**The Perinatal Experience of Black Birthing People in Quebec**

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**Aim/Purpose**

Determine if Black birthing people who delivered their babies in Quebec face more complications, death, and overall worse perinatal experiences than their White counterparts.

**Background**

With the recent surge of research on American Black maternal health demonstrating apparent discrepancies between the rates of Maternal morbidity and mortality, Canada’s lack of interest in this potential issue is more salient than ever. Unlike its southern neighbor, Canada, does not have a concise approach to data collection on maternal health with respect to the birthing parents’ ethnicity or race.

**Methodology**

Qualitative research, including a literature review and the interview of a key informant. The literature review is an analysis of the currently available research on Black maternal health and experience in North America, while the interview tackles the issue on a provincial level. In this 30-minute interview, a medical student and doula answers 15 questions pertaining to the current perinatal conditions of Black birthing people in Quebec.

**Findings**

The perinatal experience of Black birthing people in Quebec is influenced by many factors that are often out of the control of these patients. (1) Having access to Black physicians, (2) having a healthy social support system, (3) having access to complimentary medical resources, (4) the lack of empathy demonstrated by healthcare professionals, (5) determinants of health, and (6) overall culturally unsafe practices are all elements of the perinatal experience that can negatively affect Black birthing parents.

**Impact on Society**

This research could act as a stepping stone for further exhaustive research addressing the Black maternal experience in Quebec. In creating this study, we seek to open the door for more conversations not only on an academic level but hopefully on a juristic level.

**Keywords**

Maternal health, Perinatal health, Black birthing people, Black mothers, Medical Racism, Maternal Mortality, Maternal Morbidity, Black Perinatal Experience, Culturally Safe Medical Practices and Perinatal Outcomes

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**Human Elements Addressed**

| ☐ Personality Traits | ☐ Development | ☒ Mental Wellbeing |
| ☐ Behavior           | ☐ Environmental| ☐ Consciousness    |
| ☒ Equality and Equity | ☒ Social      | ☒ Physical Wellbeing|
INTRODUCTION

Canada has long prided itself on its culturally sensitive and inclusive nature, refuting many allegations of racism in the country. The propaganda of this “anti-racist North” has been so ingrained in popular media that a 2021 poll revealed that only 34% of Canadians believe that Canada is a racist country (McKinnon, 2016). Yet, research in the past few decades shows us that, similarly to our Southern neighbours, Canada cannot in good conscience distance itself from its institutions rooted in racism as they affect the daily lives of its visible minority population. A clear example is the healthcare system, where racialized bodies often seem to be treated quite differently from their White counterparts. As research in the United States continues to expand on the ways racist health institutions affect minority communities, especially Black women, the lack of effort to present findings in Canada becomes more salient than ever before. In an attempt to understand the ways Black birthing people in Canada experience their maternity through the healthcare system, our team interviewed a medical student pursuing a career as a doula to get her opinion and we developed a literature review analyzing the current body of written work addressing this issue.

This research is crucial to the field as there are few studies in Quebec looking into the disparities between Black and White (Canadians) beyond the presence of certain general health inequities. We believe that inconsistencies in maternal experiences may be present in Quebec. American literature has come out with many important pieces describing Black women’s maternity experiences as an ongoing health crisis. The findings in the U.S. demonstrated a quite salient discrepancy between the Black population and their White counterparts in terms of maternal mortality and morbidity. It was found that Black birthing people were 3 to 4 times more likely to die during labour or 42 days after their delivery than White Americans. The literature also reported a higher risk for other communities, such as Native American, Asian, and Hispanic populations (Howell, 2018). While it can be complicated to compare Quebec to the United States, one cannot stop from wondering if there could be similar findings in Canada as the countries are neighbours and often follow similar trends. When looking into data or literature about maternal experiences in Canada, especially Quebec, we realized that the information is hardly available. We noticed a lack of a concise and standardized approach to the gathering of such data in Canada, unlike its southern neighbour. This is why our team decided to observe the trends in maternal experiences of Black women in Quebec. The choice for this target population was strategic as we sought to understand how a group that has historically been silently abused in Canada fares against a healthcare system that is
often presented as a socialist benevolent entity but still, in many ways, maintains racist ideologies. Our goal was to determine if Black birthing people who delivered their babies in Quebec face more complications, death, and overall worse perinatal experiences than their White counterparts. Lastly, considering the specific context of Quebec and the implications of language law reforms like Bill 96 affecting the English-speaking population, it would be relevant to determine if the language in which care is delivered has an effect on the birthing person’s experience.

**Methodology**

This exploratory multi-method study was constructed through an anti-oppressive framework as it was primordial for our work to decenter White supremacist ideologies embedded within the healthcare system and denounce the systemic unfavourable treatment of Black birthing people in this same system. Taking into consideration the scarcity of the current French-Canadian literature available on the issue of Black mortality and morbidity, as well as overall adverse birth outcomes, our goal was to create a thematic analysis based on multiple aspects of the social determinants of health as well as other relevant factors. The search for appropriate literature was not easy as official Canadian data on maternal experience is not arranged in terms of ethnicity or race, making the information being put out by the government “colour blind”. A multitude of databases were searched in order to construct this review (StatsCan, Google Scholar, SpringerLink, Journal of Gynecology and Neonatal Nursing, Journal of Obstetrics and Gynecology of Canada, and PubMed). Using keywords such as medical racism, maternal mortality, maternal morbidity, Black perinatal experience, culturally safe medical practices, and perinatal outcomes, we were able to write a detailed analysis of the current factors affecting the Black perinatal experience in Quebec.

In addition to this, we conducted a single 30-minute interview with a medical student who also pursues a career as a doula in the Montreal area in Quebec. The sampling method was done through self-selection sampling, as a well-designed poster was electronically distributed through many media platforms. Our initial goal was to reach out to Black parents who had given birth in the past year to hear more about their experience, but due to a lack of participants and time, we shifted our efforts towards healthcare workers and their point of view on this matter. We believe that the scarcity of participants was due to the fact that these types of interviews can be quite invasive, especially for a person who has had a negative maternal experience. We realized through some feedback on
our project from people sharing our poster on their social media that monetary compensation might have created a larger incentive for people to take part in our study. Our participant was asked to sign a consent form in which they allowed our team, as well as the Black Community Resource Center, to record the interview and share the information divulged during it. This interview included 15 questions assessing this participant’s knowledge of medical racism as well as understanding their experiences with pregnant Black patients. While we respected the pre-determined nature of the interview’s structure, it was important for us to conduct a flexible interview where we allowed our participants to express themselves fully, and so our questions were often open-ended. This way of conducting interviews gives the participants the opportunity to answer the question as well as further explore the subject and address important aspects we might have omitted. Our team then transcribed the interview and analyzed it in order to incorporate it into our analysis of the issue.

RESULTS

OUTCOME OF RELATED STUDIES

American Literature
With the growing body of literature on Black perinatal health in the United Kingdom and the United States, the gap in Canadian research and data collection has become more salient than ever before. This lack of knowledge and research is quite problematic as so many countries that have collected data on the Black perinatal experience report impressive discrepancies between Black women and their White counterparts. For example, our southern neighbours have explained that in their country, Black women are 3 to 4 times more likely to die when giving birth than White women (Howell, E. et al., 2018). While many other ethnicities face these types of discrepancies, Black women are exponentially more susceptible to negative birth outcomes. With the rise of the COVID-19 pandemic, the U.S. has seen the rates of Black maternal mortality and morbidity increase which has prompted many to deem this phenomenon an ongoing crisis (Bond et al., 2022). American literature tells us that many factors including cardiovascular issues and socio-structural determinants of health play important roles in this phenomenon. For example, Black women in the United States face overlooked discriminatory social contexts such as unjust exposure to mass incarceration (directly and indirectly), family and community violent deaths, and toxic stress (Sealy-Jefferson et al, 2022). Using the data, they gathered, a lot of the current American literature proposes many systemic changes that could help with the maternal experience of not only Black birthing people but also other ethnicities that find themselves affected by this issue.
For example, Dr. Bond, a cardiologist who has conducted ample research on the subject suggests multiple healthcare delivery models that incentivize clinicians and staff from different healthcare sectors to join efforts in order to improve adverse pregnancy outcomes as an option (Bond et al., 2022). Conducting this type of research can be quite tedious and it can be very easy to operate under the lens of race being a risk factor for negative perinatal outcomes, but it is crucial to understand that racism and its pervasive by-products are truly at the root of this phenomenon. This perspective allows research to be conducted with an anti-oppressive framework while focusing on systemic issues at play rather than dwelling on race which is an uncontrollable factor.

**Canadian Literature**

While the United States and Canada share multiple cultural aspects and trends, it is important to discern their differences because, despite their geographical proximity, they do not always operate under the exact same institutions/conditions. To understand the trend in maternal experiences of Black mothers in Quebec, it is crucial to gain more theoretical knowledge on the historical treatment of the Black community in the country. In 2001, the Certain Circumstances Issues in Equity and Responsiveness in Access to HealthCare in Canada report described the ways in which medical racism is being kept alive by many doctors in the country through many biased beliefs such as the popular myth of Black people having higher pain tolerance and thicker skin than other ethnicities. These racist beliefs were widely spread in the early years of medicine by multiple doctors, such as Dr. Thomas Hamilton or Dr. J. Marion Sims, the man who is considered to be the “father of gynaecology” (Adhopia, 2021). This pervasive assumption about Black people’s pain tolerance often results in a decrease in pain medication prescriptions and the invalidation of these patients’ pain. Auger (2012) evaluated adverse birth outcomes for Haitians in Québec, Canada, between 1981 and 2006, finding that adverse perinatal outcomes were more common among mothers of Haitian ethnicity. There is also evidence that low birth weight is higher among Caribbean-born than Canadian-born mothers in Québec (Moore and Auger, 2009). A study conducted in Toronto in 2021 collected the testimony of 35 different racialized patients who went through the healthcare system. When broken down, their experiences provided 5 different salient themes of racial/ethnic and class discrimination, dehumanisation, negligent communication, professional misconduct, and unequal access to health and health services. Thanks to this study, we can confirm that, at a subjective level, at least, racialized bodies are viewed and treated differently within the healthcare system in Canada (Mahabir et al., 2021). With this finding, we
can then ask ourselves if these negative experiences are also common among Black birthing people in Quebec. A study about racial variations and perinatal outcomes in Ontario (Miao et al. 2022) concluded that there are differences in several adverse perinatal outcomes between Black and White people within the Ontario health care system. Namely, Black pregnant people had higher rates of stillbirths and were likely at an increased risk of several poor maternal and neonatal outcomes (Miao et al. 2002:8). American literature teaches us that when this type of medical discrimination transpires, the consequences can be quite significant. A study conducted by McGill University in Quebec (McKinnen et al. 2016) showed that similarly to the U.S., Black women in Canada experience a higher rate of premature births (8.9%) than their White counterparts (5.9%). While this type of study is extremely helpful as it serves as a concrete stepping stone for more research addressing maternal experience disparities for Black women in Canada, there is a salient gap in data collection methods and literature on the subject at large. Unlike countries like the U.S. and the UK, Canada does not have a systematic way of collecting data on maternal mortality, morbidity, or maternal experience as a function of race or ethnicity. This colorblind approach to health care and data collection is quite pervasive as its negative effects mostly fall on the shoulders of ethnic minority communities.

Factors Influencing Maternal Health and Experience in North America

The current qualitative literature on maternal experience in Canada and the United States combined informs us about certain factors that influence the maternal experience of racialized birthing people. In that body of literature, we find themes of control over the choice of healthcare professional assigned to the patient, the need for a healthy social support network, access to healthcare and resources, language of delivery, social determinants of health, and ethnicity.

Control Over Healthcare Provider

Control over who is delivering care to patients holds great significance not only during delivery but all throughout maternity. For Muslim women in Ontario, Canada, it was found that having control over choosing a woman as their primary practitioner allowed them to feel more respected in their religion and values. This sense of control seemed to have a notable impact on their maternal health outcomes (Alzghoul et al., 2021). Similar findings were found among Black women in the whole of North America in terms of patient-physician racial and gender concordance (Greenwood et al., 2020). Black newborns, as well as their birthing parent, seem to largely benefit from being provided with Black healthcare workers.
The maternal clinical outcomes of these patients are significantly ameliorated, especially concerning rates of common morbidities in Black pregnant patients such as eclampsia, preeclampsia, and preterm births. Racial concordance between patients and their physician fosters more positive experiences (Takeshita et al., 2020) in which patients feel more at ease to have open communication and trust with the person that will be taking care of them. These types of findings emphasize the dire need for more diversity within medical schools and efforts toward the “promotion and retention of underrepresented minority physicians” (Takeshita et al., 2020).

Social Support System And Resources
Healthy support systems, as well as accessible resources, serve as important factors in the assurance of a positive maternity experience in Black birthing people. When birthing parents are provided with adequate social support, maternal outcomes tend to be ameliorated. With the continuous studies being done in the United States on the common stressors Black women face (Tipre & Carson, 2022), the importance of having a healthy entourage has been quite salient. The intersection of gender and race-based stress has a unique impact on Black bodies, making Black women more susceptible than their White counterparts to stress-related morbidities. Research tells us that African-American women disproportionately face early role strain, financial stress, family hardships, and trauma-related stress (Brown et al., 2017). The particularity of these stressors and the reason for their influential impact is explained by the fact that they are often lived through at a very young age and are characteristically quite emotional and/or traumatic. These types of stressors, while very impactful, can be somewhat buffered by healthy social support. Many studies have shown that social support tends to act as a mediator to diverse types of stressors and that this buffering effect often manifests itself in high-risk pregnancies involving gestational hypertension, which is often a risk factor for many Black birthing people (Black, 2007). Thus, having a healthy support system may mitigate negative maternal outcomes. Resources such as health education programs and prenatal courses also seem to positively impact the maternal experience of mothers as they provide them with crucial information that could change the course of their pregnancy by reducing medical and social issues they may face (Baccaglia et al., 2023). These types of resources provide mothers with tools that can help them develop more independent positive habits and routines that lead to less reliance on the already fragile healthcare system in Canada.
Language of Delivery Of Care

A unique factor that influences maternal experience in Canada is the language in which care is delivered. While bilingualism is increasing in the province, only 46 percent of people living in Quebec fluently speak both English and French (Frigon, 2022). A study conducted in the city of Montreal found that when English-speaking mothers had to travel further distances to get services at a French hospital, their chances of having a stillbirth and preterm birth were highly increased compared to if they were going to a closer English hospital (Auger et al, 2023). These results were still present if the patient had a basic knowledge of French or was assisted by a family member who understood and spoke French. These findings highlight the need for easier access to healthcare in terms of proximity, but also the need for hospitals to have staff that can communicate in the patient’s native tongue.

Social Determinants of Health

The impact of one’s social determinants of health is quite important to acknowledge when addressing the issue of maternal mortality and general access to healthcare in North America. A study conducted in Ontario, Canada, from 2002 to 2017 demonstrated that people who resided in low-income neighbourhoods, were more likely to experience a fatal outcome when giving birth (Ray et al., 2018). While Canada’s healthcare system is universally funded, people who have a lower income often do not have access to the most adequate healthcare services as some gaps can be created, such as pharmaceutical needs, physical therapy, or at-home care (Lombardo et al., 2014). A study done in Quebec explained that poor living conditions experienced as a result of lower income often led to unhealthy life habits, which discouraged people from attempting to access good quality healthcare as well as trying to maintain good health habits on their own volition (Loignon et al., 2015). Another socio-structural factor that impacts maternity in North America implicates race and ethnicity. In North America, Afro-Caribbean, Black, and Indigenous women are at an impressively higher risk for maternal morbidity as well as mortality. These populations face many intersectional challenges that can often compound and make their experience through the healthcare system quite tedious and even fatal (The Indian Residential School History and Dialogue Centre, 2021). While systemic issues regarding race in health institutions have very damaging impacts, certain pre-existing conditions that are quite common within the Black community tend to be major risk factors. For example, cardiometabolic risk factors such as hypertension and diabetes are crucial contributors to the heightened maternal mortality in Black populations (Bond et al., 2022). People who have immigrated to North America also face specific hardships when trying to
access adequate healthcare services. When trying to choose a primary care physician in Canada, immigrants often face cultural, communication, socioeconomic, and structural barriers. In addition to these barriers, when coming to the country, migrants do not get in-depth explanations of how our healthcare system is designed, leaving them devoid of an accurate understanding of how to navigate their health in Canada. This has been true for many immigrant birthing parents who do not seek help for various detrimental postpartum symptoms (Ahmed et al., 2016). The discrepancy between cultural expectations of how healthcare should look like and what it truly is in Canada leaves many ethnic minorities at a disadvantage compared to their White Canadian counterparts. Complaints of a lack of culturally sensitive care often arise as the Canadian healthcare system can sometimes be quite rigid in the way it is meant to deliver care. It is important to understand that these socio-structural factors are not directly responsible for the specific health outcome of birthing people but rather establish certain constraints that often reduce health-seeking activities (Lombardo et al., 2014).

Key informant interview
We conducted an interview with a medical student that is currently pursuing a career as a doula. Although our initial goal was to interview more Black birthing people, due to a lack of time and resources, we decided to shift our focus towards healthcare workers. This participant’s experience is quite befitting to our study as she mostly targets Black birthing people in her work as a doula. Her experience as a medical student is also quite relevant, as she provided us with important information about how Quebec is training its medical prospects. Our informant chose to pursue a medical education while being a doula because it allowed her to make a difference in the lives of Black birthing parents while still enriching her medical knowledge. Throughout this interview, many of the findings from our literature review were confirmed to be relevant to the French-Canadian context. When asked about the way medical racism is addressed in Quebec, our informant explained that while there are efforts put towards the education of future medical prospects on the effect of medical racism, it is often done through White voices which often results in clunky generalizations. This stresses the importance of including underrepresented ethnic minorities in the medical field. As Takeshita et al., (2020) explained, it is not enough for ethnic communities to be admitted into medical schools; there needs to be continued efforts to support them through their journey so that they can become doctors and scholars. Our interviewee added that while efforts are being put in by Canadian Universities such as McGill and Université
de Montreal through programs like the Black Candidate Pathway that seeks to increase admission rates of Black students in medical schools, there is not yet a clear reflection of these efforts in classrooms as most students and faculty members are White. In creating this inclusive space, students will have the chance to hear about complex issues of racism in the medical field through scholars who have a deeper understanding of unconscious bias and racism. While there needs to be more efforts devoted to the diversification of physicians in Quebec, our informant explained that most of her colleagues in medical school are bilingual, meaning that the next cohorts of physicians in Quebec may not have issues with delivering care in Canada’s official languages. In terms of the resources provided to Black birthing parents in Quebec, our informant recognized that the services she offers as a doula are prime examples of the sometimes financially inaccessible nature of healthcare resources in the province. While her services are necessary to some patients, she needs to be remunerated, and her fees can become quite expensive for some patients. A lack of economic resources could affect a Black person from getting the help they would need from a doula. It is also not uncommon to encounter patients who were implicitly discouraged from getting a variety of treatments because of their lack of insurance and economic resources. Through the historical silencing of Black voices in the medical field, many Black patients have developed a certain distrust towards their healthcare physician and medical establishments, which often discourages them from seeking out more resources offered to them. Similar to what has already been published about the disregard of Black pain, our informant explains that many of her patients report experiences of feeling a lack of empathy from their physicians. She then argues that the negative experience one person may have during their labour affects the rest of the birthing person’s perinatal stage. This puts emphasis on the need for doctors to develop more empathy towards their patients.

Through the literature review, we learned that health social support systems can alleviate stress in pregnant patients. When asked about this finding, our interviewee agreed with the importance of being able to rely on someone else during pregnancy. She expressed that while having a healthy support system is crucial, having an unhealthy one can be quite detrimental and add more stress. She discussed the fact that she often sees “helicopter mothers” who believe that they know best and make most decisions, not allowing the birthing parent to speak up for themselves. Another phenomenon observed by our informant is the way Black patients have a harder time asking for help compared to their White counterparts. They will often want/have to go to work earlier than recommended and want to do things on their own. This habit of wanting to take
on hardships on their own while adaptive in certain situations, can be very detrimental to these patients’ postpartum experiences, leaving them emotionally and physically destitute. She proposed looking into African traditions of postpartum that allow women to take the time they need and ensure better recovery after birth. We also discussed the fact that a patient’s main (often only) source of support throughout their pregnancies is usually their partner. This leaves us questioning to what degree have Black men historically been able to deal with this kind of emotional toll. Our informant discusses the ways in which Black patients can advocate for themselves through their maternal experience in Quebec. She notes that patients should educate themselves. While resources can be hard to access, in the age of fast-paced digital information, a quick Google search could help patients understand some of the things going on with them and find solutions that may not be recommended by their physician. Patients need to stop thinking that the doctor will have the most adequate solution for their situation all the time. She then explained that Black birthing people need to trust their instincts. Black patients often doubt themselves and regret it later on, and she asks them to speak up and stick to their guns when they feel something might be wrong. Lastly, she reiterated the benefits of finding a Black doula as they serve as advocates as well as providing them with emotional and physical support.

**DISCUSSION AND CONCLUSION**

Through the slowly rising efforts of Canadian literature in providing more studies on the maternal experience of Black people, we realize that the blame that is often misplaced on individual patients because of adverse perinatal outcomes and negative maternal experiences reflects a limited understanding of the many factors that influence these experiences. Our study presents the ways in which socio-structural factors, the lack of diversity of physicians and medical scholars, the lack of access to complimentary resources, the lack of empathy demonstrated by healthcare professionals, and overall culturally unsafe practices affect the maternal experience of Black birthing people in Quebec. The interview conducted with our informant solidified the sense that Quebec lacks not only diversified physicians and scholars but also accessible resources and a focus on empathetic care. While this study dives deeper into the current literature available on the Black maternity experience, it could be quite important and interesting to tackle the realities of the Black non-binary and transgender maternal experience in Quebec. Because of the traditionally gendered nature of the birthing experience, determining if Black gender non-conforming people’s experiences differ from their gender-conforming counterparts could be a novel hypothesis.
Raising this issue would demand a deeper understanding of the effects of the intersectionality between gender and race within the healthcare system. Furthermore, the exploration of this issue could also add more depth to our understanding of Black women’s maternal experience, as there is a peculiar historical weight to the gendering of these women. Black women’s femininity has always transgressed the boundaries of the White supremacist gender binary. Dr. Sarah Haley explains in her novel No Mercy Here (2016) that “Black women [have] occupied [the] liminal space of gender ambiguity”. She argues that these women were oxymorons as womanhood will always refer to Whiteness (Haley, 2016). The naturalization of gender allowed White supremacists such as William Thomas to use scientific racism as a way to implement the idea that “the higher the development of [a] race, the stronger the contrast between man and woman” (Schuller, 2018). As the “inferior race,” Black people were deemed primitive, stripping mostly Black women from their feminine identity (or rather, the White supremacist idea of femininity). Black women were not considered women, and so abuse caused to them, especially during times of slavery, was sanctioned. With this understanding of the history behind Black gender identity, the exploration of present-day non-binary and transgender Black people’s perinatal experience proves necessary in order to ameliorate future maternal outcomes.

Because of a lack of time and monetary resources, we were not able to collect participants that could recount their first-hand experience with maternity. This aspect of the research is crucial to get a full and accurate picture of the current Black perinatal issues in Quebec. While this systematic review is substantially complete, it is quite pertinent for our team to try and further press this issue in order to have a complete understanding of the Black perinatal experience through the lived experiences of the population being affected.

REFERENCES


**AUTHOR’S BIOGRAPHY**

**Tanya Pierre-Sindor** is a student of Psychology at McGill University. Minoring in Gender studies, she has a passion for exploring the impact of intersectionality on different current issues. She decided to tackle the issue of Black perinatal experiences in Quebec after hearing many Black French-Canadian women on social media share their own negative experiences through the healthcare system.

**Rachel Wilcoxson**, MA, holds a Master of Arts in Media Communication from Webster University and a Bachelor of Arts in Speech Communication from Colorado State University. Her MA thesis topic was Official Language Communities in Montréal: Radio Broadcasting and the Need for Information. She is a part-time staff member at Concordia University.