

Our Health Counts Toronto

An inclusive community-driven health survey for Indigenous peoples in Toronto

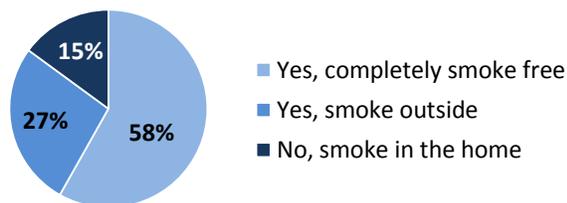
Neonatal Health

Neonatal Intensive Care Units (NICUs) are equipped to provide specialized care to premature babies and babies born with medical issues. The main reasons babies are admitted to the NICU are low-birth weight (<2,500 grams), preterm birth (< 37 weeks), respiratory conditions,¹ and delivery by caesarian section.² The length of stay in a NICU depends upon the severity of the newborn's condition.¹ Due to care access issues and systemic discrimination, Indigenous mothers experience maternal stress, a lack of social support, poverty and medical conditions, all of which increase the likelihood of having a premature birth.³ Accessing adequate prenatal care from trained midwives and peer-to-peer support from doulas and perinatal support workers can improve health outcomes and reduce the stress of having a baby in an NICU.⁴⁻⁶

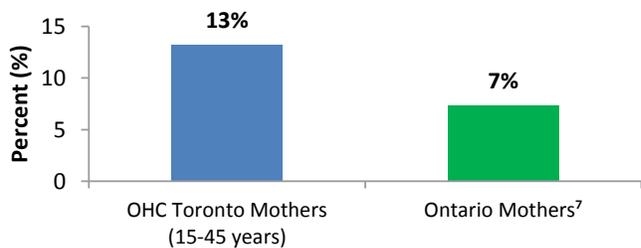
Womb as First Environment

62% of Indigenous parents in Toronto were smokers.

The proportion of Indigenous mothers that lived in a smoke free home during pregnancy:



The proportion of Indigenous mothers in Toronto that experienced diabetes during pregnancy:

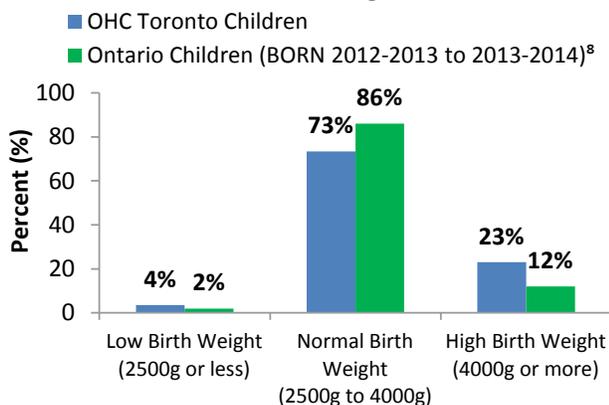


These rates did not show a statistically significant difference.

Weight and Preterm Birth

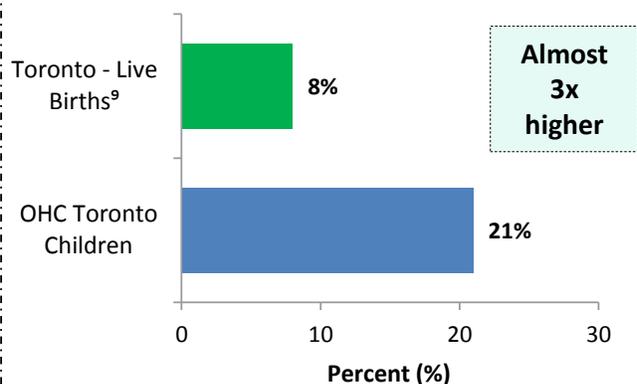
A slightly smaller percent of Indigenous children in Toronto were born at normal birth weight (2500g to 4000g) compared to infants born in Ontario.

Birth Weight



21% of Indigenous children in Toronto were born before 37 weeks, i.e. born preterm.

Preterm Birth (<37 weeks)

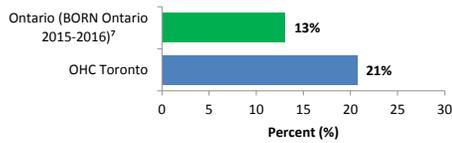


Participation by parents in traditional Indigenous ceremony, (such as smudge, sweat lodge, fast, healing Qulliq or Kudlik lamp lighting ceremony) was associated with lower rate of preterm birth.‡

Neonatal Health

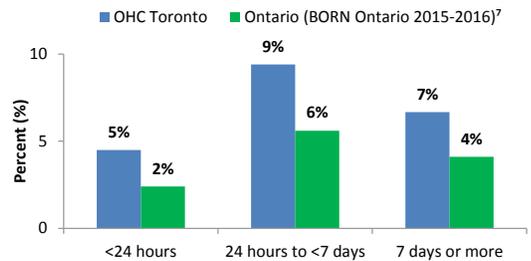
Neonatal Intensive Care Unit

Over 1 in 5 (21%) OHC Indigenous children in Toronto were admitted to an intensive care unit (NICU) immediately after birth.



57% of OHC Indigenous children born preterm, were admitted to a NICU. 8% of Indigenous children who were not preterm were admitted to a NICU.

Length of stay in the NICU



Policy Implications

Implement TRC Call to Action 19:

We call upon the federal government, in consultation with Indigenous peoples, to support innovative and culturally safe models of care dedicated to serving Indigenous infants and families to begin closing the gaps in health outcomes between Indigenous and non-Indigenous Canadians.

Implement TRC Call to Action 23:

We call upon all levels of government to provide cultural safety training for all healthcare professionals involved in the care of newborns, including in NICU's and community based programs and services.

Additional Recommendations:

City of Toronto, provincial and federal policy makers work in partnership with urban Indigenous peoples and organizations to:

- Develop and implement Indigenous specific smoking reduction programs to support a reduction of commercial (non-traditional) tobacco use among expecting and new parents.
- Provide sustainable funding for prenatal nutritional support and diet supplements.
- Support the implementation and scale up of culturally safe Family-Centred Care models in NICUs.
- Address barriers for Indigenous parents and families in being with and providing care for their hospitalized infants, including financial, accommodation, transportation, food security and childcare barriers.
- Create dedicated spaces in hospitals and clinics for traditional cultural practices and ceremonies.
- Link Indigenous families with infants admitted to hospital NICUs with Indigenous perinatal workers and midwives for ongoing cultural support and care, close to NICUs and maternity wards.

Definitions

Indigenous adults: persons 15 years or older self-identifying as Indigenous, such as First Nations, Métis, Inuit or other Indigenous Nations, living or using services in the City of Toronto; Trans/Other: includes Trans, Other and you do not have a category that applies to me; Trans: Transgender, Transsexual, or Gender Queer.

Population based estimates were created using respondent driven sampling (see Methods and Design Factsheet for more details)

Sources

1. UN General Assembly (2007); 2. Smylie et al. (2016); 3. Truth and Reconciliation Canada (2015)

Our Health Counts: Community health assessment by the people, for the people



For the full OHC Toronto report visit: www.welllivinghouse.com

