



# ASK AN EXPERT

## Birth Alerts

*By: Barbara Fallon, Ashley Vandermorris & Genevieve Sansone; Fraser Mustard Institute for Human Development Policy Bench\**

**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 prior knowledge or consent of the expectant parents. The alert prompts hospital staff to contact child welfare authorities as soon as the baby is born and could result in the newborn being apprehended and placed into out-of-home care.

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 with the mother, who can visit with the baby), any safety or security issues for staff, and information on the discharge plan.

### The Big Three:

What do First Nations need to know about birth alerts?

- 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.
- By promoting the separation of First Nations children from their mothers and severing their ties to family, community and culture, birth alerts are deemed to be a continuation of racist and discriminatory colonial policies, such as the 60's Scoop, leading to calls for change across the country.
- However, there is still limited evidence on the actual impact and efficacy of birth alerts, highlighting the need for more data and systematic evaluation of the practice in order to guide future discussions and decision-making with respect to the scope of child welfare interventions.

### What's the evidence?

How do we know if birth alerts really work for First Nations kids?

In Canada, the practice of birth alerts has garnered considerable debate among child welfare advocates, practitioners, legal professionals and child welfare organizations regarding their efficacy in ensuring the safety and well being of children. While birth alerts may be deemed necessary to protect children in some cases,

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there is growing disapproval of the ways in which they are often carried out, which can be stigmatizing and result in unintended negative consequences for families. For example, a review of birth alerts in Manitoba found that it discouraged pregnant women from seeking prenatal support out of fear of their child being apprehended. The final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) also deemed the practice to be “racist and discriminatory and...a gross violation of the rights of the child, the mother, and the community”.

Although birth alert policies have been characterized as problematic, there is a lack of available data to evaluate these claims and to measure the impact of decisions around birth alerts on child and family health and well-being outcomes. Moreover, inconsistencies in official provincial policies and statistics related to birth alerts make it difficult to estimate or track the proportion of FNMI children as well as non-Indigenous children placed in care over time that can be attributed to apprehensions resulting from birth alerts. However, what data is available in provinces such as British Columbia and Saskatchewan shows that a disproportionate number of birth alerts have been issued each year to FNMI parents.

### Myth-busting:

What are the common misperceptions, practices, or assumptions regarding birth alerts and why should they be considered myths?

**Assumption:** *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.*

- **Reality:** Birth alerts disproportionately target marginalized women, including FNMI women  
Child welfare advocates suggest that birth alerts began as a means of identifying high-risk pregnancies in need of support, but quickly became a tool for apprehensions which primarily affect FNMI and other marginalized women.

**Assumption:** *Birth alerts are designed to protect infants from harm.*

- **Reality:** Children have the right to safety as well as adequate opportunity to grow up with their families. Removal of the child from their family without a balanced and thorough assessment of the situation can have damaging short and long-term effects on their health and development.

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 infant.

**Assumption:** *Birth alerts are meant to provide mothers with the necessary supports*

- **Reality:** Birth alerts can have damaging short and long-term effects on the health and well-being of the mother

In many cases the simple fear of having a birth alert issued is strong enough to impact a woman’s health, particularly during pregnancy. For example, at-risk women may be deterred from accessing prenatal care or from seeking treatment for a substance use disorder while pregnant out of fear.

Birth alerts can make it difficult for parents to turn their lives around – especially when apprehension of the child takes place without addressing the underlying circumstances that put families at risk, such as offering housing or mental health support. In many cases, subsequent pregnancies are often

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flagged as high-risk despite evidence that a woman has overcome any issues that resulted in the issue of the initial birth alert, or in some cases, simply because of experiences unrelated to giving birth.

**Assumption:** *The practice of birth alerts has been discontinued in most provinces and territories based on evidence that birth alerts do not achieve their intended outcomes and cause harm to FNMI families.*

- **Reality:** Decisions about birth alerts have been made in the absence of actual evidence regarding their impact and effectiveness.
- Most existing research on the topic has been exploratory in nature – there is limited evidence-based research assessing the actual efficacy of birth alerts or the impact of policies to end birth alerts – e.g. whether rates of apprehension or infant deaths have changed following the discontinuation of birth alerts at the provincial or territorial level.

## What works?

What are some key implications for child welfare policy and practice when it comes to birth alerts?

- The profound effects birth alerts can have on the health and well being of children and families—particularly those of marginalized populations such as Canada’s First Nations peoples—demands greater cooperation and coordination between policymakers, practitioners and researchers.
- In response to the recommendations by the report from 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 First Nations 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.
- 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 or preventative services and holistic community-based supports that are culturally appropriate and responsive to the needs of First Nations children and families. Examples include programs such as Families First and Strengthening Families in Manitoba; home visits; parenting programs; mental health supports; and jobs and skills training.
  - However, strong collaboration between governments and First Nations communities and service providers along with increased funding for programs, services, and training will be needed to ensure improved outcomes for children and families.

## Additional resources:

Sistovaris, M., Sansone, G., Fallon, B. & Miller, S. (2021). *The Efficacy of Birth Alerts: Literature Scan*. Toronto, Ontario: Policy Bench, Fraser Mustard Institute of Human Development, University of Toronto. Available at: <https://socialwork.utoronto.ca/wp-content/uploads/2022/08/Lit-Scan-Efficacy-of-Birth-Alerts-Jan12.pdf>

*\*The Fraser Mustard Institute for Human Development (FMIHD) Policy Bench is a partnership between the*

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*Factor-Inwentash Faculty of Social Work at the University of Toronto and the Hospital for Sick Children (SickKids). The Policy Bench is a dynamic and transdisciplinary connections hub, facilitating contact and knowledge exchange between researchers, government, practitioners, NGOs and other stakeholders in response to current policy needs to ensure that policies relevant to child health and development are based on the latest scientific evidence across a multitude of disciplines.*