

*La matrice: mistreatment and violence against Black women during reproductive health care and infant feeding in Canada*

Report presented to the United Nations Special Rapporteur on violence against women on services for infants, pregnant and lactating asylum-seekers in Montreal, Canada

Hirut Melaku, B.A., IBCLC, Birth companion

17/05/2019

[info@hirut.org](mailto:info@hirut.org)

[www.hirut.org](http://www.hirut.org)

---

<b>Executive Summary</b>	<b>2</b>
<b>Background</b>	<b>2</b>
<b>Site Visit Findings</b>	<b>3</b>
<b>1. Pregnancy</b>	<b>3</b>
<b>1.1 Prenatal Care</b>	<b>4</b>
<b>1.2 Birthing</b>	<b>4</b>
<b>1.3 Post-partum</b>	<b>5</b>
<b>2. Infant Feeding</b>	<b>5</b>
<b>2.1 Unsafe handling, preparation and storage of breastmilk substitutes</b>	<b>6</b>
<b>2.2 Hospital Practices</b>	<b>6</b>
<b>2.3 Lack of breastfeeding education and support</b>	<b>6</b>
<b>Interventions</b>	<b>7</b>
<b>1. Infant Feeding</b>	<b>7</b>
<b>Accountability</b>	<b>7</b>
<b>Systemic racism</b>	<b>9</b>
<b>Positive outcome &amp; discussion</b>	<b>9</b>
<b>Challenges and recommendations</b>	
<b>1. Centralized Real Time Data</b>	<b>10</b>
<b>2. Dependency on Volunteers to Deliver Core Programming</b>	<b>11</b>
<b>3. Institutional Problem not Individuals</b>	<b>11</b>
<b>ANNEX</b>	<b>12</b>

---

## Executive Summary

This report summarizes the observations, activities and recommendations pertaining to the mistreatment and violence against women during reproductive health care in Montreal, Canada . In the late summer of 2017, a group of community advocates, International Board Certified Lactation consultants (IBCLC) and doulas came together to address the urgent needs of pregnant and lactating women and their infants who were part of the surge of asylum-seekers entering Quebec, Canada at the U.S. border.

Canada has a moral and legal responsibility to offer protection and due process to those who seek asylum within its borders, including recognition of the special status of pregnant and lactating women, infants and young children. Asylum-seekers should have received maternity care in accordance with evidence-based, culturally-sensitive best practices but they didn't.

## Background

In August of 2017, a group of International Board Certified Lactation Consultants® (IBCLC), doulas from the Black Birth Workers & Lactation Consultants of Montreal (BBW), and SafelyFed Canada collaborated in order to initiate an Infant and Young Child Feeding in Emergencies (IYCF-E) response to meet the needs of asylum seekers who were crossing over from the United States into Quebec at that time. The group refers to itself as SafelyFed-Montreal (SFC-MTL).

This report is largely based on the reporting done by Melaku and SafelyFed Canada-Montreal in *Seeking safety: support from “Bellies to Babies” Report on services for infants, pregnant and lactating asylum-seekers in Montreal.*<sup>1</sup>

SafelyFed-Montreal initially approached the Integrated University Health and Social Services Centre (CIUSSS secteur mère-enfants-famille, Santé Publique) to enquire about the status of infants and pregnant mothers, as well as to offer multilingual expertise free of charge. The offer was declined and the group was advised that there was

---

<sup>1</sup> *Seeking safety: support from “Bellies to Babies” Report on services for infants, pregnant and lactating asylum-seekers in Montreal. (Jan. 2018)*

---

restructuring taking place. The group received no further follow-up nor explanation of current protocols in place. Nevertheless, SFC-MTL continued having conversations with individuals working on the ground and found creative solutions to gather real time information.

The needs of lactating mothers, infant's access to breastmilk and the introduction of artificial feeding without consent or through coercion are included in this report in order to provide a holistic representation of the mistreatment and violence that women experience when accessing reproductive health services

### Site Visit Findings

The site visit findings below span the period from initial contacts in August 2017 to end of December 2017. They include direct observations by volunteers, who are all seasoned experts in their respective fields and the reported experiences of women to whom SFC-MTL provided care and support.

## 1. Pregnancy

### 1.1. Prenatal Care

- a) Pregnant women in their last trimester repeatedly reported failing to receive the necessary prenatal care of doctors, despite their requests. Instead, they were instructed by the Regional Program for the Settlement and Integration of Asylum Seekers (PRAIDA<sup>2</sup>) staff to present themselves to hospital's emergency room when they were in labour or if they experienced an abnormality with the pregnancy. This caused an additional stress on the pregnant parent and their families as well as creating unacceptable risks during the pregnancy, and placing additional burden on the health system.
- b) Mothers reported extreme difficulty navigating the healthcare system, especially with respect to linguistic barriers. The majority spoke Haitian creole or English but the operating language in Quebec is French.

---

<sup>2</sup> The Regional Program for the Settlement and Integration of Asylum Seekers (PRAIDA), which is part of the CIUSSS du Centre-Ouest-de-l'Île-de-Montréal, addresses the needs of asylum seekers in the Quebec territory as per section 80 of the Act Respecting Health Services and Social Services by providing health and social services to asylum seekers who are in the process of claiming refugee status.

- 
- c) Mothers also reported a general lack of prenatal care and education, feeling 'forced' to consent to doing an x-ray (TB screening) when fetus is under 12 weeks and feeling overwhelmed and afraid.
  - d) Barriers were commonly imposed by some doctors' offices when families called to make an initial appointment for prenatal care. There was an apparent aversion to taking on asylum seeking claimants as clients, due to some doctors' concerns of not get paid for their service. This in spite of asylum seekers having valid medical certificate from the federal government which covered visits to doctors. Discriminatory practices such as forcing pregnant asylum seeking claimants to present themselves in person to the secretary in order to book an appointment made it difficult or impossible for families to access services. In some cases when families offered to fax the Interim Federal Health Certificate they were still told no and that they must present themselves in person without further explanation.
  - e) Establishing contact and setting or changing appointments was difficult because asylum seekers did not have a local personal phone number in order to communicate with healthcare personnel.
  - f) Compounded stressors on mother and fetus were common. Some pregnant women reported having no choice but to sleep on the cold, hard floor of their apartments, because once they paid their first rent they did not have the financial means to purchase a mattress or other furniture.
  - g) Prenatal nutrition is critical to the well-being of the mother and child. When people are in financial crises, they often cut corners with nutrition. Moreover, unfamiliar environments and foods may create barriers to appropriate nutrition. This has led to concerns about the potential for malnutrition. Single pregnant mothers are particularly vulnerable, especially if they have other children in their care and are having to find lodging, navigate a new city, put their children in school, etc.

## *1.2 Birthing*

Systemic barriers such as health institutions not having protocols in place and/or not following existing protocols on communicating with patients who do not speak English or French. This prevented patients from making informed medical decisions.

Mothers reported and doulas witnessed:

- 
- a) Coerced consent
  - b) Feeling disempowered, humiliated, disrespected
  - c) Feeling violated, traumatised
  - d) Obstetrical violence, including cases of inadequate surgical anaesthetization
  - e) Higher rates of prematurity as a result of stress and lack of prenatal care during pregnancy

### *1.3. Post-partum*

The lack of continuity of care between hospital and community care in general were often exacerbated by addresses changes as families obtain housing outside the temporary shelters.

Mothers reported:

- a) Feeling depressed, alone, overwhelmed, isolated
- b) Lack of timely support when breastfeeding challenges encountered, and resorting to artificial infant feeding despite desire to breastfeed
- c) Single mothers and those who had C-sections were the most likely to encounter difficulties.

## **2. Infant Feeding**

### *2.1 Hospital Practices*

- A. Some hospital staff discouraged breastfeeding and provided free samples of breast-milk substitutes upon discharge. Hospitals sent systematically mothers back to their temporary shelter (YMCA) and to their homes with breast-milk substitutes samples even when mothers had clearly stated their desire to exclusively breastfeed their infant.
- B. At some hospitals, it was observed that mothers who had c-sections were told that they would not be able to breastfeed on demand without a companion who could stay with them overnight. Instead, breast-milk substitutes were administered routinely and infants were receiving artificial feeding before leaving the hospital.

- 
- C. These practices contradict the Quebec Government's public health recommendations, outlined in the documents "Lignes directrices" and L'usage du supplément dans les premières semaines de vie chez le bébé allaité (for example, « Ne donner aux nouveau-nés aucun aliment ni aucune boisson autre que du lait maternel, sauf indication médicale. » (Do not give newborns any foods or beverages other than breastmilk, unless medically indicated).

## *2.2 Lack of breastfeeding education and support*

- A. Some mothers reported abruptly weaning their babies during transit or on arrival in Canada, leading to breast pain. Some of these mothers also reported regret for weaning.
- B. Mothers reported cessation of breastfeeding due to difficulties such as breast and/or nipple pain. Assistance with these common challenges was not available to mothers.
- C. Mothers who had moved into their own apartments and experienced breastfeeding challenges did not always receive a timely home visit by a CLSC (community) nurse. Consequently, they sometimes used powdered artificial feeding which is not appropriate for newborns. Liquid infant milk substitutes are sterile and less subject to contamination, but they are more expensive and liquids may require additional storage capacity.

## *2.3 Unsafe handling, preparation and storage of breastmilk substitutes*

- A. In the temporary shelter, dangerous handling and preparation of infant artificial feeding in unsanitary public spaces such as bathrooms was observed and reported. Families had no other option but to use the sinks in bathrooms to wash infant feeding devices such as bottles, cups, and teats. Toilets were located just inches away from the sinks, which posed a serious risk of contamination from fecal matter.
- B. Families did not have access to appliances required to boil water which is necessary to safely prepare powdered infant milk and to sanitize feeding equipment. Families had not received appropriate education on the importance of breastfeeding, nor how to safely handle and prepare infant feeding utensils when breastfeeding was not possible. Refrigerators normally used to safely store infant milks were not available, and bottles of prepared artificial feeding were

---

commonly left out for hours, exposing infants to potentially harmful bacterial contamination.

## Interventions

### 1. Infant Feeding

The SFC-MTL team explained to the staff at the temporary shelter, YMCA, the reasons why the existing set-up in the residences was potentially dangerous for infants, especially for those receiving milk from a bottle.

Once they understood the risks and urgency of the situation they allocated an Infant Feeding Room for families to use, equipped with a sink, and microwave. However, they made it clear that they could not be responsible for the contents of the room, replenishing supplies (such as sterilization bags, dishwashing soap), or the operation of services. In fact, the YMCA staff explained that they were doing it out of good will and that it did not fall within the parameters of their contract with the government.

The SFC-MTL team cleaned the Infant Feeding Room while SafelyFed Canada purchased sterilization kits and kettles, and paid for photocopies of documents, such as information handouts and posters alerting families to the availability of the infant feeding room. An IBCLC donated a refrigerator and arranged for its delivery.

## ACCOUNTABILITY

Not only were there no accountability mechanisms in place "within the health facilities to ensure redress for victims of mistreatment and violence, including filing complaints, financial compensation, acknowledgement of wrongdoing and guarantees of non-repetition" (OHCHR) but when I described to a journalist the initial conditions that I witnessed upon visiting the temporary shelter at the YMCA, the Director of the shelter and the local government (PRAIDA) revoked my privilege to volunteer there. The Housing and food services director communicated the following with me "the comments reported yesterday in "corporate knights" give a very negative image of the YMCAs of Quebec by describing alleged inadequate sanitary conditions, even though the clinical duties regarding asylum seekers are a responsibility of PRAIDA, our

---

privileged partner...as a consequence, your interventions and visits to the YMCA are no longer needed."<sup>3</sup>

They also used the pretense "you did not respect the communication protocol, you did not inform us beforehand of your intention to give a public report about the asylum seekers staying in YMCA's facilities". Important to note that neither I or any member of my team were ever informed of the presence of such protocol during the six months that we were volunteering there. As a result, essential doula and lactation support that were mitigating mistreatment and violence against women and infants were immediately stopped.

This was not the first attempt by officials in charge of asylum seekers in preventing community-based health professionals to deliver key services in the human rights protection of infants and pregnant people. In fact, a few weeks prior to banning me a retired Haitian labour and delivery nurse, who had initiated the prenatal groups, and the only professional at the shelter who spoke Haitian creole (the mother tongue of the majority of the asylum seekers from Haitian) was banned from the temporary shelter, without cause, under the false pretext of "former employees of PRAIDA are not allowed to volunteer".

It is important to consider the role of race and racism in this narrative. The nurse and I were the only two volunteer Black program leaders running a very successful program. We had the cultural competency, whether through common language or shared culture to respond to the myriad of emotional and psychological needs that the families presented. We advocated for the families and held institutions to account. And when institutions refused to provide essential services to pregnant women and infants, we organized volunteers to do so. We operated as independent professionals, not bound to any institution, who prioritizes the needs of families over politics.

It is my understanding that officials were resistant to our advocacy in promoting the rights of women and to promoting access to safe, timely, respectful care during pregnancy, childbirth and in the post-partum period. The government officials and the

---

<sup>3</sup>E-mail communication between Hirut Melaku and YMCA (January 2018)

---

directors at the YMCA wanted us silenced, and to no longer be a witness to the harm that was taking place.

### **Systemic racism**

Lastly, the province of Quebec, and Canada in general, refuses to keep data on VAW during reproductive health care, including the experience of systemic racism. Based on anecdotal evidence from Canadian Black families we know that they share a similar perinatal experience as recent Black asylum seekers who arrive to Canada, i.e. systemic racism. Therefore, without acknowledging the harm that is taking place and without the collection of data, institutions have no policies that guide health responses to VAW nor are they in line with WHO guidelines and standards on this issue.

Health equity must be analysed from an intersectional and reproductive justice framework.

## **POSITIVE OUTCOME & DISCUSSION**

### **Doula Support**

- A. Doula assignment led to mothers receiving timely care, access to an appropriate healthcare professional (i.e.: high-risk pregnancy followed by an OBGYN, or a normal pregnancy by a midwife), and referral to services in the wider community, such as La Maison bleue.
- B. Mothers reported feeling supported, respected and encouraged when a doula was present.
- C. They reported feeling less alone, and less overwhelmed.
- D. Mothers were more likely to initiate and continue breastfeeding with the support of a doula. When they were alone, mothers were more likely to introduce artificial feeding.
- E. When a doula was present at a birth, skin-to-skin contact was initiated in the first hour, and the baby remained with the mother in her room, as opposed to the baby being separated from its mother and taken to the nursery, which was more likely to occur if the mother is alone without support.
- F. Doulas were available to the mothers/families 24 hours per day, 7 days a week.
- G. While other health professionals encounter communication problems with some asylum seekers due to lack of a local number, doulas were able to use their

personal cell phones to communicate over 'WhatsApp', which functions well with foreign phone numbers.

## CHALLENGES AND RECOMMENDATIONS

### 1. Centralized Real Time Data

The YMCA houses over 500 residents and during the six months period we were there a third were under the age of twelve. At any given moment, there were over 40 pregnant individuals at . Some give birth within days of arrival while others are in their first trimester. However, there was no centralized, real-time data that tracks children under 3 years old and pregnant individuals.

Infants and pregnant & lactating women made up a significant proportion of the asylum-seekers, of those in the temporary shelter between Sep-Jan 2017.

- ~100 were pregnant women
- ~154 were babies under 24 month
- 15% attend prenatal group

# of pregnant clients doulas had contact with over whatsapp between Sep. 2017 - Dec. 2017: ~50

Accurate census data is critical to protecting vulnerable groups. For example, staff may not be aware of the existence of all babies under a month old, as they may not be captured on the census sheet. Real time data is essential to provide appropriate and timely care.

Because this was a transient population, in a temporary shelter, lack of continuity of care was a serious concern. There was very little knowledge shared between the professionals that cared for this high-risk clientele. For example, there was no data to track the number of children who have gotten sick from dangerous handling and preparation

of infant artificial feeding in unsanitary public spaces. When they saw doctors, it was assumed to be a case of "gastro" or perhaps an intolerance to the type or brand of artificial feeding because the doctor was not aware of the unsanitary conditions

---

involved in the preparation of the child's feeding.

## **2. Dependency on Volunteers to Deliver Core Programming**

SFC-MTL initially volunteered to help with the emergency crisis in the summer. The intention was never for it to be a substitute for regular programming. Maternal and child health needed to be a priority, and integrated as part of the core programming at PRAIDA. Although new families continue to arrive, ongoing, regular infant and maternal care programming was beyond our capacity as a volunteer group. This is a clear example of how the social care functions of the state was downloaded to the community and volunteers.

Since 2001 when the Quebec government published its "Lignes directrices" the Directeur de santé publique de Montréal has taken considerable measures to protect, support and promote breastfeeding in the province and ensure that all infants and their families are supported through the Baby-Friendly Initiative and other quality improvement programs. However, the agencies seem to have a different unspoken protocol of not according the same protective measures towards Black asylum seekers.

## **3. Institutional problem not Individuals**

I want to emphasize that the harm and discrimination we witnessed and encountered was because of institutional barriers not individuals. In fact, we encountered plenty of workers, very generous, who went above the call of duty and followed their conscious when assisting families. Unfortunately, they had to do it in hiding because senior management disapproved and government officials resisted what may be characterized as the appearance of "preferential treatment" to those who are not Canadian citizens and deserving of care.

---

**ANNEX**

1. Hirut Melaku's journal entry: Violence and the undermining of the breastfeeding experience (Dec. 2017)
2. E-mail communication between Hirut Melaku and YMCA (January 2018)
3. E-mail with maternal-infant dept (Aug 2017)