



MIDWIVES ASSOCIATION  
*of* BRITISH COLUMBIA



# Midwife of the Month Shannon Greenwood



EXCELLENCE IN RURAL AND REMOTE MIDWIFERY CARE

*Shannon Greenwood, RM is the co-chair of the rural and remote committee and an MABC board member. She has spent two decades working to sustain maternity care services on Haida Gwaii and has been practicing midwifery on the north end of the Island since September 2015. Greenwood talks about the complexity and intimacy of working in a rural and remote setting, and shares advice for aspiring rural midwives.*

**MABC:** Tell me about your midwifery practice on Haida Gwaii?

**SG:** Haida Gwaii is a remote island with no access to emergency c-section or OB backup. We also do not have pediatricians or anesthesiologists. Our consults are done by phone and women are medivaced off the Island if needed and this can take hours. We only offer low risk women the option of birthing on Haida Gwaii due to our limited resources and our level of isolation. We all work as a team here to provide the safest care possible for low risk women. I care for women on northern Haida Gwaii and my clinic is based out of Old Masset at the Haida Health Centre. I have hospital privileges at both hospitals on either end of the Island. I am contracted by the First Nations Health Authority and in addition to my role as a midwife I also provide outreach support, work in numerous maternal child health programs and participate in health centre functions and community events. I take advantage of being able to work with families up to 3 months postpartum. The contract covers extra meetings for higher risk populations if there are any women that need support over and above midwifery care, such as counselling. I still leave the Island periodically throughout the year to locum at South Community Birth Program to keep my skills fresh since it is low volume. I am super thankful for their support.

**MABC:** Haida Gwaii is often held up as an example of a community that has brought birth back. Is birth allowed in all communities on the Island?

**SG:** Currently there is a moratorium on birth in Masset so all the women are recommended to travel 110kms to the south end of the Island where the birthing program is at the Queen Charlotte Hospital. That said, we do have some women choosing to stay in the community even though we only have emergency backup here in the hospital in Masset.



Because we lost birth on northern Haida Gwaii in 2004, Queen Charlotte hospital remains the birthing site for Haida Gwaii. I have an in depth informed choice discussion with every woman so she knows that Queen Charlotte Hospital is the recommended birth site and the reasons why. Masset is set up for emergency birth only with limited resources. QCGH has trained GPs and nurses to back up the midwives in addition to up to date equipment. Some women choose not to leave Masset and some women are too far along in their labor and it is unsafe to transport to Queen Charlotte, 1.5 hrs away, if the birth is happening fast. In Masset I have second attendants, ambulance services, an emergency room, nurses and doctors on call and all are aware if a women is expressing that she may not leave or if there is a multip due who has a history of quick births. We are very transparent with our health team that these women are going to stay and it's better for us to prepare for it.

Queen Charlotte Hospital has never lost their birthing abilities and largely, that's thanks to the GPs and of course the women who continued to stay on Island and give birth. The GPs maintained maternity services until Celina Laursen began practicing midwifery on the Island and created a more stable birthing program on the south end. I'm in a community that doesn't have birth formally so to me returning birth to a community is a very big deal. If we had lost it on Haida Gwaii altogether we would have had a much harder time getting it back. We're incredibly lucky for all the hard work that Celina has done to stabilize birth on the Island. Now with midwifery services based in the north end as well, it is hard to still not be able to have birth in our community but at least we have the option to birth on Haida Gwaii.

**MABC:** When did your connection to maternity care on Haida Gwaii begin?

**SG:** Even though I've only been a midwife here for a short time, I have been involved in this birthing situation for years and years as a parent, as a doula, as a childbirth educator running perinatal outreach programs and doing research. On Island, birth has been a big issue here for a long time.



I had my son in June of 1998 with a lovely Island midwife just before registration. I attended a birth when I was pregnant and that's when I started work as a doula attending several births between 1998 and 2009. Throughout that time there were quite a few community discussion groups in the north and south about maintaining services here.



*Haida Health Centre*

In 2000 there had been times when the doctors and nurses were unstable in Masset and QC so it was hard for them to offer consistent services, due to our low volume and limited resources. However, women continued to choose to have their babies on Island. By 2005, the GPs and community knew Celina Laursen was in midwifery school and was coming back to practice here, and they tried to maintain the services. In 2005, after my daughter was born, I started volunteering at the Haida Health Centre in Old Massett, mostly providing breastfeeding support. That year, I was part of the creation of the Prenatal Group Clinic with a nurse and a doctor based on the Centering Pregnancy model. Now this program is one part of a highly successful Maternal Child Health Program (MCH) in the north end providing programs and services for children ages 0-5 and has been running formally since 2006. I worked as a childbirth educator at the Perinatal Outreach Program until I went to school in 2009.



The Haida Health Centre was very kind to welcome me back when I was in school so I continued to work there when I was at home. I love our MCH team – they work so hard to give all the women the best support.

A special event in our community is the Baby Welcoming Feast. Every 2 years, the Maternal Child Health Program and the Haida Health Centre host this ceremony. We started this celebration 10 years ago because all the women in Massett had to leave to give birth and it was a way of welcoming the families and new babies back into the Haida community. Families are given gifts and honoured for the challenges and successes of transitioning into parenting. It is a wonderful, celebratory feast and we usually have between 40-45 Haida First Nation babies that we celebrate. This year we have almost 50 Haida babies being celebrated.

In 2010 I worked with a partner from Haida Child and Family Services to publish an Old Massett birth stories book. There are stories in the book from women from several generations, ancient Haida birth art and Xaad Kil (Haida language) to celebrate women who birthed in Old Massett, remotely or who travelled the then, long, bumpy road to QC. It was an amazing project and I was very fortunate to be a part of it.

I went to the UBC midwifery program in 2009 and graduated in 2013. When I came back to Haida Gwaii, I was not able to get hospital privileges here so I worked at the Haida Health Centre and did prenatal and postpartum midwifery care for women who left the community to birth. My first year as a registered midwife I was gone a lot and worked at South Community Birth Program in Vancouver. At the end of my first year I moved to Campbell River to cover a one year mat leave. Throughout that year, Old Massett, Skidegate, Celina Laursen, Shannon Norberg and the local GP's and myself, worked with the First Nations Health Authority to develop the midwifery services contract we're currently using. When I came back I received hospital privileges on September 21, 2015 and we signed the contract in November.



MASSETT BIRTH STORIES

# GAW KAAYGANG GYAHLANGEE

Birth is an intimate and timeless  
rite of passage for women of all generations  
and all cultures.

This book is for all the generations of mothers in  
Old Massett: those who leave Haida Gwaii to birth,  
the generations of mothers who traveled the long  
and bumpy road to Charlotte, the women who gave  
birth in the Masset hospital, and to the women who  
birthed in isolated locations while working in  
canneries or at fish camps.

This book is also for future generation of mothers to  
provide comfort and inspiration as they embark on  
the transition into parenting.

These stories will continue to remind us that birth is an  
integral part of community, family and culture.



MASSETT BIRTH STORIES – GAW KAAYGANG GYAHLANGEE



Haida Child and Family Services  
&  
Old Massett Haida Health Centre

2011

Haida Child and Family Services & Old Massett Haida Health Centre

*Gaw Kaaygang Gyaahlangee, Massett Birth Stories*



MABC: You've put nearly two decades of work into building the foundation for the midwifery practice that you have on Haida Gwaii today. What would your advice be to an aspiring midwife who wants to work in a rural, remote and/or First Nations community?

SG: If the aspiring midwife comes from the community they want to work in I feel they have a better chance at success. I don't want to discourage people, I just think they would have a lot more challenges as a newcomer to a small community trying to build relationships. I would love to see small town community members choose to bring midwifery to their community, leave for school and return as midwives. It is really hard to uproot for the time away at school – very hard on your family and very challenging. However, I think you are more motivated to work hard, graduate and come home to offer midwifery services if you are connected to your community. I wouldn't be working as a midwife on Haida Gwaii if it wasn't for the amazing community support I have received. When I came back after midwifery school I didn't have hospital privileges and I had clients who knew I was not able to deliver their babies but they still came to see me for care in the health centre. It is because we had a relationship. Anything you can do to build relationships is key. Another good idea is to see if you can go meet the band council and give a presentation on midwifery, talk to the hospital site manager, connect with women who want midwifery care, and take nurses and doctors out for coffee. When you're in a rural community you have to work interprofessionally. We all work together – the nurse practitioners, the GPs, the nutritionists, the community health and public health nurses. It's a team based approach. You can't do it on your own.

A few years ago I was really encouraged when speaking to a UBC midwifery class. I discovered that the majority of people in that class were from rural areas and planning on returning home to practice. Those are the people that know the community and how it works and what the logistics are. But they will need support. I worked as a paramedic for 5 years before I was a midwife, and off and on while I was in midwifery school, and that taught me a lot about the medivac system, working collaboratively and transferring people in a remote setting. It really helped. Having that sense of community can help when you get back home; people take you seriously. One of the bigger issues about living rurally is that a lot of our healthcare workers are transient and it's hard to build trust.



A big fear of the community can be that someone is going to start up a practice and then leave, and then you're left with nobody and have to build a relationship with somebody else. Spending time in the community networking and finding an advocate who can vouch for your commitment and dedication to practicing there – whether it's a site administrator, a nurse manager, women advocating for midwifery care, a doctor or another midwife – is critical.

MABC: What keeps you committed to your work?

SG: What keeps me going is the women, their families and the community. I think a lot of midwives would say that. I work closely with my clients and see them everyday – they're in offices next door to me, at feasts and dinners, on the beach, all over town. It can be intense because sometimes there's not a lot of personal space but I love it. Everyone is so respectful and it's very special to be so welcomed into your community members' lives. It's an amazing feeling to be part of such an important event and it is so intimate in a small community. I love that I get to see the babies grow up and feel connected to them. Women are so happy and proud to give birth on Haida Gwaii and that's why everyone has worked so hard to keep it here. It is especially heart warming when we have a birth in Masset even though it is so rare. We're a community that is not able to embrace birth on a regular basis; we only have people die in our community. It sounds a little dramatic but it's true. Birth gives such a boost to the community. It is such a very special event when there is a baby born here and that day you can hear everyone talking about it all over town. It is also special when women travel to give birth at Queen Charlotte Hospital and their whole extended family comes down with them – those are the kinds of events on Island that keep you going. Being part of such an intimate, special process, that's been my whole journey, and I feel so lucky.



BC Midwife of the Month is a monthly profile series presented by the Midwives Association of BC. This series honours practicing midwives for their extraordinary contributions to current issues facing the profession and serves to introduce the public to a broad spectrum of midwives working in BC.

