ARTICLE

Racism in Ontario Midwifery: Indigenous, Black and Racialized Midwives and Midwifery Students Unsilenced

Racisme dans la pratique sage-femme en Ontario : des sages-femmes et des étudiantes en pratique sage-femme autochtones, noires et racisées brisent le silence

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ABSTRACT

This article reports on findings from a 2019 online survey titled *Experiences of Racism Among Ontario BIPOC Midwives and Students in Midwifery Education and Profession*, completed by Ontario midwives and midwifery students who identify as Black, Indigenous, or People of Colour (BIPOC). The survey explored their experiences of racism in both midwifery education and profession. In total, 40 participants consented to participate in the survey, of which 36 completed some or all of the survey; 56% identified as midwives in varying stages of their career, and 45% as students. Of these participants, 86% reported experiencing racism in their work as a midwife, and 87% reported witnessing another midwife or midwifery student being a target of racism. In addition, 61% of participants reported not feeling supported by their practice group when confronted with racism. Over 85% of participants agreed or strongly agreed that racism or fear of racism impacts how they communicate or express themselves, their mental health, and their comfort in working in any community where work is available. To achieve racial equity in the profession, participants recommended raising awareness about racism in the profession, increasing diversity in midwifery, and holding accountable people who commit racist acts and perpetuate racist systems.

KEYWORDS
racism, discrimination, social justice, Canada, midwifery, health personnel, education

This article has been peer reviewed.

RÉSUMÉ

Le présent article rend compte des constatations d'un sondage en ligne réalisé en 2019 sur *l'expérience du racisme dans l'enseignement de la pratique et la profession de sage-femme.* Y ont répondu des sages-femmes et des étudiantes ontariennes qui s'identifiaient comme membres du groupe des personnes autochtones, noires et de couleur (PANDC). E n tout, 40 personnes ont accepté de participer au sondage, dont 36 y ont répondu en tout ou en partie. Cinquante-six pour cent des répondantes se sont identifiées comme sages-femmes à divers stades de leur carrière et 45 %, comme étudiantes. Parmi les sondées, 86 % ont dit avoir été victimes de racisme dans le cadre de leur travail comme sage-femme, tandis que 87 % ont indiqué avoir vu une autre sage-femme ou une autre étudiante du domaine subir le même sort. En outre, 61 % des participantes ont affirmé ne pas se sentir soutenues par leur groupe de pratique lorsqu'elles sont confrontées au racisme. Plus de 85 % des répondantes se sont dites en accord ou fortement en accord avec l'énoncé selon lequel le racisme ou la crainte de celui-ci a une incidence sur la manière dont elles communiquent ou s'expriment, leur santé mentale et leur degré d'aise à travailler dans n'importe quelle collectivité où du travail est disponible. Les participantes ont recommandé que, pour parvenir à l'équité raciale dans la profession, on sensibilise au racisme dans celle-ci, qu'on augmente la diversité au sein de la pratique sage-femme et qu'on demande des comptes aux personnes qui commettent des actes racistes et perpétuent les systèmes racistes.

MOTS-CLÉS
racisme, discrimination, justice sociale, Canada, pratique sage-femme, personnel de santé, éducation

Cet article a été évalué par un comité de lecture.

INTRODUCTION

There is a dearth of literature exploring the racism experienced by health care providers who identify as Black, Indigenous, or People of Colour (BIPOC) within the Canadian context. Building on studies that have explored BIPOC health care workers' experiences of racism,[1,2] we investigated the experiences of BIPOC midwives and midwifery students with regards to racism in the midwifery profession and midwifery education programs, as well as in the broader health care system.

This 2019 study, *Experiences of Racism Among Ontario BIPOC Midwives and Students in Midwifery Education and Profession*, is the first Canadian study investigating BIPOC midwives' experiences of racism. Investigating these experiences and centring BIPOC voices in this study is especially important, considering that BIPOC midwives in Ontario are significantly underrepresented in the profession. According to a 2020 Association of Ontario Midwives membership renewal survey, 16% of AOM members identified as BIPOC, 81% identified as white, and 3% preferred not to answer.[3]

We use the term "racism" to describe prejudice, discrimination, or stereotyping directed at one's race, ethnicity, or culture. This definition includes Islamophobia and other forms of discrimination targeted towards individuals who are a visible minority in midwifery. Anti-Black racism in particular is rooted in the legacy of the colonization of Africa and the transatlantic slave trade. It continues to exist through social and economic inequities in resources, opportunities, and power that disadvantage people of African descent.[4]

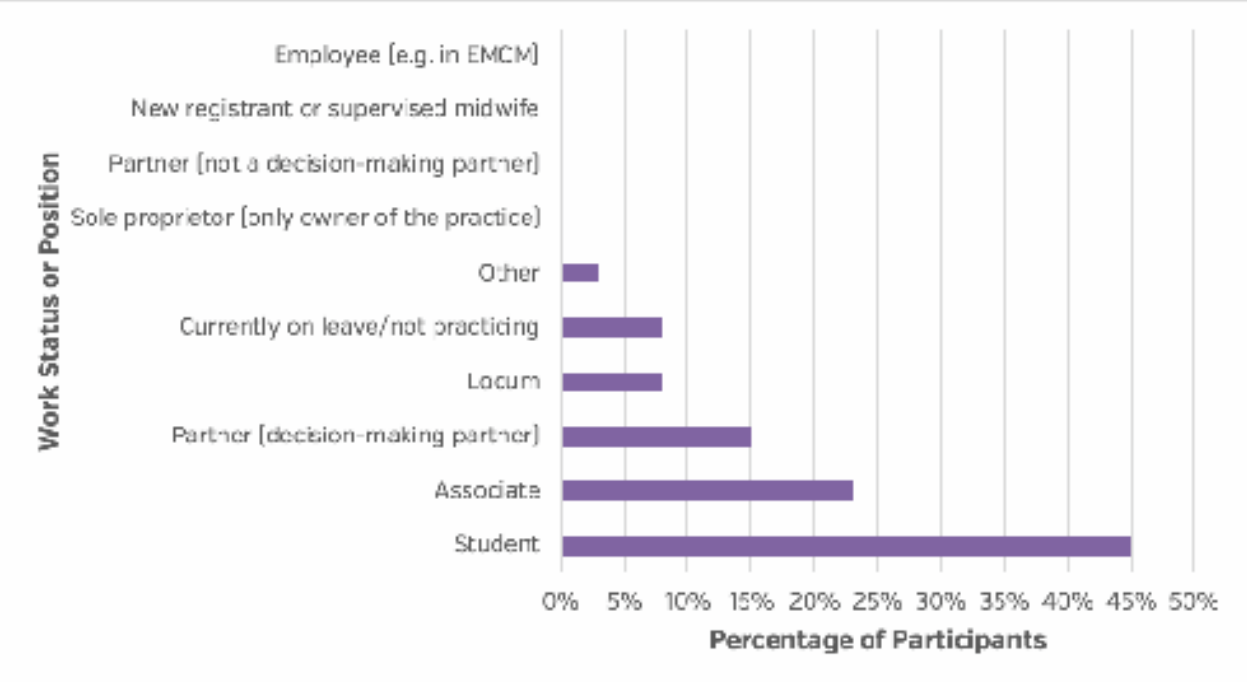
Racism has multiple dimensions. It can be intentional or implicit, interpersonal or systemic, and disproportionately advantage one race or culture while disadvantaging another.[5] An example of this is the institutional and structural policies that informed the legislation of midwifery in Ontario. The history of midwifery legislation has given rise to exclusionary outcomes by privileging the skills of white women and creating a predominantly white midwifery profession.[6] Creating an anti-racist, equity-focused profession requires a collective effort in amplifying the voices of BIPOC midwives and students who can shed light on the range of barriers to and opportunities for advancing racial equity in midwifery education, practice, and leadership.[7]

The two aims of our research study were (1) to understand and raise awareness of BIPOC midwives' and students' experiences with racism in their work and midwifery education, and (2) to conduct a needs assessment of the interventions study participants believe are necessary to prevent and effectively address racism. The findings will be used to develop resources and policies to advance racial equity in midwifery and to foster an increased sense of job satisfaction, professional growth, and career sustainability for BIPOC midwives.

METHODS

All Ontario midwives and midwifery students who identified as BIPOC were eligible to participate in this research study, irrespective of their registration status or whether they had withdrawn from midwifery education (i.e., the Midwifery Education Program or International Midwifery Pre-Registration Program). Qualtrics software (Qualtrics International, Provo, UT) was used to develop the survey and collect survey data. The survey link was open for 2.5 weeks, and all responses were anonymized. Participants were recruited through the Association of Ontario Midwives (AOM) email newsletter issued to AOM members. In 2019, when this study was conducted, 921 midwives (including those who were practicing, retired, or on temporary leave) and 163 midwifery students were members of the AOM. Snowball sampling was utilized to reach midwives or students who were no longer practicing or training at the time of the study and were not AOM members. The survey consisted of 37 questions, including multiple-choice, 5-point Likert-type scale, and open-response questions. The survey was available only in English. Participation in the survey was voluntary, and partial submissions were included for data analysis. No form of compensation was provided to participants for completing the survey. Two members of the research team analyzed and coded the data with Qualtrics for analysis of closed-ended responses and with NVivo (QSR International, Melbourne, Australia) for open-ended responses. Ethics approval for this study was obtained from the Western University Research Ethics Board.

Figure 1. Work Status or Position of Participants



EMCM, Expanded Care Midwifery Model

RESULTS

Forty participants met the eligibility criteria and consented to participating in the survey. Four of the 40 participants who met the eligibility criteria did not complete questions beyond consent, thus leaving a sample size of 36 who responded to the survey questions. Based on the data provided in the 2020 AOM membership renewal survey, in which 163 AOM members identified as BIPOC, the survey response rate for this study was approximately 22%.[3] The total number of participants for each survey question may vary due to skip logic and incomplete survey submissions. The total number of participants who answered a particular question is noted in parentheses.

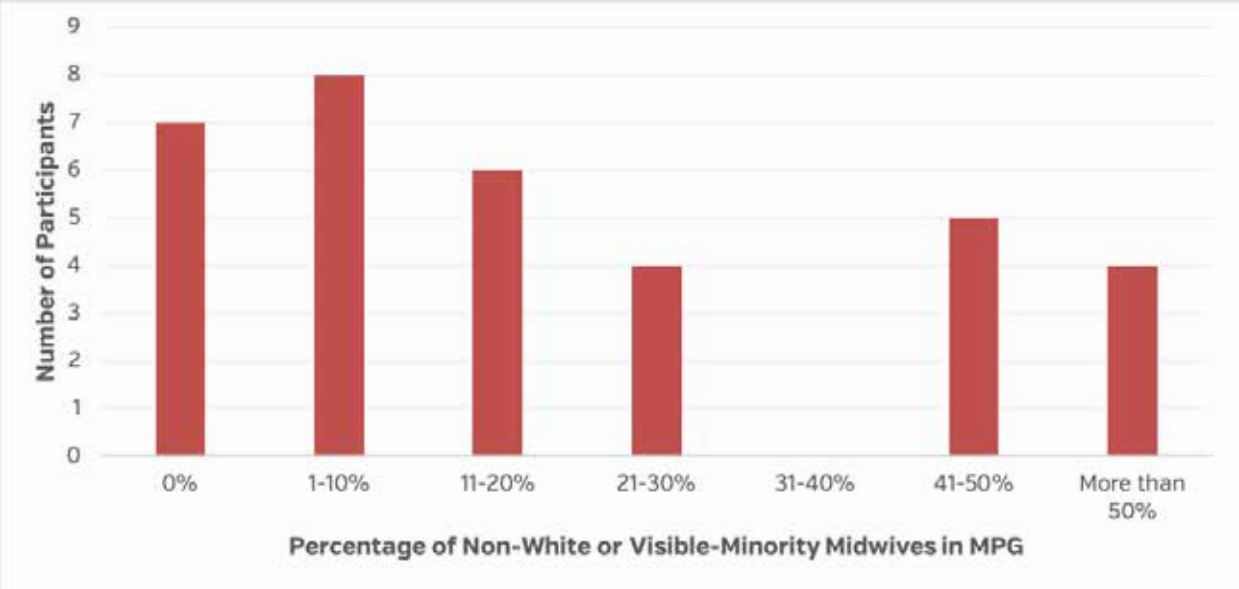
Demographics

Participants (n = 40)—who were able to identify with more than one demographic group—identified with the following race demographics: 23% Black; 23% South Asian; 14% status/non-status, Indigenous, Aboriginal, First Nation, Inuit, and/or Métis; 7% Middle Eastern; 7% Hispanic; 7% Muslim; 2% East Asian; 2% Southeast Asian; 2% White (mixed with another race); and 1% alternative identification (36 participants). Figure 1 summarizes participants' work status (including whether participants were working as midwives or currently enrolled in the midwifery education program or position in their workplace): 45% of survey participants identified as students, 23% as associates, 15% as decision-making partners, 8% as locum, 8% as not practicing or on leave, and 3% as "other" with no specification (40 participants). Sixty percent of participants (20 participants) who identified as midwives also reported being in the first 5 years of their career. In terms of participants' regions of practice, the vast majority (61%) reported working in urban areas, followed by suburban (29%), rural (6%), and remote regions (3%) (31 participants).

Representation

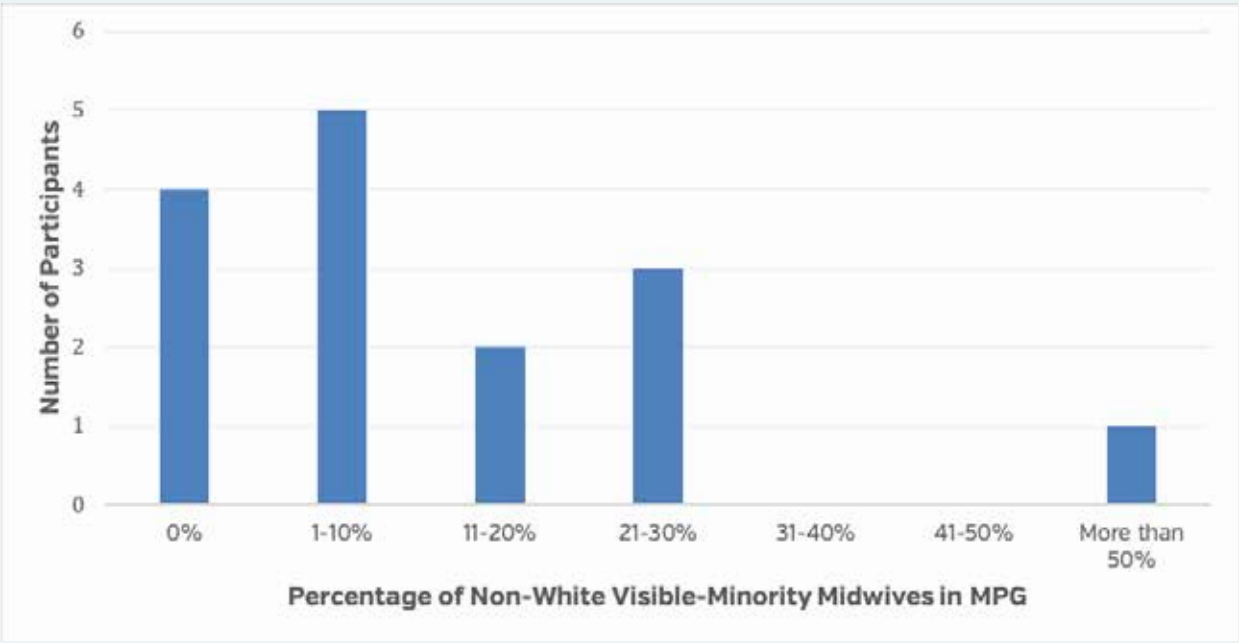
Nearly half (44%) of 34 participants worked in a practice group in which less than 10% of their colleagues identified as BIPOC or visible minorities (Figure 2). However, when midwives practicing in

Figure 2. Representation of Black, Indigenous, and People of Colour in Midwifery Practice Groups



MPG, midwifery practice group

Figure 3. Representation of Black, Indigenous, and People of Colour in Midwifery Practice Groups (Participants Working in Urban Areas Removed)



MPG, midwifery practice group

Table 1. Extent to Which Respondent's Own Racial or Cultural Identity Is Reflected within Varying Environments

Work Environment	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Don't Know	Total No. of Participants
Your client population	27.8% [10]	16.7% [6]	27.8% [10]	19.4% [7]	8.3% [3]	36
Your practice group	52.8% [19]	13.9% [5]	19.4% [7]	5.6% [2]	8.3% [3]	36
The hospital you work in	41.7% [15]	27.8% [10]	8.3% [3]	5.6% [2]	16.7% [6]	36
The community you live in	25% [9]	19.4% [7]	36.1% [13]	19.4% [7]	0% [0]	36

urban settings were removed from this analysis, 60% of participants reported having less than 10% of BIPOC or visible-minority midwives in their practice (15 participants) (Figure 3). In addition, when participants were asked if their racial or cultural identity is reflected in the hospital that they work in, 70% of the 36 participants either disagreed or strongly disagreed (Table 1). As for representation in midwives' client populations, there was a relatively even balance among the 36 participants between those who felt their racial or cultural identity is reflected in their client population and those who did not (see Table 1).

Experiences of Racism

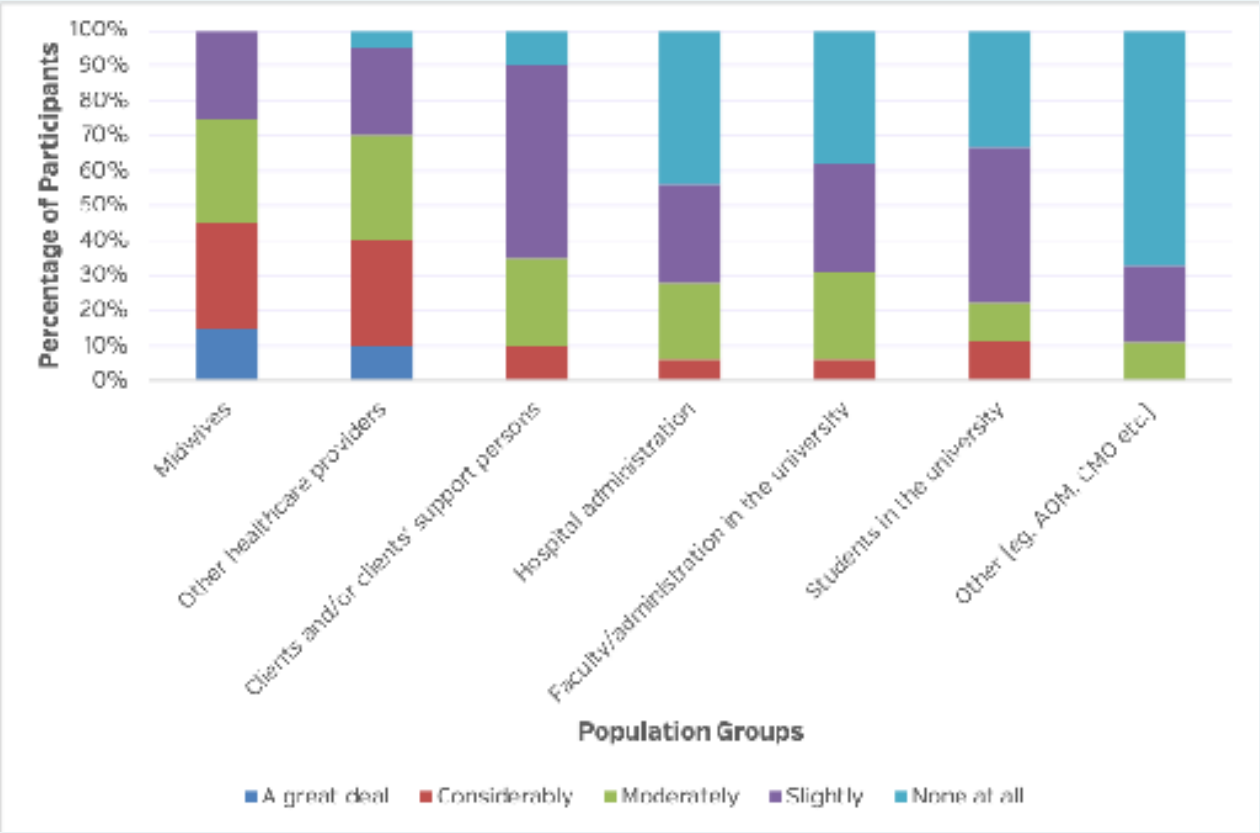
Eighty-six percent of study participants reported that they had experienced racism in their work as a midwife, and 87% had witnessed another midwife or midwifery student being a target of racism (36 and 31 participants, respectively). Figure 4 displays the extent to which midwives experienced racism in their midwifery work and from whom they experienced it. All of the participants who experienced racism in their work as a midwife reported having experienced some level of racism from another midwife. Figure 5 displays the extent to which participants experienced racism in their midwifery education from varying populations. Half of participants reported experiencing a great deal or considerable amounts of racism from midwives. Forty-eight percent of participants reported feeling a great deal or considerable amounts of racism coming from other students.

Impacts of Racism

When asked how racism (or fear of racism) impacts participants, 90% agreed or strongly agreed that it affects how they communicate or express themselves; 90% felt it affects their mental health; 87% felt it impacts their ability to work comfortably in any community where work is available; 81% felt it affects how they feel their colleagues value them; and 64% felt it impacts how they care for their clients (31 participants) (Table 2). In addition, 63% of participants reported feeling that their race or identity had a negative impact on their career opportunities (27 participants). In most cases, this was connected to racial discrimination and white privilege embedded in the policies and structures of predominantly white practice groups. Many also reported not being afforded work opportunities due to their "ethnic names" or appearance as visible minorities. One midwife stated the following:

> *When the practice was hiring an NR [new registrant], if the person had an "ethnic name," the partners said, "Oh, she might have a hard time in our community" and*

Figure 4. Extent of Racism Experienced in Midwifery Work from Varying Populations



> *would not consider her as a candidate. I do not have an ethnic name, but it makes me curious that if I did I might not have been offered an interview at my clinic*.

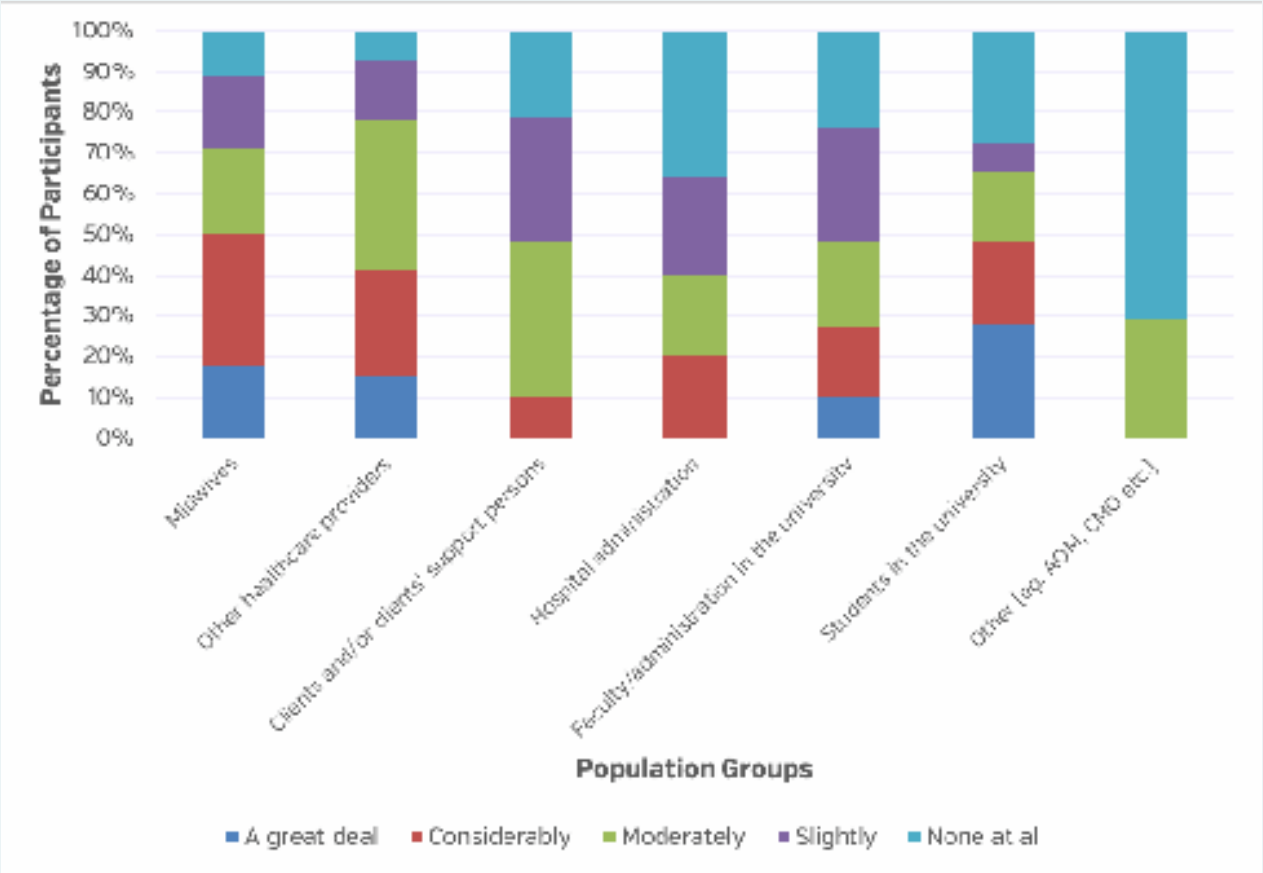
Internationally trained participants faced unique challenges, including difficulty securing employment because of a positive bias in the profession towards midwives trained at Canadian universities.

> *I have not been able to find a job even after so many job interviews. I feel the reason for that is because practices [prefer] new registrants from Canadian universities than internationally trained midwives from the IMPP [International Midwifery Pre-Registration Program].*

Although many midwives felt their racial identity had a positive impact on their careers, several participants perceived these positive impacts as being correlated with something negative. For example, some BIPOC midwives felt they were offered a position in their practice group as a token to advance the image of diversity within the practice group rather than to actively change policies, workplace culture, and behaviours to create an anti-racist and anti-oppressive work environment. One midwife participant stated, "My practice needed to have a visible minority working there, so they needed me." Another midwife stated, "I was told when I was offered the job that it was to increase the diversity of the practice. I don't look at this as a positive experience."

Several participants relayed the various challenges they contend with as diversity hires who, in addition, were expected to serve as spokespersons for their communities. One midwife expressed the following:

Figure 5. Extent of Racism Experienced in Midwifery Education from Varying Populations



> *For better or worse, I am a…midwife, outspoken on issues of race and equity. This has allowed me to be invited to sit on committees to represent a diverse perspective. In the same way, my race has negatively affected me, as I am often expected to speak out regarding racial equity. This can be both exhausting and lonely, to often be the only person in the room willing to speak up.*

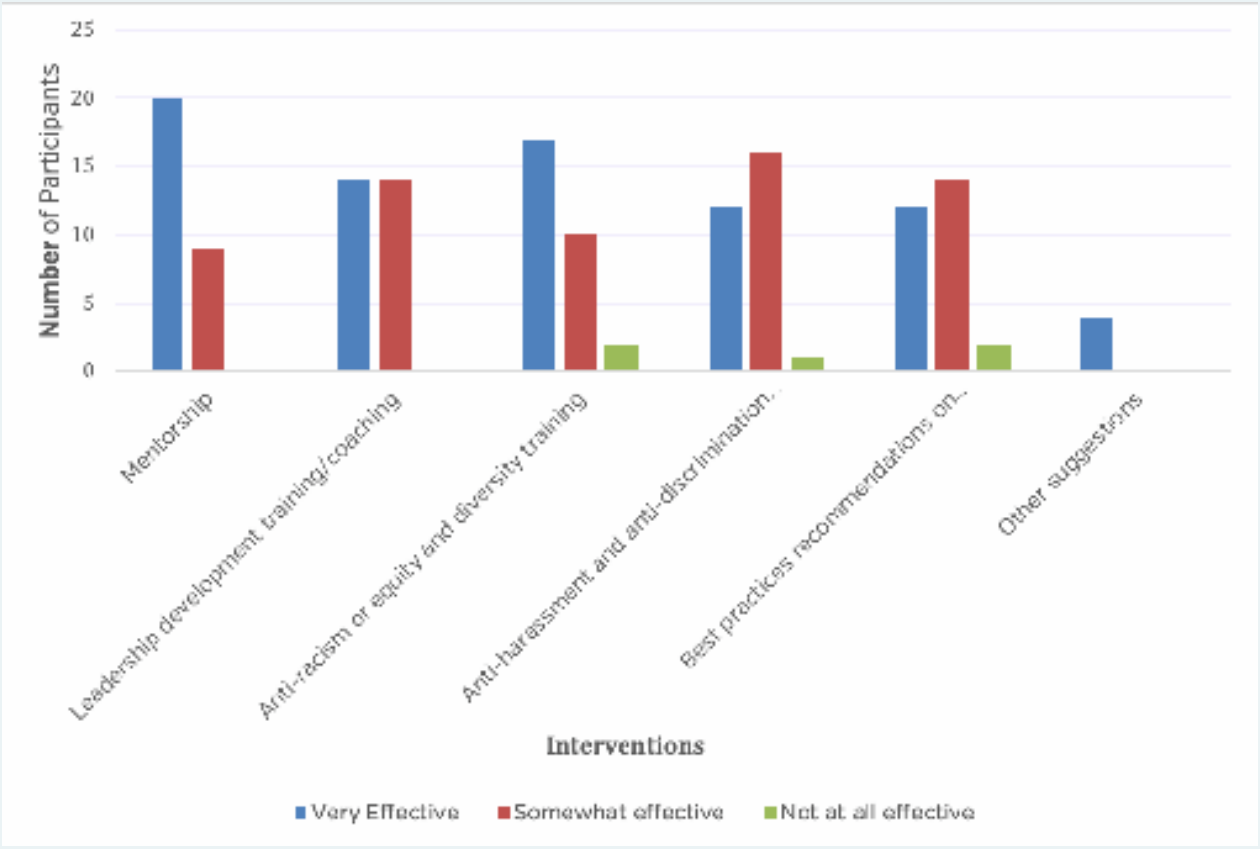
Positive Experiences As a BIPOC Midwife or Midwifery Student

In regard to the positive impacts of being a BIPOC midwife or midwifery student, 79% of participants reported feeling that their race or identity positively affected or influenced their career opportunities (28 participants). Although some participants reported negative experiences (such as being a token hire) associated with the positive impacts of being a BIPOC midwife or midwifery student, others reported positive experiences that led to a sense of community. Some participants felt that their BIPOC identity facilitated their awareness of the unique challenges that their BIPOC clients face, enabling them to be better equipped to provide culturally informed and safe care than were their non-BIPOC colleagues. A midwife participant explained, "I understand the systemic issues that impact Indigenous families more than most settler caregivers, due to my own lived experiences. To be able to have Indigenous representation matters in the field, as well as puts Indigenous women at ease." Another midwife stated, "I am very aware of systemic racism having negative impacts on health outcomes for pregnant women of colour, and I think that being a midwife of colour makes me more sensitive to this."

Table 2. The Extent to Which Participants Believe That Racism or Fear of Racism Impacts Them in Varying Ways

Impacts	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total No. of Participants
How you feel your colleagues value you	9.7% [3]	0.0% [0]	9.7% [3]	48.4% [15]	32.3% [10]	31
How you communicate or express yourself	3.2% [1]	6.5% [2]	0.0% [0]	29.0% [9]	61.3% [19]	31
How you care for your clients	3.2% [1]	6.5% [2]	25.8% [8]	29.0% [9]	35.5% [11]	31
Your thought process when considering asking for help from peers	9.7% [3]	0.0% [0]	12.9% [4]	35.5% [11]	41.9% [13]	31
Your comfort in working in any community where work is available	3.2% [1]	3.2% [1]	6.5% [2]	22.6% [7]	64.5% [20]	31
Your ability to maintain your religious/cultural practices	6.5% [2]	12.9% [4]	35.5% [11]	29.0% [9]	16.1% [5]	31
Your sense of belonging in your practice group	6.5% [2]	6.5% [2]	9.7% [3]	9.7% [3]	67.7% [21]	31
Your sense of belonging in the hospital where you have privileges	3.3% [1]	0.0% [0]	20% [6]	26.7% [8]	50% [15]	31
Your job security at your practice group	12.9% [4]	9.7% [3]	12.9% [4]	19.4% [6]	45.2% [14]	31
Your job satisfaction	3.3% [1]	10.0% [3]	3.3% [1]	26.7% [8]	56.7% [17]	30
Your mental health status	3.2% [1]	0.0% [0]	6.5% [2]	38.7% [12]	51.6% [16]	31
Your general well-being	3.2% [1]	0.0% [0]	6.5% [2]	35.5% [11]	54.8% [17]	31
Your sense of feeling burnt out	3.2% [1]	3.2% [1]	6.5% [2]	22.6% [7]	64.5% [20]	31

Figure 6. Effectiveness of Interventions Aimed at Eliminating and Addressing Racism in Midwifery



Barriers to Attaining Leadership Roles As a BIPOC Midwife or Midwifery Student

Half of survey participants (30 participants) had never sought a leadership role in their midwifery education or career. A midwifery student described why she has never sought a leadership role:

> *It is especially difficult if you are seeking a role that does not centralize race (e.g., not a BIPOC rep on a committee or RA [research assistant] for a project related to race and midwifery) to feel as though race will not negatively impact your capacity to learn and succeed in a role.*

When participants were asked to identify barriers that prevented them from seeking leadership roles, common themes included not seeing themselves represented in the existing leadership, lack of support for attaining leadership positions, and fear of experiencing amplified racism while trying to attain leadership roles. One midwife shared the following about how anti-Black racism affected her decision not to seek a leadership role:

> *I was afraid of being perceived negatively because of how Black women are shown in our culture and media—i.e., lazy, angry, ghetto. I didn't think people would take me seriously or think I was smart enough....I would have to work twice as hard to be recognized and accepted. I was worried about burning out.*

Many participants encouraged midwives and midwifery students who were considering seeking leadership roles to be persistent and to learn from the BIPOC leaders in midwifery who preceded them. Respondents said they supported other BIPOC midwives and students and encouraged them to feel confident about their value and place in midwifery, as the profession needs greater diversity in its

leadership. One participant midwife encouraged other racialized midwives and students to seek leadership roles, stating, "Go for it—our time has come, and equity in hiring is a consideration. Find mentors. Don't be afraid to start at the bottom… don't be afraid to speak up. We need to be heard and need people who can draw attention to BIPOC issues." Another midwife encouraged others to pursue leadership roles but to do so with caution, stating, "Go for it – but know that other midwives will not support you when you experience racism."

The Value of Mentorship As a BIPOC Midwife or Midwifery Student

When survey participants were asked if they had ever had a mentor in their midwifery education or practice, 83% (17 participants) said yes, and 93% (29 participants) said mentorship is either important or very important to them. In particular, 79% (29 participants) reported that having a mentor of a similar ethnoracial background as themselves was either important or very important to them.

Suggested Interventions for Improving Racial Equity in Midwifery

Participants ranked the effectiveness of a range of resources and tools aimed at eliminating or addressing racism in the workplace, from mentorship to training programs. Figure 6 shows the perceived effectiveness of such interventions for improving racial equity; 69% of participants rated mentorship the most effective, followed by anti-racism or equity and diversity training (59%) and leadership development training and coaching (50%) (29, 29, and 28 participants, respectively). When participants were given the opportunity to provide their own suggestions for reducing instances of racism in midwifery, their suggestions included raising awareness about racism in the profession, increasing diversity in midwifery, and establishing accountability measures for those who commit racist acts or perpetuate racist systems. Speaking to the idea of raising awareness and increasing diversity, one midwife participant recommended that members of the profession "cultivate an understanding that diversity of practice in midwifery is a strength and should be valued." Another participant, a midwifery student, emphasized that "Instead of anti-racism and diversity training, we need to shift the lens to anti–white supremacy work. By only doing diversity work we are not dismantling white supremacy.… The root of racism needs to be addressed."

DISCUSSION

This study highlights the pervasive and insidious nature of racism within Ontario midwifery. This racism perpetuates an exclusionary environment, limiting BIPOC midwives and students from enjoying the equitable distribution of opportunities at all levels (education, practice, and leadership). Meaningful transformative change at the structural, institutional, and interpersonal levels requires a collective effort to dismantle colonial practices and white-supremacy culture and to bring equity and justice to BIPOC midwives and communities.[8]

Overall, the data shows that the majority of participants in the research study have either experienced racism personally or witnessed another BIPOC midwifery peer being a target of racism in their midwifery education or in the profession. Power imbalances and bullying are not uncommon in the profession, but for BIPOC midwives, their racial and, for many, intersectional identities present an extra layer of burden that may lead to burnout. Ninety percent of participants (28 participants) said that racism or fear of racism has had an impact on their mental health and general well-being.

Two significant areas of this research study should be focused on. The first is the experiences of BIPOC midwifery students in their academic environment and curriculum, experiences that are fundamental to how valued and respected students may feel as future members of the profession. This value and respect require greater racial, cultural, and religious representation, both in the classroom (i.e., among students, educators, and curriculum) and in the leadership (i.e., among faculty, administration, and staff). They also call for a robust review of the curriculum with a racial equity lens. This study shows that it is difficult for BIPOC people to see themselves thriving within an environment in which they do not feel adequately and respectfully represented. This finding is in accordance with a growing body of research that indicates that increased racial representation in the classroom, particularly among

teachers, can lead to better outcomes for racialized students, such as reduced absenteeism and rates of exclusionary discipline for Black students.[9,10]

The education system also impacts the ways in which non-BIPOC individuals value and recognize the unique experiences and needs of their BIPOC peers and clients.[11] If left unaddressed, these values and perspectives can influence the ways these students view and interact with BIPOC co-workers and clientele when they move into their roles as health care providers, which can have negative impacts on client care and health outcomes. Arvizo and Garrison explained that the benefits of increased racial diversity in health care include "improved health outcomes, increased access to health care by the underserved and more innovation…improved patient satisfaction and better patient communication."[12] Therefore, the valuable contribution of BIPOC midwives to midwifery practice also needs to be instilled in all students and midwives.

The second significant area of focus in this research study is the identification and deconstruction of colonial and racist policies and practices in the profession, including those in midwifery practice groups and organizations that support Ontario midwifery (i.e., the AOM and the College of Midwives of Ontario). This research presents a clear need for the immediate dismantlement of systemic racism, which manifests in a multitude of ways and continues to oppress and marginalize BIPOC populations through undermining their ability to equally contribute to the development of the profession. Taking action to dismantle systemic racism requires (1) acknowledging one's racism and implicit biases and (2) not denying the existence of racism, thereby perpetuating its occurrence. The denial of racism, or the "colour-blind" culture of some practice groups, was evidenced in the survey findings, in which 61% of BIPOC midwives (28 participants) expressed not feeling supported by their practice groups when situations related to racism arose. Denial of racism and implicit biases can also have negative impacts on client care. A systematic review of 35 studies found that the level of implicit bias a health care provider carries is significantly associated with a lower quality of care.[13]

A multifaceted approach should be considered when interventions are developed. As recommended by our participants, both proximal and distal approaches to anti-racism intervention should be considered. At a proximal level, efforts can be made to call out and interrupt racist comments or actions as they occur, and mentorship programs for BIPOC midwives and students can build networks and supports to navigate through systemic racism. At a distal level, systemic racism and white-supremacy culture must be recognized and deliberately dismantled. This requires shifting the focus from white normative culture to the voices, experiences, and needs of those who have been the most oppressed and marginalized by that exclusionary normative culture. Amplifying the voices of BIPOC midwives and midwifery students, particularly those with lived experiences as Indigenous and Black individuals, is key to narrowing the gap of inequity in the profession and in the communities midwives serve. Research shows that amplifying marginalized voices helps to provide new and traditionally silenced perspectives on dominant narratives, in addition to acknowledging and recognizing the importance of BIPOC communities' experiences.[7] Racial equity in midwifery is overdue. Individuals and institutions that have an impact on midwifery must begin mobilizing change that will lead to sustainable, local, and broad-reaching racial equity and justice.

LIMITATIONS

This survey was available only in English, and the survey link was open for only 2.5 weeks. In addition, the data in this were not stratified by midwives and students; consequently, the experiences of racism were blended between these two distinct groups. This study also did not investigate the impact of intersectionality on the experiences of racism among individuals who identify with other equity-seeking groups. In future research, it would be of value to explore the impacts of intersectionality on the experiences of racism and to separate the findings of midwife and midwifery student participants to gain a more comprehensive insight into their unique experiences.

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