



## **From Now On...**

Priorities for pregnant women and new mothers facing multiple disadvantage

July 2020

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*Birth Companions is a charity specialising in the care of women who experience multiple disadvantage during pregnancy and early motherhood.  
We deliver services, lead research and shape the local and national policy that impacts on mothers and their babies.*

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#### *Foreword from Naomi Delap, Director, Birth Companions*

While we continue to grapple with the challenges of the COVID-19 pandemic it is now time to look beyond a crisis response to the work that should be done as services evolve again. Here we set out our priorities for pregnant women and new mothers facing multiple disadvantage in the coming months.

Together with women with lived experience and partners across the voluntary and public sectors we will work tirelessly to ensure the needs of women and their babies are met in the practice and policies affecting their lives. We will campaign to eradicate the structural inequalities that create and perpetuate multiple disadvantage, limiting life chances. Women's own voices must be at the heart of this work to forge a new way forward.

The COVID-19 pandemic has presented great challenges, created new risks and exposed the severity of existing inequalities. But it has also led to opportunities to reflect, to learn, and to do things differently.

#### **We believe that from now on...**

##### **Care for pregnant women and new mothers experiencing multiple disadvantage must be improved**

- ...The root causes of structural inequalities, which include racism, must be understood, challenged and addressed
- ...Mothers at risk of separation or separated from their babies should have access to specialist care
- ...Services should be woman-centred and individualised, whether delivered remotely or face to face
- ...Continuity of carer pathways and specialist midwifery services should be reviewed and enhanced with priority given to women experiencing multiple disadvantage
- ...Voices of women with lived experience should be prioritised.

##### **Pregnant women and new mothers affected by the criminal justice system must be better protected and supported**

- ...Prison should be recognised as inappropriate and unsafe for pregnant women and new mothers
- ...Custodial sentencing must be used in only the most exceptional circumstances
- ...Urgent steps should be taken to reduce the number of avoidable recalls to prison
- ...The government must deliver their Female Offender Strategy
- ...Whole system approaches should be prioritised
- ...Care of foreign national women and victims of trafficking should be improved
- ...Those in prison and leaving prison must be kept as safe as possible
- ...Pregnant women and mothers released early from prison during the pandemic must not be returned to custody unless there is a clear justification for doing so.

## **1. Care for pregnant women and new mothers experiencing multiple disadvantage must be improved**

This public health emergency has exposed stark health and social inequalities, and highlighted the extreme fragility of vulnerable women's lives. The impact on statutory services, particularly on the amount of face to face contact practitioners have with families, has reduced opportunities to establish and maintain the relationships of trust that are key to identifying and responding to women's complex issues.

As services continue to evolve during the coming months, they must engage with this opportunity to understand the experiences and outcomes of women and their babies, and to make changes to improve them. Getting things wrong during this critical period will have disastrous implications for many families experiencing multiple disadvantage, perhaps for generations to come.

### **From now on...**

#### **...The root causes of structural inequalities, which include racism, must be understood, challenged and addressed**

The pandemic has brought into sharp focus the extent and impact of deeply entrenched health and social inequalities. This is particularly true for women who live in the poorest areas of the country and those who are from Black, Asian or minority ethnic (BAME) communities<sup>1</sup>, who are disproportionately affected physically, psychologically and financially ([Public Health England 2020](#); [Mental Health Foundation 2020](#); [Institute for Fiscal Studies 2020](#); [The Health Foundation 2020](#)). These inequalities have long been evident in women's experiences of maternity care and their outcomes, with reports compiled by [MBRRACE-UK](#) repeatedly highlighting significantly higher maternal mortality rates in BAME women and those in the most deprived areas. This has been matched by higher rates of COVID-19-related hospitalisation among pregnant women from BAME communities ([MBRRACE-UK 2020](#)).

These inequalities are wholly unacceptable. It should not have taken a pandemic to draw attention to them, as their existence and impact have been known for decades, and have been getting worse. They must now be addressed with ambition and urgency at national, regional and local levels. The response must combine listening to women and acting on their concerns, and developing the evidence base to understand better the intersecting impact of inequalities on the lives of women and their families.

Racism is one of the most iniquitous structural inequalities affecting the lives of many women and children. It should be recognised as a form of trauma that disempowers and 'weathers' childbearing women ([Geronimus, 1992](#)), impacting on their physical and mental health. Around half of the women supported by Birth Companions every year are from BAME communities, and we are committed to recognising and validating women's experiences of racism and challenging it in every form, including the silence that allows it to continue.

Building the evidence base on the social determinants behind health inequalities must be a priority for all. As part of this work maternity and social care systems should embed systematic data collection on a comprehensive range of complex social factors in a woman's life, tracking the impact these have on outcomes for her and her baby. This data must be used to drive positive changes that narrow inequalities and ensure all women have access to appropriate, safe and respectful care.

The government should now finally answer the calls from the Marmot Review 10 Years On, the Kings Fund and others to establish a cross-departmental health inequalities strategy. This strategy should take specific account of the gendered inequalities that compound and perpetuate disadvantage for women and their children across generations, acknowledging racism as a key factor.

Birth Companions will build on the work we do with organisations led by and for women from BAME communities, and we will continue to work with women with lived experience of multiple disadvantage, professional bodies, local maternity systems and leading academics in this field to identify and address the root causes of inequality.

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<sup>1</sup> Birth Companions uses the term 'BAME' as it is currently the most commonly employed language in the public sector and in academic studies. We use it while remaining conscious of its shortcomings and of the challenges posed by such broad categories.

## **...Mothers at risk of separation or separated from their babies should have access to specialist care**

A rising number of newborn babies (under one week old) are subject to care proceedings in England and Wales ([Nuffield Foundation, 2018](#)), yet the needs and vulnerabilities of mothers in these circumstances remain largely invisible and unmet ([Birth Companions: Holding it all Together, 2019](#) and [Making Better Births a reality for women facing multiple disadvantage, 2018](#)) with long term consequences for women and their children.

Mothers can experience the family justice system as an 'alien environment'. Those separated from their children often suffer long-lasting grief, trauma and social stigma, reducing their trust in and engagement with professionals ([Nuffield FJO, 2019](#)). As many as one in four will return to the family courts, often with a subsequent baby, because their situations are repeated rather than improved ([Broadhurst and Mason, 2017](#)). Infants who are removed at birth are also likely to experience further and repeated separations from their caregivers in the future ([Meier and Edginton, 2020](#)).

It is shocking to note that in the most recent report on maternal deaths, 20% of the women who died in pregnancy or the year after birth were known to social services ([MBRRACE 2019](#)).

There is significant evidence to demonstrate the motivation pregnancy offers in helping women to address the issues they may be experiencing, including substance abuse and domestic violence ([Meier & Edginton, 2020](#)). However, years of austerity have reduced the availability of preventative services, increased vulnerability and limited the resources available to help families stay together ([Nuffield FJO 2020a](#)). Practices and outcomes vary significantly across the country and access to what little support was available has been severely affected by the reliance on remote forms of working during the pandemic ([Nuffield FJO, 2020b](#)).

Budget constraints cannot be allowed to dictate whether a baby is able to remain with their mother. Investment should be focused on services delivering holistic, trauma-informed and women-centred approaches to those at risk of or experiencing separation. Specialist teams should have the resources to work with pregnant women and new mothers subject to newborn care proceedings in a way that responds appropriately to the vulnerabilities of the babies and the parents.

Evidence on the experiences of pregnant women and the mothers of young infants in the care system and on the issues they face in their lives is scarce. This makes it very difficult to identify and respond to the best opportunities for early intervention, and to track outcomes for families. The perspectives of those with lived experience are almost wholly absent in systems for measuring success and identifying areas for improvement. Without listening to their voices, the system cannot evolve and improve.

As newborn removals typically take place in a maternity setting, maternity professionals need clearer guidance and support in relation to the care of separating women. Many professionals and teams are doing incredible work with women in these circumstances, but pockets of best practice need to be mainstreamed and appropriately resourced. Clarity and guidance is needed across local maternity systems so midwives can better support mothers and can access the help and support they themselves need while undertaking work of this kind.

Dedicated pre-birth social work teams and specialist midwifery roles should be established and sustained in every area of the country, working collaboratively to deliver specific care pathways for women at risk of, or experiencing, separation from their baby. These teams should also work closely with wider services able to address issues such as housing, domestic abuse and mental health.

Birth Companions will continue to deliver and develop our own specialist services for women in these situations, including antenatal, birth and postnatal support. Our Lived Experience Team will work to ensure the voices of those who have been affected by the family justice system are heard and responded to. Together with our partners at the Centre for Child and Family Justice Research, the Nuffield Family Justice Observatory, Family Rights Group, Research in Practice, AVA, local maternity systems and others, we will keep driving improvements in the care of mothers and babies facing separation.

### **...Services should be woman-centred and individualised, whether delivered remotely or face to face**

Many organisations, including Birth Companions, have recognised the benefits of maintaining services via remote contact during the pandemic, noting high levels of engagement among some groups, increased flexibility and responsiveness, and greater geographical reach. However, we are concerned by the limits such service models place on the nature of the support offered, by potential risks to families' confidentiality, and by inequities in access to digital technology.

As an organisation built on a trauma-informed, woman-centred approach we are acutely aware that an over-reliance on remote services may have an impact on professionals' ability to build trust with women, demonstrate compassion and understanding, and identify issues women may find difficult to disclose.

All those delivering services should take some time to learn from what necessity has taught us in recent months. The relative successes of remote working should not be allowed to tip the balance away from investment in face-to-face support. Instead, what we have learnt should help us produce more varied forms of support, informed by women's own preferences about the way they would like to engage with services.

Birth Companions will work in partnership with those who receive our services to continue to explore the best ways to deliver our support and to inform the work of others.

### **...Continuity of carer pathways and specialist midwifery services should be reviewed and enhanced with priority given to women experiencing multiple disadvantage**

The pressures created by COVID-19 have had a significant impact on maternity services across the country, and we recognise the incredible efforts of staff in the face of these challenges.

We understand that some maternity teams have suspended the continuity of carer and specialist midwifery models developed through the Maternity Transformation Programme and the NHS Long Term Plan in light of the pandemic. While there is clear evidence that these models can deliver improved outcomes for both mother and child, the pause created by the pandemic response offers a valuable opportunity to review and enhance these models to ensure they are able to fully meet the needs of women experiencing multiple disadvantage. Trusts and local maternity systems should engage with women with lived experience of disadvantage and with specialist organisations to coproduce enhanced care pathways that respond to women's complex situations and help address inequalities.

Birth Companions will build on existing work with professional bodies, local maternity systems and Maternity Voices Partnerships to help shape these pathways, supporting the involvement of women with personal experience and building stronger recognition of the nature of multiple disadvantage in maternity care.

### **...Voices of lived experience should be prioritised**

Too often the voices of women who best understand the reality of multiple, intersectional disadvantage still go unheard. This is despite the raft of efforts to focus on 'co-production', 'public engagement' and 'patient and public involvement' which in too many cases leave it too late in the process to introduce women's perspectives, or don't offer enough support to ensure they are able to share their views. Until we address these gaps in whether, and how, lived experience happens, we cannot hope to deliver meaningful change.

Birth Companions' Lived Experience Team is a significant source of insight and inspiration. Its members are passionate about sharing their stories and their ideas. The position of these women and similar groups across the sector must move from the periphery and into the centre of the conversations, planning and projects that impact on their lives and the lives of their children.

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## **2. Pregnant women and new mothers affected by the criminal justice system must be better protected and supported**

At the start of the pandemic Birth Companions led the campaign to release pregnant women and mothers with babies from prison. The government was quick to recognise the significant risk to these women and children and launched an early release scheme. However, the number of releases has remained extremely low, and the regime put in place to mitigate infection risk inside prison is inhumane and unsustainable.

Moreover, the recent stillbirth of a baby in Styal prison - the second death of a baby in an English prison within a year - demonstrates the system's inability to keep pregnant women, new mothers and their babies safe. The need to use alternatives to prison custody is now clearer than ever.

### **From now on...**

#### **...Prison should be recognised as inappropriate and unsafe for pregnant women and new mothers**

We need a sustainable strategy for keeping pregnant women and mothers of young children affected by the criminal justice system safe. Keeping women locked up in a prison cell for up to 23.5 hours a day, with no access to family visits or many of the peer and professional support services they rely on is not a solution to the problem COVID-19 poses in our already broken prison system. Indeed, holding women in these conditions presents a significant threat to women's human rights, particularly their right to life (Article 2), protection from inhuman or degrading treatment (Article 3) and the right to a private and family life (Article 8).

Coordinated releases and an end to custodial sentencing in all but the most exceptional of cases will minimise the risk to mothers and babies during the pandemic, and provide the best long term solution when the current public health crisis passes.

#### **...Custodial sentencing must be used in only the most exceptional circumstances**

Pregnant women and new mothers are still being sent to prison during the COVID-19 crisis, including women held on remand.

In October 2019 the sentencing guidelines provided a more detailed explanation of the consideration sentencers should give to defendants' child-caring responsibilities. This includes considering the impact a custodial sentence may have on an unborn child. The clarity offered in these guidelines is welcome, but now more work needs to be done to assess the extent to which they are being applied in practice across the system.

A very large proportion of women held in prison on remand do not go on to be sentenced: in 2016 60% of women remanded by the magistrates' court and 41% by the Crown Court did not receive a custodial sentence when brought to trial (House of Commons written question 119151, 20 December 2017). Given the very high risks faced by pregnant women and new mothers in prison, this cannot be allowed to continue.

Birth Companions will continue to engage with government agencies, professional bodies and academics in the UK and overseas to campaign to abolish the imprisonment of pregnant women and new mothers in all but the most exceptional of circumstances.

#### **...Urgent steps should be taken to reduce the number of avoidable recalls to prison**

The number of women recalled to prison has continued to rise, growing 6% from March 2019 - March 2020 (Ministry of Justice Prison Population figures: 31 March 2020 Table 1.1). Where recall results in the separation of mothers from their babies, the impact on their attachment relationship can be devastating. Recall can also disrupt the provision of vital support, including antenatal care for pregnant women.



License conditions and decisions to recall women to prison frequently fail to take account of the complex nature of women's circumstances, including their child-related responsibilities. For example, women have been recalled for missing probation appointments because they were attending antenatal services.

As probation is transformed in the coming months, the government should work to ensure that decisions about license conditions take full account of a woman's situation. Recall for pregnant women or mothers should be used as a last resort and understood as a failure to successfully support that woman's resettlement.

### **...The government must deliver their Female Offender Strategy**

The government's own strategy, now more than two years old, recognises the need to reduce the female prison population and to invest in community alternatives that give sentencers confidence. The announcement of a new residential women's centre in Wales is one of the most significant signs to date of a concerted effort to translate the vision of the [Female Offender Strategy](#) into reality. This has to be the turning point, with widescale and urgent change focused on maximum diversion from prison, built on sustainable funding models and a new level of collaboration with the women's specialist voluntary sector, and women with lived experience of the criminal justice system.

### **...Whole system approaches should be prioritised**

The work being done to develop and embed gender-specific, whole system responses to women affected by the criminal justice system, in London, Wales and Manchester for example, should be supported and accelerated across the UK to divert women from custody and into the services best placed to address the root causes of offending. The specific and complex needs of women in relation to experiences of pregnancy and mothering in the first two years of a child's life, including those who are separated from their infants, should be specifically acknowledged and addressed in these models, and supported through the appropriate design and delivery of community sentence treatment requirements.

The need for these whole system approaches will be intensified by government plans to increase the number of police officers by 20,000. This increase could help protect and support women, but without a gender and trauma-informed approach could also lead to increased criminalisation.

The NHS Liaison and Diversion Programme is well placed to help identify women's wider needs when they come into contact with the criminal justice system and to connect them to the most appropriate services. Pregnancy and recent birth should be included in the factors Liaison and Diversion teams screen for across the country.

### **...Care of foreign national women and victims of trafficking should be improved**

Foreign national women and female victims of trafficking face unique, multiple and intersectional issues in accessing appropriate support when they come into contact with the criminal justice system. Women's situations are complicated and compounded by language barriers, housing issues, the stress of immigration cases, and financial hardship (including lack of recourse to public funds). Services in prison and in the community for these women are inconsistent and in many cases non-existent ([Benedict, 2019: 'Just no future at the moment'](#)).

The Female Offender Strategy promises to address the barriers experienced by foreign national women, but we are yet to see any efforts to deliver on this. The government should work with specialists in the voluntary sector and elsewhere to deliver a culturally appropriate, proactive and systematic response to the needs of foreign national women and victims of trafficking, informed by those who have lived experience.

### **...Those in prison and leaving prison must be kept as safe as possible**

For as long as there are pregnant women and new mothers in prison custody, every effort must be taken to ensure their safety and the safety of their babies, with equal concern given to both physical and mental health. Holistic perinatal pathways should be created (as set out in our [Birth Charter Toolkit, 2019](#)) and their delivery monitored across the estate as a matter of urgency. The pandemic should not delay the implementation or impact on funding for this work.

Learning and recommendations from the investigations into the recent deaths of babies in HMP Bronzefield and HMP Styal will need to be built into this work as soon as the reports become available. These pathways should be extended beyond custody to improve the care of pregnant women and mothers of infants from the point of first contact with the police, through the courts, custody, and post-release.

HMPPS Women's Team should finish their Framework for the Care of Perinatal Women and Babies in Prison as quickly as possible, ensuring those working in prisons have consistent, mandated rules to ensure the highest possible levels of safety and care of pregnant women, new mothers and babies in prison.

### **...Pregnant women and mothers released early from prison during the pandemic must not be returned to custody unless there is a clear justification for doing so**

Some of the women who have been released are making preparations for the birth of their baby, others have recently given birth, and many have been reunited with their children, partners, and wider support networks. Unless there is a clear and overriding justification for doing so, these women and children must not face the trauma of being returned to prison as infection rates drop and lockdown regimes are lifted. Instead, they must be given the sustained, holistic support they need to build a positive future for themselves and their families in the community.

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*The priorities set out here are only the start. We know that, led by voices of experience and fuelled by the passion and dedication of so many individuals and organisations, we have a real chance to build a better future together*

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