

Submission for UN Special Rapporteur on Violence Against Women - May 17, 2019

[The Obstetric Justice Project](#) is a patient advocacy initiative working to expose mistreatment and abuse in reproductive healthcare across Canada.

Violence against women, 2-Spirit, trans, non-binary, intersex, and gender-non-conforming people during reproductive healthcare and childbirth is a hidden epidemic. It is difficult to assess the full extent of the issues because they are so normalized in our medical systems.

In this short submission to the UN Special Rapporteur on Violence Against Women, we will *briefly* outline *some* of the issues in attempting to answer the four questions posed in the [call for submissions](#).

1. There is overwhelming evidence that mistreatment and violence in reproductive healthcare and childbirth is a daily reality in Canada that [disproportionately impacts marginalized populations](#).

We have gathered evidence of practices in this country that defy the World Health Organization's recommendations for

the prevention and elimination of disrespect and abuse during childbirth ([2015](#)), the recommendations for intrapartum care for a positive childbirth experience ([2018](#)), and that violate basic human rights.

Some of this violence is passive and unintentional, some is blatantly targeted, but all are serious and disturbing symptoms of deeper systemic issues that must be addressed urgently.

Here is a small sample of recent stories from the news:

Indigenous women and 2-Spirit people have historically been - *and continue to be* - forced and coerced into [abortion](#) and [sterilization](#) in Canada. There are currently at least two proposed class action lawsuits underway for victims affected [as recently as 2018](#).

Preventable complications and maternal deaths happen far too often in Canada too. Just last year, a healthy new mother died of an infection after *three days* of reporting symptoms that were [dismissed and ignored](#) by her healthcare team in Markham, Ontario. She was not the only patient to acquire a Strep A infection in the childbirth unit that month, but she - a young woman of colour - was the only one to lose her life.

In Winnipeg, Manitoba, a [young mother died](#) of infection after doctors neglected to remove her epidural catheter for 28 hours in 2017.

In Halifax, Nova Scotia, a new mother is now [a quadruple amputee](#) after doctors allegedly neglected to remove a piece of her placenta during delivery. She presented in the Emergency Department three days later but no exam was performed. Symptoms were dismissed as “constipation” and she was sent home where the infection worsened.

In March of this year, [a nurse](#) in Moncton, New Brunswick was fired after being caught misusing a labour-inducing drug on her patients *without their knowledge or consent*. In some cases causing potentially life-threatening emergencies.

For over a decade, [an obstetrician](#) in North York, Ontario was inducing labour for his patients by inserting drugs into their vaginas *without their knowledge or consent*.

On our [Community Story Blog](#), people from across Canada have come forward to share their personal stories of

mistreatment and violence in reproductive healthcare, including prenatal care, childbirth, postpartum care, mental healthcare, [abortion](#), pregnancy and infant loss, and more.

Many have shared [stories of discrimination](#), including young adults and teenagers who experienced cruelty, disdain, and verbal abuse about their age and perceived ability to parent from their healthcare providers while giving birth and receiving care.

Others reported being threatened, openly or implicitly, with child welfare service involvement if they did not abide by their doctor's orders. Some share their experiences with false calls to children's aid and the toll it has taken on their families and mental well-being.

Others have faced barriers accessing respectful and timely abortion care in their communities.

[Jen from London, Ontario](#) shared her stories of losing three babies to miscarriage:

"I can handle the fact I lost my pregnancies. I can handle the memory of the blood, and the pain. But I can't get over the feelings of being mistreated, and the knowledge that I was put through many aspects of these experiences

unnecessarily. Pain affecting women's reproductive parts is not taken seriously. I have received pain shots for stitches on my finger, yet when a vacuum abortion was violently performed on me, pain was an afterthought. How is this even possible?"

These experiences have left Jen traumatized and helpless:

"I am a master's educated 30-something and I could not navigate this experience, nor advocate for myself."

What is just another shift on the job for a healthcare provider can be a life-altering event for a patient when they do not receive the respectful, rights-based care we all deserve.

[Sammy from Parry Sound, Ontario](#) shared her traumatic birth experience with an abusive nurse:

"Did you know you could get PTSD from childbirth? I didn't."

"The way I was treated at the hospital broke me, it wasn't that my daughter's cord was wrapped around her neck

and it was a close call, and it wasn't that two seconds after they had her breathing, I hemorrhaged. It was how awful a nurse treated me.

She made me feel like scum. I wasn't important. I didn't matter. And mostly, that this was all my fault.”

“Everyone I talked to right away would say "you need to write a letter to the hospital." They were right but I couldn't because I was so, so broken that I felt like I deserved how I was treated.

The way that nurse treated me was not okay. I never want anyone else to be treated the way I was. I have been struggling for a year and it took 6 months for anyone to put a name on what I was experiencing. Postpartum PTSD.”

2. Although there are [laws](#) laying out the requirements for proper consent in Canada, one of many common themes in the Community Story Blog submissions is the total [lack of informed consent](#) in reproductive healthcare; especially childbirth.

Blanket consent forms are signed upon admission to the hospital, so many care providers consider consent to be implied, even though by law, patients still need to be informed of every proposed intervention and have the time and space to consider their options.

Consent is even used as a weapon (ie: threats to involve children's aid services if doctor's orders are not followed, or implying that a patient will not be a good parent or will be putting their child's life in danger if they question orders; the "dead baby card")

We surveyed 410 patients of a Catholic teaching hospital in Toronto, Canada. Many reported being subjected to non-essential and non-evidence-based procedures (frequent internal exams, routine episiotomy, etc) without their prior knowledge or consent. [Please click here](#) to view the full report.

3. Most medium-to-large hospitals in Canada have a dedicated Patient Relations department for folks to direct their concerns. However, these departments are not neutral third parties as they are primarily accountable to their employers; protecting the interests and reputation of the hospitals themselves.

Each healthcare profession in Canada is overseen by provincial and territorial regulatory bodies that have established complaints procedures. However, it isn't clear how often these bodies prioritize the protection of careers and reputations over accountability to the public. Patients who file complaints must sometimes appeal initial dismissals of their complaints in order for retraining or discipline to be prescribed to professionals who ought to have some.

Lawsuits are sometimes an option for those with financial means, but unless there was extensive physical harm done, the odds are stacked against the patient.

Canada needs a comprehensive impartial national reporting mechanism for mistreatment and violence in reproductive healthcare and childbirth. Available channels lack transparency and accountability.

4. The average health sector response to disclosure of obstetric and gynaecological violence would not meet even the barest minimal clinical and policy guidelines from the World Health Organization for responding to violence against women ([2013](#)). Abuse and violence is excused when it comes at the hands of professionals who are

generally trusted by society to have the best interests of patients, babies, and families in mind.

After an abusive and traumatic birth or reproductive healthcare experience, it is common for patients' very real concerns to be met with patronizing and dismissive platitudes about making peace and moving on, forgiving the abusers in the medical system, and even being grateful for a healthy baby. There are little-to-no publicly funded, financially accessible mental health supports that recognize and affirm the harm caused by mistreatment and violence in reproductive healthcare to support healing and justice.

So much change is needed, and speaking openly about the issues is the first step. Thank you for the work you are doing.

Please visit [The Obstetric Justice Project](https://obstetricjustice.org) website to browse nearly 100 submitted stories of obstetric and gynaecological violence across Canada at obstetricjustice.org

Sources Cited and Suggested Readings:

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And an update here:

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News, Apr 1, 2019

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<https://obstetricjustice.org/community-stories/tag/Care+Without+Consent#show-archive>

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<https://www.cbc.ca/news/canada/toronto/ayesha-riaz-new-mother-dies-strep-childbirth-1.4567078>

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