Birthing Injustice: Structural Racism, Respect and Autonomy in Indigenous Perinatal Care

An Indigenous-led analysis of respect, mistreatment, informed consent, bodily autonomy and cultural safety in pregnancy and childbirth care across Canada.

This study examines the experiences of Indigenous participants — including First Nations, Inuit and Métis respondents — within the national RESPCCT survey of pregnancy and childbirth care in Canada. Using validated patient-reported measures of respect, mistreatment and autonomy, the analysis documents persistent inequities in how Indigenous Peoples experience maternity care.

The findings are interpreted through a rights-based and Indigenous-led lens grounded in the Truth and Reconciliation Commission Calls to Action, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and international human-rights principles. The paper calls for transformative change rooted in accountability, Indigenous knowledge systems and the restoration of Indigenous birthing sovereignty.

Indigenous leadership and relational accountability

The analysis was led by **Wanda Phillips-Beck**, an Anishinaabe nurse scholar and the paper's first author, with guidance from **Elder Roberta Price** of the Snuneymuxw and Cowichan Nations. The work was informed through ceremony, relational engagement and an Indigenous worldview that recognizes the connections among land, identity, kinship, cultural continuity, governance and well-being.

Statistical results were not treated as value-neutral or interpreted outside their historical and social context. Indigenous leadership guided how findings were understood and situated within the continuing effects of colonization, structural racism and the disruption of Indigenous health and birthing systems.

Community participation, Indigenous data sovereignty and knowledge translation

The RESPCCT study was developed through a community-participatory approach. A Community Steering Council — including Indigenous members and Indigenous community and professional organizations — contributed to study design, instrument development, pilot testing and recruitment.

The paper also acknowledges Dr. Rachel Olson of the Firelight Group for guidance on study design and knowledge-translation planning concerning Indigenous data generated through the study.

Indigenous Peoples hold inherent rights and interests in data concerning their communities, identities and experiences. This research therefore emphasizes Indigenous leadership in interpretation, knowledge translation and decisions about how findings are communicated and used.

The available sample did not support Nation-specific estimates. Results were therefore reported collectively, while recognizing that First Nations, Inuit and Métis Peoples are distinct and that combined national estimates cannot substitute for Nation-specific knowledge, priorities or data governance.

Impact & Contribution

- **Indigenous-led analysis:** Indigenous scholars and an Indigenous Knowledge Keeper guided the framing, interpretation and implications of the work.
- **Rights-based framework:** Findings are considered in relation to the TRC Calls to Action, UNDRIP and international human-rights commitments.
- **Measurable disparities: 63.0%** of Indigenous participants reported any mistreatment and **74.6%** reported any disrespect, compared with 49.4% and 58.4% of white participants, respectively.
- **Intersectional findings:** Reports of mistreatment and disrespect were particularly pronounced among Indigenous participants aged 25 or younger and those whose Indigenous partner was involved in care.

Why it matters

- Formal commitments to reconciliation have not yet translated into consistently respectful, culturally safe and rights-based perinatal care.
- Reported experiences included non-consensual procedures, forced or withheld treatment, neglect, physical mistreatment and ethnicity-based negative comments. These are not service-quality gaps — they are documented violations of rights Canada has formally committed to upholding.
- Respect, informed consent, bodily autonomy and cultural safety must be treated as fundamental and measurable dimensions of healthcare quality.
- The findings challenge health systems to move beyond symbolic commitments and establish transparent accountability for racism, mistreatment and disrespect.

Cultural safety and system change

The findings point toward concrete pathways for change. Midwifery-led intrapartum care and culture-matched prenatal care were associated with significantly lower rates of mistreatment among Indigenous participants.

- Centre Indigenous leadership in perinatal policy, service design, professional education and research.
- Strengthen Indigenous-controlled, community-based and culturally grounded maternity-care services.

- Protect informed consent, bodily autonomy and the right to respectful and culturally safe care.
- Increase Indigenous representation within the health workforce and establish meaningful accountability for racism and mistreatment.
- Support the restoration and continuation of Indigenous birthing knowledge, practices and sovereignty.

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