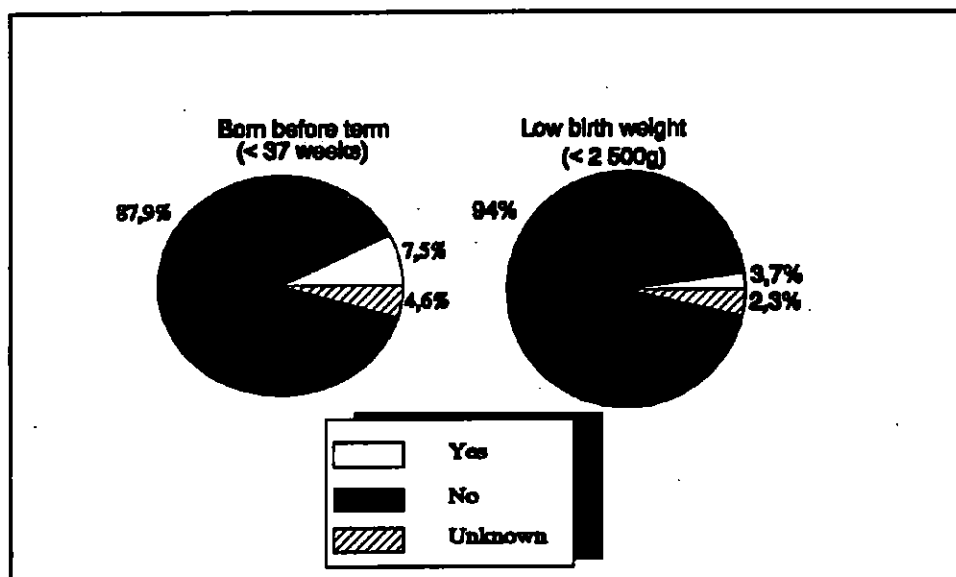


Diagram 21 Distribution of the population studied by gestational age and birth weight, Hudson Bay, 1989-91

The frequency of prematurity in babies born by mothers living in the Hudson Bay territory (7.5%) is lower than the frequencies for 1976 (10.9%) and 1985 (9.9%) for Nouveau-Québec[5]. It is however higher than the frequencies at the provincial level which were 6.2% and 5.8% in 1976 and 1985 respectively [5]. The same phenomenon is found in Saskatchewan[6] and the North West Territories[7].

The frequency of low birth weight of babies born at the Maternity added to babies born outside the territory is 6.5% compared to those for Nouveau-Québec in 1976 and 1985 which were 8.4%

9. Outcome of the pregnancy and newborn characteristics

(Quebec: 7.0%) and 5.1% (Quebec: 6.3%)[4]. It is lower than what is reported for the Inuit of the North West Territories in 1984 (8.7%)[7] and in 1987 (7.2%)[8].

The distribution of births by sex shows that the proportion of girls is 49.0%. At birth, certain interventions were carried out: secretion vacuum (8.4%), oxygenotherapy (18.4%), ventilation (2.6%) and intubation (0.8%). The Apgar Score at 1 minute was over 8 in the majority (84.3%).

Unfortunately, some children (4.3%) were born with congenital anomalies detected at birth: Down's Syndrome (1 baby), club foot (2 children), cleft palate (2.8%)(1 baby) and cardiac problems (13.9%) (5 newborns). The cardiac problems detected at birth that were mentioned are: fissured atria (2 newborns), major cardiac defect (1 baby) and arrhythmia (2 children). A heart murmur was detected in 8.3% of newborns. Three babies were still-born (0.9%) and 2 died in the neonatal period (0.6%), which represent respectively a gross perinatal mortality rate of 14.3 per 1 000 births and a gross neonatal mortality rate of 8.6 per 1 000.

Most babies not given up for adoption are nursed by their mother (87.9%), which represents 68.9% of all Inuit babies born at the Povungnituk Maternity. This proportion is comparable to the proportion (70.7%) found in the literature on the Inuit of Canada[9]. A downward trend is however evident, as is the case among the Inuit of the North West Territories[9].

10. Characteristics of the immediate post-partum

The presence of the Povungnituk Maternity has a positive impact in the Hudson Bay territory. It allows women to deliver in their own milieu, and in their own language. The time spent away from their family is not so long[10]. The majority of mothers (83.8%) spent less than 5 days at the hospital, and 8.7% between 5 and 9 days (Diagram 22, Table 12).

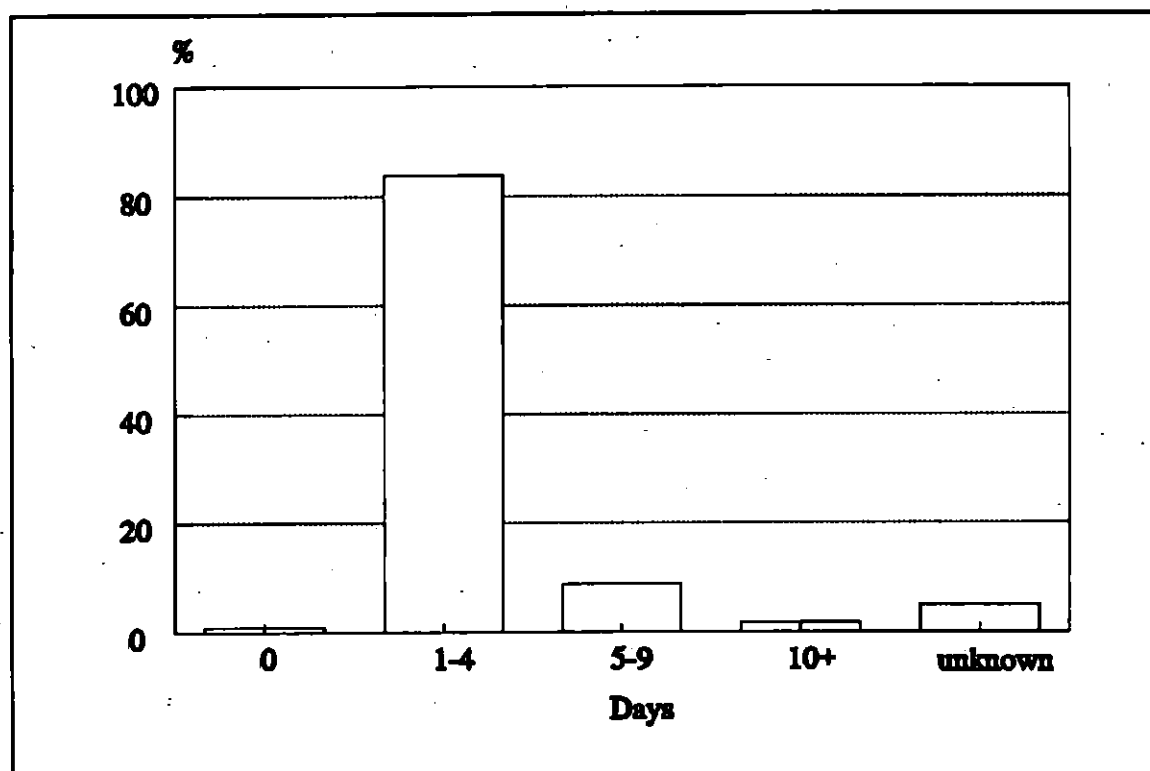


Diagram 22 Distribution of the population studied by length of stay in hospital, Hudson Bay, 1989-91

Setting up the Povungnituk Maternity allowed a reduction in the time spent outside their region by women when they deliver[11]. The time outside the community includes the waiting time before delivery, in Povungnituk for those who do not live in there (1 to 2 weeks) and includes also the stay at the hospital. Nearly half (47.8%) of the women spent between 10 and 29 days outside their home village (Diagram 23).

10. Characteristics of the immediate post-partum

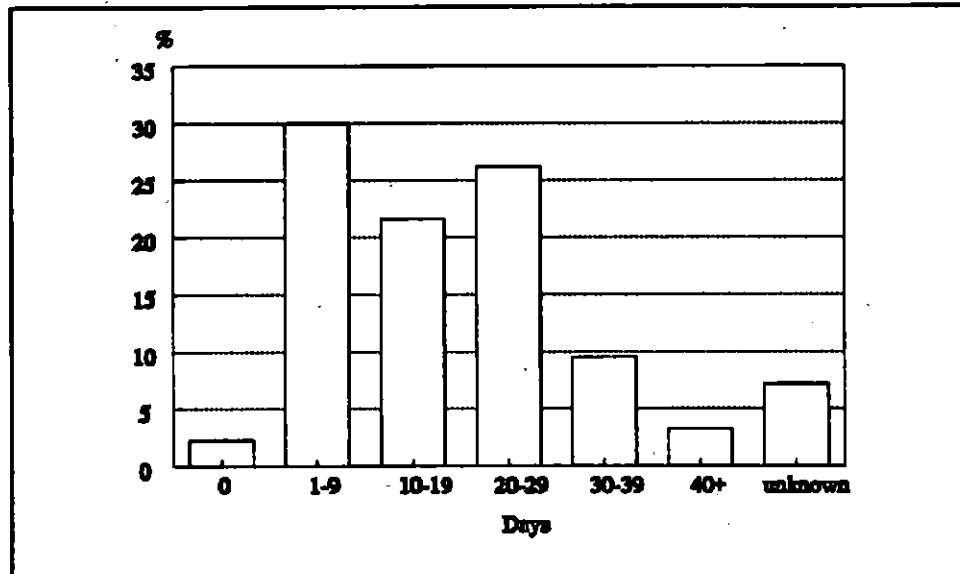


Diagram 23 Distribution of the population studied by length of stay outside of community, Hudson Bay, 1989-91

It would seem that women engage in passive resistance to this system of waiting for delivery. Certain women create confusion by not divulging the date of their last menstruation, which is needed to calculate the expected date of delivery[12], because they would rather deliver in their own community[13]. In the population studied, 6.1% of women did not indicate the date of their last menstruation.

Other characteristics particular to the post-partum are to be found: syntocinon perfusion (38.0%), hemorrhage three hours after delivery (4.0%), blood transfusion (2.3%), fever (2.6%) and antibiotic prescription (6.4%) (Table 12). Those women receiving a blood transfusion had blood loss varying from 850 to 2 500ml.

10. Characteristics of the immediate post-partum

A treatment was prescribed to almost half of the women (42.4%) on their departure from the hospital. The majority (91.1%) had a vitamin and/or iron supplement such as Materna, Palafer and Orifer. A few (4.1%) had antibiotics and 4.1% had another treatment such as a sitzbath or fecal emollient.

11. Adoption

Adoption of children at birth is an Inuit cultural phenomenon and a very common practice among the Inuit. It allows notably for a more balanced redistribution of individuals within each family[14]. For the period observed, 21.6% of newborns were given up for adoption. About half (45.7%) of adopting families are related to the newborn and live in the same community as the biological mother (45.7%) (Diagram 24, Table 13).

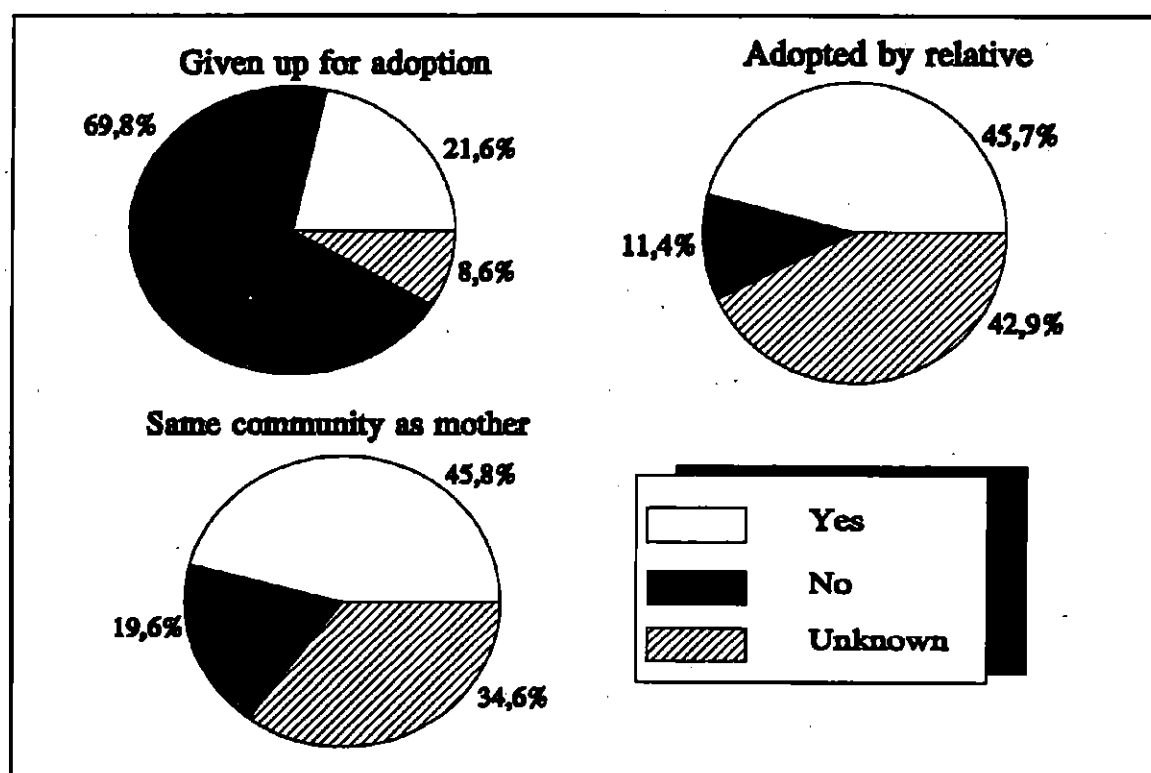


Diagram 24 Distribution of the population studied by details of adoption, Hudson Bay, 1989-91

Nearly half of those women who had a previous pregnancy (44.7%) had already given up at least one child for adoption. 8.0% of women have already adopted at least one.

12. Comparison with data from previous years

A comparison between the 1987-88 period and the 1989-91 period was carried out on data from the Povungnituk Maternity Birth File. A few statistically significant differences were noticed (Table 14). There was an increase in the number of prenatal visits to a mid-wife, a nurse and a doctor, as well as in the proportion of women having received at least one child in adoption.

The proportion of deliveries south of the 55th parallel decreased considerably. The same held true for the periods 1983 and 1987-88. This also was the case for the frequency of cesarians, transfusions, local anesthetics, presentations at birth other than cephalic and for the presence of a coiled umbilical cord. On the other hand, bleeding of over 500 ml increased somewhat.

Manipulations of newborns such as the vacuuming of secretions and endotracheal intubation decreased. The proportion of babies weighing less than 2 500 g is smaller. Fewer newborns are given up for adoption and fewer are nursed. The gross premature mortality rate per 1 000 births is lower.

13. Pregnancies and births among adolescents 18 years and younger

Given the high proportion of pregnancies among adolescents 18 years and younger (121.1 per 1 000 adolescents aged less than 18, in 1990)[15], we focused our attention particularly on this group of women. For 1989-90, the Povungnituk Maternity Birth File contains 97.9% of all births compiled in the Birth File of the Ministry of Health and Social Services (MSSS), that is 46 out of a possible 47. Thus the description that follows, corresponding to the period 1989-91, is representative of the pregnancies and births among this group of women.

A total of 74 adolescents 18 years or younger were included in the Povungnituk Maternity Birth File for the period 1989-91. Whatever their age, the mothers and their newborns do reasonably well. The adolescent mothers resemble older mothers except for certain sociodemographic variables, prenatal follow-up, obstetrical and medical histories, variables related to weight and to nutrition, illness reported during pregnancy, other hospitalizations and transfers, labour and delivery, newborn characteristics and adoption. These variables for which adolescent mothers differ from older mothers are presented below. The differences have been determined following a Chi-squared or Fisher statistical test of frequency comparison, with a threshold of 0.05 in a bilateral test. The principals results are found in Table 18.

13. Pregnancies and births among adolescents 18 years and younger

Sociodemographic characteristics

The largest number of adolescents (66.2%) were 17 and 18 years of age, and the youngest, 14.(Diagram 25).

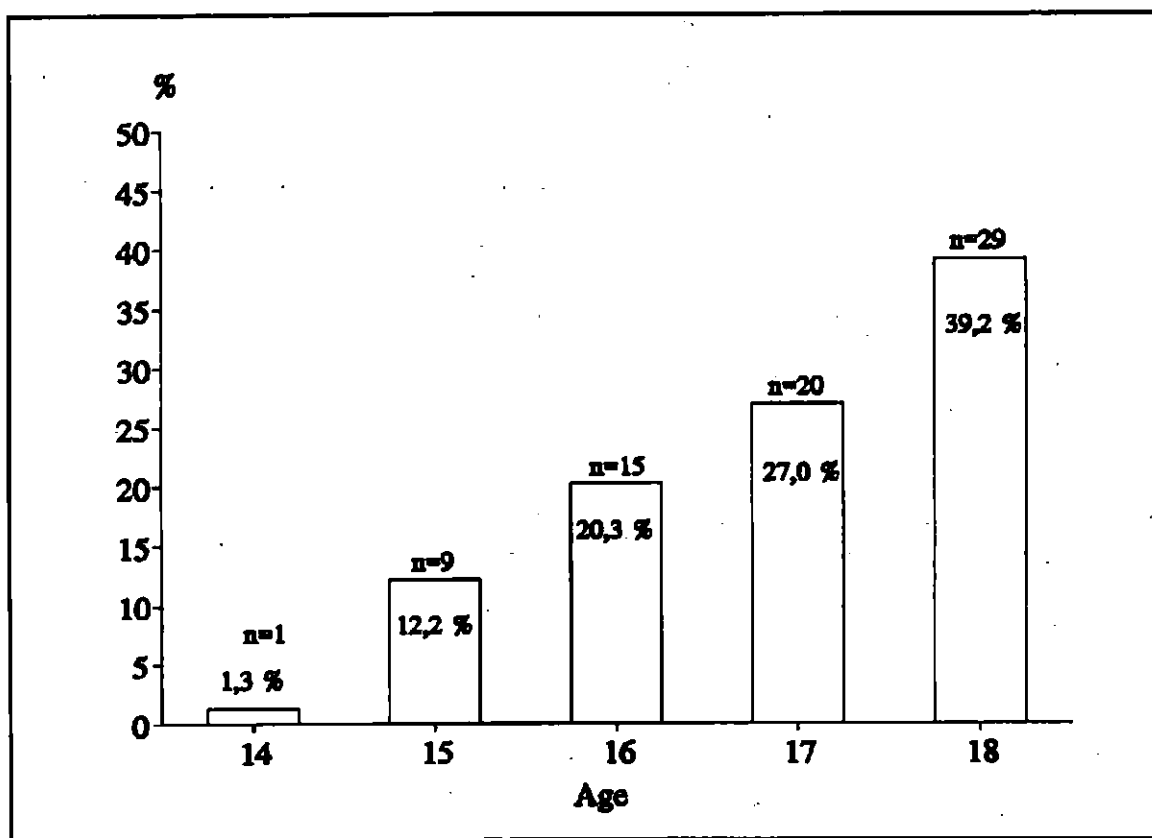


Diagram 25 Distribution of adolescents 18 years and less by age at the time of delivery, Hudson Bay, 1989-91

13. Pregnancies and births among adolescents 18 years and younger

The majority of adolescents 18 years and younger are single (63.5%) or live common-law (21.6%) (Diagram 26).

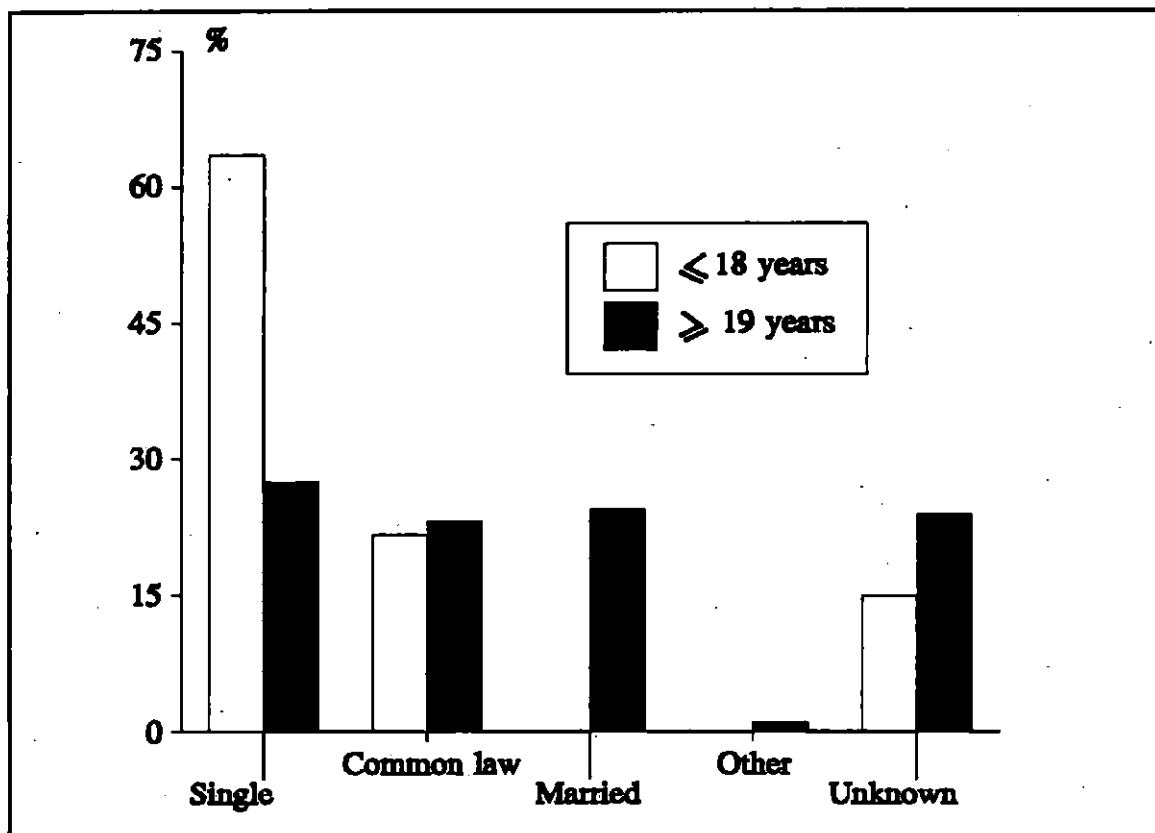


Diagram 26 Distribution of adolescents 18 years and younger by mother's civil status, Hudson Bay, 1989-91

13. Pregnancies and births among adolescents 18 years and younger

Nearly half (44.6%) are students and 24.3% declare working at home as their principal occupation (Diagram 27).

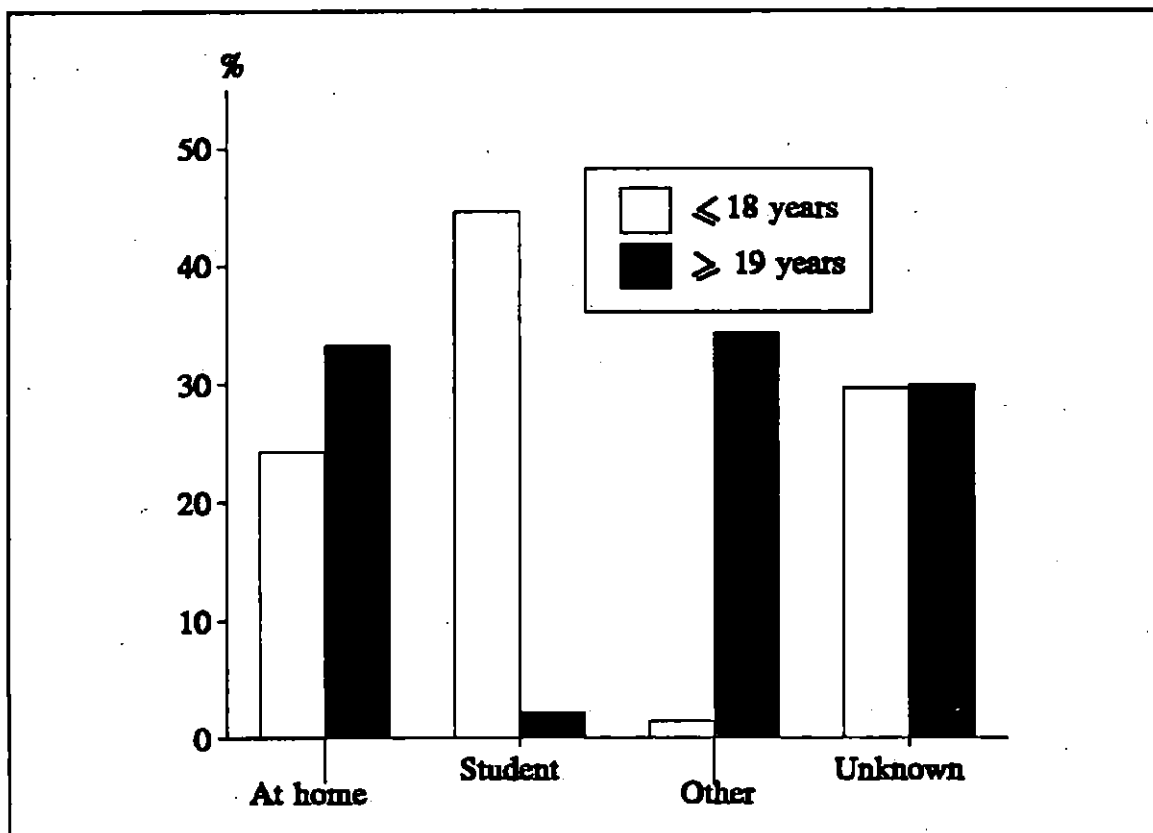


Diagram 27 Distribution of adolescents 18 years and younger by mother's occupation, Hudson Bay, 1989-91

13. Pregnancies and births among adolescents 18 years and younger

Prenatal follow-up

Adolescents differ from older mothers for prenatal follow-up. They consult later and there are fewer meetings. For the majority of adolescents (70.2%), the first prenatal visit takes place in the first trimester of the pregnancy at the nursing station in their home village. However, the proportion of young women is larger than of women over 19 years of age who have met with a professional at 20 weeks or more of gestation (Diagram 28). They are more apt than older mother to make less than 10 prenatal visits, the majority visiting a professional between 10 and 19 times. (Diagram 29).

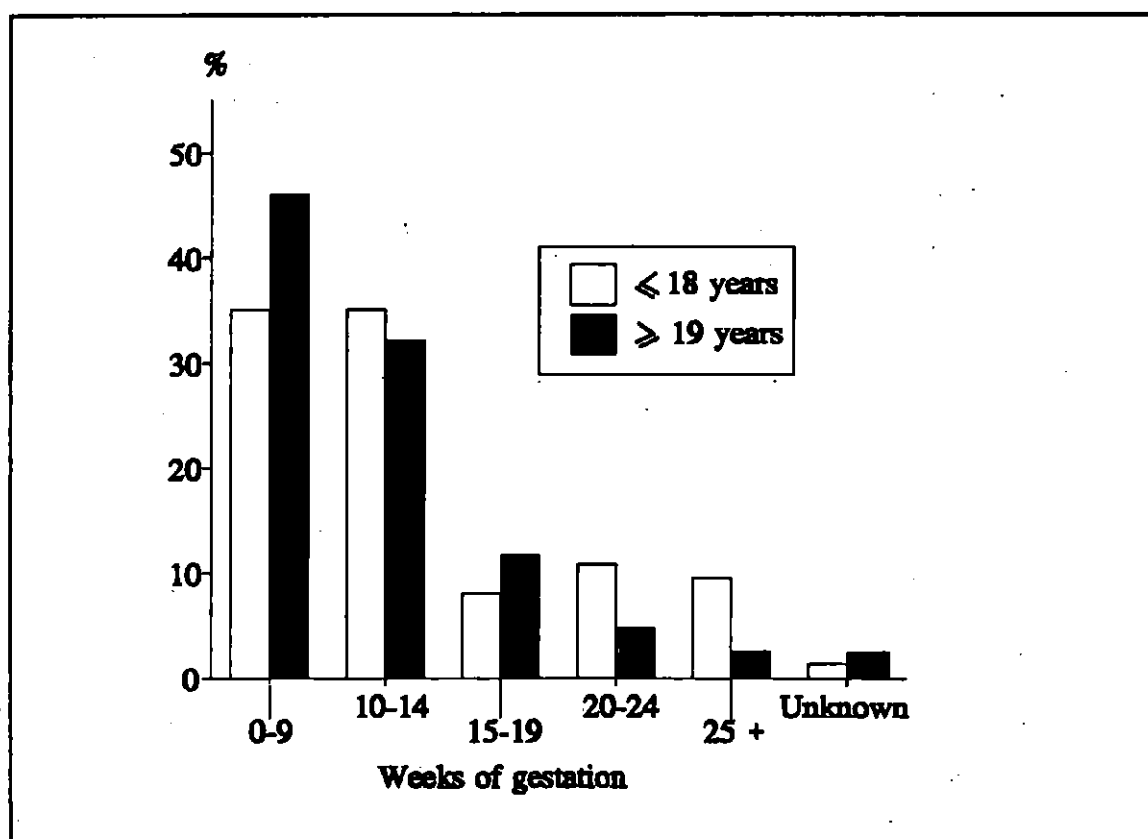


Diagram 28 Distribution of adolescents 18 years and younger by time of first prenatal visit, Hudson Bay, 1989-91

13. Pregnancies and births among adolescents 18 years and younger

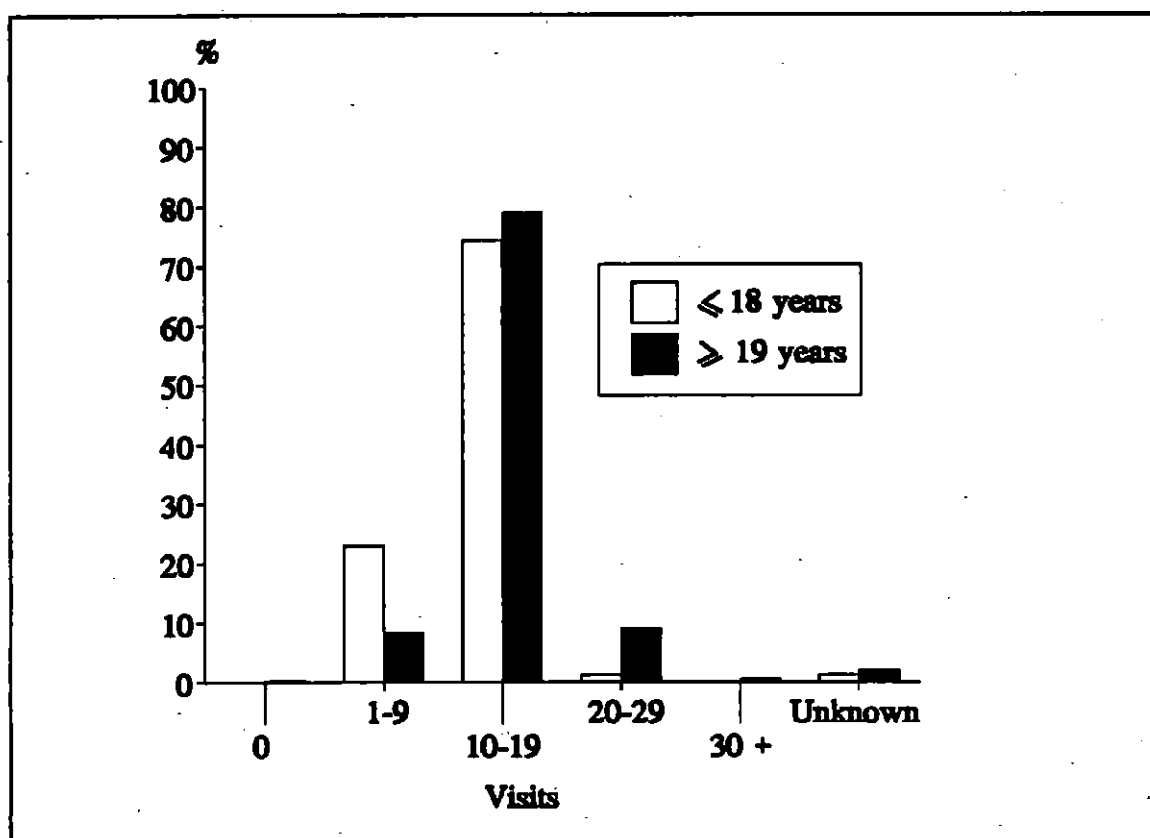


Diagram 29 Distribution of adolescents 18 years and younger by total number of prenatal visits, Hudson Bay, 1989-91

Obstetrical history

For 66.2% of adolescents, it is their first pregnancy and first delivery (as against 11.0% for those, 19 years and older). As expected, they do not have the same obstetrical histories as the older women. Among the 25 adolescents with a previous pregnancy, 28.0% had not had a live birth previously as against 5.8% for those 19 years and older. As far as a history of abortion is concerned, adolescents have almost the same proportion (56.0%) as women 19 years and older (53.1%). Thus younger women have no more abortions (spontaneous or induced) than do older women. Among the young women with a previous pregnancy, we found no history of still-birth,

13. Pregnancies and births among adolescents 18 years and younger

premature delivery, cesarian, baby whose birth-weight was under 2 500 g or over 4 500 g, no history of congenital anomaly, neonatal death or neonatal infection. Among the 25 multipares adolescents, 24.0% became pregnant within one year of their previous delivery compared to 16.0% of women 19 years and older.

Mother's medical history

Adolescents have no particular health problems. No cases of hypertension, cardiac or respiratory problems were found. Only 20.3% of adolescents had a history of anemia compared to 36.6% of women 19 years and older. There were no histories of immunological problems (direct antiglobulin test with significant presence of antibodies), no surgery other than cesarian and no psychiatric or severe emotional problems. As with older women, they mention having been victims of sexual abuse (9.5% as against 6.6%), and of family violence (4.1% as against 8.8%).

Variables concerning weight and nutrition

When pregravidic weight and different weight gains are compared for the two groups of women, we note that there is a higher proportion of missing values among adolescents 18 years and younger (Diagrams 30, 31, 32). The missing values for pregravidic weight are 24.3% (as against 9.2%), those for weight gain are 31.1% (as against 13.2%) and finally those for net weight gain are 32.4% (as against 16.1%). There is a clear difference in the appearance of anemia during pregnancy, adolescents (20,3%) being less affected than women 19 years and older (65.5%) (Diagram 33).

13. Pregnancies and births among adolescents 18 years and younger

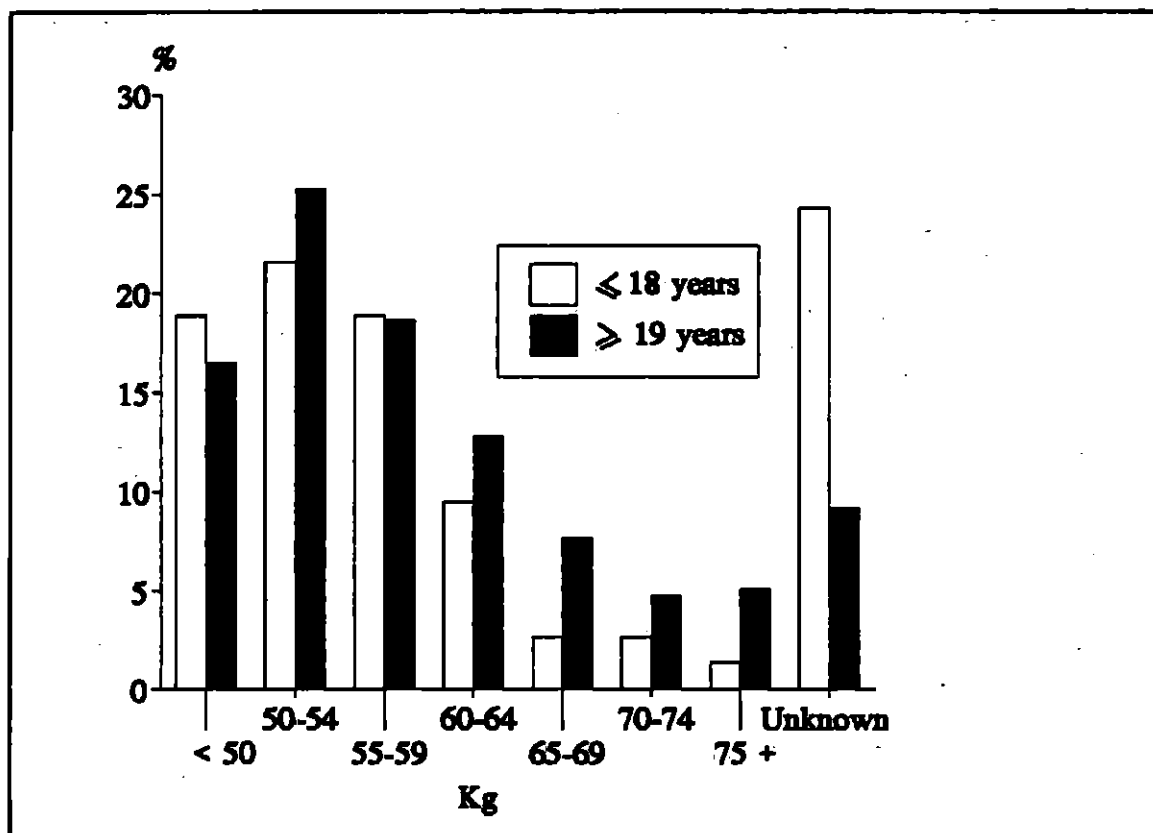


Diagram 30 Distribution of adolescents 18 years and younger by pregravidic weight, Hudson Bay, 1989-91

13. Pregnancies and births among adolescents 18 years and younger

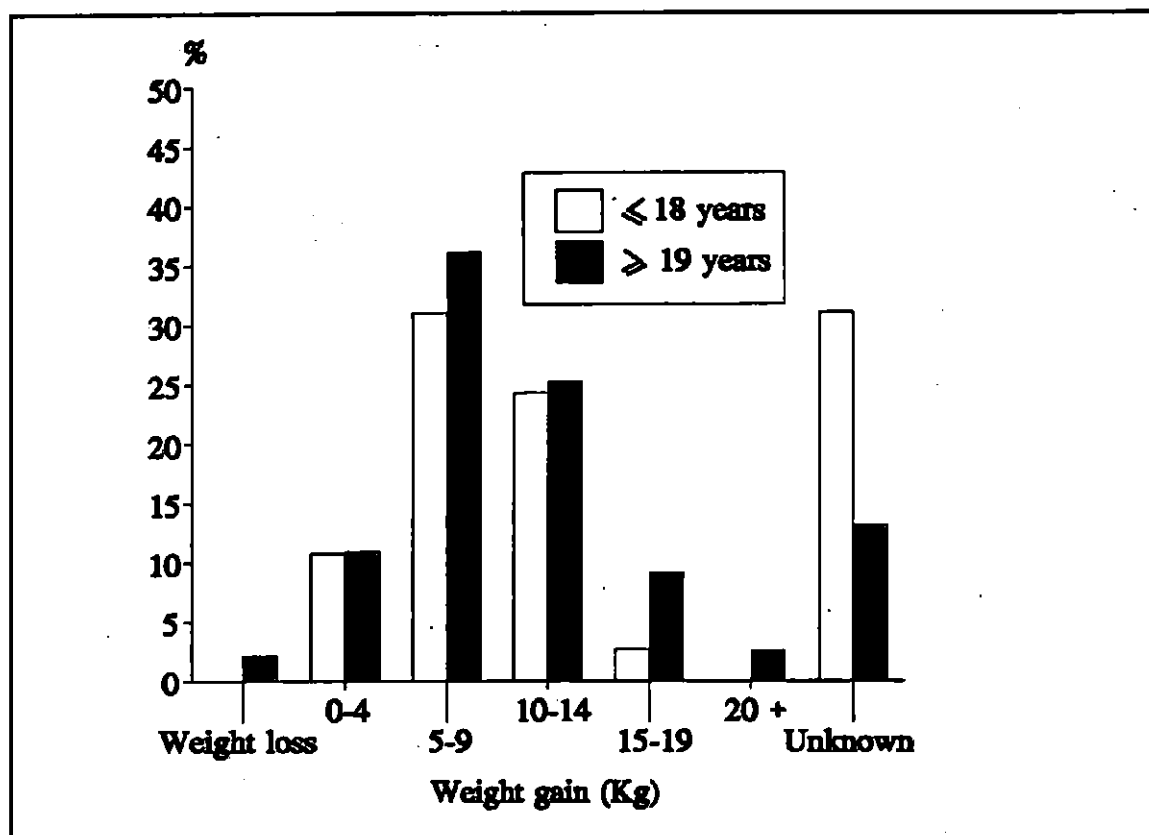


Diagram 31 Distribution of adolescents 18 years and younger by weight gain, Hudson Bay, 1989-91

13. Pregnancies and births among adolescents 18 years and younger

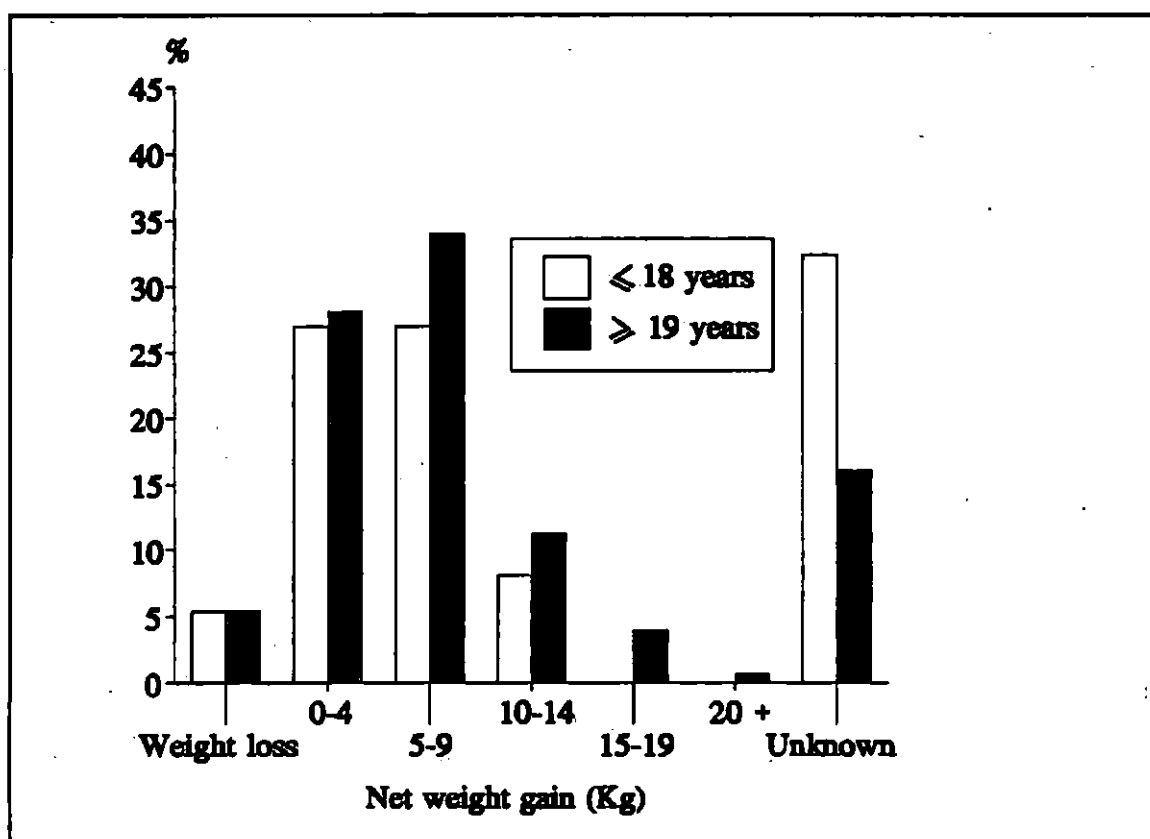


Diagram 32 Distribution of adolescents 18 years and younger by net weight gain, Hudson Bay, 1989-91

Iron supplements were prescribed in the same proportion for both groups of women. There is a difference for prescriptions of vitamins. Among adolescents, 97.3% were prescribed vitamins, as against 92.2% for older women.

The hemoglobin and hematocrit levels at the time of the first visit as well as the lowest levels were much the same in the 2 groups of women.

13. Pregnancies and births among adolescents 18 years and younger

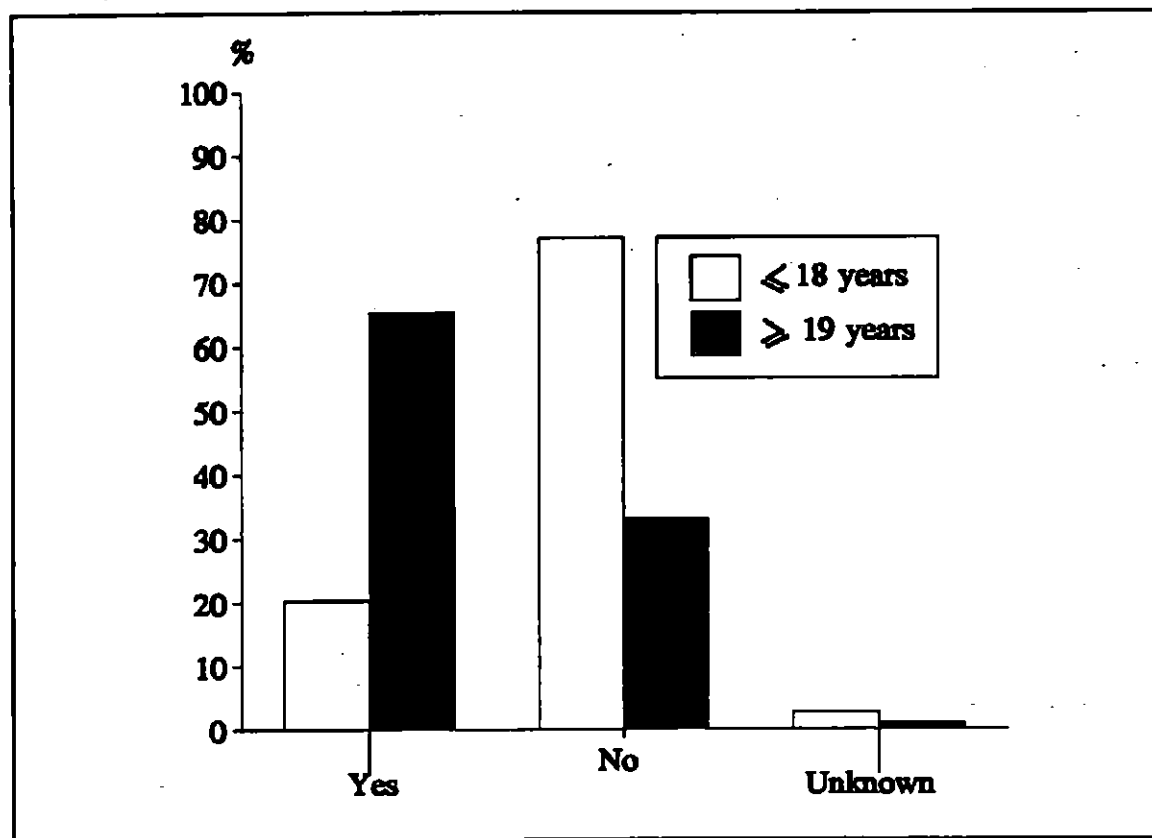


Diagram 33 Distribution of adolescents 18 years and younger by anemia during pregnancy, Hudson Bay, 1989-91

Illness and complications reported during pregnancy

Adolescents had no illnesses or complications during pregnancy. There are no reported cases of placenta praevia, placenta abruptio, hemorrhage in the 1st, 2nd and third trimester, no immunological problem nor any in-utero death. The frequency distribution of diagnoses of neonatal infection are the same in both groups, as is the case for STD's.

Just like older women, adolescents smoke, drink alcohol and use drugs. Among adolescents,

13. Pregnancies and births among adolescents 18 years and younger

86.5% report smoking and 23.1% smoke 11 cigarettes or more a day.

Others hospitalizations and transfers

In all, only 4 adolescents were hospitalized once and only one was transferred a second time, compared to older women (19 women were transferred once and 4 a second time). One of these had cholestasis and underwent a cesarian in Iqaluit at 35 weeks. Another had premature labour stopped at 36 weeks, spent 4 weeks in Povungnituk and finally delivered at 40 weeks. One had uterine pain and delivered a baby at term (4 100 g). The last had labour dystocia after 32 hours and was transfereed to Iqaluit for a cesarian at 40 weeks.

When the two groups are compared for the time of the first transfer, we note that it occurred before the pregnancy was at term (< 37 weeks) for 25.0% of adolescents as against 68.0% of women 19 years and older.

Labour and delivery

Adolescents 18 years and younger delivered before term in a proportion of 10.8% compared to 6.6% for older women. We note a difference in the length of the first stage of labour which is defined as the interval of time between the beginning of labour and the complete dilatation of the cervix. For 16.3% of adolescents 18 years and younger, the length of the first stage was 20 hours and more, compared to 5.6% for women 19 years and older (Diagram 34). The length of the second stage, that is from complete dilatation to birth of the baby, was 30 minutes or more for 50.0% of adolescents compared to 20.8% for older women (Diagram 35). There is no difference in the length of the third stage of labour (interval of time between the birth of the baby and the delivery of the placenta). There is a difference in the total length of labour, with 31.2% of adolescents having a total length of 15 hours and more as against 15.8% for older women

13. Pregnancies and births among adolescents 18 years and younger

(Diagram 36). There is no difference between the two groups in the presentation of the baby at delivery, the proportion of spontaneous labour, rupture of the membranes and the aspect of amniotic fluid.

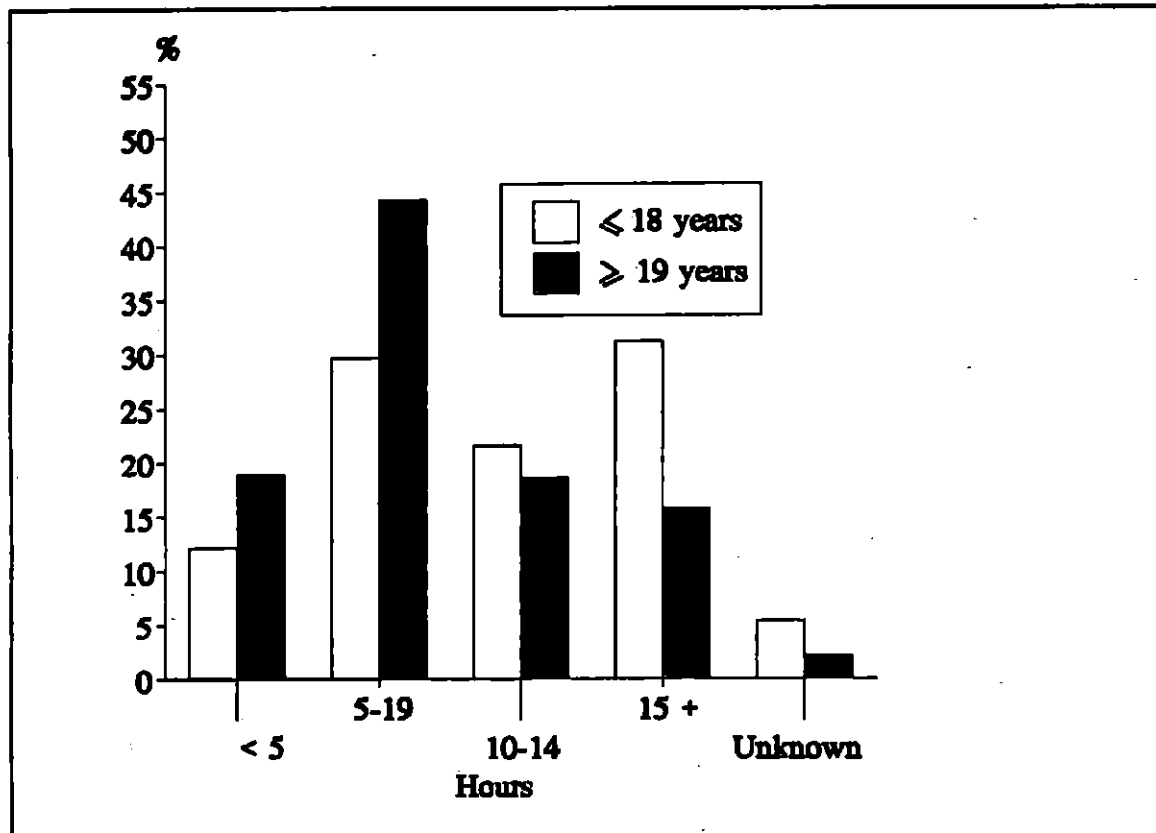


Diagram 34 Distribution of adolescents 18 years and younger by length of the first stage of labour during delivery, Hudson Bay, 1989-91

13. Pregnancies and births among adolescents 18 years and younger

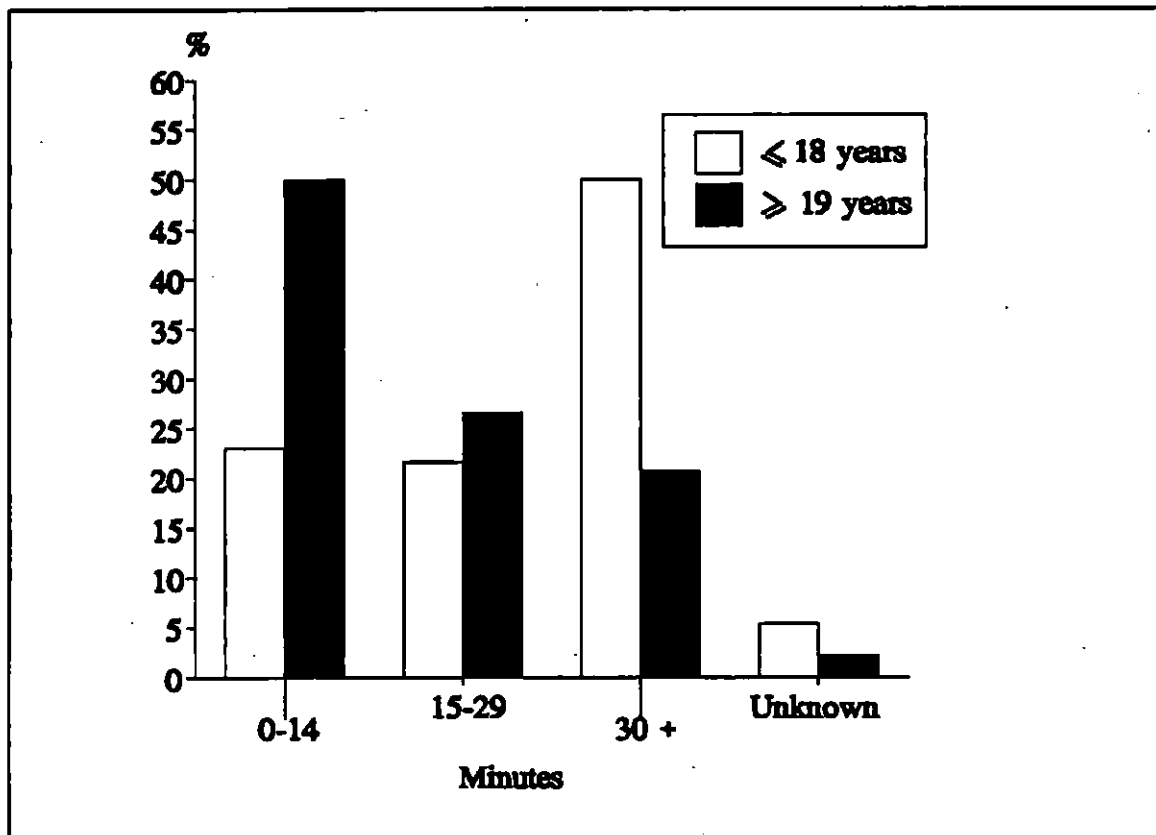


Diagram 35 Distribution of adolescents 18 years and younger by the length of the second stage of labour during delivery, Hudson Bay, 1989-91

13. Pregnancies and births among adolescents 18 years and younger

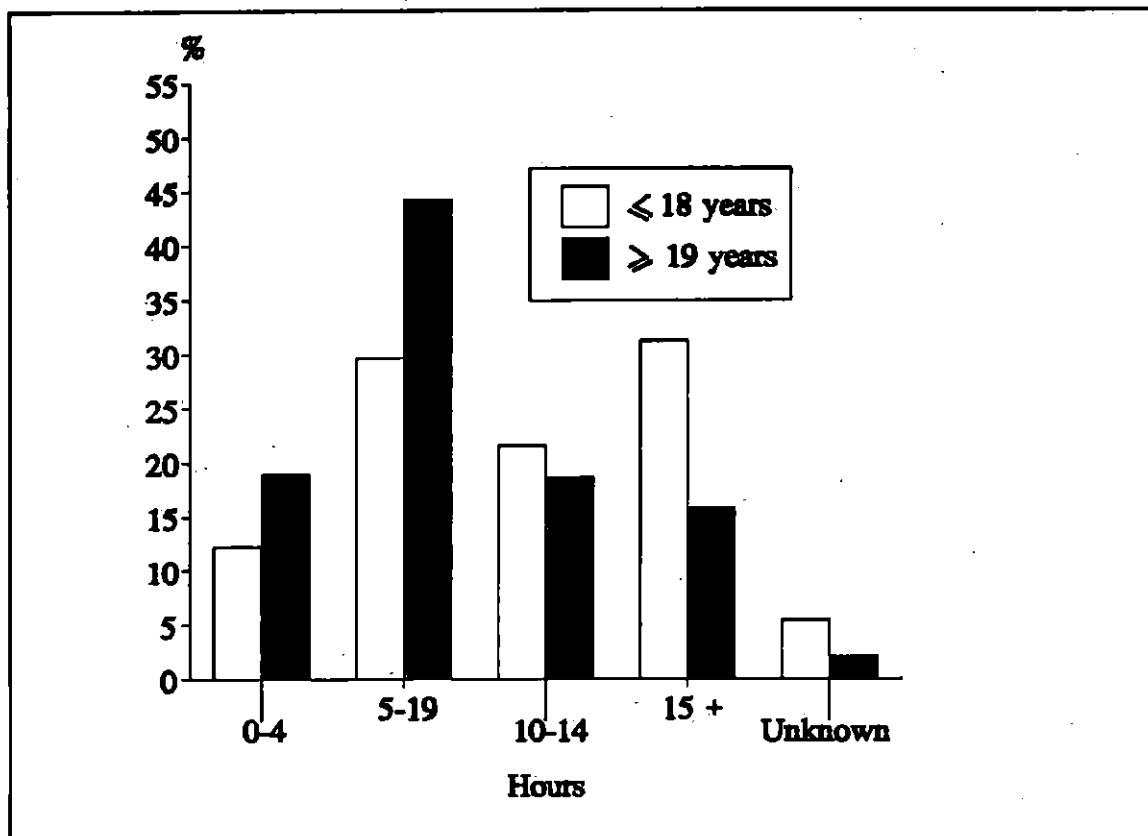


Diagram 36 Distribution of adolescents 18 years and younger by total length of labour during delivery, Hudson Bay, 1989-91

There is also a difference in the recourse to analgesics and anesthetics (Diagram 37). Young girls required analgesics in a larger proportion than did older women, 16.4% as against 7.0%. Mainly narcotics were used (8.1% as against 3.3%). Adolescents required anesthetics in 28.4% of cases as against 15.8% for older women. Local anesthetics were used principally (27.0% as against 15.4%). Adolescents were able to keep an intact perineum in 45.9% of cases compared to 66.6% for older women. Episiotomy was required for 5.4% of adolescents against 2.6% of older women. Tears occurred among adolescents in a proportion of 38.0% (as against 28.5%); mostly vaginal tears occurred (25.7% as against 11.7%).

13. Pregnancies and births among adolescents 18 years and younger

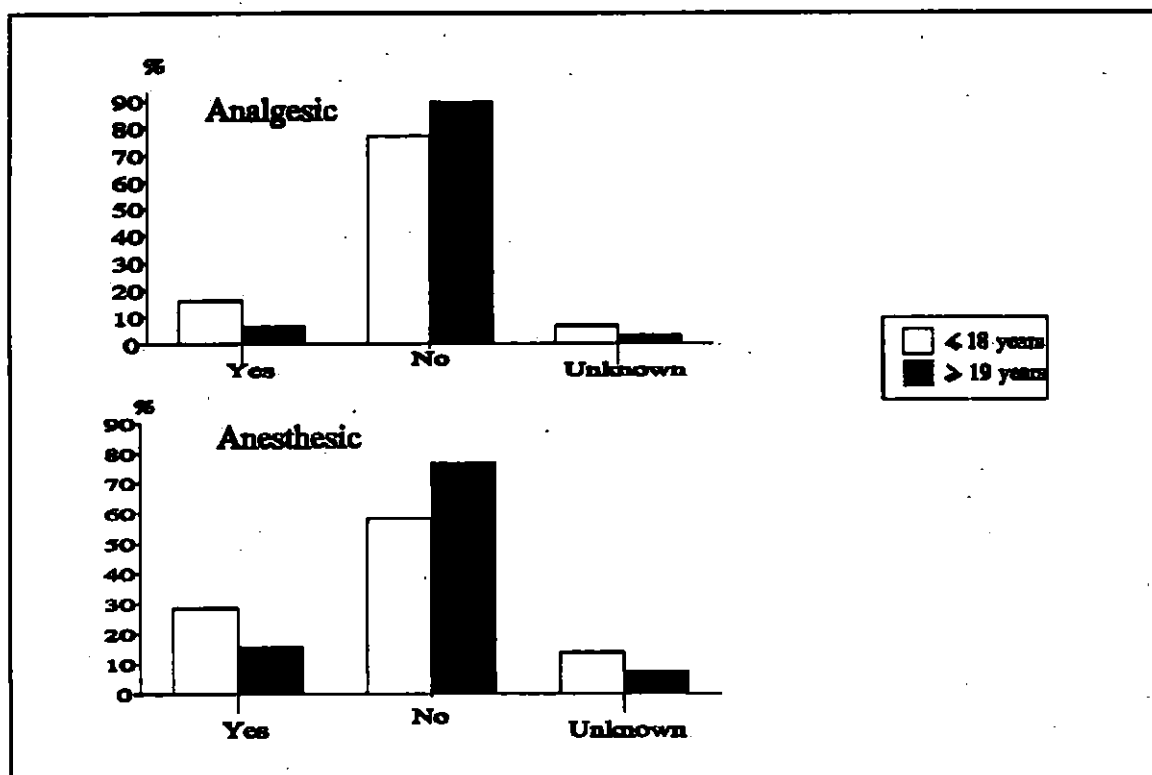


Diagram 37 Distribution of adolescents 18 years and younger by use of analgesic and anesthetic during delivery, Hudson Bay, 1989-91

Only 17.6% of adolescents used a substance to stimulate the expulsion of the placenta as against 36.6% of older women. We note a difference in hemoglobin rates lower than 12 g/100mL before delivery, with only 41.9% of young women having an abnormally low rate as against 58.2% of women 19 years and older.

Outcome of the pregnancy and characteristics of newborns

Premature deliveries occurred in 10.8% of cases among adolescents and in 6.6% of cases among older women. Babies born prematurely of adolescent mothers had a gestational age of between

13. Pregnancies and births among adolescents 18 years and younger

34 and 36 weeks. There were no babies with a birth weight under 2 500 g in the group of adolescents, but a relatively high proportion of babies whose birth weight was between 2 500 and 2 999 g, 21.6% as against 7.3% for older women (Diagram 38).

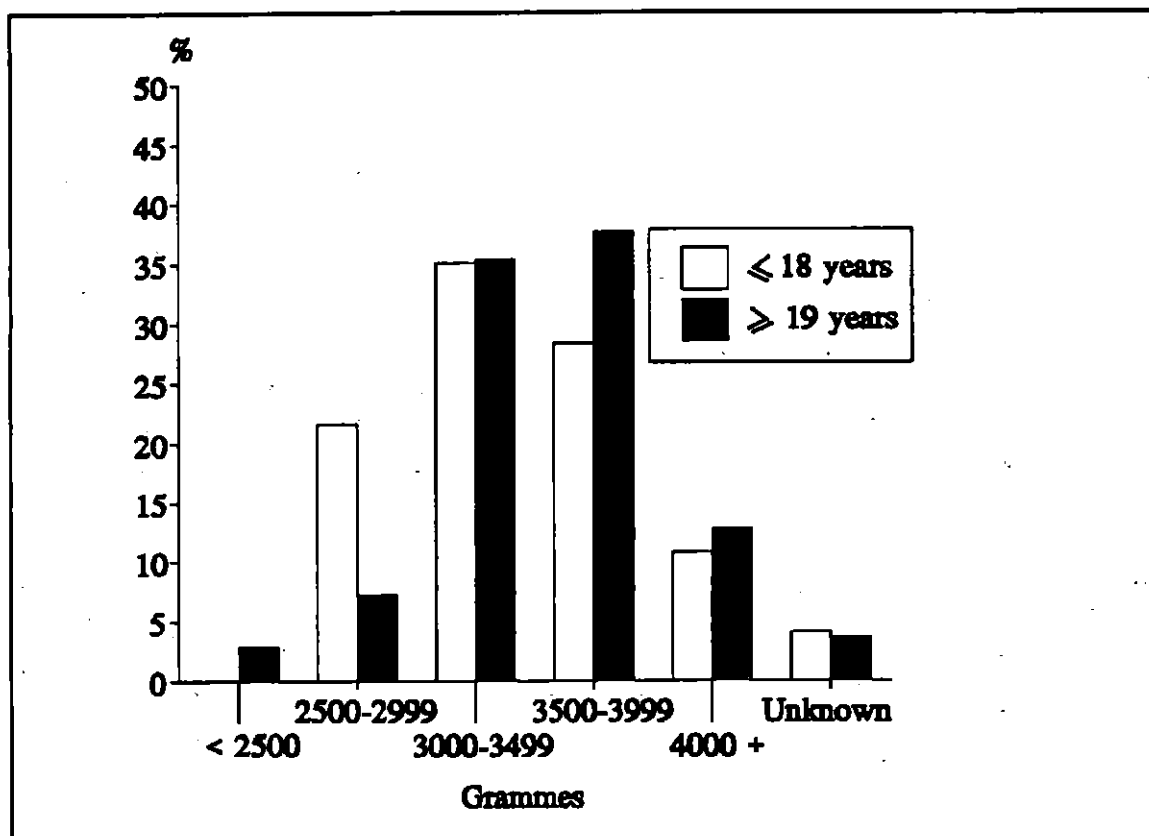


Diagram 38 Distribution of adolescents 18 years and younger by birth weight of baby, Hudson Bay, 1989-91

Babies born of adolescent mothers are healthy. Interventions such as the vacuuming of secretions, oxygenotherapy and ventilation carried out on newborns at birth do not differ between the two groups. No baby of a mother aged 18 and younger underwent intubation. The Agpar score at 1 minute was much the same in the two groups. There were no still births and no neonatal deaths. Two babies had a neonatal infection detected at birth. Two babies had

13. Pregnancies and births among adolescents 18 years and younger

congenital anomalies detected at birth. They were Down's Syndrome and anterior fontanelle over 3 cm. Unlike older women, breast-feeding is less frequent among adolescents (52.7% as against 73.2%). No case of endometritis or of prolapsed uterus was recorded. No difference was observed in the proportion of blood transfusions, of post-partum hemorrhage, of fever and of prescription of syntocinon.

Adoption

A difference between the two groups was noted, 41.9% of adolescents giving up their newborn for adoption as against 16.1% of older women. The place of residence of the adoptive parents is the same community as the biological mother in 64.5% of cases, as for women 19 years and older, although there are more values missing among adolescents.

There is a significant difference in the number of children from previous pregnancies given up for adoption, as may be expected as women 19 years and older are more apt to have obstetrical histories. Thus, 16.3% of women 18 years and younger gave up at least one child compared to 39.6% among older women.

14. Deliveries outside the Hudson Bay territory

The opening of the Povungnituk hospital centre and its Maternity in 1986 allowed most deliveries to be repatriated to the North. The proportion of deliveries in hospitals south of the 55th parallel was 91% in 1983[1], 70% in 1986[16] and 17% in 1987-88[1]. In the population studied, we find 15.2% in 1989-90 (Table 1-A).

With the help of the Maternity Birth File and the MSSS Birth File, we traced a portrait of women who had delivered outside the Hudson Bay territory, and we compared them with those who delivered at the Povungnituk Maternity (Table 15). We find statistically significant differences in age, length of pregnancy and baby's weight at birth.

Women 30 years and older are more apt to deliver outside the Hudson Bay territory (Table 15). Only 4 adolescents of 18 years and younger delivered outside the territory.

As expected, the proportions of babies born prematurely (31.7%) or with low birth weight (19.5%) are higher among women delivering outside the territory. From the beginning of prenatal follow-up, women who are most at risk of giving birth to a low-weight baby or of delivering prematurely are transferred to a metropolitan hospital where intensive care in neonatology is available.

15. Comparison between Hudson Bay and Ungava Bay

The group of women

The comparison of populations from Hudson Bay and from Ungava Bay is especially pertinent as there is an important difference in the philosophy and organization of the two perinatal programs. In the Hudson Bay territory, it is almost exclusively mid-wives who assist women during delivery, while in Ungava, it is doctors and nurses, as there are no mid-wives on the perinatal team. The literature indicates that the use of mid-wives demonstrates an approach to delivery and birth that is less interventionist and more social, global and family-based[17,18].

Women of the two populations are comparable as to age at delivery, civil status, level of schooling, premature vs full-term births, birth weights below 2 500 g, histories of live births and still births, type of birth (single, double), the interval since the last live birth (Table 16). The question of pregnancy in the two populations is no different from a statistical point of view.

The only statistically significant differences between the two populations are the birth place of the mother, language used at home and the institution where the birth took place.

Deliveries outside Nunavik

The most obvious and remarkable difference between the two populations concerns the institution where the birth took place. Women in Hudson Bay delivered at the Povungnituk Maternity in 82.5 % of cases and 12.6% were transferred to Montreal, compared to women in Ungava Bay who delivered at the Ungava Hospital in 62.5% of cases and who were transferred to Montreal in 31.9% of cases.

Women from these 2 sub-regions who delivered outside Nunavik were compared based on data

15. Comparison between Hudson Bay and Ungava Bay

in the MSSS Birth File (Table 17). The two sub-regions have similar populations as to socio-demographic risk factors and obstetrical histories. Among women aged 20 years and less only 7.5% of those from the Hudson Bay territory delivered outside Nunavik compared to 32.0% of those from Ungava. One hypothesis that may explain the greater number of transfers to Montreal is a different style of practice on the part of doctors in Ungava Bay compared to that of midwives in Hudson Bay, as well as the factor of turnover of personnel.

Indicators

The birth rate for women aged 15 to 49 in 1989-90 is 3.66% in the Hudson Bay sub-region and 4.08% in the Ungava sub-region. The rate is 3.83% for the whole of Nunavik.

The synthetic fertility index in 1989-90 is 4.38 children in the Hudson Bay sub-region and 4.45 children in the Ungava Bay sub-region. This index is 4.42 children for the whole of Nunavik (Quebec: 1.60; Canada: 1.77)[19]. This index is defined as the average number of live births that a group of women would have at the end of their reproductive life if at each age they had the fertility observed during the given period. An index equal to or higher than 2.1 per woman corresponds to a level of fertility that ensures the replacement of generations.

CONCLUSION

As well as making the data concerning pregnancies and births among the Inuit population of Hudson Bay accessible, the present study provides a global view of pregnancies and births. We also made comparisons with the data from previous years and with the population who delivered outside the both the Hudson Bay and Ungava Bay territories. The results obtained will allow for better planning and more adequate programming of health and perinatal services in the Hudson region.

In general, the initial objectives in setting up a Maternity in Povungnituk have been reached. Women are delivering in the North and those from Povungnituk in their own village. Health services are provided to families during the perinatal period and are used by a large proportion of the population concerned. The responsibility for the organization and the distribution of health services has been in part transferred to Inuit women, thanks mainly to the mid-wife training program. This has led to progressively greater autonomy among women of the community in their health care, particularly for pregnancy and birth. Pregnancies progress well and babies are born in good health.

Further studies describing results by village would allow local planning of perinatal health services. A more precise analysis of anemia should be given particular attention since it is a frequent phenomenon despite a great number of prescriptions of iron supplements and vitamins.

Lastly, the data processing, including coding of the questionnaires, data entry and programming are quite lengthy stages and lead us to suggest that a computerized system for data gathering be set up. Such a system would facilitate the periodic evaluation of the perinatal clientèle of Hudson Bay.

BIBLIOGRAPHIC REFERENCES

1. Meyer F, Bélanger D. **Évaluation des soins et services en périnatalité Hudson et Ungava, volet épidémiologique, grossesses et naissances dans deux populations inuit du Nouveau-Québec**, DSC du CHUL, avril 1991.
2. Arbuckle TE, Sherman GJ. An analysis of birth weight by gestational age in Canada. *Can Med Assoc J* 1989;140(jan 15):157-65.
3. Stonier J. The Innulitsivik maternity. In: O'Neil JD, Gilbert P eds. **Childbirth in the canadian north: epidemiological, clinical and cultural perspectives**. Northern health research unit, University of Manitoba, 1990:61-74.
4. Levasseur M. **Evolution des interventions obstétricales au Québec 1981-82 à 1987-88**. Service de l'évaluation - Recouvrement de la santé, Ministère de la Santé et des Services Sociaux, octobre 1990.
5. Gouvernement du Québec. **La périnatalité au Québec, la mortalité et la morbidité périnatales et infantiles**, Ministère de la santé et des services sociaux, 1989.
6. Edouard L, Gillis D, Habbick B. Pregnancy outcome among native Indians in Saskatchewan. *Can Med Assoc J* 1991;144(12):1623-5.
7. Gouvernement du Canada. **Report on health conditions in the Northwest Territories 1983**, National Health and Welfare, Yellowknife, 1984.
8. Robinson E. Maternal health and obstetrical services: measuring health status and the quality of care in remote areas. In: **Circumpolar Health 90: proceedings of the 8th International Congress on circumpolar health**, Whitehorse, Yukon, May 1990.
9. Muir BL. **L'état de santé des indiens et des inuits du Canada mise à jour 1987**, Ottawa, Service de santé des indiens et des populations du Nord, Direction générale des services médicaux, 1988, 76p.
10. MSSS. **La pratique des sages-femmes**, Ministère de la santé et des services sociaux, 1989.
11. Binns B. Obstetric care for northern women. In: O'Neil JD, Gilbert P eds. **Childbirth in the canadian north: epidemiological, clinical and cultural perspectives**. Northern health research unit, University of Manitoba, 1990:79-84.

BIBLIOGRAPHIC REFERENCES (cont'd)

12. Linehan SJ. Giving birth the white man's way, In: **The Medical Post**, June 2, 1992, p.20.
13. Grieg M. The Pauktuutit (Inuit Women's Association) perspective. In: O'Neil JD, Gilbert P eds. **Childbirth in the canadian north: epidemiological, clinical and cultural perspectives**. Northern health research unit, University of Manitoba, 1990:43-4.
14. Labbé J. **Les inuit du nord québécois et leur santé**, DSC du CHUL, 1987.
15. Rochon Madeleine, **Taux de grossesse des adolescentes de moins de 18 ans selon l'issue et la région socio-sanitaire de résidence en 1990, données préliminaires**, Service des études socio-sanitaires, MSSS, Juin 1992.
16. Martel D. 'Projet pilote' Maternité CH de la Baie d'Hudson à Povungnituk, DSC du CHUL, avril 1986.
17. Bouchard F. Having a baby in Northern Quebec. In: **Circumpolar Health 87: proceedings of the 7th International Congress on circumpolar health**, edited by Linderholm et al, Umea, Sweden, 1988.
18. Bouchard F. Having a baby in northern Québec: lessons for the future. In: O'Neil JD, Gilbert P eds. **Childbirth in the canadian north: epidemiological, clinical and cultural perspectives**. Northern health research unit, University of Manitoba, 1990:23-6.
19. Gouvernement du Canada. **Guide d'utilisation de 40 indicateurs sociosanitaires**, Santé et Bien-Etre Social Canada, 1992.

OTHER DOCUMENTS CONSULTED

Abey SE, Hood E, Young LT, Malcolmson S. New perspectives on mental health problems in Inuit women. In: **Circumpolar Health 90: proceedings of the 8th International Congress on circumpolar health**, edited by Postl BD et al, Winnipeg, University of Manitoba Press, 1991.

Brooke OG, Anderson HR, Bland JM, Peacock JL, Stewart CM. Effects on birth weight of smoking, alcohol, caffeine, socioeconomic factors, and psychosocial stress. **BMJ** 1989;298:795-801.

Bruneau S, Meyer F, Gagné J. **Evaluation of the perinatal care and services in Hudson Bay region**, DSC du CHUL, avril 1989.

Bruneau S. **Phase I - Evaluation of maternity services Hudson Bay area**, Epidemiologic aspects, DSC du CHUL, juillet 1988.

Buhler L, Glick N, Sheps SB. Prenatal care: a comparative evaluation of nurse-midwives and family physicians. **Can Med Assoc J** 1988;139(sept 1):397-403.

Canitz B. Health care in crisis: understanding nursing turnover in Northern Canada(1), In: **Circumpolar Health 90: Proceedings of the 8th International Congress on circumpolar health**, edited by Postl BD et al, Winnipeg, University of Manitoba Press, 1990.

CRSSS Kativik. **Données de population par communauté de résidence**, août 1991.

Dufour R. **Evaluation des soins et des services périnataux offerts à la population Inuit de la Baie d'Hudson, région Nunavik**, DSC du CHUL, septembre 1988.

Gagné J. **Evaluation des services périnataux dans la région de l'Hudson (POV)**, DSC du CHUL, mai 1988.

Gagné J. **Evaluation des soins et services périnataux dans la région de l'Hudson**, DSC du CHUL, janvier 1989.

Gagné J, Bruneau S. **Evaluation des services périnataux, région de l'Hudson**, DSC du CHUL, octobre 1988.

Gagné J. **Evaluation des soins et services périnataux sur la côte d'Hudson**, DSC du CHUL, novembre 1988.

Grzybowski SCW, Cadesky AS, Hogg WE. Rural obstetrics: a 5-year prospective study of the outcomes of all pregnancies in a remote northern community. *Can Med Assoc J* 1991;144(8):987-94.

Institute of Medecine, Nutrition during pregnancy. Washington D.C.: National Academy Press, 1990.

Kaufert PA et al. Obstetric care in the Keewatin. In: *Circumpolar Health 87:Proceedings of the 7th International Congress on circumpolar health*, edited by Linderholm H et al, Umea, Sweden, 1988.

Kaufert PA et al. The delivery of prenatal care to women from the Keetawin: 1979-85, In: *Circumpolar health 90:Proceedings of the 8th International Congress on circumpolar health*, edited by Postl BD et al, Winnipeg, University of Manitoba Press, 1990.

Kaufert P, Moffatt M, O'Neil J, Postl B. The epidemiology of obstetric care in the Keewatin district: methodological issue. In: O'Neil JD, Gilbert P eds. *Childbirth in the canadian north: epidemiological, clinical and cultural perspectives*. Northern health research unit, University of Manitoba, 1990:5-11.

Koba H. Medicine in the Yukon: "This is the frontier and people need me". *Can Med Assoc J* 1990;142(10):1109-11.

Koops BL, Morgan LJ, Battaglia FC. Neonatal mortality risk in relation to birth weight and gestational age. *J Pediatr* 1982;101:969-77.

Kuhnlein HV. Nutrition of the inuit: a brief overview, In: *Circumpolar Health 90:Proceedings of the 8th International Congress on circumpolar health*, edited by Postl BD et al, Winnipeg, University of Manitoba Press, 1990.

Lessard P, Kinloch D. Northern obstetrics: a 5-year review of delivery among inuit women, *Can Med Assoc J* 1987;137(dec 1):1017-21.

Lieberman E, Lang JM, Ryan KJ, Monson RR, Schoenbaum SC. The association of inter-pregnancy interval with small for gestational age births. *Obstet Gynecol* 1989;74:1-5.

Mecteau M, Blondeau M, Haince S. *La population du Québec selon le recensement canadien 1986 par groupe d'âge quinquennal et par sexe selon les territoires de CLSC, DSC et RSSS*, Service des études opérationnelles, Direction de l'évaluation, MSSS, avril 1988.

Meyer MB, Jonas BS, Tonascia JA. Perinatal events associated with maternal smoking during pregnancy. *Am J Epidemiol* 1976;103:464-76.

Meyer MB. How does maternal smoking affect birth weight and maternal weight gain ? *Am J Obstet Gynecol* 1978;131:888-93.

Morse J. Last words: a summary of the northern childbirth issue. In: O'Neil JD, Gilbert P eds. *Childbirth in the canadian north: epidemiological, clinical and cultural perspectives*. Northern health research unit, University of Manitoba, 1990:87-9.

Moutquin JM et al. Comité d'enquête sur la mortalité et la morbidité périnatales, rapport 1988-89, Corporation professionnelle des médecins du Québec, Montréal, avril 1991.

Moutquin JM et al. Comité d'enquête sur la mortalité et la morbidité périnatales, rapport 1987-88, Corporation professionnelle des médecins du Québec, Montréal, mai 1990.

MSSS. Données du tableau 20 du fichier du Service de liaison avec les régions nordiques, Ministère de la santé et des services sociaux, juin 1992.

MSSS. Localisation des communautés amérindiennes et inuit du Québec, Service de liaison avec les régions nordiques, Ministère de la santé et des services sociaux, mai 1988.

Murdock AI. Factors associated with high-risk pregnancies in Canadian Inuit. *Can Med Assoc J* 1979;120:291-4.

O'Neil JD et al. Inuit concerns about obstetric policy in the Keewatin region, N.W.T.. In: *Circumpolar Health 87: proceedings of the 7th International Congress on circumpolar health*, edited by Linderholm et al, Umea, Sweden, 1988.

OMS. *Annuaire des statistiques sanitaires* 1991.

Ounsted M, Moar VA, Scott A. Risk factors associated with small-for-date and large-for-date infants. *Br J Obstet Gynecol* 1985;92:226-32.

Pflaum J, Sanders N, Wolber T, Greenman JA. Assessment of perinatal risk factors and pregnancy outcomes for Alaska Native Women, 1982-83, *Circumpolar health*, 1984:381-3.

Robinson E. Pregnancy, deliveries and perinatal mortality in the James Bay area, Québec, 1975-84. In: O'Neil JD, Gilbert P eds. *Childbirth in the canadian north: epidemiological, clinical and cultural perspectives*. Northern health research unit, University of Manitoba, 1990:13-16.

Robinson E. Maternal health and obstetrical services: measuring health status and the quality of care in remote areas. In: **Circumpolar health 90:proceedings of the 8th International Congress on circumpolar health**, edited by Postl BD et al, Winnipeg, University of Manitoba Press, 1991.

Schaefer O, Timmermans JF, Eaton RD, Matthews AR. General and nutritional health of two eskimo populations at different stages of acculturation, **Can Med Assoc J** 1980;71:397-405.

Statistiques Canada. **Les autochtones au Canada**. Juin 1984.

Statistiques Canada. **Naissances et décès, La statistique de l'état civil 1986**, Statistiques Canada, Division de la santé, Section de la statistique de l'état civil, 1987.

Stubbing P. The implications of northern obstetrics for family practioners. In: O'Neil JD, Gilbert P eds. **Childbirth in the canadian north: epidemiological, clinical and cultural perspectives**. Northern health research unit, University of Manitoba, 1990:75-7.

Tourigny A, Ross J, Joubert P. **Evaluation des soins et services en périnatalité dans la région de la Baie d'Hudson, volet organisation, rapport final, tome I**, DSC du CHUL, janvier 1991.

Tourigny A, Ross J, Joubert P. **Evaluation des soins et services en périnatalité dans la région de la Baie d'Hudson, volet organisation, appendice, tome III**, DSC du CHUL, janvier 1991.

Tourigny A, Ross J, Joubert P. **Evaluation des soins et services en périnatalité dans la région de la Baie d'Hudson, volet organisation, annexes, tome II**, DSC du CHUL, janvier 1991.

Voisey E, Okalik A, Brown M, Napayok A. Cultural perspectives on pregnancy and childbirth. In: O'Neil JD, Gilbert P eds. **Childbirth in the canadian north: epidemiological, clinical and cultural perspectives**. Northern health research unit, University of Manitoba, 1990:37-42.

T A B L E S

Table 2: DISTRIBUTION OF THE POPULATION COMPILED FROM THE MSSS BIRTH FILE AND FROM THE POVUNGNITUK MATERNITY BIRTH FILE BY CERTAIN MEDICAL AND OBSTETRICAL VARIABLES, HUDSON BAY, 1989-90.

Characteristics	Povungnituk Maternity Birth File		MSSS Birth File	
	n (N = 199)	%	n (N = 269)	%
Age of mother (years)				
< 20	64	32,2	67	24,9
20 - 24	63	31,7	85	31,6
25 - 29	52	26,1	73	27,1
30 - 34	11	5,5	26	9,7
≥ 35	9	4,5	18	6,7
Schooling (years)*				
Illiterate	0	0	2	0,7
1 - 9	69	34,7	111	41,3
10 - 11	81	40,7	85	31,6
12	36	18,1	31	11,5
13 - 17	11	5,5	35	13,0
≥ 18	2	1,0	5	1,9
Number of previous live births*				
0	60	30,1	96	35,7
1	52	26,1	75	27,9
2	26	13,1	35	13,0
3	23	11,6	24	8,9
4	20	10,1	20	7,4
≥ 5	18	9,0	19	7,1
Number of previous still births*				
0	129	64,8	263	97,8
1	48	24,1	4	1,5
≥ 2	22	11,1	2	0,7

* The missing data was distributed proportionally among the strata

Table 2: DISTRIBUTION OF THE POPULATION COMPILED FROM THE MSSS BIRTH FILE AND FROM THE POVUNGNITUK MATERNITY BIRTH FILE BY CERTAIN MEDICAL AND OBSTETRICAL VARIABLES, HUDSON BAY, 1989-90.

Characteristics	Povungnituk Maternity Birth File		MSSS Birth File	
	n	%	n	%
	(N = 199)		(N = 269)	
<i>Length of pregnancy (weeks)*</i>				
28 - 30	1	0,5	2	0,7
31 - 33	1	0,5	5	1,9
34 - 36	14	7,0	16	6,0
37 - 38	58	29,1	77	28,6
39 - 41	119	59,9	167	62,1
42 - 44	6	3,0	2	0,7
< 37	16	8,0	23	8,6
≥ 37	183	92,0	246	91,4
<i>Birth weight (g)*</i>				
< 1 500	1	0,5	1	0,4
1 500 - 2 499	4	2,0	13	4,8
2 500 - 2 999	24	11,9	33	12,2
3 000 - 3 499	70	34,8	93	34,6
3 500 - 3 999	70	34,8	96	35,7
≥ 4 000	32	16,0	33	12,3
< 2 500	5	2,5	14	5,2
≥ 2 500	196	97,5	255	94,8
<i>Village of residence*</i>				
Kuujuarapik	11	5,5	22	8,2
Umiujak	19	9,5	15	5,6
Inukjuak	46	23,1	70	26,0
Povungnituk	45	22,6	66	24,5
Akulivik	13	6,6	21	7,8
Ivujuvik	14	7,1	14	5,2
Salluit	49	24,6	61	22,7
Autre	2	1,0	0	0

* The missing data was distributed proportionally among the strata

Table 2: DISTRIBUTION OF THE POPULATION COMPILED FROM THE MSSS BIRTH FILE AND FROM THE POVUNGNITUK MATERNITY BIRTH FILE BY CERTAIN MEDICAL AND OBSTETRICAL VARIABLES, HUDSON BAY, 1989-90.

Characteristics	Povungnituk Maternity Birth File		MSSS Birth File	
	n	%	n	%
	(N = 199)		(N = 269)	
<i>Mother's civil status*</i>				
Single or common-law	148	74,4	188	69,9
Married	51	25,6	78	29,0
Other	0	0	3	1,1
<i>Intergenesic interval (months)*</i>				
None	92	46,3	117	43,5
1 - 5	29	14,6	0	0
6 - 11	23	11,5	6	2,2
12 - 17	27	13,6	33	12,3
18 - 23	13	6,5	28	10,4
24 - 29	6	3,0	20	7,5
30 - 35	4	2,0	14	5,2
36 - 41	4	2,0	10	3,7
42 - 47	1	0,5	10	3,7
≥ 48	0	0	31	11,5
<i>Sex of baby*</i>				
Feminine	99	49,3	126	46,8
Masculine	102	50,7	143	53,2
<i>Place of delivery*</i>				
Ungava Hospital Centre	1	0,5	0	0
Hudson Bay Hospital Centre	182	93,0	222	82,5
Montreal	4	2,0	34	12,6
Abitibi	0	0	1	0,4
James Bay	0	0	1	0,4
Elsewhere	2	1,0	4	1,5
At home	0	0	1	0,4
Neither institution nor home	7	3,5	6	2,2

* The missing data was distributed proportionally among the strata

Table 3: DISTRIBUTION OF THE POPULATION STUDIED BY SOCIO-DEMOGRAPHIC CHARACTERISTICS, HUDSON BAY, 1989-1991

Socio-demographic characteristics	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
Place of residence								
Kuujuarapik	6	6,6	5	4,6	14	9,5	25	7,2
Umiujaq	9	9,9	10	9,3	10	6,8	29	8,4
Inukjuak	19	20,9	26	24,1	39	26,4	84	24,2
Povungnituk	20	22,0	24	22,2	30	20,3	74	21,3
Akulivik	8	8,8	5	4,6	13	8,8	26	7,5
Ivujivik	9	9,9	5	4,6	7	4,7	21	6,1
Salluit	17	18,7	31	28,7	33	22,3	81	23,3
Other	1	1,1	1	0,9	2	1,4	4	1,1
Unknown	2	2,2	1	0,9	0	0	3	0,9
Age of mother (years)								
<20	29	31,9	35	32,4	41	27,7	105	30,3
20 - 24	32	35,2	31	28,7	54	36,5	117	33,7
25 - 29	21	23,1	31	28,7	37	25,0	89	25,6
30 - 34	6	6,6	5	4,6	14	9,5	25	7,2
≥35	3	3,3	6	5,6	2	1,4	11	3,2
Unknown	0	0	0	0	0	0	0	0
Mother's civil status								
Single	31	34,1	32	29,6	59	39,9	122	35,1
Common-law	10	11,0	33	30,6	36	24,3	79	22,8
Married	11	12,1	26	24,1	30	20,3	67	19,3
Other	0	0	0	0	3	2,0	3	0,9
Unknown	39	42,8	17	15,7	20	13,5	76	21,9
Schooling (years)								
1 - 9	21	23,1	21	19,4	24	16,2	66	19,0
10 - 11	18	19,8	31	28,7	37	25,0	86	24,8
12	8	8,8	14	13,0	10	6,8	32	9,2
13 - 17	4	4,4	3	2,8	4	2,7	11	3,2
≥18	1	1,1	0	0	0	0	1	0,3
Unknown	39	42,9	39	36,1	73	49,3	151	43,5

Table 3: DISTRIBUTION OF THE POPULATION STUDIED BY SOCIO-DEMOGRAPHIC CHARACTERISTICS, HUDSON BAY, 1989-1991

Socio-demographic characteristics	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Mother's occupation</i>								
At home, mother	29	31,9	45	41,7	35	23,6	109	31,4
Cashier	3	3,3	1	0,9	5	3,4	9	2,6
Student	13	14,3	11	10,2	15	10,1	39	11,2
Teacher	5	5,5	1	0,9	3	2,0	9	2,6
Other	18	19,7	23	21,3	36	24,4	77	22,2
Unknown	23	25,3	27	25,0	54	36,5	104	30,0
<i>Father's occupation</i>								
Unemployed	7	7,7	3	2,8	15	10,1	25	7,2
Hunter	2	2,2	2	1,9	0	0	4	1,2
Construction	3	3,3	5	4,6	2	1,4	10	2,9
Student	2	2,2	3	2,8	1	0,7	6	1,7
Father	2	2,2	3	2,8	0	0	5	1,4
Other	21	23,1	25	23,1	31	20,9	77	22,2
Unknown	54	59,3	67	62,0	99	66,9	220	63,4
<i>Mother's race</i>								
Inuit	86	94,5	104	96,3	140	94,6	330	95,1
Cree	0	0	0	0	0	0	0	0
White	2	2,2	2	1,9	5	3,4	9	2,6
Other	0	0	0	0	0	0	0	0
Unknown	3	3,3	2	1,9	3	2,0	8	2,3

Table 4: DISTRIBUTION OF THE POPULATION STUDIED BY PRENATAL FOLLOW-UP, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Time of the first prenatal visit (weeks)</i>								
0 - 9	47	51,6	48	44,4	57	38,5	152	43,8
10 -14	27	29,7	38	35,2	49	33,1	114	32,8
15 - 19	7	7,7	12	11,1	19	12,8	38	11,0
20 - 24	4	4,4	7	6,5	10	6,8	21	6,1
≥ 25	2	2,2	2	1,9	10	6,8	14	4,0
Unknown	4	4,4	1	0,9	3	2,0	8	2,3
<i>Total number of visits during pregnancy</i>								
0	0	0	0	0	1	0,7	1	0,3
1 - 9	7	7,7	9	8,3	24	16,2	40	11,5
10 - 19	73	80,2	90	83,4	108	73,0	271	78,1
20 - 29	8	8,8	7	6,4	11	7,4	26	7,5
30 +	1	1,1	1	0,9	0	0	2	0,6
Unknown	2	2,2	1	0,9	4	2,7	7	2,0
<i>Professional consulted</i>								
<i>Mid-wife</i>								
Yes	80	87,9	100	92,6	136	91,9	316	91,1
No	9	9,9	5	4,6	9	6,1	23	6,6
Unknown	2	2,2	3	2,8	3	2,0	8	2,3
<i>Nurse</i>								
Yes	81	89,0	86	79,6	123	83,1	290	83,6
No	8	8,8	19	17,6	21	14,2	48	13,8
Unknown	2	2,2	3	2,8	4	2,7	9	2,6
<i>Doctor</i>								
Yes	83	91,2	105	97,2	144	97	332	95,7
No	6	6,6	1	0,9	0	0	7	2,0
Unknown	2	2,2	2	1,9	4	2,7	8	2,3

Table 4: DISTRIBUTION OF THE POPULATION STUDIED BY PRENATAL FOLLOW-UP, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Number of visits to a nurse</i>								
0	8	8,8	19	17,6	21	14,2	48	13,8
1 - 4	20	22,0	9	8,3	11	7,4	40	11,5
5 - 9	26	28,5	30	27,8	54	36,5	110	31,7
10 - 14	29	31,9	45	41,6	50	33,8	124	35,8
≥ 15	6	6,6	2	1,9	8	5,4	16	4,6
Unknown	2	2,2	3	2,8	4	2,7	9	2,6
<i>Number of visits to a mid-wife</i>								
0	9	9,9	5	4,6	9	6,1	23	6,6
1 - 4	38	41,7	59	54,7	88	59,4	185	53,3
5 - 9	27	29,7	23	21,3	28	19,0	78	22,5
10 - 14	13	14,3	15	13,8	16	10,8	44	12,7
≥ 15	2	2,2	3	2,8	4	2,7	9	2,6
Unknown	2	2,2	3	2,8	3	2,0	8	2,3
<i>Number of visits to a doctor</i>								
0	6	6,6	1	0,9	0	0	7	2,0
1 - 4	80	87,9	102	94,5	143	96,6	325	93,7
5 - 9	0	0	3	2,7	1	0,7	4	1,1
10 - 14	3	3,3	0	0	0	0	3	0,9
≥ 15	0	0	0	0	0	0	0	0
Unknown	2	2,2	2	1,9	4	2,7	8	2,3
<i>Means used to evaluate gestational age</i>								
Date of last menstruation. (DLM)	44	48,3	50	46,3	78	52,7	172	49,5
Clinical examination	9	9,9	17	15,7	19	12,8	45	13,0
Echography	1	1,1	1	0,9	4	2,7	6	1,7
DLM and clinical examination	25	27,5	38	35,3	40	27,0	103	29,7
DLM and echography	3	3,3	1	0,9	4	2,7	8	2,3
Clinic and echography	1	1,1	0	0	0	0	1	0,3
All three means	8	8,8	1	0,9	2	1,4	11	3,2
Unknown	0	0	0	0	1	0,7	1	0,3

Table 4: DISTRIBUTION OF THE POPULATION STUDIED BY PRENATAL FOLLOW-UP, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Echography during pregnancy</i>								
Yes	12	13,2	5	4,6	15	10,1	32	9,2
No	71	78,0	102	94,5	131	88,5	304	87,6
Unknown	8	8,8	1	0,9	2	1,4	11	3,2

Table 5: **DISTRIBUTION OF THE POPULATION STUDIED BY OBSTETRICAL HISTORIES, HUDSON BAY, 1989-1991**

History	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
Primipares	26	27,5	23	21,3	30	20,3	79	22,8
Multipares	65	72,5	85	78,7	118	79,7	268	77,2
Unknown	0	0	0	0	0	0	0	0
Number of live births*								
0	7	10,8	4	4,7	10	8,5	21	7,8
1	25	38,5	27	31,7	35	29,7	87	32,5
2	9	13,8	17	20,0	28	23,7	54	20,1
3	9	13,8	14	16,5	21	17,8	44	16,4
4	7	10,8	13	15,3	11	9,3	31	11,6
≥ 5	8	12,3	10	11,8	13	11,0	31	11,6
Unknown	0	0	0	0	0	0	0	0
Number of abortions*								
0	33	50,9	46	54,1	64	54,2	143	53,3
1	22	33,8	26	30,6	44	37,3	92	34,3
2	9	13,8	11	12,9	7	5,9	27	10,1
3	0	0	2	2,4	2	1,7	4	1,5
≥ 4	0	0	0	0	1	1,7	1	0,4
Unknown	1	1,5	0	0	0	0	1	0,4
Still births*								
Yes	3	4,6	0	0	6	5,1	9	3,4
No	60	92,3	84	98,8	108	91,5	252	94,0
Unknown	2	3,1	1	1,2	4	3,4	7	2,6
Premature delivery (<27 weeks)*								
Yes	3	4,6	1	1,2	4	3,4	8	3,0
No	60	92,3	83	97,6	109	92,4	252	94,0
Unknown	2	3,1	1	1,2	5	4,2	8	3,0

* Among women having at least one previous pregnancy.

Table 5: DISTRIBUTION OF THE POPULATION STUDIED BY OBSTETRICAL HISTORIES, HUDSON BAY, 1989-1991

History	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
Premature delivery (27 - 36 weeks)*								
Yes	10	15,4	9	10,6	15	12,7	34	12,7
No	53	81,5	75	88,2	99	83,9	227	84,7
Unknown	2	3,1	1	1,2	4	3,4	7	2,6
Pre-eclampsia*								
Yes	4	6,2	8	9,4	8	6,8	20	7,5
No	58	89,2	75	88,2	106	89,8	239	89,2
Unknown	3	4,6	2	2,4	4	3,4	9	3,3
Gestational diabetes*								
Yes	0	0	5	5,9	7	5,9	12	4,5
No	63	96,9	79	92,9	106	89,8	248	92,5
Unknown	2	3,1	1	1,2	5	4,2	8	3,0
Cesarian*								
Yes	0	0	0	0	2	1,7	2	0,7
No	63	96,9	84	98,8	111	94,1	258	96,3
Unknown	2	3,1	1	1,2	5	4,2	8	3,0
Birth of baby weighing less than 2 500g*								
Yes	10	15,4	5	5,9	13	11,0	28	10,5
No	54	83,1	79	92,9	100	84,7	233	86,9
Unknown	1	1,5	1	1,2	5	4,2	7	2,6
Birth of baby weighing over 4 500g*								
Yes	1	1,5	1	1,2	2	1,7	4	1,5
No	61	93,8	83	97,6	111	94,1	255	95,2
Unknown	3	4,6	1	1,2	5	4,2	9	3,3

* Among women having at least one previous pregnancy.

Table 5:

DISTRIBUTION OF THE POPULATION STUDIED BY OBSTETRICAL HISTORIES, HUDSON BAY, 1989-1991

History	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Post-partum hemorrhage*</i>								
Yes	10	15,4	11	12,9	17	14,4	38	14,2
No	53	81,5	73	85,9	98	83,1	224	83,6
Unknown	2	3,1	1	1,2	3	2,5	6	2,2
<i>Congenital anomaly*</i>								
Yes	2	3,1	1	1,2	5	4,2	8	3,0
No	60	92,3	83	97,6	108	91,5	251	93,7
Unknown	3	4,6	1	1,2	5	4,2	9	3,3
<i>Neonatal death*</i>								
Yes	3	4,6	2	2,4	4	3,4	9	3,4
No	60	92,3	80	94,1	110	93,2	250	93,2
Unknown	2	3,1	3	3,5	4	3,4	9	3,4
<i>Neonatal infection*</i>								
Yes	1	1,5	0	0	0	0	1	0,4
No	59	90,8	84	98,8	113	95,8	256	95,5
Unknown	5	7,7	1	1,2	5	4,2	11	4,1
<i>Intergenesic interval (months)</i>								
None	25	27,5	23	21,3	30	20,3	78	22,5
1 - 5	5	5,5	10	9,3	7	4,7	22	6,3
6 - 11	3	3,3	9	8,3	11	7,4	23	6,6
12 - 17	7	7,7	7	6,5	20	13,5	34	9,8
18 - 23	4	4,4	3	2,8	7	4,7	14	4,0
24 - 29	1	1,1	2	1,9	4	2,7	7	2,0
30 - 35	1	1,1	1	0,9	3	2,0	5	1,4
36 - 41	1	1,1	1	0,9	1	0,7	3	0,9
42 - 47	0	0	1	0,9	0	0	1	0,4
≥ 48	0	0	0	0	3	2,0	3	0,9
Unknown	44	48,4	51	47,2	62	41,9	157	45,2

* Among women having at least one previous pregnancy

Table 6: DISTRIBUTION OF THE POPULATION STUDIED BY MOTHER'S MEDICAL HISTORY, HUDSON BAY, 1989-1991.

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Hypertension</i>								
Yes	2	2,2	4	3,7	4	2,7	10	2,9
No	86	94,5	101	93,5	139	93,9	326	93,9
Unknown	3	3,3	3	2,8	5	3,4	11	3,2
<i>Cardiac problems</i>								
Yes	3	3,3	5	4,6	4	2,7	12	3,5
No	84	92,3	101	93,5	138	93,2	323	93,0
Unknown	4	4,4	2	1,9	6	4,1	12	3,5
<i>Respiratory problems</i>								
Yes	2	2,2	7	6,5	1	0,7	10	2,9
No	85	93,4	99	91,7	141	95,3	325	93,6
Unknown	4	4,4	2	1,9	6	4,1	12	3,5
<i>Anemia</i>								
Yes	30	33,0	43	39,8	42	28,4	115	33,1
No	56	61,5	63	58,3	102	68,9	221	63,7
Unknown	5	5,5	2	1,9	4	2,7	11	3,2
<i>Previous blood transfusions</i>								
Yes	5	5,5	6	5,6	11	7,4	22	6,3
No	79	86,8	99	91,6	132	89,2	310	89,3
Unknown	7	7,7	3	2,8	5	3,4	15	4,3
<i>Coombs' positive with significant antibodies</i>								
Yes	1	1,1	2	1,9	3	2,0	6	1,7
No	87	95,6	104	96,3	139	93,9	330	95,1
Unknown	3	3,3	2	1,9	6	4,1	11	3,2
<i>Surgery other than cesarian</i>								
Yes	4	4,4	2	1,9	2	1,4	8	2,3
No	84	92,3	104	96,3	139	93,9	327	94,2
Unknown	3	3,3	2	1,9	7	4,7	12	3,5

Table 6: DISTRIBUTION OF THE POPULATION STUDIED BY MOTHER'S MEDICAL HISTORY, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Sexual abuse</i>								
Yes	9	9,9	11	10,2	5	3,4	25	7,2
No	68	74,7	93	86,1	131	88,5	292	84,1
Unknown	14	15,4	4	3,7	12	8,1	30	8,6
<i>Family violence</i>								
Yes	11	12,1	6	5,6	10	6,8	27	7,8
No	68	74,7	98	90,7	129	87,2	295	85,0
Unknown	12	13,2	4	3,7	9	6,1	25	7,2
<i>Psychiatric or severe emotional problems</i>								
Yes	4	4,4	4	3,7	3	2,0	11	3,2
No	78	85,7	97	89,8	135	91,2	310	89,3
Unknown	9	9,9	7	6,5	10	6,8	26	7,5

Table 7: DISTRIBUTION OF THE POPULATION STUDIED BY VARIABLES RELATED TO MOTHER'S WEIGHT AND BLOOD FACTORS

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
Pregravidic weight (Kg)								
< 50	17	18,7	18	16,7	24	16,2	59	17,0
50 - 54	25	27,5	30	27,8	30	20,3	85	24,5
55 - 59	19	20,9	11	10,2	35	23,6	65	18,8
60 - 64	15	16,5	12	11,1	15	10,1	42	12,1
65 - 69	5	5,5	12	11,1	6	4,1	23	6,6
70 - 74	4	4,4	4	3,7	7	4,7	15	4,3
≥ 75	4	4,4	1	0,9	10	6,8	15	4,3
Unknown	2	2,2	20	18,5	21	14,2	43	12,4
Weight gain (Kg)								
Weight loss	1	1,1	2	1,9	3	2,0	6	1,7
0 - 4	12	13,2	11	10,2	15	10,1	38	11,0
5 - 9	37	40,7	36	33,3	49	33,1	122	35,3
10 - 14	21	23,1	23	21,3	43	29,1	87	25,2
15 - 19	8	8,8	12	11,1	7	4,7	27	7,8
≥ 20	3	3,3	1	0,9	3	2,0	7	2,0
Unknown	9	9,9	23	21,3	27	19,0	59	17,0
Net weight gain (Kg)								
Weight loss	6	6,6	9	8,3	4	2,7	19	5,5
0 - 4	27	29,7	27	25,0	43	29,1	97	27,9
5 - 9	32	35,2	32	29,6	49	33,1	113	32,5
10 - 14	9	9,9	11	10,2	17	11,5	37	10,7
15 - 19	4	4,4	4	3,7	3	2,0	11	3,2
≥ 20	0	0	0	0	2	1,4	2	0,6
Unknown	13	14,3	25	23,2	30	20,3	68	19,6
Low weight gain								
Yes	14	15,4	10	9,3	19	12,8	43	12,4
No	75	82,4	98	90,7	122	82,4	295	85,0
Unknown	2	2,2	0	0	7	4,7	9	2,6

Table 7: DISTRIBUTION OF THE POPULATION STUDIED BY VARIABLES RELATED TO MOTHER'S WEIGHT AND BLOOD FACTORS.

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
Anemia during pregnancy								
Yes	53	58,2	63	58,3	78	52,7	194	55,9
No	37	40,7	45	41,7	66	44,6	148	42,7
Unknown	1	1,1	0	0	4	2,7	5	1,4
Iron supplement prescribed during pregnancy								
Yes	81	89,0	85	78,7	113	76,3	279	80,4
No	6	6,6	23	21,3	33	22,3	62	17,9
Unknown	4	4,4	0	0	2	1,4	6	1,7
Vitamin supplement prescribed during pregnancy								
Yes	81	89,0	103	95,4	140	94,6	324	93,4
No	6	6,6	5	4,6	6	4,0	17	4,9
Unknown	4	4,4	0	0	2	1,4	6	1,7
Hemoglobin at the time of the first prenatal visit (g/100mL)								
< 12	29	31,9	28	25,9	53	35,8	110	31,7
12 - 16	35	38,5	43	39,8	55	37,2	133	38,3
Unknown	27	29,7	37	34,3	40	27,0	104	30,0
Hematocrit at the time of the first prenatal visit (mL/100mL)								
< 38	62	68,1	69	63,9	107	72,3	238	68,6
38 - 42	18	19,8	27	25,0	28	18,9	73	21,0
> 42	1	1,1	2	1,9	2	1,4	5	1,4
Unknown	10	11,0	10	9,3	11	7,4	31	8,9
Lowest hemoglobin found during pregnancy (g/100mL)								
< 12	44	48,4	58	53,7	86	58,1	188	54,2
12 - 16	5	5,5	8	7,4	18	12,2	31	8,9
Unknown	42	46,2	42	38,9	44	29,7	128	36,9

Table 7:

DISTRIBUTION OF THE POPULATION STUDIED BY VARIABLES RELATED TO MOTHER'S WEIGHT AND BLOOD FACTORS

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Lowest hematocrit found during pregnancy (mL/100mL)</i>								
< 38	82	90,1	98	90,7	132	89,2	312	89,9
38 - 42	1	1,1	1	0,9	1	0,7	3	0,9
> 42	0	0	0	0	0	0	0	0
Unknown	8	8,8	9	8,3	15	10,1	32	9,2

Table 8: DISTRIBUTION OF THE POPULATION STUDIED BY DISEASES AND COMPLICATIONS REPORTED DURING PREGNANCY, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Placenta praevia</i>								
Yes	1	1,1	0	0	0	0	1	0,3
No	87	95,6	108	100	137	92,6	332	95,7
Unknown	3	3,3	0	0	11	7,4	14	4,0
<i>Placenta abruptio</i>								
Yes	1	1,1	0	0	0	0	1	0,3
No	88	96,7	107	99,1	137	92,6	332	95,7
Unknown	2	2,2	1	0,9	11	7,4	14	4,0
<i>Hemorrhage in 1st trimester</i>								
Yes	2	2,2	1	0,9	0	0	3	0,9
No	85	93,4	106	98,1	138	93,2	329	94,8
Unknown	4	4,4	1	0,9	10	6,8	15	4,3
<i>Hemorrhage in 2nd trimester</i>								
Yes	2	2,2	0	0	0	0	2	0,6
No	85	93,4	107	99,1	138	93,2	330	95,1
Unknown	4	4,4	1	0,9	10	6,8	15	4,3
<i>Hemorrhage in 3rd trimester</i>								
Yes	3	3,3	0	0	1	0,7	4	1,2
No	84	92,3	107	99,1	137	92,6	328	94,5
Unknown	4	4,4	1	0,9	10	6,8	15	4,3
<i>Pre-eclampsia</i>								
Yes	3	3,3	4	3,7	2	1,4	9	2,6
No	86	94,5	102	94,4	136	91,9	324	93,4
Unknown	2	2,2	2	1,9	10	6,8	14	4,0

Table 8: DISTRIBUTION OF THE POPULATION STUDIED BY DISEASES AND COMPLICATIONS REPORTED DURING PREGNANCY, HUDSON BAY, 1989-1991.

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Hypertension</i>								
Yes	5	5,5	10	9,3	13	8,8	28	8,1
No	83	91,2	94	87,0	126	85,1	303	87,3
Unknown	3	3,3	4	3,7	9	6,1	16	4,6
<i>Gestational diabetes</i>								
Yes	8	8,8	9	8,3	8	5,4	25	7,2
No	80	87,9	97	89,8	131	88,5	308	88,8
Unknown	3	3,3	2	1,9	9	6,1	14	4,0
<i>Immunological problems</i>								
Yes	1	1,1	0	0	1	0,7	2	0,6
No	86	94,5	107	99,1	136	91,9	329	94,8
Unknown	4	4,4	1	0,9	11	7,4	16	4,6
<i>Coombs' positive with significant antibodies</i>								
Yes	3	3,3	4	3,7	6	4,1	13	3,7
No	84	92,3	103	95,4	132	89,2	319	92,0
Unknown	4	4,4	1	0,9	10	6,8	15	4,3
<i>Infection</i>								
None	65	71,4	76	70,4	97	65,5	238	68,6
Urethral tract	0	0	6	5,6	11	7,4	17	4,9
Respiratory system	5	5,5	4	3,7	0	0	9	2,6
Otitis, sinusitis	0	0	1	0,9	2	1,4	3	0,9
Other	7	7,7	5	4,6	13	8,8	25	7,2
STD	4	4,4	8	7,4	12	8,1	24	6,9
Antibiotics	0	0	0	0	2	1,4	2	0,6
Unknown	10	11,0	8	7,4	11	7,4	29	8,3

Table 8: DISTRIBUTION OF THE POPULATION STUDIED BY DISEASES AND COMPLICATIONS REPORTED DURING PREGNANCY, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Sexually transmitted diseases</i>								
None	49	53,8	62	57,4	82	55,4	193	55,6
1 STD								
Candida	0	0	2	1,9	0	0	2	0,6
Chlamydia	10	11,1	8	7,4	27	18,2	45	13,0
Condyloma	1	1,0	0	0	1	0,7	2	0,6
Gardnerella	8	8,8	12	11,1	8	5,4	28	8,1
Gonorrhea	0	0	1	0,9	2	1,4	3	0,9
Herpes	1	1,1	0	0	0	0	1	0,3
Strepto-β-hemo	0	0	0	0	1	0,7	1	0,3
Trichomonas	6	6,6	11	10,2	7	4,7	24	6,9
2 STD's	8	8,8	10	9,3	12	8,1	30	8,6
3 STD's	5	5,5	0	0	0	0	5	1,4
4 STD's	0	0	1	0,9	0	0	1	0,3
Unknown	3	3,3	1	0,9	8	5,4	12	3,4
<i>Infection site</i>								
None	63	69,2	77	71,3	95	64,2	235	67,8
Urinary	5	5,5	11	10,2	24	16,2	40	11,5
Genital	9	9,9	4	3,7	12	8,1	25	7,2
Respiratory	1	1,1	5	4,6	0	0	6	1,7
Other	6	6,6	4	3,7	3	2,0	13	3,7
2 sites	4	4,4	4	3,7	8	5,4	16	4,6
Unknown	3	3,3	3	2,8	6	4,1	12	3,5
<i>Number of antibiotic treatments</i>								
None	49	53,8	60	55,6	73	49,3	182	52,5
1	23	25,3	33	30,6	50	33,8	106	30,5
≥ 2	12	13,2	12	11,0	18	12,2	42	12,1
Unknown	7	7,7	3	2,8	7	4,7	17	4,9

Table 8: DISTRIBUTION OF THE POPULATION STUDIED BY DISEASES AND COMPLICATIONS REPORTED DURING PREGNANCY, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Smokes cigarettes</i>								
Yes	74	81,3	92	85,2	124	83,8	290	83,5
No	14	15,4	16	14,8	23	15,5	53	15,3
Unknown	3	3,3	0	0	1	0,7	4	1,2
<i>Number of cigarettes per day</i>								
0	14	15,4	16	14,8	23	15,5	53	15,3
1 -10	39	42,8	48	44,4	57	38,6	144	41,5
11 - 20	17	18,7	22	20,3	33	22,3	72	20,7
≥ 21	6	6,6	5	4,7	7	4,7	18	5,2
Unknown	15	16,5	17	15,7	28	18,9	60	17,3
<i>Consumes alcohol</i>								
Yes	9	9,9	1	0,9	8	5,4	18	5,2
No	79	86,8	105	97,2	130	87,8	314	90,5
Unknown	3	3,3	2	1,9	10	6,8	15	4,3
<i>Uses drugs</i>								
Yes	4	4,4	5	4,6	8	5,4	17	4,9
No	86	94,5	100	92,6	132	89,2	318	91,6
Unknown	1	1,1	3	2,8	8	5,4	12	3,5
<i>Stress</i>								
Yes	12	13,2	7	6,5	11	7,4	30	8,6
No	77	84,6	101	93,5	127	85,8	305	87,9
Unknown	2	2,2	0	0	10	6,8	12	3,5
<i>Physical violence</i>								
Yes	8	8,8	6	5,6	9	6,1	23	6,7
No	79	86,8	100	92,6	130	87,8	309	89,0
Unknown	4	4,4	2	1,9	9	6,1	15	4,3

Table 8: DISTRIBUTION OF THE POPULATION STUDIED BY DISEASES AND COMPLICATIONS REPORTED DURING PREGNANCY, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Loss of liquid before rupture of membranes</i>								
Yes	4	4,4	6	5,6	6	4,1	16	4,7
No	84	92,3	102	94,4	133	89,9	319	91,9
Unknown	3	3,3	0	0	9	6,1	12	3,4
<i>Premature rupture of membranes</i>								
Yes	7	7,7	7	6,5	6	4,1	20	5,8
No	82	90,1	101	93,5	133	89,9	316	91,0
Unknown	2	2,2	0	0	9	6,1	11	3,2
<i>Tocolytics prescribed</i>								
Yes	3	3,3	4	3,7	9	6,1	16	4,7
No	86	94,5	104	96,3	132	89,2	322	92,7
Unknown	2	2,2	0	0	7	4,7	9	2,6
<i>Death in-utero</i>								
Yes	0	0	1	0,9	0	0	1	0,3
No	89	97,8	107	99,1	139	93,9	335	96,5
Unknown	2	2,2	0	0	9	6,1	11	3,2
<i>Pelvic exercises</i>								
Yes	3	3,3	3	2,8	2	1,4	8	2,3
No	83	91,2	105	97,2	138	93,2	326	94,0
Unknown	5	5,5	0	0	8	5,4	13	3,7
<i>External version</i>								
Yes	4	4,4	1	0,9	2	1,4	7	2,0
No	84	92,3	106	98,1	137	92,6	327	94,3
Unknown	3	3,3	1	0,9	9	6,1	13	3,7

Table 8: DISTRIBUTION OF THE POPULATION STUDIED BY DISEASES AND COMPLICATIONS REPORTED DURING PREGNANCY, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Maturation of cervix with herbs</i>								
Yes	17	18,7	17	15,7	17	11,5	51	14,7
No	72	79,1	90	83,3	124	83,8	286	82,4
Unknown	2	2,2	1	0,9	7	4,7	10	2,9
<i>Presentation of baby at 35 weeks gestation</i>								
Occipital	82	90,1	104	96,3	144	97,3	330	95,0
Breech	3	3,3	0	0	1	0,7	4	1,2
Transverse	1	1,1	1	0,9	1	0,7	3	0,9
Unknown	5	5,5	3	2,8	2	1,4	10	2,9

Table 9: DISTRIBUTION OF THE POPULATION STUDIED BY HOSPITALIZATIONS OTHER THAN FOR DELIVERY DURING PREGNANCY, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 11)		(N = 8)		(N = 4)		(N = 23)	
FIRST HOSPITALIZATION								
<i>Place of origin</i>								
Kuujuarapik	1	9,0	0	0	0	0	1	4,3
Inukjuak	3	27,3	1	12,5	0	0	4	17,4
Povungnituk	2	18,2	4	50,0	2	50,0	8	34,9
Ivujivik	2	18,2	0	0	1	25,0	3	13,0
Salluit	3	27,3	3	37,5	0	0	6	26,1
Umiujaq	0	0	0	0	1	25,0	1	4,3
<i>Destination hospital</i>								
Povungnituk Maternity	8	72,8	4	50,0	2	50,0	14	61,1
Montreal Children's Hospital	1	9,0	1	12,5	0	0	2	8,6
Royal Victoria Hospital, Montreal	2	18,2	1	12,5	1	25,0	4	17,4
Ste-Justine Hospital, Montreal	0	0	1	12,5	0	0	1	4,3
Iqaluit	0	0	1	12,5	1	25,0	2	8,6
Unknown	0	0	0	0	0	0	0	0
<i>Time of gestation (weeks)</i>								
< 37	6	54,5	6	75,0	2	50,0	14	61,1
≥ 37	5	45,5	2	25,0	2	50,0	9	38,9
Unknown	0	0	0	0	0	0	0	0
<i>Number of days in hospital</i>								
1 - 9	5	45,5	4	50,0	3	75,0	12	47,5
10 - 19	1	9,0	0	0	0	0	1	4,3
≥ 20	0	0	1	12,5	0	0	1	4,3
Unknown	5	45,5	3	37,5	1	25,0	9	38,9
<i>Number of days away from home</i>								
1 - 9	3	27,3	1	12,5	1	25,0	5	26,6
10 - 19	1	9,1	0	0	0	0	1	4,3
20 - 29	2	18,2	0	0	0	0	2	8,6
≥ 30	1	9,1	2	25,0	0	0	3	13,0
Unknown	4	36,3	5	62,5	3	75,0	12	47,5

Table 9: DISTRIBUTION OF THE POPULATION STUDIED BY HOSPITALIZATIONS OTHER THAN FOR DELIVERY DURING PREGNANCY, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 11)		(N = 8)		(N = 4)		(N = 23)	
<i>Reason for transfer</i>								
Health problem affecting the mother	3	27,3	1	12,5	0	0	4	17,4
Health problem affecting the baby	1	9,1	3	37,5	0	0	4	17,4
Problem related to labour, delivery	6	54,5	4	50,0	4	100	14	61,1
Other	1	9,1	0	0	0	0	1	4,3
Unknown	0	0	0	0	0	0	0	0
	(N = 3)		(N = 2)		(N = 0)		(N = 5)	
<u>SECOND HOSPITALIZATION</u>								
<i>Place of origin</i>								
Povungnituk	3	100	2	100	0	0	5	100
Unknown	0	0	0	0	0	0	0	0
<i>Destination hospital</i>								
Povungnituk Maternity	0	0	1	50,0	0	0	1	20,0
Royal Victoria Hospital, Montreal	2	66,7	0	0	0	0	2	40,0
Ste-Justine Hospital, Montreal	0	0	1	50,0	0	0	1	20,0
Iqaluit	1	33,3	0	0	0	0	1	20,0
Unknown	0	0	0	0	0	0	0	0
<i>Time of gestation (weeks)</i>								
< 37	1	33,3	2	100	0	0	3	60,0
≥ 37	2	66,7	0	0	0	0	2	40,0
Unknown	0	0	0	0	0	0	0	0
<i>Number of days in hospital</i>								
1 - 9	1	33,3	2	100	0	0	3	60,0
10 - 19	0	0	0	0	0	0	0	0
≥ 20	0	0	0	0	0	0	0	0
Unknown	2	66,7	0	0	0	0	2	40,0

Table 9: DISTRIBUTION OF THE POPULATION STUDIED BY HOSPITALIZATIONS OTHER THAN FOR DELIVERY DURING PREGNANCY, HUDSON BAY 1989-1991.

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 3)		(N = 2)		(N = 0)		(N = 5)	
<i>Number of days away from home</i>								
1 - 9	0	0	0	0	0	0	0	0
10 - 19	1	33,3	0	0	0	0	1	20,0
20 - 29	0	0	0	0	0	0	0	0
≥ 30	0	0	0	0	0	0	0	0
Unknown	2	66,7	2	100	0	0	4	80,0
<i>Reason for transfer</i>								
Health problem affecting the mother	3	100	1	50,0	0	0	4	80,0
Health problem affecting the baby	0	0	0	0	0	0	0	0
Problem related to labour, delivery	0	0	0	0	0	0	0	0
Other	0	0	1	50,0	0	0	1	20,0
Unknown	0	0	0	0	0	0	0	0

Table 10: DISTRIBUTION OF THE POPULATION STUDIED BY PROGRESS OF LABOUR AND DELIVERY, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Length of pregnancy (weeks)</i>								
20 -27	0	0	0	0	1	0,7	1	0,3
28 - 30	1	1,1	0	0	0	0	1	0,3
31 - 33	0	0	1	0,9	0	0	1	0,3
34 - 36	3	3,3	10	9,3	10	6,8	23	6,6
37 - 38	22	24,2	33	30,6	47	31,8	102	29,4
39 - 41	55	60,4	58	53,7	77	52,0	190	54,8
≥ 42	4	4,4	2	1,9	7	4,7	13	3,7
Unknown	6	6,6	4	3,7	6	4,1	16	4,6
< 37	4	4,4	11	10,2	11	7,4	26	7,5
≥ 37	81	89,0	93	86,1	131	88,5	305	87,9
Unknown	6	6,6	4	3,7	6	4,1	16	4,6
<i>Person assisting with delivery</i>								
Mid-wife	79	86,8	100	92,6	139	93,8	318	91,7
Doctor	4	4,4	3	2,8	2	1,4	9	2,6
Other	4	4,4	4	3,7	5	3,4	13	3,7
Unidentified	4	4,4	1	0,9	2	1,4	7	2,0
<i>Presence of partner at delivery</i>								
Yes	33	36,3	44	40,7	64	43,2	141	40,7
No	50	54,9	53	49,1	72	48,6	175	50,4
Unknown	8	8,8	11	10,2	12	8,1	31	8,9

Table 10: DISTRIBUTION OF THE POPULATION STUDIED BY PROGRESS OF LABOUR AND DELIVERY, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Length of first stage of labour (hrs)</i>								
< 5	20	22,0	18	16,6	37	25,0	75	21,6
5 - 9	39	42,8	48	44,4	56	37,8	143	41,2
10 - 14	18	19,8	19	17,6	28	18,9	65	18,7
15 - 19	7	7,7	11	10,2	11	7,4	29	8,4
20 - 24	3	3,3	7	6,5	7	4,7	17	5,0
25 - 29	0	0	2	1,9	3	2,0	5	1,4
≥ 30	1	1,1	2	1,9	3	2,0	6	1,7
Unknown	3	3,3	1	0,9	3	2,0	7	2,0
<i>Length of second stage of labour (min.)</i>								
0 - 14	34	37,4	51	47,2	69	46,6	154	44,4
15 - 29	22	24,2	30	27,8	37	25,0	89	25,6
30 - 44	12	13,2	12	11,1	16	10,8	40	11,5
45 - 59	6	6,6	6	5,6	8	5,4	20	5,8
≥ 60	13	14,3	7	6,5	14	9,5	34	9,8
Unknown	4	4,4	2	1,9	4	2,7	10	2,9
<i>Length of third stage of labour (min.)</i>								
0 - 14	50	54,9	87	80,6	123	83,1	260	74,9
15 - 29	28	30,8	14	13,0	15	10,1	57	16,4
30 - 44	4	4,4	4	3,7	4	2,7	12	3,5
45 - 59	2	2,2	0	0	1	0,7	3	0,9
≥ 60	3	3,3	1	0,9	1	0,7	5	1,4
Unknown	4	4,4	2	1,9	4	2,7	10	2,9

Table 10: DISTRIBUTION OF THE POPULATION STUDIED BY PROGRESS OF LABOUR AND DELIVERY, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Total length of labour (hrs)</i>								
< 5	13	14,3	14	13,0	34	23,0	61	17,6
5 - 9	36	39,6	50	46,3	57	38,5	143	41,2
10 - 14	24	26,3	17	15,7	26	17,6	67	19,3
15 - 19	10	11,0	13	12,0	14	9,5	37	10,7
20 - 24	3	3,3	9	8,3	8	5,4	20	5,8
25 - 29	0	0	2	1,9	2	1,4	4	1,1
≥ 30	1	1,1	1	0,9	3	2,0	5	1,4
Unknown	4	4,4	2	1,9	4	2,7	10	2,9
<i>Presentation of baby at delivery</i>								
Cephalic	89	97,8	105	97,2	138	93,2	332	95,7
Breech	1	1,1	0	0	1	0,7	2	0,6
Transverse	0	0	0	0	0	0	0	0
Unknown	1	1,1	3	2,8	9	6,1	13	3,7
<i>Labour</i>								
Spontaneous	73	80,2	93	86,1	138	93,2	304	87,6
Induced	10	11,0	7	6,5	2	1,4	19	5,5
Stimulated	7	7,7	7	6,5	8	5,4	22	6,3
Unknown	1	1,1	1	0,9	0	0	2	0,6
<i>Rupture of membranes</i>								
< 12 hrs	68	74,7	90	83,3	109	73,6	267	76,9
12 - 24 hrs	4	4,4	5	4,6	11	7,4	20	5,8
> 24 hrs	4	4,4	4	3,7	6	4,1	14	4,0
Unknown	15	16,5	9	8,3	22	14,9	46	13,3

Table 10: DISTRIBUTION OF THE POPULATION STUDIED BY PROGRESS OF LABOUR AND DELIVERY, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Appearance of amniotic fluid</i>								
Clear	72	79,1	85	78,7	98	66,2	255	73,5
Presence of meconium	2	2,2	8	7,4	17	11,5	27	7,8
Other	0	0	0	0	1	0,7	1	0,3
Unknown	17	18,7	15	13,9	32	21,6	64	18,4
<i>Analgesic</i>								
None	73	80,2	97	89,8	132	89,2	302	87,0
Narcotic	4	4,4	4	3,7	7	4,7	15	4,3
Entonnox	2	2,2	2	1,9	3	2,0	7	2,0
Herbs	4	4,4	1	0,9	1	0,7	6	1,8
Narcotic and entonnox or herbs	1	1,1	1	0,9	1	0,7	3	0,9
Unknown	7	7,7	3	2,8	4	2,7	14	4,0
<i>Anesthetic</i>								
None	62	68,1	77	71,3	114	77,0	253	72,9
General	1	1,1	0	0	1	0,7	2	0,6
Epidural	0	0	0	0	0	0	0	0
Genital area	0	0	0	0	0	0	0	0
Local	12	13,2	23	21,3	27	18,2	62	17,9
Unknown	16	17,6	8	7,4	6	4,1	30	8,6
<i>Birth of baby</i>								
Spontaneous	86	94,5	106	98,1	147	99,3	339	97,6
With suction	2	2,2	1	0,9	0	0	3	0,9
With forceps	0	0	0	0	0	0	0	0
Cesarian	1	1,1	1	0,9	1	0,7	3	0,9
Unknown	2	2,2	0	0	0	0	2	0,6

Table 10: DISTRIBUTION OF THE POPULATION STUDIED BY PROGRESS OF LABOUR AND DELIVERY, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
Condition of perineum								
Intact	52	57,1	74	68,5	90	60,8	216	62,2
Episiotomy	4	4,4	3	2,8	4	2,7	11	3,2
Tear: 1st degree	14	15,4	14	13,0	26	17,6	54	15,6
2nd degree	13	14,3	11	10,2	14	9,5	38	11,0
3rd degree	1	1,1	1	0,9	1	0,7	3	0,9
4th degree	3	3,3	0	0	2	1,4	5	1,4
Episiotomy and tear	1	1,1	1	0,9	4	2,7	6	1,7
Unknown	3	3,3	4	3,7	7	4,7	14	4,0
Vulvar tear								
Yes	10	11,0	17	15,7	37	25,0	64	18,4
No	60	65,9	72	66,7	97	65,5	229	66,0
Unknown	21	23,1	19	17,6	14	9,5	54	15,6
Vaginal tear								
Yes	9	9,9	14	13,0	28	18,9	51	14,7
No	58	63,7	70	64,8	96	64,9	224	64,6
Unknown	24	26,4	24	22,2	24	16,2	72	20,7
Expulsion of placenta								
Spontaneous	86	94,5	103	95,4	145	98,0	334	96,2
Artificial	3	3,3	4	3,7	2	1,4	9	2,6
Uterin check	0	0	0	0	0	0	0	0
Unknown	2	2,2	1	0,9	1	0,7	4	1,2

Table 10: DISTRIBUTION OF THE POPULATION STUDIED BY PROGRESS OF LABOUR AND DELIVERY, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Substance used to encourage ex- pulsion of the placenta</i>								
None	41	45,1	42	38,9	64	43,2	147	42,4
Syntocinon	7	7,7	35	32,4	58	39,2	100	28,8
Herbs	4	4,4	4	3,7	1	0,7	9	2,6
Syntocinon and herbs	1	1,1	2	1,9	1	0,7	4	1,2
Unknown	38	41,8	25	23,1	24	16,2	87	25,0
<i>Blood loss (mL)</i>								
< 500	51	56,0	58	53,7	87	58,8	196	56,5
500 - 999	24	26,4	36	33,3	40	27,0	100	28,8
≥ 1 000	7	7,7	11	10,2	19	12,8	37	10,7
Unknown	9	9,9	3	2,8	2	1,4	14	4,0
<i>Hemoglobin before delivery (g/100mL)</i>								
< 12	42	46,2	61	56,5	87	58,8	190	54,7
12 - 16	31	34,0	36	33,3	52	35,1	119	34,3
Unknown	18	19,8	11	10,2	9	6,1	38	11,0
<i>Hematocrit before delivery (mL/10- 0mL)</i>								
< 38	76	83,5	101	93,5	124	83,8	301	86,7
≥ 38	10	11,0	7	6,5	16	10,8	33	9,5
Unknown	5	5,5	0	0	8	5,4	13	3,8
<i>Hemoglobin after delivery (g/100mL)</i>								
< 12	41	45,1	51	47,2	74	50,0	166	47,9
12 - 16	20	21,9	26	24,1	28	18,9	74	21,3
Unknown	30	33,0	31	28,7	46	31,1	107	30,8

Table 10: DISTRIBUTION OF THE POPULATION STUDIED BY PROGRESS OF LABOUR AND DELIVERY, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Hematocrit after delivery (mL/100mL)</i>								
< 38	55	60,4	65	60,2	92	62,2	212	61,1
≥ 38	6	6,6	12	11,1	10	6,8	28	8,18
Unknown	30	33,0	31	28,7	46	31,0	107	30,8
<i>Prolapsed cord</i>								
Yes	0	0	1	0,9	0	0	1	0,3
No	90	98,9	107	99,1	148	100	345	99,4
Unknown	1	1,1	0	0	0	0	1	0,3
<i>Coiled cord</i>								
Yes	7	7,7	5	4,6	5	3,4	17	4,9
No	80	87,9	102	94,4	142	95,9	324	93,4
Unknown	4	4,4	1	0,9	1	0,7	6	1,7
<i>Foetal distress</i>								
Yes	5	5,5	8	7,4	5	3,4	18	5,2
No	85	93,4	98	90,7	141	95,3	324	93,4
Unknown	1	1,1	2	1,9	2	1,4	5	1,4
<i>Dystocia</i>								
Yes	3	3,3	7	6,5	3	2,0	13	3,8
No	84	92,3	101	93,5	144	97,3	329	94,8
Unknown	4	4,4	0	0	1	0,7	5	1,4
<i>Marginal placenta</i>								
Yes	4	4,4	5	4,6	4	2,7	13	3,8
No	85	93,4	101	93,5	143	96,6	329	94,8
Unknown	2	2,2	2	1,9	1	0,7	5	1,4

Table 10: DISTRIBUTION OF THE POPULATION STUDIED BY PROGRESS OF LABOUR AND DELIVERY, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Hemorrhage before expulsion of placenta</i>								
Yes	11	12,1	13	12,0	9	6,1	33	9,5
No	77	84,6	95	88,0	138	93,2	310	89,3
Unknown	3	3,3	0	0	1	0,7	4	1,2
<i>Hemorrhage after expulsion of placenta, uterin atonia</i>								
Yes	18	19,8	23	21,3	26	17,6	67	19,3
No	71	78,0	85	78,7	120	81,1	276	79,5
Unknown	2	2,2	0	0	2	1,4	4	1,2
<i>Place of delivery</i>								
Povungnituk	84	92,3	98	90,7	136	91,9	318	91,6
Kuujuaq	1	1,1	0	0	0	0	1	0,3
Nursing station	2	2,2	5	4,6	3	2,0	10	2,9
Iqaluit	1	1,1	1	0,9	1	0,7	3	0,9
Montreal	3	3,3	1	0,9	1	0,7	5	1,4
Unknown	0	0	3	2,8	7	4,7	10	2,9

Table 11: DISTRIBUTION OF THE POPULATION STUDIED BY NEWBORN CHARACTERISTICS, HUDSON BAY, 1989-1991

Characteristics	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 93)		(N = 108)		(N = 149)		(N = 350)	
Sex of baby								
Male	47	50,6	52	48,1	69	46,3	166	47,8
Female	43	46,2	53	49,1	75	50,3	170	49,0
Unknown	3	3,2	3	2,8	5	3,4	11	3,2
Birth weight (g)								
< 1 500	1	1,1	0	0	1	0,7	1	0,3
1 500 - 1 999	0	0	0	0	0	0	0	0
2 000 - 2 499	1	1,1	3	2,8	3	2,0	7	2,0
2 500 - 2 999	11	11,8	12	11,1	13	8,7	36	10,4
3 000 - 3 499	35	37,6	33	30,5	57	38,2	123	35,5
3 500 - 3 999	23	24,7	45	41,7	56	37,6	124	35,7
4 000 - 4 499	16	17,2	12	11,1	12	8,1	40	11,5
≥ 4 500	2	2,2	0	0	1	0,7	3	0,9
Unknown	4	4,3	3	2,8	6	4,0	13	3,7
< 2 500	2	2,2	3	2,8	4	2,7	8	2,3
≥ 2 500	87	93,5	102	94,4	139	93,3	326	94,0
Unknown	4	4,3	3	2,8	6	4,0	13	3,7
Weight percentile								
≤ 10	1	1,1	5	4,7	5	3,3	11	3,2
11 - 24	0	0	2	1,9	1	0,7	3	0,9
25 - 49	5	5,4	5	4,6	10	6,7	20	5,7
50 - 74	28	30,1	36	33,3	46	30,9	110	31,7
75 - 99	31	33,3	36	33,3	48	32,2	115	33,1
100	8	8,6	11	10,2	8	5,4	27	7,8
Unknown	20	21,5	13	12,0	31	20,8	61	17,6

Table 11: DISTRIBUTION OF THE POPULATION STUDIED BY NEWBORN CHARACTERISTICS, HUDSON BAY, 1989-1991

Characteristics	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 93)		(N = 108)		(N = 149)		(N = 350)	
<i>Length of pregnancy and birth weight</i>								
< 37 wks and < 2 500g	2	2,1	1	0,9	2	1,3	5	1,4
≥ 37 wks and < 2 500g	0	0	2	1,8	2	1,3	4	1,1
< 37 wks and ≥ 2 500g	2	2,1	10	9,3	8	5,4	20	5,7
≥ 37 wks and ≥ 2 500g	80	86,0	88	81,5	126	84,6	294	84,1
Unknown	9	9,8	7	6,5	11	7,4	27	7,7
<i>Size of baby (cm)</i>								
< 40	0	0	0	0	0	0	0	0
40 - 44	2	2,2	3	2,8	0	0	5	1,4
45 - 49	24	25,8	23	21,3	42	28,2	87	25,1
50 - 54	57	61,3	73	67,6	85	57,0	215	62,0
≥ 55	0	0	2	1,8	3	2,0	5	1,4
Unknown	10	10,7	7	6,5	19	12,8	35	10,1
<i>Cranial circumference of baby (cm)</i>								
< 30	0	0	1	0,9	0	0	1	0,3
30 - 34	52	55,9	52	48,2	71	47,7	173	49,9
≥ 35	27	29,0	46	42,6	61	40,9	134	38,6
Unknown	14	15,1	9	8,3	17	11,4	39	11,2
<i>IUGR according to questionnaire</i>								
Yes	3	3,2	7	6,5	5	3,3	14	4,0
No	84	90,3	100	92,6	134	90,0	316	91,1
Unknown	6	6,5	1	0,9	10	6,7	17	4,9
<i>Suction used during delivery</i>								
Yes	9	9,7	5	4,6	16	10,7	29	8,4
No	78	83,9	102	94,4	125	83,9	303	87,3
Unknown	6	6,4	1	0,9	8	5,4	15	4,3

Table 11: DISTRIBUTION OF THE POPULATION STUDIED BY NEWBORN CHARACTERISTICS, HUDSON BAY, 1989-1991

Characteristics	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 93)		(N = 108)		(N = 149)		(N = 350)	
<i>Oxygen given during delivery</i>								
Yes	19	20,4	15	13,9	31	20,8	64	18,4
No	69	74,2	92	85,2	112	75,2	271	78,1
Unknown	5	5,4	1	0,9	6	4,0	12	3,5
<i>Bagging of baby during delivery</i>								
Yes	3	3,2	1	0,9	6	4,0	9	2,6
No	83	89,3	106	98,2	134	89,9	321	92,5
Unknown	7	7,5	1	0,9	9	6,1	17	4,9
<i>Intubation</i>								
Yes	1	1,1	0	0	2	1,3	3	0,8
No	86	92,5	107	99,1	138	92,6	331	94,6
Unknown	6	6,4	1	0,9	9	6,1	16	4,6
<i>Congenital anomaly detected at birth</i>								
Yes	6	6,4	5	4,6	4	2,7	15	4,3
No	81	87,2	101	93,5	132	88,6	311	89,6
Unknown	6	6,4	2	1,9	13	8,7	21	6,1
<i>Types of congenital anomaly detected</i>								
Down's Syndrome	0	0	0	0	1	5,9	1	2,8
Club foot	1	8,3	0	0	1	5,9	2	5,5
Cleft palate	0	0	1	14,2	0	0	1	2,8
Cardiac problems	2	16,7	2	28,6	1	5,9	5	13,9
Other	3	25,0	2	28,6	1	5,9	6	16,7
Unknown	6	50,0	2	28,6	13	76,4	21	58,3
<i>Respiratory distress syndrome at birth</i>								
Yes	4	4,3	2	1,9	5	3,3	10	2,9
No	80	86,0	105	97,2	135	90,6	318	91,6
Unknown	9	9,7	1	0,9	9	6,1	19	5,5

Table 11: DISTRIBUTION OF THE POPULATION STUDIED BY NEWBORN CHARACTERISTICS, HUDSON BAY, 1989-1991

Characteristics	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 93)		(N = 108)		(N = 149)		(N = 350)	
<i>Still birth</i>								
Yes	0	0	3	2,8	0	0	3	0,9
No	87	93,5	104	96,3	140	93,9	328	94,5
Unknown	6	6,5	1	0,9	9	6,1	16	4,6
<i>Neonatal death</i>								
Yes	2	2,2	0	0	0	0	2	0,6
No	83	89,2	107	99,1	136	91,3	323	93,1
Unknown	8	8,6	1	0,9	13	8,7	22	6,3
<i>Neonatal infection detected at birth</i>								
Yes	1	1,1	0	0	1	0,7	2	0,6
No	75	80,6	101	93,5	123	82,5	297	85,6
Unknown	17	18,3	7	6,5	25	16,8	48	13,8
<i>Type of neonatal infection detected</i>								
Membrane infection	1	5,6	0	0	0	0	1	2,0
Eye	0	0	0	0	1	3,8	1	2,0
Unknown	17	94,4	7	100	25	96,2	48	96,0
<i>Heart murmur</i>								
Yes	9	9,7	8	7,4	12	8,1	29	8,3
No	76	81,7	99	91,7	123	82,5	298	85,1
Unknown	8	8,6	1	0,9	14	9,4	23	6,6
<i>Apgar at 1 minute</i>								
0	0	0	2	1,9	0	0	2	0,6
1 - 7	13	14,0	9	8,3	19	12,7	41	11,7
8	25	26,0	31	28,7	47	31,5	103	29,5
9	42	45,1	59	54,6	64	42,9	165	47,1
10	8	8,6	5	4,6	14	9,5	27	7,7
Unknown	5	5,4	2	1,9	5	3,4	12	3,4

Table 11: DISTRIBUTION OF THE POPULATION STUDIED BY NEWBORN CHARACTERISTICS, HUDSON BAY, 1989-1991

Characteristics	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 93)		(N = 108)		(N = 149)		(N = 350)	
<i>Breast-feeding</i>								
Yes	61	65,6	83	76,9	97	65,1	239	68,9
No	28	30,1	23	21,3	46	30,9	96	27,7
Unknown	4	4,3	2	1,9	6	4,0	12	3,4

Table 12: DISTRIBUTION OF THE POPULATION STUDIED BY IMMEDIATE POST-PARTUM CHARACTERISTICS, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Hemorrhage () 3 hrs post-partum)</i>								
Yes	1	1,1	7	6,5	6	4,1	14	4,0
No	85	93,4	97	89,8	136	91,9	318	91,7
Unknown	5	5,5	4	3,7	6	4,1	15	4,3
<i>Transfusion</i>								
Yes	0	0	4	3,7	4	2,7	8	2,3
No	87	95,6	100	92,6	137	92,6	324	93,4
Unknown	4	4,4	4	3,7	7	4,7	15	4,3
<i>Syntocinon</i>								
Yes	25	27,5	43	39,8	64	43,2	132	38,0
No	59	64,8	64	59,3	80	54,1	203	58,5
Unknown	7	7,7	1	0,9	4	2,7	12	3,5
<i>Prolapsed uterus</i>								
Yes	0	0	1	0,9	1	0,7	2	0,6
No	84	92,3	103	95,4	135	91,2	322	92,8
Unknown	7	7,7	4	3,7	12	8,1	23	6,6
<i>Fever</i>								
Yes	1	1,1	6	5,6	2	1,4	9	2,6
No	82	90,1	99	91,7	131	88,5	312	89,9
Unknown	8	8,8	3	2,8	15	10,1	26	7,5
<i>Endometritis</i>								
Yes	0	0	3	2,8	1	0,7	4	1,1
No	83	91,2	102	94,4	131	88,5	316	91,1
Unknown	8	8,8	3	2,8	16	10,8	27	7,8

Table 12: DISTRIBUTION OF THE POPULATION STUDIED BY IMMEDIATE POST-PARTUM CHARACTERISTICS, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
Antibiotics prescribed								
Yes	5	5,5	6	5,6	11	7,4	22	6,4
No	74	81,3	97	89,8	123	83,1	294	84,7
Unknown	12	13,2	5	4,6	14	9,5	31	8,9
Other treatment on discharge								
Yes	37	40,7	48	44,4	62	41,9	147	42,4
No	41	45,1	54	50,0	66	44,6	161	46,4
Unknown	13	14,3	6	5,6	20	13,5	39	11,2
Nature of treatment prescribed								
None	41	45,1	54	50,0	66	44,6	161	46,4
Vitamin and iron supplements	32	35,1	44	40,7	58	39,2	134	38,6
Antibiotics	2	2,2	3	2,8	1	0,7	6	1,7
Other	3	3,3	1	0,9	2	1,4	6	1,7
Unknown	13	14,3	6	5,6	21	14,1	40	11,6
Number of days in hospital for mother								
0	0	0	1	0,9	2	1,4	3	0,9
1 - 4	75	82,4	95	88,0	121	81,7	291	83,8
5 - 9	7	7,7	10	9,3	13	8,8	30	8,7
≥ 10	2	2,2	1	0,9	3	2,0	6	1,7
Unknown	7	7,7	1	0,9	9	6,1	17	4,9

Table 12: DISTRIBUTION OF THE POPULATION STUDIED BY IMMEDIATE POST-PARTUM CHARACTERISTICS, HUDSON BAY, 1989-1991

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 91)		(N = 108)		(N = 148)		(N = 347)	
<i>Number of days in hospital for baby</i>								
0	1	1,1	3	2,8	2	1,4	6	1,7
1 - 4	75	82,4	93	86,0	115	77,7	283	81,5
5 - 9	6	6,6	6	5,6	16	10,8	28	8,1
≥ 10	2	2,2	0	0	0	0	2	0,6
Unknown	7	7,7	6	5,6	15	10,1	28	8,1
<i>Number of days away from home for mother</i>								
0	0	0	3	2,8	5	3,4	8	2,3
1 - 9	32	35,2	29	26,9	43	29,1	104	30,0
10 - 19	14	15,4	22	20,4	39	26,4	75	21,6
20 - 29	23	25,3	32	29,6	36	24,3	91	26,2
30 - 39	11	12,1	14	13,0	8	5,4	33	9,5
≥ 40	3	3,3	3	2,8	5	3,4	11	3,2
Unknown	8	8,8	5	4,6	12	8,1	25	7,2
<i>Number of days away from home for baby</i>								
0	0	0	4	3,7	5	3,4	9	2,6
1 - 9	76	83,5	87	80,6	108	73,0	271	78,1
10 - 19	2	2,2	3	2,8	3	2,0	8	2,3
20 - 29	2	2,2	1	0,9	0	0	3	0,9
30 - 39	0	0	0	0	0	0	0	0
≥ 40	0	0	0	0	0	0	0	0
Unknown	11	12,1	13	12,0	32	21,6	56	16,1

Table 13: DISTRIBUTION OF THE POPULATION STUDIED BY ADOPTION, BAY, 1989-1991

HUDSON

Variables	1989		1990		1991		1989-91	
	n	%	n	%	n	%	n	%
	(N = 93)		(N = 108)		(N = 149)		(N = 350)	
<i>Newborn given up for adoption</i>								
Yes	25	26,9	18	16,7	33	22,1	76	21,6
No	58	62,4	78	72,2	107	71,8	242	69,8
Unknown	10	10,7	12	11,1	9	6,1	30	8,6
	(N=25)		(N=18)		(N=33)		(N=76)	
<i>Relation of adopting partents to baby</i>								
Grandparents	7	28,0	5	27,7	7	21,2	19	25,0
Other relation	14	56,0	6	33,3	9	27,3	29	38,1
No relation	2	8,0	4	22,2	6	18,2	12	15,8
Unknown	2	8,0	3	16,6	11	33,3	16	21,2
<i>Place of residence of adopting parents</i>								
Same community as the mother	18	72,0	16	88,9	15	45,5	49	64,5
Other community	5	20,0	0	0	16	48,5	21	27,6
Unknown	2	8,0	2	11,1	2	6,1	6	7,9
	(N=91)		(N=108)		(N=148)		(N=347)	
<i>Number of children from previous pregnancies given up for adoption</i>								
0	47	51,6	43	39,8	72	48,7	162	46,7
1	16	17,6	28	25,9	44	29,7	88	25,4
2	9	9,9	8	7,4	6	4,1	23	6,6
≥ 3	4	4,4	2	1,9	3	2,0	9	2,6
Unknown	15	16,5	27	25,0	23	15,5	65	18,7
<i>Number of children adopted</i>								
0	55	60,4	51	47,2	66	44,6	172	49,6
1	6	6,6	7	6,5	9	6,1	22	6,3
2	1	1,1	2	1,9	2	1,3	5	1,4
≥ 3	0	0	0	0	1	0,7	1	0,3
Unknown	29	31,9	48	44,4	70	47,3	147	42,4

Table 14: FREQUENCY COMPARISON FOR CERTAIN CHARACTERISTICS OF PREGNANCY, LABOUR AND DELIVERY AND NEWBORN CHARACTERISTICS, HUDSON BAY, 1987-88 AND 1989-91

Variables	1987-88	1989-91
	% (N = 271)	% (N = 347)
<i>Pregnancy</i>		
Prenatal visits to doctor	2,3	95,7*
Prenatal visits to nurse	7,0	83,6*
Prenatal visits to mid-wife	4,7	91,1*
Pregnant woman having adopted at least one child	4,9	8,0*
<i>Labour and delivery</i>		
Delivery in South	17,2	1,4*
Cesarian	2,6	0,9*
Transfusion	7,2	2,3*
Presentation other than cephalic	5,8	0,6*
Local anesthetic	29,1	17,9*
Bleeding > 500 mL	24,3	38,8*
Induced labour	10,4	5,5*
<i>Newborns</i>		
Coiled umbilical cord	21,2	4,9*
Weight < 2 500g	7,1	2,3*
Suction	32,2	8,4*
Tracheal tube	9,5	0,8*
Given up for adoption	30,7	21,6*
Breast-feeding for babies staying in the family	92,1	86,9*
Premature neonatal mortality per 1 000 births	7,3	1,7*

* The difference in proportion observed for the period 1989-91 is statistically significant at a 0.05 threshold in a bilateral test

Table 15: DISTRIBUTION OF BIRTHS IN HUDSON BAY COMPILED FROM MSSS BIRTH FILE THAT TOOK PLACE OUTSIDE THE HUDSON BAY REGION BY CERTAIN MATERNAL AND OBSTETRICAL VARIABLES, HUDSON BAY, 1989-90

Characteristics	Exterior		Povungnituk	
	n	%	n	%
	(N = 41)		(N = 228)	
Age of mother(years)				
< 20	5	12,2	62	27,2
20 - 24	10	24,4	75	32,9
25 - 29	13	31,7	60	26,3
30 - 34	10	24,4	16	7,0
≥ 35	3	7,3	15	6,6
Schooling (years)*				
0 - 9	18	43,9	95	41,7
10 - 11	8	19,5	77	33,8
12 - 17	15	36,6	51	22,4
≥ 18	0	0	5	2,2
Civil status of mother				
Single or common-law	23	56,1	167	73,2
Married	18	43,9	61	26,8
Length of pregnancy (weeks)*				
< 37	13	31,7	9	3,9
≥ 37	28	68,3	219	96,1
Weight at birth (g)				
< 2 500	8	19,5	17	7,5
≥ 2 500	33	80,4	211	92,5

* The missing data was distributed proportionally among the strata.

Table 15: DISTRIBUTION OF BIRTHS IN HUDSON BAY COMPILED FROM MSSS BIRTH FILE THAT TOOK PLACE OUTSIDE THE HUDSON BAY REGION BY CERTAIN MATERNAL AND OBSTETRICAL VARIABLES, HUDSON BAY, 1989-90

Characteristics	Exterior		Povungnituk	
	n (N = 41)	%	n (N = 228)	%
<i>Sex of baby</i>				
Female	17	41,5	109	47,8
Male	24	58,5	119	52,2
<i>Type of birth</i>				
Single	37	90,2	228	100,0
Double	4	9,8	0	0
<i>Number of previous live births</i>				
0	8	19,5	88	38,6
1	11	26,8	64	28,1
2	9	22,0	26	11,4
3	5	12,2	19	8,3
4	3	7,3	17	7,5
≥ 5	5	12,2	14	6,1
<i>Number of previous still births</i>				
0	41	100,0	222	97,4
1	0	0	4	1,7
≥ 2	0	0	2	0,9
<i>Interval since the last live birth (months)</i>				
None	10	24,4	107	46,9
6-11	3	7,3	3	1,3
12-17	5	12,2	28	12,3
18-23	3	7,3	25	11,0
24-29	6	14,6	14	6,1
30-35	2	4,9	12	5,3
36-41	4	9,8	6	2,6
42-47	0	0	10	4,4
≥ 48	8	19,5	23	10,1

Table 15: DISTRIBUTION OF BIRTHS IN HUDSON BAY COMPILED FROM MSSS BIRTH FILE THAT TOOK PLACE OUTSIDE THE HUDSON BAY REGION BY CERTAIN MATERNAL AND OBSTETRICAL VARIABLES, HUDSON BAY, 1989-90

Characteristics	Exterior		Povungnituk	
	n (N = 41)	%	n (N = 228)	%
<i>Village of residence*</i>				
Kuujjuarapik	11	5,5	22	8,2
Umiujak	19	9,5	15	5,6
Inukjuak	46	23,1	70	26,0
Povungnituk	45	22,6	66	24,5
Akulivik	13	6,6	21	7,8
Ivujivik	14	7,1	14	5,2
Salluit	49	24,6	61	22,7
Autre	2	1,0	0	0
<i>Place of delivery*</i>				
Royal Victoria Hospital, Montreal	25	61,0		
Other Montreal hospitals	8	19,5		
Outside of Montreal	7	17,1		
Unknown	1	2,4		

* The missing data was distributed proportionally among the strata.

Table 16: COMPARISON OF THE TWO POPULATIONS COMPILED FROM THE MSSS BIRTH FILE BY SOCIO-DEMOGRAPHIC AND PERINATAL CHARACTERISTICS, HUDSON BAY AND UNGAVA BAY, 1989-1990.

Characteristics	Hudson Bay		Ungava Bay	
	n	%	n	%
	(N = 269 births)		(N = 216 births)	
<i>Place of birth*</i>				
Quebec	217	80,7	206	95,4
North West Territories	12	4,5	5	2,3
Ontario	35	13,0	3	1,4
Newfoundland	2	0,7	1	0,5
Other	3	1,1	1	0,5
<i>Age of mother(years)</i>				
< 20	67	24,9	50	23,1
20 - 24	85	31,6	83	38,4
25 - 29	73	27,1	52	24,1
30 - 34	26	9,7	25	11,6
≥ 35	18	6,7	6	2,8
<i>Language used at home*</i>				
Inuttitut	233	86,6	149	69,0
Native	12	4,5	27	12,5
English	15	5,6	29	13,4
French	6	2,2	10	4,6
English and French	3	1,1	1	0,5
<i>Mother's schooling (years)*</i>				
Illiterate	2	0,7	0	0
1 - 9	111	41,3	108	50,0
10 - 11	85	31,6	53	24,5
12	31	11,5	19	8,8
13 - 17	35	13,0	35	16,2
≥ 18	5	1,9	1	0,5

* The missing data was distributed proportionally among de strata.

Table 16: COMPARISON OF THE TWO POPULATIONS COMPILED FROM THE MSSS BIRTH FILE BY SOCIO-DEMOGRAPHIC AND PERINATAL CHARACTERISTICS, HUDSON BAY AND UNGAVA BAY, 1989-1990.

Characteristics	Hudson Bay		Ungava Bay	
	n	%	n	%
	(N = 269 births)		(N = 216 births)	
<i>Mother's civil status</i>				
Single or common-law	188	69,9	145	67,1
Married	78	29,0	71	32,9
Widow	2	0,7	0	0
Divorced	1	0,4	0	0
<i>Length of gestation (weeks)*</i>				
28 - 30	2	0,7	1	0,5
31 - 33	5	1,9	6	2,8
34 - 36	16	6,0	18	8,3
37 - 38	77	28,6	59	27,3
39 - 41	167	62,1	126	58,3
42 - 44	2	0,7	6	2,8
<i>Sex of baby</i>				
Female	126	46,8	94	43,5
Male	143	53,2	122	56,5
<i>Weight at birth (g)*</i>				
1 000 - 1 499	1	0,4	2	0,9
1 500 - 1 999	3	1,1	5	2,3
2 000 - 2 499	10	3,7	9	4,3
2 500 - 2 999	33	12,2	29	13,4
3 000 - 3 499	93	34,6	78	36,1
3 500 - 3 999	96	35,7	70	32,4
4 000 - 4 499	32	11,9	21	9,7
≥ 4 500	1	0,4	2	0,9

* The missing data was distributed proportionally among the strata.

Table 16:

COMPARISON OF THE TWO POPULATIONS COMPILED FROM THE MSSS
BIRTH FILE BY SOCIO-DEMOGRAPHIC AND PERINATAL CHARACTERISTICS,
HUDSON BAY AND UNGAVA BAY, 1989-1990.

Characteristics	Hudson Bay		Ungava Bay	
	n	%	n	%
	(N = 269 births)		(N = 216 births)	
<i>Number of previous live births</i>				
0	96	35,7	79	36,6
1	75	27,9	48	22,2
2	35	13,0	44	20,4
3	24	8,9	22	10,2
4	20	7,4	14	6,4
≥ 5	19	7,1	9	4,2
<i>Number of previous still births</i>				
0	263	97,8	212	98,1
1	4	1,5	3	1,4
≥ 2	2	0,7	1	0,5
<i>Type of birth</i>				
Single	265	98,5	206	95,4
Double	4	1,5	10	4,6
<i>Interval since the last live birth (months)</i>				
None	117	43,5	107	49,5
<12	6	2,2	4	1,9
12 - 17	33	12,3	25	11,6
18 - 23	28	10,4	19	8,8
24 - 29	20	7,5	19	8,8
30 - 35	14	5,2	8	3,7
36 - 41	10	3,7	9	4,2
42 - 47	10	3,7	4	1,9
≥ 48	31	11,5	21	9,7

Table 16: COMPARISON OF THE TWO POPULATIONS COMPILED FROM THE MSSS BIRTH FILE BY SOCIO-DEMOGRAPHIC AND PERINATAL CHARACTERISTICS, HUDSON BAY AND UNGAVA BAY, 1989-1990.

Characteristics	Hudson Bay		Ungava Bay	
	n	%	n	%
	(N = 269 births)		(N = 216 births)	
<i>Place of delivery place*</i>				
Ungava HC	0	0	135	62,5
Hudson Bay HC	222	82,5	0	0
Institution in Montreal	34	12,6	69	31,9
Institution in Abitibi	1	0,4	4	1,8
Institution in James Bay	1	0,4	0	0
Elsewhere	4	1,5	6	2,8
At home	1	0,4	1	0,5
Not in an institution or at home	6	2,2	1	0,5

* The missing data was distributed proportionally among the strata.

Table 17: DISTRIBUTION OF BIRTHS TAKING PLACE OUTSIDE OF NUNAVIK BY VARIOUS MATERNAL AND OBSTETRICAL VARIABLES, HUDSON BAY AND UNGAVA BAY, 1989-90

Variables	Hudson Bay		Ungava Bay	
	n	%	n	%
	(N = 41)		(N = 79)	
Age of mother(years)				
< 20	5	12,2	16	20,3
20 - 24	10	24,4	24	30,3
25 - 29	13	31,7	24	30,3
30 - 34	10	24,4	11	13,9
≥ 35	3	7,3	4	5,2
Schooling (years)*				
0 - 9	18	44,0	42	53,1
10 - 11	8	19,5	14	17,7
12 - 17	4	9,7	7	8,9
≥ 18	11	26,8	16	20,3
Number of previous live births				
0	8	19,5	29	36,7
1	11	26,8	14	17,7
2	9	22,0	18	22,8
3	5	12,2	8	10,1
4	3	7,3	7	8,9
≥ 5	5	12,2	3	3,8
Number of previous still births				
0	41	100,0	78	98,7
1	0	0	0	0
≥ 2	0	0	0	0

* The missing data was distributed proportionally among the strata.

Table 17: DISTRIBUTION OF BIRTHS TAKING PLACE OUTSIDE OF NUNAVIK BY VARIOUS MATERNAL AND OBSTETRICAL VARIABLES, HUDSON BAY AND UNGAVA BAY, 1989-90

Variables	Hudson Bay		Ungava Bay	
	n	%	n	%
	(N = 41)		(N = 79)	
<i>Length of pregnancy (weeks)</i>				
< 37	13	31,7	13	8,0
≥ 37	28	68,3	66	92,0
<i>Weight at birth (g)*</i>				
< 2 500	8	19,5	11	2,5
≥ 2 500	33	80,4	686	97,5
<i>Mother's civil status</i>				
Single or common-law	23	56,1	43	54,4
Married	18	43,9	36	45,6
<i>Interval since the last live birth (months)</i>				
None	10	24,4	37	46,8
12-17	3	7,3	3	3,8
12-17	5	12,2	8	10,1
18-23	3	7,3	5	6,3
24-29	6	14,6	6	7,6
30-35	2	4,9	3	3,8
36-41	4	9,8	4	5,1
42-47	0	0	3	3,8
≥ 48	8	19,5	10	12,7
<i>Type of birth</i>				
Single	37	90,2	69	87,3
Double	4	9,8	10	12,7

* The missing data was distributed proportionally among the strata.

Table 17: DISTRIBUTION OF BIRTHS TAKING PLACE OUTSIDE OF NUNAVIK BY VARIOUS MATERNAL AND OBSTETRICAL VARIABLES, HUDSON BAY AND UNGAVA BAY, 1989-90

Variables	Hudson Bay		Ungava Bay	
	n	%	n	%
	(N = 41)		(N = 79)	
<i>Sex of baby</i>				
Female	17	41,5	36	45,6
Male	24	58,5	43	54,4
<i>Place of delivery</i>				
Royal Victoria Hospital, Montreal	25	61,0	59	74,6
Other Montreal hospitals	8	19,5	10	12,7
Outside of Montreal	7	17,1	10	12,7
Unknown	1	2,4	0	0

Table 18: DISTRIBUTION OF ADOLESCENTS 18 YEARS AND YOUNGER BY CERTAIN VARIABLES THAT DISTINGUISH THEM FROM WOMEN 19 YEARS AND OLDER, HUDSON BAY, 1989-91

Variables	≤ 18 years		≥ 19 years	
	n	%	n	%
	(N = 74 births)		(N = 273 births)	
<u>SOCIO-DEMOGRAPHIC</u>				
<i>Mother's civil status</i>				
Single	47	63,5	75	27,5
Common-law	16	21,6	63	23,1
Married	0	0	67	24,5
Other	0	0	3	1,1
Unknown	11	14,9	65	23,8
<i>Mother's occupation</i>				
At home, mother	18	24,3	91	33,3
Cashier	0	0	9	3,3
Student	33	44,6	6	2,2
Teacher	0	0	9	3,3
Other	1	1,4	76	27,8
Unknown	22	29,7	82	30,0
<i>Father's occupation</i>				
Unemployed	5	6,8	20	7,3
Hunter	0	0	4	1,5
Construction	2	2,7	8	2,9
Student	3	4,1	3	1,1
Father	1	1,4	4	1,5
Other	8	10,8	69	25,3
Unknown	55	74,3	165	60,4

Table 18: DISTRIBUTION OF ADOLESCENTS 18 YEARS AND YOUNGER BY CERTAIN VARIABLES THAT DISTINGUISH THEM FROM WOMEN 19 YEARS AND OLDER, HUDSON BAY, 1989-91

Variables	≤ 18 years		≥ 19 years	
	n	%	n	%
	(N = 74 births)		(N = 273 births)	
<i>Time of first prenatal visit (weeks)</i>				
0 - 9	26	35,1	126	46,1
10 - 14	26	35,1	88	32,2
15 - 19	6	8,1	32	11,7
20 - 24	8	10,8	13	4,8
≥ 25	7	9,5	7	2,6
Unknown	1	1,4	7	2,6
<i>Obstetrical history</i>				
Primipares	49	35,1	126	46,1
Multipares	25	33,8	243	89,0
Unknown	0	0	0	0

(N= 25 births)

(N= 243 births)

<u>OBSTETRICAL HISTORY</u>				
<i>Number of live births*</i>				
0	7	28,0	14	5,8
1	18	72,0	69	28,4
2	0	0	54	22,2
3	0	0	44	18,1
4	0	0	31	12,8
≥ 5	0	0	31	12,8
Unknown	0	0	0	0
<i>Still birth*</i>				
Yes	0	0	9	3,7
No	25	100,0	227	93,5
Unknown	0	0	7	2,9

* Among women with at least one previous pregnancy

Table 18: DISTRIBUTION OF ADOLESCENTS 18 YEARS AND YOUNGER BY CERTAIN VARIABLES THAT DISTINGUISH THEM FROM WOMEN 19 YEARS AND OLDER, HUDSON BAY, 1989-91

Variables	≤ 18 years		≥ 19 years	
	n	%	n	%
	(N = 74 births)		(N = 273 births)	
Premature delivery (< 27 weeks)*				
Yes	0	0	8	3,3
No	25	100,0	227	93,5
Unknown	0	0	8	3,3
Premature delivery (27-36 weeks)*				
Yes	0	0	34	14,0
No	25	100,0	202	83,2
Unknown	0	0	7	2,9
Cesarian*				
Yes	0	0	2	0,8
No	25	100,0	233	96,0
Unknown	0	0	8	3,3
Birth of baby weighing less than 2 500g*				
Yes	0	0	28	11,5
No	25	100,0	208	85,7
Unknown	0	0	7	2,9
Birth of baby weighing more than 4 500g*				
Yes	0	0	4	1,6
No	25	100,0	230	94,8
Unknown	0	0	9	3,7

* Among women with at least one previous pregnancy

Table 18: DISTRIBUTION OF ADOLESCENTS 18 YEARS AND YOUNGER BY CERTAIN VARIABLES THAT DISTINGUISH THEM FROM WOMEN 19 YEARS AND OLDER, HUDSON BAY, 1989-91

Variables	≤ 18 years		≥ 19 years	
	n	%	n	%
	(N = 74 births)		(N = 273 births)	
<i>Psychiatric or severe emotional problems</i>				
Yes	0	0	11	4,0
No	69	93,2	241	88,2
Unknown	5	6,8	21	7,7
<u>NUTRITION</u>				
<i>Pregravidic weight (Kg)</i>				
< 50	14	18,9	45	16,5
50 - 54	16	21,6	69	25,3
55 - 59	14	18,9	51	18,7
60 - 64	7	9,5	35	12,8
65 - 69	2	2,7	21	7,7
70 - 74	2	2,7	13	4,8
≥ 75	1	1,4	14	5,1
Unknown	18	24,3	25	9,2
<i>Weight gain (Kg)</i>				
Weight loss	0	0	6	2,2
0 - 4	8	10,8	30	11,0
5 - 9	23	31,1	99	36,2
10 - 14	18	24,3	69	25,3
15 - 19	2	2,7	25	9,2
≥ 20	0	0	7	2,6
Unknown	23	31,1	36	13,2
<i>Net weight gain (Kg)</i>				
Weight loss	4	5,4	15	5,5
0 - 4	20	27,0	77	28,2
5 - 9	20	27,0	93	34,0
10 - 14	6	8,1	31	11,3
15 - 19	0	0	11	4,0
≥ 20	0	0	2	0,7
Unknown	24	32,4	44	16,1

Table 18: DISTRIBUTION OF ADOLESCENTS 18 YEARS AND YOUNGER BY CERTAIN VARIABLES THAT DISTINGUISH THEM FROM WOMEN 19 YEARS AND OLDER, HUDSON BAY, 1989-91

Variables	≤ 18 years		≥ 19 years	
	n	%	n	%
	(N = 74 births)		(N = 273 births)	
<u>PROGRESS OF PREGNANCY</u>				
<i>Anemia during pregnancy</i>				
Yes	15	20,3	179	65,5
No	57	77,0	91	33,3
Unknown	2	2,7	3	1,1
<i>Vitamin supplement prescribed during pregnancy</i>				
Yes	72	97,3	252	92,2
No	0	0	17	6,2
Unknown	2	2,7	4	1,5
<i>Placenta praevia</i>				
Yes	0	0	1	0,4
No	71	95,9	261	95,5
Unknown	3	4,1	11	4,0
<i>Placenta abruptio</i>				
Yes	0	0	1	0
No	70	94,6	262	95,9
Unknown	4	5,4	10	3,7
<i>Hemorrhage in 1st trimester</i>				
Yes	0	0	3	1,1
No	70	94,6	259	94,8
Unknown	4	5,4	11	4,0
<i>Hemorrhage in 2nd trimester</i>				
Yes	0	0	2	0,7
No	70	94,6	260	95,2
Unknown	4	5,4	11	4,0

Table 18: DISTRIBUTION OF ADOLESCENTS 18 YEARS AND YOUNGER BY CERTAIN VARIABLES THAT DISTINGUISH THEM FROM WOMEN 19 YEARS AND OLDER, HUDSON BAY, 1989-91

Variables	≤ 18 years		≥ 19 years	
	n	%	n	%
	(N = 74 births)		(N = 273 births)	
<i>Hemorrhage in 3rd trimester</i>				
Yes	0	0	4	15
No	70	94,6	258	94,4
Unknown	4	5,4	11	4,0
<i>Immunological problems</i>				
Yes	0	0	2	0,7
No	71	95,9	258	94,4
Unknown	3	4,1	13	4,8
<i>Death in-utero</i>				
Yes	0	0	1	0,4
No	71	95,9	264	96,6
Unknown	3	4,1	8	2,9
<u>LABOUR AND DELIVERY</u>				
<i>Length of first stage of labour (hrs)</i>				
< 5	13	17,6	62	22,7
5 - 9	21	28,4	122	44,7
10 - 14	18	24,3	47	17,2
15 - 19	8	10,8	21	7,7
20 - 24	9	12,2	8	2,9
25 - 29	2	2,7	3	1,1
≥ 30	1	1,4	5	1,8
Unknown	2	2,7	5	1,8
<i>Length of second stage of labour (min.)</i>				
0 - 14	17	23,0	137	50,1
15 - 29	16	21,6	73	26,7
30 - 44	20	27,0	20	7,3
45 - 59	6	8,1	14	5,1
≥ 60	11	14,9	23	8,4
Unknown	4	5,4	6	2,2

Table 18: DISTRIBUTION OF ADOLESCENTS 18 YEARS AND YOUNGER BY CERTAIN VARIABLES THAT DISTINGUISH THEM FROM WOMEN 19 YEARS AND OLDER, HUDSON BAY, 1989-91

Variables	≤ 18 years		≥ 19 years	
	n	%	n	%
	(N = 74 births)		(N = 273 births)	
Total length of labour (hrs)				
< 5	9	12,2	52	19,0
5 - 9	22	29,7	121	44,3
10 - 14	16	22,6	51	18,7
15 - 19	11	14,9	26	9,5
20 - 24	11	14,9	26	9,5
25 - 29	1	1,4	3	1,1
≥ 30	1	1,4	3	1,1
Unknown	4	5,4	6	2,2
Analgesic				
None	57	77,0	245	89,7
Narcotic	6	8,1	9	3,3
Entonnox	3	4,1	4	1,5
Herbs	1	1,4	5	1,8
Narcotic and entonnox or herbs	2	2,8	1	0,4
Unknown	5	6,8	9	3,3
Anesthetic				
None	43	58,1	210	76,8
General	1	1,4	1	0,4
Epidural	0	0	0	0
Genital area	0	0	0	0
Local	20	27,0	42	15,4
Unknown	10	13,5	20	7,3

Table 18: DISTRIBUTION OF ADOLESCENTS 18 YEARS AND YOUNGER BY CERTAIN VARIABLES THAT DISTINGUISH THEM FROM WOMEN 19 YEARS AND OLDER, HUDSON BAY, 1989-91

Variables	≤ 18 years		≥ 19 years	
	n	%	n	%
	(N = 74 births)		(N = 273 births)	
<i>Condition of perineum</i>				
Intact	34	45,9	182	66,6
Episiotomy	4	5,4	7	2,6
Tear: 1st degree	9	12,2	45	16,5
2nd degree	15	20,3	23	8,4
3rd degree	1	1,4	2	0,7
4th degree	2	2,7	3	1,1
Episiotomy and tearing	1	1,4	5	1,8
Unknown	8	10,8	6	2,2
<i>Vaginal tear</i>				
Yes	19	25,7	32	11,7
No	42	56,8	182	66,6
Unknown	13	17,6	59	21,6
<i>Substance used to encourage expulsion of placenta</i>				
None	39	52,7	108	39,5
Syntocinon	13	17,6	87	31,8
Herbs	0	0	9	3,3
Syntocinon and herbs	0	0	4	1,5
Unknown	22	29,7	65	23,8
<i>Hemoglobin before delivery (g/100mL)</i>				
< 12	31	41,9	159	58,2
12 - 16	31	41,9	88	32,2
Unknown	12	16,2	26	9,5

Table 18: DISTRIBUTION OF ADOLESCENTS 18 YEARS AND YOUNGER BY CERTAIN VARIABLES THAT DISTINGUISH THEM FROM WOMEN 19 YEARS AND OLDER, HUDSON BAY, 1989-91

Variables	≤ 18 years		≥ 19 years	
	n	%	n	%
	(N = 74 births)		(N = 273 births)	
<u>NEWBORN</u>				
<i>Prolapsed cord</i>				
Yes	0	0	1	0,4
No	73	98,6	272	99,6
Unknown	1	1,4	0	0
<i>Birth weight (g)</i>				
< 1500	0	0	1	0,4
1 500 - 1 999	0	0	0	0
2 000 - 2 499	0	0	7	2,6
2 500 - 2 999	16	21,6	20	7,3
3 000 - 3 499	26	35,1	97	35,5
3 500 - 3 999	21	28,4	103	37,7
4 000 - 4 499	8	10,8	32	11,7
≥ 4 500	0	0	3	1,1
Unknown	3	4,1	10	3,7
<2 500	0	0	8	2,9
≥ 2 500	71	95,9	255	93,3
Unknown	3	4,1	10	3,7
<i>Intubation</i>				
Yes	0	0	3	1,1
No	71	95,9	260	95,2
Unknown	3	4,1	13	4,8
<i>Still born</i>				
Yes	0	0	3	1,1
No	71	95,9	257	94,1
Unknown	3	4,1	13	4,8

Table 18: DISTRIBUTION OF ADOLESCENTS 18 YEARS AND YOUNGER BY CERTAIN VARIABLES THAT DISTINGUISH THEM FROM WOMEN 19 YEARS AND OLDER, HUDSON BAY, 1989-91

Variables	≤ 18 years		≥ 19 years	
	n	%	n	%
	(N = 74 births)		(N = 273 births)	
<i>Neonatal death</i>				
Yes	0	0	2	0,7
No	71	95,9	252	92,2
Unknown	3	4,1	19	6,9
<i>Neonatal infection detected at birth</i>				
Yes	2	2,7	0	0
No	62	83,8	235	86,0
Unknown	10	13,5	38	13,9
<i>Breastfeeding</i>				
Yes	39	52,7	200	73,2
No	31	41,9	65	23,8
Unknown	4	5,4	8	2,9
<u>IMMEDIATE POST-PARTUM</u>				
<i>Prolapsed uterus</i>				
Yes	0	0	2	0,7
No	67	90,5	255	93,3
Unknown	7	9,5	16	5,8
<i>Endometritis</i>				
Yes	0	0	4	1,5
No	65	87,8	251	91,9
Unknown	9	12,2	18	6,6

Table 18: DISTRIBUTION OF ADOLESCENTS 18 YEARS AND YOUNGER BY CERTAIN VARIABLES THAT DISTINGUISH THEM FROM WOMEN 19 YEARS AND OLDER, HUDSON BAY, 1989-91

Variables	≤ 18 years		≥ 19 years	
	n	%	n	%
	(N = 74 births)		(N = 273 births)	
<u>ADOPTION</u>				
<i>Newborn given up for adoption</i>				
Yes	31	41,9	45	16,1
No	35	47,3	207	75,8
Unknown	8	10,9	22	8,1
<i>Number of children from previous pregnancies given up for adoption</i>				
0	51	68,9	111	40,6
1	11	14,9	77	28,2
2	1	1,4	22	8,1
≥ 3	0	0	9	3,3
Unknown	11	14,9	54	19,8
		(N= 31 births)	(N = 45 births)	
<i>Place of residence of adoptive parents</i>				
Same community as the mother	20	64,5	29	64,4
Other community	7	22,6	14	31,1
Unknown	4	12,9	2	4,4

ANNEXS

ANNEX 1

DATA GATHERING DOCUMENT USED IN HUDSON BAY

PREGNANCY AND DELIVERY IN NUNAVIK

GENERAL INFORMATION

Nunavik health record ☐ ☐ ☐ ☐ ☐ ☐

Date of birth of mother year ☐ ☐ month ☐ ☐ day ☐ ☐

Date of last menstrual period ☐ ☐ ☐ ☐ ☐ ☐

Date of delivery ☐ ☐ ☐ ☐ ☐ ☐

Date of transfer for delivery ☐ ☐ ☐ ☐ ☐ ☐

Place of delivery ☐ Povungnituk ☐ Kuujjuak ☐ Nursing station
☐ Iqaluit ☐ Montréal ☐ Other

Hospital of delivery record ☐ ☐ ☐ ☐ ☐ ☐

Residence ☐ Kuujjuarapik ☐ Kangiqsujaq
☐ Umiujaq ☐ Quaqlaq
☐ Inukjuak ☐ Kangiqsuk
☐ Povungnituk ☐ Aupaluk
☐ Akulivik ☐ Tasiujaq
☐ Ivujivik ☐ Kuujjuak
☐ Salluit ☐ Kangiqsualujaq ☐ other

Race ☐ Inuit ☐ Cree ☐ White
Marital status ☐ single ☐ married ☐ common law ☐ other

Schooling ☐ ☐ years

Occupation of mother _____ of father _____

FOLLOW-UP DURING PREGNANCY

Gravida ☐ ☐ Para ☐ ☐ Aborta ☐ ☐

Children given in adoption ☐ ☐ Adopted ☐ ☐

Ultrasound exam performed ☐ no ☐ yes

Evaluation of term based on ☐ LMP ☐ clinic ☐ ultrasound

Prelabour estimation of gestationnal age ☐ ☐ . ☐ weeks

Prenatal visits ☐ ☐ total ☐ ☐ nurse ☐ ☐ midwife ☐ ☐ MD

Time of first visit ☐ ☐ weeks

Hemoglobin: at first visit |_|_|.|_| lowest |_|_|.|_| at |_|_| weeks

Hematocrit: at first visit |_|_| % lowest |_|_| % at |_|_| weeks

Weight before pregnancy |_|_|.|_| kg before labour |_|_|.|_| kg

Gravidogramme percentile |_|_|

evolution |_| |_| |_|

PRIOR PREGNANCIES |_| no
|_| yes ---> last delivery year |_|_| month |_|_|

no	yes	
_	_	miscarriage
_	_	therapeutic abortion
_	_	curettage
_	_	hypertension in pregnancy
_	_	pre-eclampsy
_	_	eclampsy
_	_	diabetes in pregnancy
_	_	praevia or abruptio placenta
_	_	prematurity < 27 weeks
_	_	prematurity 27 - 36 weeks
_	_	twins
_	_	dystocy (size or position)
_	_	cesarean section
_	_	post partum hemorrhage
_	_	birthweight < 2500 g
_	_	birthweight > 4500 g
_	_	stillbirth
_	_	congenital anomalies
_	_	neonatal death (within 27 days)
_	_	neonatal infection (within 27 days)

MEDICAL HISTORY

no	yes	
_	_	hypertension
_	_	heart disease
_	_	respiratory disease
_	_	anemia
_	_	transfusion
_	_	Coombs positif with significant antibodies
_	_	uterine surgery other than C section
_	_	sexual abuse
_	_	family violence
_	_	psychiatric or severe emotional problems

EVENTS DURING THIS PREGNANCY

no	yes	
<input type="checkbox"/>	<input type="checkbox"/>	placenta praevia
<input type="checkbox"/>	<input type="checkbox"/>	abruptio placenta
<input type="checkbox"/>	<input type="checkbox"/>	other hemorrhage
		specify trimester <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<input type="checkbox"/>	<input type="checkbox"/>	anemia
<input type="checkbox"/>	<input type="checkbox"/>	iron supplements prescribed
<input type="checkbox"/>	<input type="checkbox"/>	vitamin supplements prescribed
<input type="checkbox"/>	<input type="checkbox"/>	pre-eclampsy
<input type="checkbox"/>	<input type="checkbox"/>	hypertension
<input type="checkbox"/>	<input type="checkbox"/>	diabetes
<input type="checkbox"/>	<input type="checkbox"/>	immunological problem
<input type="checkbox"/>	<input type="checkbox"/>	Coombs positif with significant antibodies
<input type="checkbox"/>	<input type="checkbox"/>	sexually transmitted disease specify _____
<input type="checkbox"/>	<input type="checkbox"/>	other infectious diseases specify _____
		site of infection: <input type="checkbox"/> urinary <input type="checkbox"/> respiratory
		<input type="checkbox"/> genital <input type="checkbox"/> other
<input type="checkbox"/>	<input type="checkbox"/>	antibiotics prescribed
		number of treatments prescribed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	smoking
		number of cigarettes per day <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	alcohol consumption
<input type="checkbox"/>	<input type="checkbox"/>	other drug (abuse)
<input type="checkbox"/>	<input type="checkbox"/>	stress
<input type="checkbox"/>	<input type="checkbox"/>	physical violence
<input type="checkbox"/>	<input type="checkbox"/>	low weight gain
<input type="checkbox"/>	<input type="checkbox"/>	twins
<input type="checkbox"/>	<input type="checkbox"/>	leak of amniotic fluid before rupture of membrane
<input type="checkbox"/>	<input type="checkbox"/>	premature rupture of membrane
<input type="checkbox"/>	<input type="checkbox"/>	tocolytics prescribed
<input type="checkbox"/>	<input type="checkbox"/>	death in utero
<input type="checkbox"/>	<input type="checkbox"/>	breech exercises
<input type="checkbox"/>	<input type="checkbox"/>	external cephalic version at <input type="checkbox"/> <input type="checkbox"/> weeks
<input type="checkbox"/>	<input type="checkbox"/>	ripening of cervix with herbs
<input type="checkbox"/>	<input type="checkbox"/>	preterm labour < 37 weeks
<input type="checkbox"/>	<input type="checkbox"/>	post term labour > 42 weeks

presentation at 35 weeks ☐ occiput ☐ breech ☐ transverse

LABOUR AND DELIVERY

person who did the delivery
 father attendance ☐ no ☐ yes

Labour ☐ spontaneous ☐ induced - -> ☐ syntocinon ☐ herbs
☐ stimulated - -> ☐ syntocinon ☐ herbs

Presentation* ☐ occiput ☐ breech ☐ transverse
 (* If twin pregnancy report information for second baby on last page)

Rupture of membrane ☐ < 12 hours ☐ 12 - 24 ☐ > 24
 Amniotic fluid ☐ clear ☐ meconium ☐ other

Duration of labour 1 stage hours minutes
 2 stage
 3 stage
 total

Analgesia ☐ none ☐ narcotic ☐ entonnox ☐ herbs
 Anesthesia ☐ none ☐ general ☐ epidural ☐ pudental
☐ local

Delivery ☐ spontaneous ☐ vacuum extractor ☐ forceps
☐ cesarean section

Perineum ☐ intact ☐ episiotomy
☐ tear 1 degree ☐ 2 ☐ 3 ☐ 4

labial tear ☐ no ☐ yes
 Vaginal tear ☐ no ☐ yes

Placental expulsion ☐ spontaneous ☐ artificial ☐ revision
 Substance used to fasten placental expulsion ☐ none
☐ syntocinon
☐ herbs

Blood loss ml
 Hemoglobin before labour after delivery

Hematocrit before labour % after delivery %

no	yes	
<input type="checkbox"/>	<input type="checkbox"/>	prolapse of cord
<input type="checkbox"/>	<input type="checkbox"/>	tight cord loops
<input type="checkbox"/>	<input type="checkbox"/>	fetal distress
<input type="checkbox"/>	<input type="checkbox"/>	dystocya
<input type="checkbox"/>	<input type="checkbox"/>	marginal placenta
<input type="checkbox"/>	<input type="checkbox"/>	hemorrhage before placental expulsion
<input type="checkbox"/>	<input type="checkbox"/>	hemorrhage after placental expulsion, uterine atonia

POST PARTUM

no	yes	
<input type="checkbox"/>	<input type="checkbox"/>	hemorrhage (> 3 hours post partum)
<input type="checkbox"/>	<input type="checkbox"/>	transfusion
<input type="checkbox"/>	<input type="checkbox"/>	syntocinon
<input type="checkbox"/>	<input type="checkbox"/>	uterine prolapse
<input type="checkbox"/>	<input type="checkbox"/>	fever
<input type="checkbox"/>	<input type="checkbox"/>	endometritis
<input type="checkbox"/>	<input type="checkbox"/>	antibiotics prescribed
<input type="checkbox"/>	<input type="checkbox"/>	other treatment on discharge
		specify _____

Systolic blood pressure mm Hg

Diatolic blood pressure mm Hg

Days in hospital for delivery: mother

baby

Days away from home for delivery: mother

baby

OTHER HOSPITALISATIONS AND TRANSFERS

	1	2	3	4
Place of origin				
Medivac				
Hospital				
Weeks of pregnancy				
Days in hospital				
Days away from home				
Reason				

Record 1-1-1-1-1-1-1-1-1-1

Apgar: 1 minute 5 minutes 10 minutes

Height |__|__| cm head circumference |__|__| cm

—	—	healthy term baby
—	—	intra uterine growth retardation
—	—	deep suction
—	—	oxygen
—	—	bagging
—	—	tracheal intubation
—	—	congenital anomalies

specify	
cardiac murmur	
respiratory distress syndrome	
stillbirth	
neonatal death	
specify when	days hours
infection	
specify	

Hemoglobin 1__1__1-1__1

Hematocrit | | | %

☐ ☐ breast feeding
☐ ☐ baby given in adoption
☐ ☐ adoptive parents ☐ grand-parents ☐ other relatives
☐ ☐ non-relatives
☐ ☐ adoptive parents living in same community as mother

SECOND BABY

Presentation ☐ occiput ☐ breech ☐ transverse

Delay between first and second birth minutes

Delivery ☐ spontaneous ☐ vacuum extractor ☐ forceps
cesarean section

no	yes	
<input type="checkbox"/>	<input type="checkbox"/>	prolapse of cord
<input type="checkbox"/>	<input type="checkbox"/>	tight cord loops
<input type="checkbox"/>	<input type="checkbox"/>	fetal distress
<input type="checkbox"/>	<input type="checkbox"/>	dystocia

Record

Sex ☐ male ☐ female

Apgar 1 minute 5 minutes 10 minutes

Weight g weight percentile

Height cm head circumference cm

no	yes	
<input type="checkbox"/>	<input type="checkbox"/>	healthy term baby
<input type="checkbox"/>	<input type="checkbox"/>	intra uterine growth retardation
<input type="checkbox"/>	<input type="checkbox"/>	deep suction
<input type="checkbox"/>	<input type="checkbox"/>	oxygen
<input type="checkbox"/>	<input type="checkbox"/>	bagging
<input type="checkbox"/>	<input type="checkbox"/>	tracheal intubation
<input type="checkbox"/>	<input type="checkbox"/>	congenital anomalies
<input type="checkbox"/>	<input type="checkbox"/>	specify _____
<input type="checkbox"/>	<input type="checkbox"/>	cardiac murmur
<input type="checkbox"/>	<input type="checkbox"/>	respiratory distress syndrome
<input type="checkbox"/>	<input type="checkbox"/>	stillbirth
<input type="checkbox"/>	<input type="checkbox"/>	neonatal death
<input type="checkbox"/>	<input type="checkbox"/>	specify when <input type="text"/> <input type="text"/> days <input type="text"/> <input type="text"/> hours
<input type="checkbox"/>	<input type="checkbox"/>	infection
<input type="checkbox"/>	<input type="checkbox"/>	specify _____

Hemoglobin

Hematocrit %

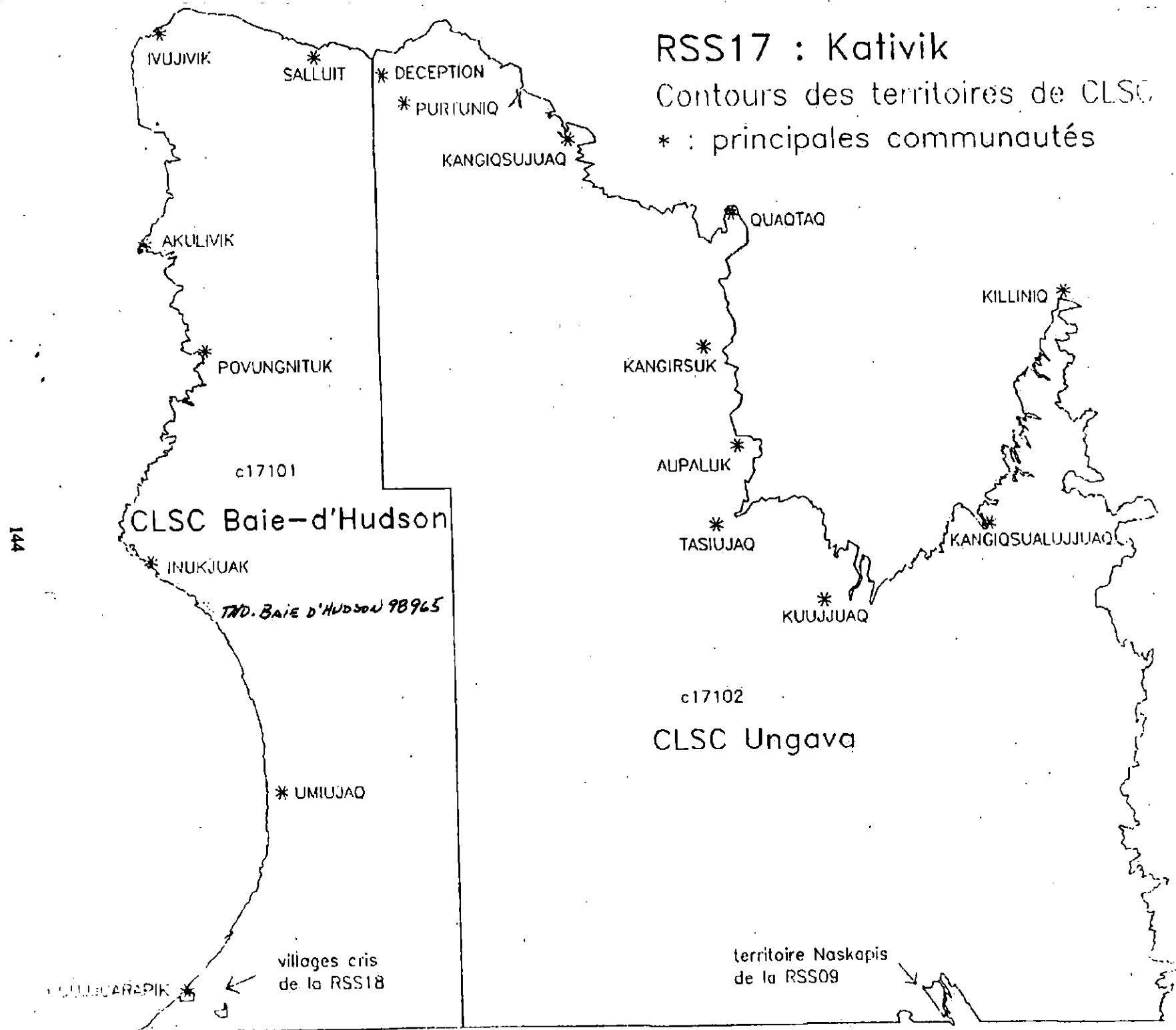
☐ ☐ breast feeding
☐ ☐ baby given in adoption
 adoptive parents: ☐ grand-parents ☐ other relatives
☐ non-relatives
☐ ☐ adoptive parents living in same community as mother

ANNEX 2
MAP OF THE HUDSON BAY TERRITORY

RSS17 : Kativik

Contours des territoires de CLSC

* : principales communautés

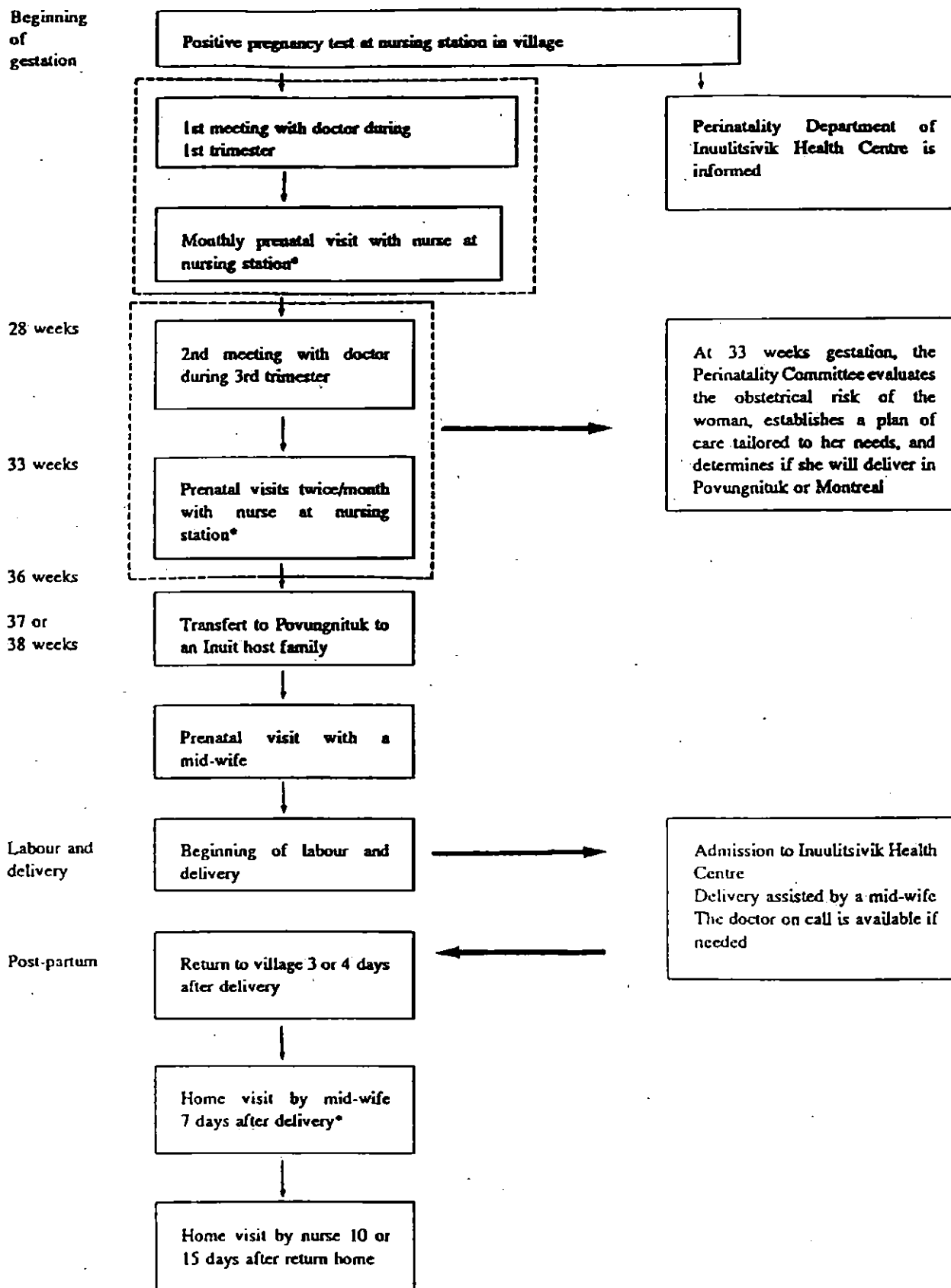


ANNEX 3

PERINATAL HEALTH PROCESS IN HUDSON BAY

ANNEX 3

PROCESS OF PERINATAL CARE IN HUDSON BAY



* The woman meets a mid-wife rather than a nurse if she lives in Povungnituk.

N 8817

V.A.

E 2142

Carignan, Ginette

AUTEUR

DSC CHUL

Pregnancies and Births among the
Inuit Population of Hudson Bay
1989-91

DATE

NUMÉRO
DU LECTEUR

DATE

NUMÉRO
DU LECTEUR

N 8817

V.A.