Association of Ontario Midwives
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June 3, 2019

Maternal and Perinatal Death Review Committee
Office of the Chief Coroner
25 Morton Shulman Ave
Toronto, ON M3M 0B1

Dear Maternal and Perinatal Death Review Committee:

Re: 2017 Maternal and Perinatal Death Review Committee Report

The Association of Ontario Midwives (AOM) is the professional organization representing approximately 900 Registered Midwives and Aboriginal Midwives in the province. Every year, the AOM's Quality, Insurance and Risk Management (QIRM) Committee reviews the Annual Report of the Maternal and Perinatal Death Review Committee (Coroner's Committee), focusing on how we can help our midwives learn from the recommendations contained therein. The report is invaluable to our learning, the professional development of our membership, and the continuous improvement of quality care in midwifery.

The AOM shares the entire report and the redacted case reports with midwives, highlights cases and themes of particular relevance or importance for midwifery, and identifies actions that the AOM should take to address the recommendations. We value the opportunity to not only learn from the report, but to provide feedback to the Coroner's Committee to improve understanding of the care that midwives provide, how recommendations may be implemented, and to achieve our mutual goal of the provision of safe, quality care and to improve maternal and newborn outcomes.

On reviewing the 2017 report, the QIRM Committee identified several cases that reference Indigenous peoples in a stereotypical manner. Providing stigmatizing details that are irrelevant to the outcomes of the case being reported (e.g. indigeneity, childcare, consumption or abstention from alcohol and drug use), contributes to the marginalization of Indigenous communities. As Dr. Billie Allan recognized, "stories of Indigenous health in Canada told in the mainstream society are generally not authored by Indigenous peoples themselves, and are often characterized by racist stereotypes and images" (1).

The Truth and Reconciliation Commission (TRC) recommends actions to identify and implement the health care rights of Indigenous people and close the gap in health outcomes between Indigenous and non-Indigenous people (2). The following are examples of our concerns:

- **Case 2017-EX-06** references the decedent's indigeneity, childcare, and alcohol consumption. There is no clear clinical relevance to mention her indigeneity and childcare.
- **Case 2017-EX-07** refers to a decedent as Indigenous and "known to the local police and had a history of consuming alcohol and causing a disturbance". These details do not appear to be clinically relevant, nor are details such as historical alcohol consumption included for non-indigenous decedents.
- **Case 2017-N-05** states that the mother of the deceased infant "smoked during pregnancy, but there was no alcohol or drug use." We acknowledge that smoking may be relevant to the infant's death, but acknowledgement that the mother refrained from alcohol and drug use was not noted in relation to other, non-Indigenous families.

In keeping with the TRC recommendations, it is our hope that the Coroner's Committee considers the impact of the deep-rooted history of systemic and institutional racism when writing future reports. Both interpersonal and systemic racism continue to be pervasive in our health care system, and result in health inequities experienced by Indigenous peoples. Indigenous survey studies report experiences of racism, including unfair treatment due to racism to have prevalence rates of 39 to 78 per cent (3). Fears of racism deter patients from seeking medical care.

When delivered in a culturally safe manner, the report provides an excellent opportunity for learning and improvement. If the committee is interested, the AOM has an Indigenous team that has experts in Indigenous maternal and child health and would support the Committee to address these concerns and undertake to provide culturally safe reports. Thank you for the opportunity to review the report and for taking the time to consider and respond to this letter. We will provide responses to specific clinical cases raised in the report in a separate letter.

Please do not hesitate to contact either of us should you have any questions.

Sincerely,

Abigail Corbin, RM
Chair, Quality, Insurance and Risk Management Committee

Allyson Booth, RM
Director, Quality, Insurance and Risk Management
Cc Kelly Dobbin, College of Midwives of Ontario

References

1. Allan B., Smylie J. First Peoples, Second Class Treatment: The role of racism in the health and well- being of Indigenous peoples in Canada. The Wellesley Institute [Internet]. 2015 [cited 2019 Mar 21] Available from: http://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Summary-First-Peoples-Second-Class-Treatment-Final.pdf

2. Truth and Reconciliation Commission of Canada. Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada [Internet]. 2015 [cited 2019 Mar 21] Available from: http://nctr.ca/assets/reports/Final%20Reports/Executive_Summary_English_Web.pdf

3. Brascoupé, S., Cole, M., Crowshoe L., Dallaire J., Funnell S., Green M., Kitty D., Leyland A., McKinney V., Safarov A., Smylie J. The College of Family Physicians of Canada. Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada Fact Sheet [Internet] Feb 2016 [cited 2019 Mar 21] Available from: https://www.cfpc.ca/uploadedFiles/Resources/_PDFs/SystemicRacism_ENG.pdf