



Submitted by: Elsie Amoako (Founder/CEO --Mommy Monitor)

Website: mommymonitor.ca

Email: Elsie@mommymonitor.ca

Phone: (647)239-0963

Mistreatment/Violence & Racism against Black Women during Child Birth in Canada.

Obstetric trauma is one of the most common adverse events for women during child birth in Canada and are often a result of system failures. The psychological and physical impact of the adverse complications experienced are even more common and traumatic for Black women living in Canada.

Currently there are 1, 198, 545 Black people living in Canada, with 51.6% being Black women¹ and the population will continue to grow with numbers estimated to double by 2036. As the population grows, Black women continue to give birth in Canada and have outcomes that are up to 4 times worse than their white counterparts². The adverse outcomes Black women experience are connected to various factors³, but the experience of trauma, mistreatment and violence disproportionately impact them and their maternal/reproductive health outcomes. Although, there is very limited data on Black women in Canada and their reproductive/maternal health (no race data in health care⁴), our organization (Mommy Monitor) has interacted with thousands of Black women and birth workers throughout Canada and they have shared that they are significantly ignored, disrespected, harmed and overlooked during childbirth. Black women have revealed the insensitivity, racism, discrimination and stigma they face while trying to receive culturally sensitive, safe, and appropriate care. Our organization has gathered anonymous quotes from black mothers describing their trauma and experiences with violence during birth to further demonstrate the need to address this issue (See Appendix 1).

¹ Statistics Canada (2019) Diversity of the Black population in Canada: An overview. Pgs. 1-22

<https://www150.statcan.gc.ca/n1/pub/89-657-x/89-657-x2019002-eng.htm>

² CDC (2019) Reproductive Health: Pregnancy related deaths.

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>

³ Halwani, Sana (2004) Racial inequality in access to health care services .Ontario Human Rights Commission.

<http://www.ohrc.on.ca/en/race-policy-dialogue-papers/racial-inequality-access-health-care-services>

⁴ Siddiqi, Arjumand (2015) Should we routinely collect data on race? Canada at a crossroads.

<http://www.dlsph.utoronto.ca/2015/10/should-we-routinely-collect-data-on-race-canada-at-a-crossroads/>



Medical decision making is complicated, although health care providers in Canada are not decision makers per se, they do have a controlling role in medical decision making⁵. Informed consent for reproductive health care and childcare is expressed as being a model of 'shared decision making'. However, for Black women this can be compromised depending on the setting, if there is a lack of cultural sensitivity, clinical decision making that is based in a lack of experience with Black patients (clinical uncertainty), implicit stereotypes a provider may have⁶, lack of information a patient has about their reproductive and/or patient rights (patient bill of rights⁷).

There is no formal reporting channel for the collection of information concerning mistreatment/violence during childbirth and each province has a different method for collecting this information or does not collect at all. For example, in Ontario 1 in 3 mothers has a traumatic birth experience, however, the province lacks the centralized system to track complaints of mistreatment⁸. The birthing community in Canada has identified many cases in which mothers are met with coercive tactics or threats and although some file complaints, available supports (like a dedicated patient ombudsman) varies across the country.

Our health care system currently does not have any policies concerning VAW and reproductive/maternal health or child birth. We currently do not have any national strategy for VAW, and since Black women historically have been vulnerable to various types of violence (specifically sexual (3.5x more) & reproductive) they continue to be subject to higher rates of violence in all spaces (ex; The Ontario Council of Agencies Serving immigrants made a report that revealed that Black women who were pregnant and HIV+ were automatically being reported to child and family services). Addressing VAW in all forms, especially reproductive and child birth needs to be a priority in Canada and Black women need to be focused on and their pain acknowledged. The lack of race data to clearly identify the challenges affecting Black women in Canada and to inform policy, as well as the limited options or support to develop sustainable solutions is an issue that can potentially become much worse if it is not addressed.

⁵ Coughlin, Kevin W (2018) Medical decision-making in paediatrics: Infancy to adolescence. Canadian Paediatric Society, bioethics Committee. Paediatr Child Health , 23 (2):138-146

⁶ Nelson, A.R, Stith, A. Y , & Smedly, B. D (2002) Unequal treatment: Confronting racial and ethnic disparities in health care. National academics press.

Bediako, Shawn M & Moffitt, Kimberly R (2011) Race and social attitudes about sickle cell disease. Ethnicity & Health Vol 16, No 405, Aug-Oct 2011, Pgs. 423-429.

⁷ Smith, Margaret (2002) Patient bill of rights- A comparative overview. < <http://publications.gc.ca/Collection-R/LoPBdP/BP/prb0131-e.htm>>

⁸ TVO (2016) Mothering Silence: Birth Trauma in Ontario <https://www.tvo.org/article/mothering-silence-birth-trauma-in-ontario>



Appendix 1

Quotes

“After giving birth to my son I started to feel severe pain. The hospital kept giving me Tylenol. After a couple of Tylenol’s, I continued to feel unwell. I was given an epidural to reduce the pain. Hence there was a catheter inserted. It turned out that the pain was back backed up urine. The failed to empty the sack.”- Anonymous #1

“My pregnancy was a challenge due to severe nausea but the hospital did not make my experiences any better for most of my visits. I remember fainting at the triage and instead of helping me up, one of the nurses ask me to help myself up. I was furious because I felt my pregnancy or health meant nothing to them. I also remember them calling security after I asked the nurse that disrespected me not to touch me. I also filed a report at the hospital and the person who took my report came back to notify me that the nurses were on modify duty and have back pain. I asked her why would they be at the front taking care of emergency patients. Nothing else came out of it. There were other incidents such as refusing to help me while in pain and sending me home because they assume, I was in the hospital too long. One specific nurse made comments and release me the same day. But I notified by OB/GYN and he took care of it. My opinion, some of the nurses and doctors do not show compassion, empathy and treat you like a patient who is pretending.”- Anonymous #2

“While experiencing a postpartum hemorrhage, I went to the hospital emergency department. While waiting for test results I was set out in the hallway on a stretcher with other patients - mostly older men. Once I get the all clear to go home, the nurse set all my belongings on the bed (from under the stretcher) and told me to change in the bathroom down the hall. I had to hold my pad in place as I had no underwear on and carry my clothing past all these men with the back of my gown wide open as I didn't have any more hands to hold it closed. I was not offered any help and the nurse was unsympathetic to my situation - throwing my clothes on the bed and directing me to find my own way down the hall. I felt degraded and humiliated. “—Anonymous #3

“during my labour of twins i had delivered the first but the second was transverse. I was not counselled by anyone on the need for pain medication when it came to the turning of the 2nd twin as I had expressed wanting to keep the birth as natural as possible. on a table with a "few" students my dr a dr for each twin a nurse for each twin a nurse or 2 for me- there was at least 12 people in the room- dr started trying to turn baby and his arm was as far as it could possibly go after already delivering 1 baby- the pain was excruciating and my heartrate plummeted as



well as the baby- resulting in emergency C-section. when in the room for C-section I clearly felt them starting to cut although i wasn't out yet- I screamed I'm not out and i heard muffled voices saying not until i say- this all resulting in traumatic experience for me- didn't see twin 2 for hours as I had a hard time "coming out of it" had the feeling the entire time like they were trying to teach me a lesson for wanting to try a natural twin birth..."—Anonymous #4

"I gave birth to my second child at Sunnybrook Hospital December 2016. In the delivery room, there were about 2-3 students, 1-2 nurses and the Doctor. After the baby came out and I was all stitched up, a student Doctor checked my stomach and pelvic area. A few hours later when I finally got up to use the washroom, I noticed that my stomach was really big, hard and round. For some women, this is normal, but I knew it was not for me. After I gave birth to my first child, my stomach was considerably smaller and softer. I mentioned this to the nurse and Dr., but they all mentioned that it was normal. Exactly one week later, it was a Saturday, I was on my feet a lot more than usual, flooded with guests and did an at home photoshoot, therefore I was bleeding more than usual. I didn't think much of it throughout the day. In the evening, the blood didn't stop. I was home alone with my kids for an hour and at that time, the blood was so much that I was naked in the bathtub as blood clots continued to come out of me. I was transported by an ambulance to the closest hospital, which was the Oshawa Hospital (we moved to Whitby from Toronto a month prior to my delivery). When I got to the hospital, the paramedics left me in a stretcher in a hallway. I remained there for about 30 minutes as I continued to bleed. As a lay there, I noticed that I started to feel light headed and my vision was blurry. I had to call for someone to come help me. I then got sent to a room and eventually given an IV and a doctor came to help me. The Doctor then discovered that there was some of the placenta still inside of me, about the size of a fist. I was given medication which assisted the remaining placenta to be removed. With all the bleeding, I thought I was going to die. I thought I was going to die one week postpartum because I was not given adequate care after delivery and my concerns were not appropriately addressed. Thank you for providing this platform for us to share our stories."—Anonymous #5

"During my first birth while in labour at home (as planned) my birth attendants convinced me to let them break my waters to "speed things up" despite my birth Plan stating that I wanted no interventions. At that point I had been in labour for days and was about 8 cm dilated. When they broke my waters, they found meconium and as a result I was transferred to the hospital while in transition. Because I had tested GBS positive but refused antibiotics in labour they told me that if we went to the hospital without doing at least one round of antibiotics I would be flagged for CPS. I then agreed to the antibiotics. I still managed to have a non-medicated birth at the hospital but had a number of other unnecessary interventions as a result of "hospital practices", including: an episiotomy which resulted in pain during my subsequent two



pregnancies, Immediate cutting of the cord so they could check my baby (who was healthy) An injection during third stage of labour All this despite my birth plan stating NO interventions, no third stage meds, delayed cord clamping.” –Anonymous #6

“ at one point they made a mistake with my epidural before I had to go in for my C-section and they were like sorry we went too far and you are going to have to have another procedure where we go back into your spine to fix it- and they were like don’t worry—obviously I am worried because I let you go into my spine and you did it incorrectly” –Anonymous #7

“after my birth experience with the midwife I stayed in the hospital for a day or two and the nurse that was on shift—postnatal, right after my birth, it was a disastrous night. She was very judgemental, I felt targeted. I felt discriminated against and it was not good at all and I was put at risk for complications after my birth simply because of the inadequate care I received from that particular nurse”—Anonymous #8

“my care shifted entirely from when I was in the birth centre to when I was in the hospital. I just felt like I did not have as much choice as I had at the birth centre, I felt like things were moving quickly and being decided for me and I also felt like I was kinda being guilted into making particular decisions” ---Anonymous #9