

Our Health Counts London

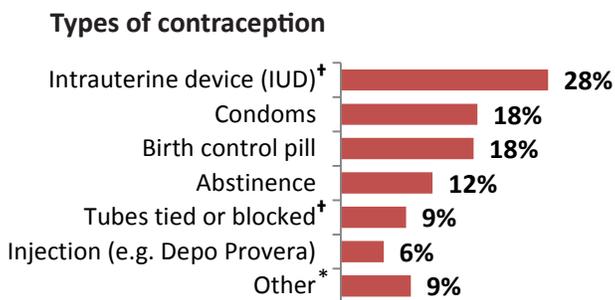
The first inclusive, community-driven health survey for Indigenous peoples in London

REPRODUCTIVE & SEXUAL HEALTH

Reproductive, maternal, and infant health outcomes are important measures of overall population health. Despite this importance, there are big gaps in population based reproductive, maternal and infant health information for Indigenous peoples in Canada.¹ The intergenerational transmission of health promoting birthing and parenting knowledge and practices are a core part of many Indigenous knowledge systems.² This knowledge and practice was negatively impacted by colonial policies such as the Indian act, residential schools, forced sterilization and the outlawing of Indigenous midwifery.³ Revitalization is a key part of advancing Indigenous infant, maternal, and family health. Community-led health services and the resurgence of Indigenous midwifery across Turtle Island are actively engaged in ensuring that our mothers and babies are once again nurtured and supported.

Contraception

56% of Indigenous peoples in London identifying as women, trans, and other, 15 to 44 years, were taking some form of contraception to keep from getting pregnant.



[†]IUD includes Mirena, ParaGard; Tubes tied: female sterilization, Essur, Adiana

^{*}includes contraceptive implant, vasectomy, withdrawal

Reasons for not taking contraception were:

- Not having sexual intercourse
- Already pregnant
- Worried about the side effects from birth control
- Wanting to get pregnant
- Had a female partner
- Did not want to use birth control

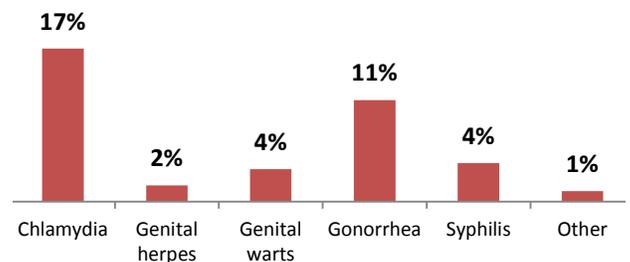
41% of Indigenous adults believed fertility services are inadequate.

Sexually Transmitted Infections

Over 1 in 4 Indigenous adults in London have been diagnosed or treated for a sexually transmitted infection (STI) in their lifetime.

30% of Indigenous adults believe sexual health services are inadequate.

Chlamydia and Gonorrhoea were the most commonly reported STIs.



Fertility Rate

The fertility rate for Indigenous people identifying as women, trans, and other of reproductive age (15 to 49 years) living in London is **2.12 children** vs. 1.51 children per woman living in Ontario.⁴ Based on the population estimate of reproductive age, it is expected that approximately **470 to 608** children will be born to Indigenous women, trans, and other per year in London.

Prenatal And Birthing Care

37% of Indigenous adults in London believed reproductive health and pregnancy services are inadequate.

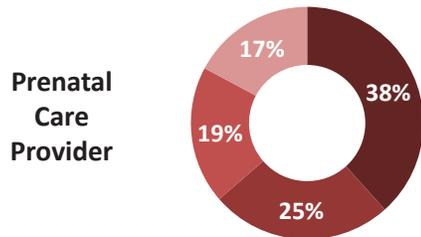
64%* of Indigenous women, trans, and other that gave birth in the past 5 years had their first prenatal visit at 0-12 weeks.

34%* had their first visit at 13-26 weeks.

2% had their first visit at 27-40 weeks or did not receive any prenatal care during their most recent pregnancy.

94.9% of women in Canada had their first prenatal care visit at 13 weeks or earlier.⁵

93% of Indigenous people identifying as women, trans, and other that gave birth in the past 5 years indicated that the prenatal care provider they used was their preferred choice.



38%* Obstetrician/Gynecologist/OBGYN
25%* Midwife
19% Nurse or Nurse Practitioner
17% Family Doctor or General Practitioner

90% received prenatal care as early as they wanted.

33% of Indigenous adults in London believed services for Indigenous mothers are inadequate.

Midwifery Care

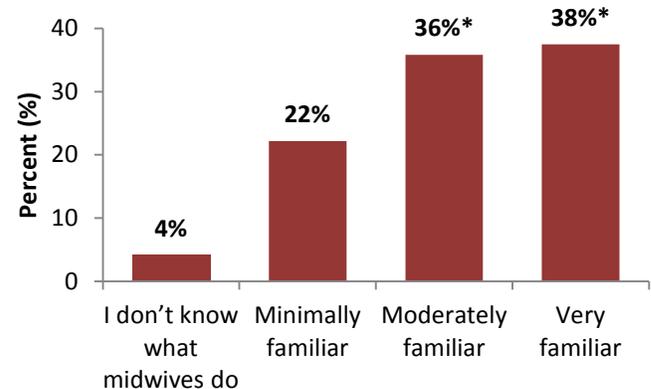
25%* Indigenous women, trans, and other that gave birth in the past 5 years in London used a midwife as their prenatal care provider.

This is similar to the rate in Toronto, where 32% of Indigenous women/trans/other received prenatal care from midwives.

10% of mothers in the South West LHIN who gave birth in a hospital used a midwife.⁶

Most women/trans/other that had a midwife as their prenatal care provider said it was very easy or easy to access a midwife.

Most women/trans/other of reproductive age were familiar with what a midwife does.



9 in 10

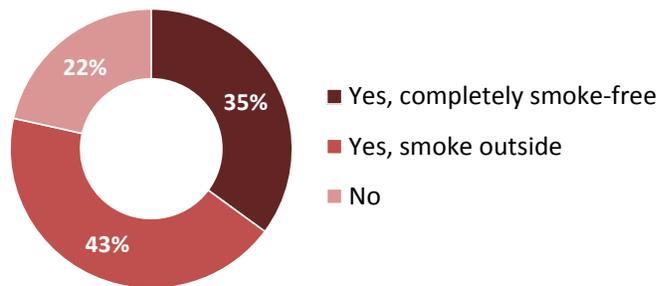
Indigenous women, trans, and other 15-44 years would very likely or likely access services at an Indigenous birth center in London if it was available.

Womb As First Environment

78% of Indigenous mothers (includes women, trans, and other) had a smoke-free home during their pregnancy.

9% of Indigenous children's mothers (includes women, trans, and other) in London experienced Gestational Diabetes during their pregnancy in London.

7% of mothers that gave birth in Ontario experienced Gestational Diabetes.⁷

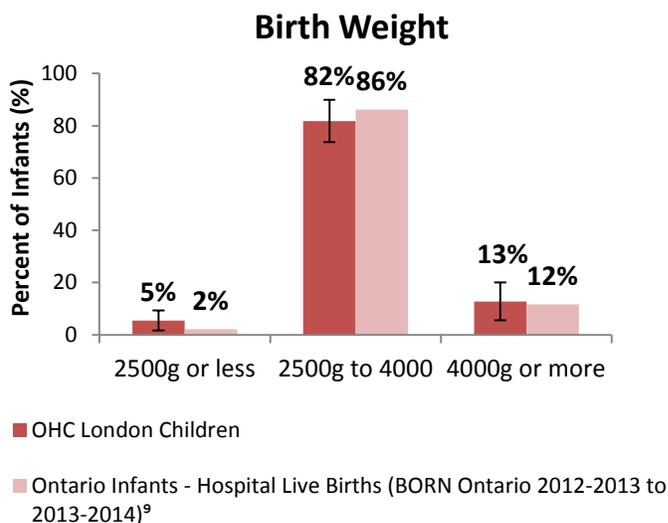
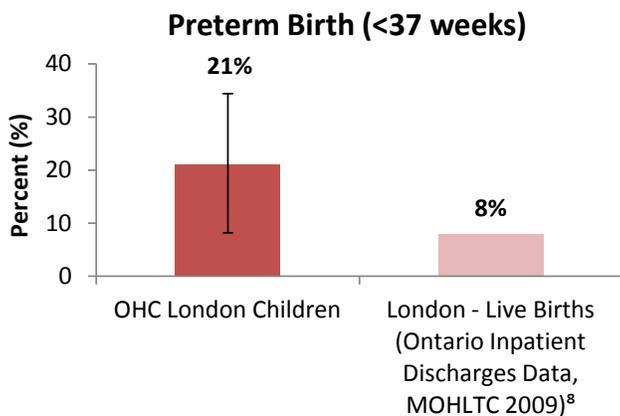


Birth Story

21% (1 in 5) of Indigenous infants in London were born premature (born before 37 weeks).

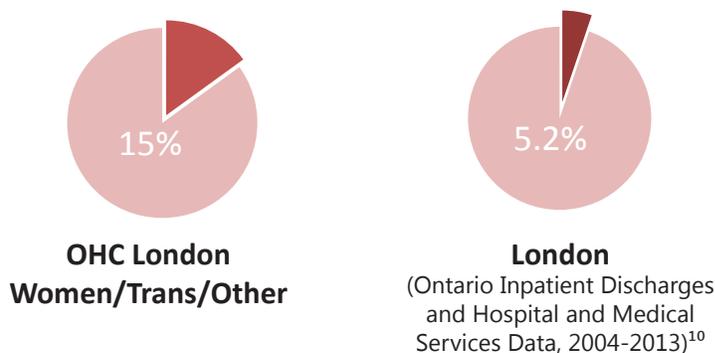
8% of infants in Middlesex-London were born premature (born before 37 weeks).⁸

5% of Indigenous infants born in London were underweight (less than 2500 grams) compared to 2% of infants born in Ontario.⁹



Teenage Pregnancy

A **higher percent** of Indigenous women, trans, and other in London who gave birth in the past 5 years were teenagers (15-19 years) compared to the general population of women who gave birth in Middlesex-London.¹⁰



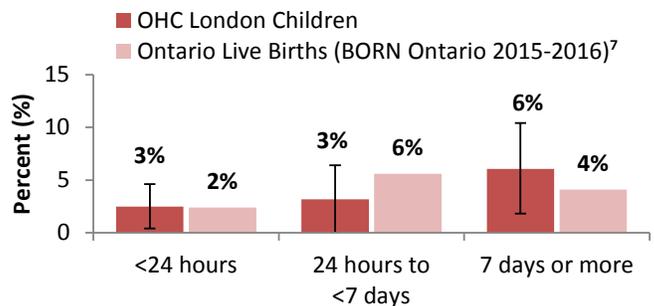
Neonatal Intensive Care Unit

12% of Indigenous children were admitted to the neonatal intensive care unit (NICU) immediately after birth.

13% of live births in Ontario were admitted to the NICU.⁷

6% of Indigenous children were in the NICU for 7 days or more.

4% of live births in Ontario newborns were in the NICU for 7 days or more.⁷



Breastfeeding/Chestfeeding

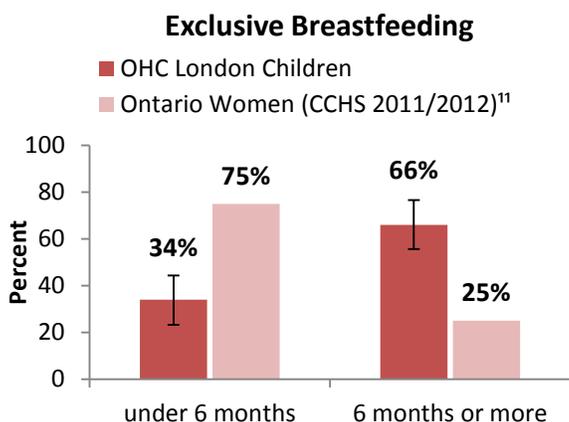
Chestfeeding is increasingly being used to refer to breastfeeding. It is a more inclusive word that provides a nother term for breastfeeding for people that do not identify as women.

87% of Indigenous women, trans, and other that gave birth in the past 5 years breastfed their most recent child.

This is similar to the 89% of women in Canada.¹¹

73% of Indigenous children in London were breastfed.

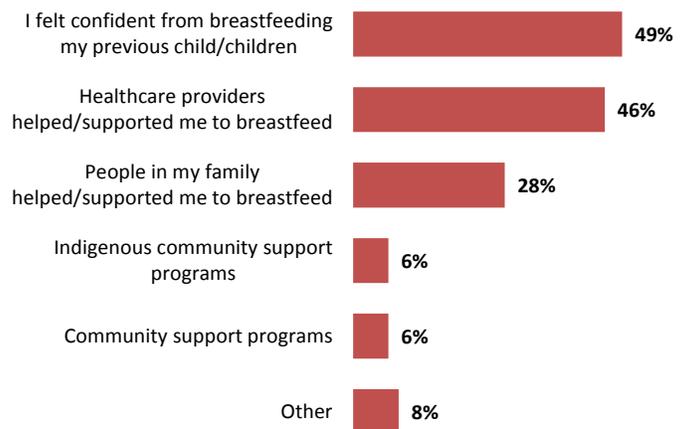
66% of birth parents (mother/other) in London breastfed their most recent child exclusively for 6 months or more compared to 25% of mothers in Ontario.¹¹



The main reasons Indigenous mothers (includes women/trans/other) in London did not breastfeed :

- Bottle feeding easier
- Medical condition of mother
- Formula seen as equivalent to breast milk

Factors that helped parents of Indigenous children breastfeed:



Introduction of Solid/Liquid Foods

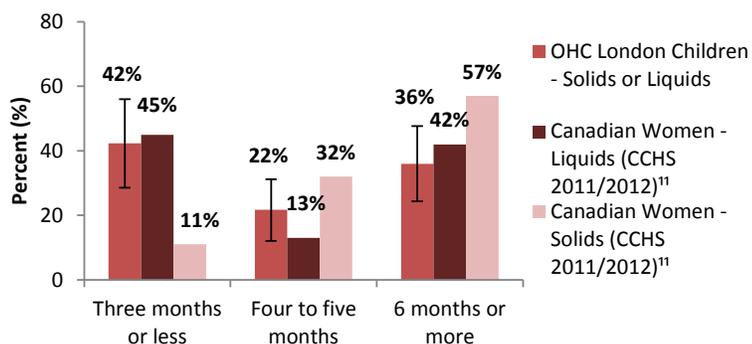
Over 1 in 3 of birth parents of Indigenous children in London added solid or liquid food to their child's diet at 6 months or later.



The recommended age for the introduction of solid or liquid food for breastfed infants is 6 months.¹¹

The main reasons mothers (includes women /trans/other) stopped breastfeeding:

- Believed the child was ready for solid foods
- Planned to stop breastfeeding at that age
- Did not have enough breast milk



The main reasons liquid/solid food was added to the baby's diet:

- Believed the child was ready for solid foods
- Advice from a doctor or health professional
- Did not have enough breast milk

Definitions

Population based estimates were created using respondent driven sampling (see Project Overview and Methods Factsheet)

Indigenous women/trans/other: persons 15 to 44 years self-identifying as Indigenous, such as First Nations, Métis, Inuit or other Indigenous nations, living or using services in the City of London; Indigenous mothers: Indigenous women/trans/other that have given birth in the past 5 years; Indigenous children: persons 1 to 14 years self-identified as Indigenous by their parent or guardian, such as First Nations, Métis, Inuit or other Indigenous nations, living or using services in the City of London; South West LHIN: Local Health Integration Network.

*Due to small sample sizes these numbers should be interpreted with caution.

Sources

1. Firestone et al. (2014); 2. Anderson (2011); 3. Allan & Smylie (2015); 4. Statistics Canada (2013); 5. PHAC (2009); 6. Dunn et al. (2011); 7. BORN Information System (2016); 8. Middlesex-London Health Unit (2011a); 9. BORN Ontario Annual Report (2015); 10. Middlesex-London Health Unit (2011b); 11. Gionet (2013)

Authors

Chloé Xavier, Kristen O'Brien, Nancy Laliberte, Raglan Maddox, Gertie Mai Muisse, Brian Dokis, Janet Smylie



Southwest Ontario
Aboriginal Health
Access Centre



Indigenous Primary
Health Care Council

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