Improving Maternal and Infant Healthcare Access for Indigenous Communities in Remote Areas in Ontario

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ABSTRACT

This literature review discusses maternal birth evacuations and infant mortality among Indigenous women in Canada. Maternal evacuation policies are meant to improve the health outcomes of mothers and infants, but have brought feelings of loneliness, anxiety, and cultural displacement among Indigenous women. (Lawford et al., 2018). These policies negatively impact breastfeeding and giving birth in a culturally-sensitive manner (Silver et al., 2021). Indigenous infants are also hospitalised more often than their non-Indigenous peers, due to unmet health care needs (He et al., 2017). These include the addressing of the Indigenous health perspective, revitalisation of midwifery service, and cultural safety training for health care providers in Ontario. Yet, many systemic barriers to success exist, such as a lack of infrastructure, long wait times, and discrimination. Increasing Indigenous-led facilities, blending traditional and modern medical practices, and improving access to remote services are crucial to providing equitable and culturally safe health care (Kozhimannil, 2020). Reducing maternal health disparities and infant mortality requires coordinated efforts from Indigenous organisations, health care providers, and policymakers.

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Introduction

Given that most Indigenous people live in remote communities, Indigenous women lack adequate access to maternal health care and are more likely to encounter complications. They typically need to leave their communities and support systems when seeking medical attention. As a result, several negative birth experiences have been reported in urban areas, as they are frequently met with discrimination and stigma (Bacciaglia et al., 2023).

Such difficulties can be attributed to historical and continued colonial events. For example, the British North American (BNA) Act has perpetuated health disparities through the creation of jurisdictional divides in the supply of health services. The BNA Act states that "Indians* and all land reserved for Indians," specifically status card holders, fall under federal jurisdiction, while health care is a provincial matter. Although provinces are responsible for delivering health care services to residents within their borders, they have historically asserted that the federal government is responsible for health care on reserves. The disputed responsibilities between federal and provincial governments have led to a fragmented health care system full of service gaps and delays for Indigenous people. Federally funded programs, such as community health representatives, nursing stations, and itinerant doctors, are often limited in scope and capacity.
These programs tend to be inadequate and heavily rely on medical evacuations to provincially-run hospitals for specialised or emergency care. This typically disrupts family and community support during childbirth, putting mothers under unnecessary stress (Burnett, 2020).

This literature review focuses on the insufficient maternal health care available to Indigenous mothers in Canada. Many Indigenous populations live in remote communities with limited or nonexistent health care infrastructure, resulting in a reliance on evacuation to urban centres for maternal care. This review aims to highlight the need for increased accessibility and cultural safety and reduced evacuations in maternal health care, intending to reduce health disparities and improve care quality and birth outcomes for Indigenous populations.

Negative Impacts of Limited Health Care Access on Indigenous Women

Indigenous communities in Canada continue to face significant disparities in access to health care services. While this should be an issue of the past, over the past year, a considerable proportion of Inuit (18%), First Nations people living off-reserve (14%), and Métis (11%) reported waiting a month or more to see a primary health care provider for non-urgent needs (Yangzom et al., 2023). These delays reflect broader issues of health care accessibility, with over a quarter of Indigenous peoples experiencing unmet health care needs (Statistics Canada, 2024). Many attribute these challenges to the unavailability or remoteness of services, particularly in rural and northern areas. For Inuit communities, the situation is even more difficult, as accessing health care often involves travelling vast distances, sometimes exceeding 1,500 kilometres (Statistics Canada, 2024).

These barriers to timely and accessible health care are exacerbated during pregnancy, since during these nine months, pregnant Indigenous women from remote regions are transferred to urban centres for childbirth on numerous occasions for time-sensitive appointments. While the policy of maternal evacuation was initially implemented to improve maternal and infant health outcomes, it has led to complex social and emotional challenges, alongside persistent disparities in infant mortality and hospitalisation rates.

*It is important to note that Indigenous people are not to be referred to as 'Indians' as this is an outdated term that unfortunately remains in use in the context of the BNA Act

Maternal Evacuation

Maternal evacuation, the routine transfer of pregnant Indigenous women from remote regions to urban centres for childbirth, has been a long-standing policy in Canada (Lawford et al., 2018). While reductions in maternal and infant mortality rates have been noted since the policy's implementation in the 1960s, studies have yet to conclusively determine the extent to which evacuation is responsible for this trend (He et al., 2017). Instead, substantial evidence highlights a range of emotional, social, and cultural harms associated with this practice (He et al., 2017). Studies consistently report loneliness, fear, boredom, and anxiety among Indigenous women evacuated for childbirth (O'Driscoll et al., 2011). The stress associated with being away from home and support networks can negatively impact breastfeeding and mother-infant bonding. Moreover, evacuation disrupts traditional Indigenous birthing practices and knowledge transmission, leading many mothers to feel alienated and experience a psychological feeling of having no control over their treatment during childbirth. This practice erodes cultural continuity and community wellness by separating families and preventing community participation in the birthing process (Silver et al., 2021). Furthermore, financial hardships are common, as evacuated women often worry about lost wages, job loss, and travel expenses (O'Driscoll et al., 2011). Inadequate government funding frequently prevents family members from accompanying women to urban centres. The prolonged absence of mothers from the home can result in behavioural issues and emotional distress in children, as well as family tensions and disagreements (Silver et al., 2021).

Infant Mortality

Beyond the negative impacts of evacuation, Indigenous infants in Canada face significant disparities in hospitalisation rates (He et al., 2017).

A population-based study examining singleton births in Quebec between 1996 and 2010 found that First Nations infants had a 105% higher rate of all-cause hospitalisation compared to non-Indigenous infants (unadjusted RR 2.05, 95% CI 1.99–2.11) (He et al., 2017). After adjustment for covariates, the risk remained high (adjusted RR 1.43, 95% CI 1.37–1.50) (He et al., 2017). As the study cohort only includes births up to 2010, existing disparities between Indigenous and non-Indigenous infants may be larger today, highlighting the need for more recent research. Furthermore, Inuit infants in the study also experienced elevated hospitalisation rates, with a fully adjusted RR of 1.37 (95% CI 1.24–1.52) (He et al., 2017). Infections and respiratory diseases were the two leading factors contributing to hospitalisation among all three groups, but the absolute risk differences were much larger for First Nations and Inuit infants compared to non-indigenous infants (He et al., 2017). The risk difference for acute bronchiolitis was 37.0 per 1000 for First Nations and 39.6 per 1000 for Inuit infants relative to non-Indigenous infants. For pneumonia, it was 41.2 per 1000 and 61.3 per 1000, respectively (He et al., 2017). These higher hospitalisation rates and leading causes indicate substantial unmet health care needs for Indigenous infants, including preventative care such as immunisations and safe living environments (Shapiro et al., 2018). Additionally, inadequate medical care of less severe diseases, such as delays in diagnosis or treatment, could progress to more severe diseases requiring hospitalisation (Government of Canada, 2023).

What is Being Done in Ontario to Combat This Issue?

In Ontario, there have been notable efforts to address the challenges faced by Indigenous women in accessing culturally safe and effective maternal care. However, significant gaps remain that have yet to be filled. There are current interventions with the goal of reducing barriers and improving outcomes, but they do not fully address systemic issues.

One of the current efforts in Ontario is the piloting of programs aimed at integrating Indigenous health perspectives into broader health frameworks. Some of these initiatives provide mobile health units or telemedicine services to increase access for remote communities. Such programs follow a holistic approach, with an emphasis on mental, emotional, and cultural dimensions (Silver et al., 2021). Additionally, there are organisations looking to rebuild Indigenous midwifery services, such as the National Aboriginal Council of Midwives. These organisations focus on enhancing the accessibility of culturally appropriate care that integrates traditional birthing practices. Midwifery is becoming more recognised as a safe, accessible option for childbirth, as it leads to better maternal outcomes, fewer preterm births, and increased prenatal engagement (Brown et al., 2016).

When accessing health care services pertaining to their pregnancy, Indigenous women have a history of being frequently encountered by stigma, discriminatory language, and dismissiveness from physicians. Indigenous people living off reserve have often stated that their health care needs felt unmet because they had difficulty being referred to a specialist and were not provided with the appropriate prescription or treatment (Statistics Canada, 2024). The implementation of mandatory cultural safety training for health care providers would help combat this issue. This training would educate professionals about the historical and ongoing impacts of colonialism, fostering empathy and understanding toward Indigenous patients (Bacciaglia et al., 2023). The presence of an infrastructure gap is clear, considering that at least a quarter of Indigenous people wait over two weeks for non-urgent care with a health care provider. Wait times have been growing in Canada and are even longer in remote areas where most Indigenous communities are located. Provincial health agencies have partnered with Indigenous organisations to create more birth centres closer to Indigenous communities to reduce evacuation to urban areas (Statistics Canada, 2024).

Despite recent progress, systemic and practical challenges persist. A potential solution is the expansion and funding of health care facilities led by Indigenous elders, midwives, obstetricians, and other medical professionals. Such leadership would create a culturally safe environment that is accessible to Indigenous populations. These centres can also deploy mobile clinics to bring health care to other remote areas that do not have a large facility. These centres would integrate modern medical practices with traditional Indigenous knowledge.

In Ontario, progress has been made in addressing maternal health care challenges for Indigenous women through initiatives such as midwifery services, telemedicine, and cultural safety training.

However, systemic barriers such as infrastructure gaps, long wait times, and discrimination persist. Expanding Indigenous-led health care facilities and integrating traditional practices with modern medicine are essential to building a more equitable and culturally safe system meeting the needs of Indigenous communities.

Conclusion

In conclusion, this literature review discussed various challenges related to maternal health care that have been faced by Indigenous women in Canada, mainly concerning maternal birth evacuations and infant mortality. While the policy of maternal evacuation was well-intended—to improve the health outcomes of mothers and infants—the social and emotional consequences for Indigenous women have been overall negative, with overwhelming feelings of loneliness, anxiety, and loss of cultural practices (Bacciaglia et al., 2024). Moreover, Indigenous infants experience disparities in hospitalisation rates compared to non-Indigenous infants, highlighting current unmet health care needs within these communities (He et al., 2017).

Efforts in Ontario to address these challenges, such as integrating Indigenous health perspectives, rebuilding Indigenous midwifery services, and providing cultural safety training for health care providers, are steps in the right direction. However, systemic issues persist, including infrastructure gaps, long wait times, and discrimination (Smylie & Phillips-Beck, 2019). Indigenous-led health facilities are expanded, combined with traditional practices and modern medicine, and increased access to remote areas to build an equitable and culturally safe health care system for the Indigenous communities.

Moving forward, ongoing collaboration by Indigenous organisations, health care providers, and policymakers will be essential in improving maternal health outcomes and reducing disparities in infant mortality for Indigenous peoples across Canada.

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