

## FACT SHEET

# THE EFFICACY OF BIRTH ALERTS



UNIVERSITY OF  
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## What is a “birth alert”?

**Birth alerts** are notifications that flag expectant parents to hospitals in advance of a child’s birth when it is believed that the **newborn may be at risk of harm and in need of protection** after delivery. Birth alerts are typically issued by child welfare workers without the knowledge or consent of the expectant parents. The alert prompts the hospital staff to contact child welfare authorities as soon as the baby is born and could result in the baby being removed from the care of its mother.

Information contained in birth alerts varies across jurisdictions, however, most birth alert documents include:

⇒ the client’s information, what the child protection concerns are, the access plan following the delivery (i.e. can the baby be in room in with the mother, who can visit with the baby), any safety or security issues for staff, as well as information in regards to the discharge plan for the baby.

## Why is the issue important?

The issue is of importance for two central reasons:

- 1) First, decisions informed by birth alerts can have a **life-long impact** on the lives of both children and parents. Failure to adequately assess a caregiver’s potential to parent can risk harming the child by either removing the child prematurely from a family or by subjecting the child to continued harm if returned to the family.
- 2) Second, compared to other developed countries, Canada has an exceptionally high rate of children in care and a **disproportionate number of Indigenous children in care**.

## What happens when a birth alert is issued?

Birth alerts apply to expectant mothers who are considered by child welfare agencies to be high risk in relation to the care they will provide for their newborn infant. The practice in provinces such as Manitoba is to issue alerts to track and locate these high-risk expectant mothers when they attend a hospital to give birth.

⇒ What is considered “*high risk*”? A child is likely to be seriously harmed or injured, subjected to immediate and ongoing sexual abuse, or permanently disabled or to die if left in his or her present circumstances without protective intervention.

## Overview of the Practice in Manitoba

Once the expectant mother registers with a hospital, a notice is immediately on her file for hospital staff. The Child and Family Services (CFS) agency will then confirm the mother and will possibly apprehend the child at birth.

The mother is often not notified that a birth alert has been placed upon her and her unborn infant until child welfare services make contact.

- ⇒ Information in a birth alert is privileged and is only accessible to hospital staff and agency workers.
- ⇒ CFS is not obligated to inform the parent(s) of the alert; some mothers are notified only if they have children who are already in care.

Newborns are kept in the hospital until the agency has either lifted the birth alert or until apprehension.

- ⇒ If apprehension does occur, the agency determines the placement for the child (i.e., kinship, shelter, foster home).



### *Birth Alerts for Indigenous Mothers:*

- In Manitoba, the First Nations Family Advocate Office will often become involved in cases triggered by a birth alert for expectant Indigenous mothers.
- Upon notification of a birth alert, the First Nations Family Advocate Office will send a team—consisting of the advocate or assistant advocate, grandmother, and a prenatal and postnatal support worker—to the hospital to provide support to the family and prevent the apprehension of the newborn.
- Upon delivery, the newborn is welcomed with a series of traditional Indigenous practices, such as a naming ceremony.
- Between December 2017 and 2018, the First Nations Family Advocate Office—in partnership with Southeast Child and Family Services—responded to 26 cases triggered by birth alerts. In all cases, support was provided to the women through the birth and/or apprehension process; and birth apprehensions were prevented in four of the 26 cases.

## Calls for Change

In 2019, the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) released its “Calls for Justice” which included stopping the separation of Indigenous children from their mothers stemming from birth alerts which it deemed to be “racist and discriminatory and...a gross violation of the rights of the child, the mother, and the community”.<sup>1</sup>

In 2015, the Truth and Reconciliation Commission (TRC) of Canada released its findings along with 94 “Calls to Action” regarding reconciliation between Canadians and Indigenous peoples which included the elimination of practices that remove Indigenous children from their families and reducing the number of Indigenous children in care.

In addition to the findings of the National Inquiry into MMIWG and TRC, in 2018, the Ontario Human Rights Commission confirmed that services provided under Canada’s system of child welfare were racially biased against Indigenous peoples.<sup>2</sup>

## Prevalence and Status of Birth Alerts in Canada

In response to the recommendations by the National Inquiry into MMIWG and the TRC of Canada's Calls to Action, as well as growing awareness and recognition of the discrimination and harm caused by birth alerts for Indigenous families and communities, most provinces and territories have now stopped the practice. Quebec is the only remaining province that has not yet banned birth alerts (see Table 1).

- ⇒ Inconsistencies in official provincial policies and statistics related to birth alerts make it difficult to estimate the proportion of children placed in care that can be attributed to apprehensions resulting from birth alerts. However, what data is available provides some insight into the extent to which birth alerts are being used and the population most affected by them.
- ⇒ Table 1 presents the current status of birth alerts in each province/territory and the date when the practice of birth alerts ended (where applicable). Information on the number of birth alerts issued in recent years and the proportion of birth alerts that were placed on Indigenous parents are also provided where available.

**Table 1: Current status of birth alerts by province/territory (as of Dec 2021)**

*Blue = no birth alerts; White = birth alerts still in place or unknown*

Province	Status	Information on Prevalence
Alberta	Ended 2019	No statistics available
British Columbia	Ended September 16, 2019	At least 444 birth alerts were issued between Jan 1, 2018 and Aug. 31, 2019. Over half (58%) of birth alerts in 2018 affected Indigenous parents. <sup>3</sup> 28% of birth alerts resulted in apprehension of infants. <sup>4</sup>
Manitoba	Ended July 1, 2020	281 birth alerts were issued from Apr-Dec 2019, compared to about 500 alerts annually in previous years. <sup>5</sup>
New Brunswick	Ended October 29, 2021	No statistics available
Newfoundland and Labrador	Ended June 30, 2021	No statistics available
Northwest Territories	Not in place for over 10 years	No statistics available
Nova Scotia	Ended November 30, 2021	100 birth alerts were issued in 2018-19; 95 in 2019-20; and 80 in 2020-21. <sup>6</sup>
Nunavut	Unknown	No statistics available
Ontario	Ended October 15, 2020	Birth alerts are not tracked; however, it has been reported that 442 children aged 7 days-12 months were removed from their mother between July 2019-July 2020, with 50% of referrals coming from medical staff. <sup>7</sup>
Prince Edward Island	Ended February 1, 2021	About 1-15 birth alerts are issued each year. 6 out of 63 alerts in the last 5 years resulted in infants being removed from their families. <sup>8</sup>
Quebec	Still in place	Provincial statistics not available. In the Abitibi-Témiscamingue region (western Quebec), 18 out of 54 birth alerts in 2019 and 17 out of 54 birth alerts in 2020 were for Indigenous babies. <sup>9</sup>
Saskatchewan	Ended February 1, 2021	76 birth alerts were issued in 2020 (lower than the average from the previous four years of 152), of which 53 affected Indigenous mothers. <sup>10</sup> The majority of children 30 days or younger who were taken into care between 2015 and 2019 (341 out of 439) were Indigenous. <sup>11</sup>
Yukon	Ended May 2019	Birth alerts have not led to a child being taken into care since 2017. <sup>12</sup>

## Debate Surrounding Birth Alerts

In Canada, the practice of birth alerts has garnered considerable debate among child welfare advocates, practitioners, legal professionals and professional child welfare organizations regarding their efficacy in ensuring the safety and well being of children. However, there is limited evidence-based research assessing the efficacy of birth alerts.

The use of birth alerts highlights a dilemma that child welfare workers often confront on a daily basis — *how do you balance the harm of removing a child with the risk of abuse or neglect that the child faces by remaining in the home?*

Tables 2 and 3 present some of the arguments for and against birth alerts.

**Table 2: The Case for the Continued Use of Birth Alerts**

Point	Explanation
Birth alerts are designed to protect infants from harm	<ul style="list-style-type: none"> <li>• Allowing a baby to be discharged from the hospital to a family who is unable to provide appropriate protection may result in irreparable harm to, or even the death of, the baby.<sup>13</sup></li> <li>• The immediate and life-long implications of parental neglect and abuse on children are well documented in empirical studies showing the breadth of developmental issues—physical, emotional, cognitive, social and various forms of psychopathology—children are at risk of when exposed to ineffective parenting and/or child neglect.<sup>14</sup></li> </ul>
Birth alerts are meant to provide mothers with necessary supports	<ul style="list-style-type: none"> <li>• Birth alerts began as a way for child welfare agencies to flag mothers who were considered a possible risk to their newborns, and in theory, are supposed to be a way for social workers to make sure mothers are getting the support they need.</li> <li>• In some cases, birth alerts were designed as an early intervention tool for practitioners in the identification of at-risk children and pregnant women and prevention of future harm by providing them with the necessary supports.</li> </ul>
Birth alerts may have a positive impact on healthcare responses to victims of interpersonal violence, abuse and neglect	<ul style="list-style-type: none"> <li>• An exploratory study<sup>15</sup> of an alert system in New South Wales, Australia found that information in alerts enabled a more comprehensive assessment of the child or at-risk woman; allowed the information to be more accessible to acute care services; and improved communication between agencies working with the family.</li> <li>• The Child-At-Risk eMR alert was introduced by the local health district to indicate wellbeing concerns (e.g. exposure to domestic and family violence, substance abuse, unmanaged mental illness or neglect) to health clinicians. By being alerted to this information, clinicians could then provide an enhanced level of care to the child/woman, including early intervention to prevent further harm.</li> </ul>

**Table 3: The Case against the Use of Birth Alerts**

Point	Explanation
Birth alerts have damaging short and long-term effects on the health and development of the newborn	<ul style="list-style-type: none"> <li>• Research shows that the removal of a baby at birth for child protection reasons can impact attachment and disrupt bonding between the newborn and mother, which can have detrimental short- and long-term consequences for the newborn.<sup>13</sup></li> <li>• Research also indicates that the removal of a child from the family into foster care can also have profound impacts on a child's health and development.<sup>16</sup></li> </ul>
Birth alerts have damaging short and long-term effects on the well-being of the mother	<ul style="list-style-type: none"> <li>• For parents, the removal of a child elicits a wide range of psychological and physiological feelings—depression, anxiety, stress, pain, grief and guilt—feelings often associated with the tragic loss of a child.<sup>17</sup></li> <li>• In many cases the simple fear of having a birth alert issued is significant enough to impact a woman's health, particularly during pregnancy. For example, fears of having a birth alert issued can deter at-risk women from accessing prenatal care or from seeking treatment for a substance use disorder while pregnant.<sup>18</sup></li> <li>• Birth alerts can make it difficult for parents to turn their lives around. In many cases, subsequent pregnancies are often flagged as high-risk despite evidence that a woman has overcome any issues that resulted in the issue of the initial birth alert<sup>18</sup>, or as in some cases, simply because of experiences unrelated to giving birth.</li> </ul>
Birth alerts unfairly target marginalized women and disproportionately, Indigenous women	<ul style="list-style-type: none"> <li>• Child welfare advocates suggest that although birth alerts began as a means to identifying high risk pregnancies in hopes of providing the mother with the required supports, they quickly became a “tool for apprehensions” which primarily affect marginalized women, especially Indigenous women.<sup>19</sup></li> </ul>
Birth alerts are a continuation of racist and discriminatory colonial policies	<ul style="list-style-type: none"> <li>• Canada's history of Indigenous child protection has been culturally destructive to generations of Indigenous peoples. The separation of Indigenous children from their mothers due to birth alerts is deemed to be racist and discriminatory.<sup>1</sup></li> <li>• It is argued that the practice of birth alerts is a re-imagined version of the 60's Scoop, the colonial practice wherein the government ripped Indigenous children away from their families and adopted them out to white foster parents in an attempt to kill their culture by severing all familial and community ties.<sup>20</sup></li> <li>• For many, “the targeting of Indigenous women giving birth is...part of the systemic attempt of ‘taking the Indian out of the child’ by severing their familial connections and thus isolating them from land, traditional knowledge and culture.”<sup>20</sup></li> </ul>



## Shifting Away from Birth Alerts

As more provinces and territories end the practice of birth alerts, governments and child welfare services have announced plans to shift towards alternative strategies to support at-risk parents during and after pregnancies, such as early intervention and voluntary programs. However, strong efforts with increased funding for programs and supports as well as training will be needed to ensure improved outcomes for children and families.



### *Examples of provincial responses and strategies include:*

- ⇒ **In Manitoba**, the government announced that birth alerts would be replaced with more preventative and community-based supports for families. The new model of care is based on “voluntary prenatal engagement and early intervention planning with high-risk expectant parents including, referrals to appropriate cultural, community and health supports from public health and other community programming.”<sup>21</sup>
  - One of these programs which will receive increased government funding is the Mothering Project (*Manito Ikwe Kagiikwe*). The Mothering Project helps connect vulnerable mothers with services and programs to support health and wellness for themselves and their children – both during pregnancy and throughout their children’s early years. This includes prenatal care, healthy meals and nutritional education, child care services, health services, groups and drop-in programs, and Indigenous teachings.<sup>22</sup>
- ⇒ **In British Columbia**, the Ministry of Children and Family Development announced they would move to a voluntary approach of providing supports and preventative services to expectant parents.<sup>23</sup> If a parent requests support services, a voluntary agreement with a social worker is made, which may include in-home support, parenting programs, counseling, and referrals. The aim is to empower women and allow for a more trusting and collaborative relationship with service providers. However, barriers and challenges must still be addressed, including the need for more funding of services and remaining fear and distrust of government services and agencies among Indigenous parents due to the history of colonialism and systemic racism.<sup>4</sup>
- ⇒ **In Ontario**, the Ministry of Children, Community and Social Services announced a shift from the use of birth alerts to a focus on community-based prevention and early intervention services that are culturally appropriate and responsive to the needs of children and families. The new approach also promotes greater collaboration between children’s aid societies, hospitals, service providers, Indigenous partners and community-based service providers.<sup>24</sup> The Ontario Association of Children’s Aid Societies has committed to this new collaborative and interactive approach and will take into account traditional and cultural values of families as well as the impact of systemic issues such as racism and trauma when working with expectant parents to ensure adequate supports are available.<sup>25</sup>

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