

Evaluation of Birth Companions perinatal support during the COVID-19 pandemic

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Background

Women in prison are an increasing minority of prisoners worldwide (Ardal, Sulman, & Fuller-Thomson, 2011; Bard, Knight, & Plugge, 2016) and who often face co-morbidities of addiction, mental illness and significant trauma histories (Shaw, Downe, & Kingdon, 2015). Women prisoners are more likely to come from situations of poverty, have unhealthy and unsupportive relationships and lack family support (Farmer, 2019; Fowler & Rossiter, 2017; Sutherland, 2013). Furthermore, those who are pregnant/have a child while in custody are a highly vulnerable and 'invisible' group due to their perinatal and parental needs being neglected (Baldwin, 2017; Covington, 1998). A meta-ethnography of available qualitative research reports how women in prison have unique needs as they negotiate being an inmate, a mother, alongside threats of losing their baby (Shaw et al., 2015). These women have increased risks of perinatal depression and anxiety (Mukherjee, Pierre-Victor, Bahelah, & Madhivanan, 2014), and are more likely to have poorer outcomes due to increased likelihood of a preterm delivery or caesarean sections (Bard et al., 2016; Walker, Hilder, Levy, & Sullivan, 2014). While imprisonment provides opportunities for health interventions and pregnancy/motherhood offers an opportunity for transformation (Shaw et al., 2015), perinatal outcomes are often poorer given women's existing disadvantages (Mukherjee et al., 2014; Shaw et al., 2015). Interventions to improve outcomes associated with this population group are reported to be a key public health issue (Bard et al., 2016; Shaw et al., 2015; Shlafer, Gerrity, & Duwe, 2015).

Mother and Baby Units (MBUs) were introduced in prisons in the 1960s, and currently six out of the 12 women's prisons in the UK have a Mother and Baby Unit (MBU). MBUs are specifically designed units that can house mother and infant dyads (generally up to 18 months of age). Women placed in prisons that do not have MBUs and who give birth in custody, either gain places at MBUs at other prisons, or are separated from their babies and go back into the main prison population. However, women who give birth in prisons with MBUs can also be separated from their infants due to perceived capability and risk or at the point of the child reaching the upper age limit. Mother-infant separation inevitably creates high emotional distress and grief (Eloff & Moen, 2003; Huang, Atlas, & Parvez, 2012) and is associated with the potential for self-harm and suicide (Knight et al., 2016).

Birth Companions was founded in 1996 in the UK to support perinatal women in Holloway Prison. Since this time, they have expanded their expertise to deliver antenatal, postnatal, and

early parenting support to women in prison and community settings (Balaam & Thomson, 2018; Thomson, Delap, Balaam, & Van Lessen, 2017). Birth Companions currently provides support in three different prison establishments; two that have an MBU and one that does not. Their remit within prison is to provide emotional, practical and informational support in the form of group and, one-to-one sessions for pregnant/postnatal women and for women who have separated from their infants or experienced a pregnancy/neonatal loss due to having a termination, miscarriage or stillbirth within a two year period. They operate within a woman-centred ethos to offer evidence-based information to empower women to make positive, informed choices about their pregnancy and early parenting; provide women with support at birth where needed; information and advocacy for women's rights (such as additional food and practical items in prison, contact arrangements with children); support and encouragement to apply for MBU placements, instrumental and practical support (via the provision of maternity and infant related items; assistance with travel and phone credit on release from prison, and signposting women to wider suitable support on release); and emotional-based support to help ease women's anxieties and concerns. A further strand of their work has been to develop a peer support programme for perinatal women. This involves training a group of prisoners to provide information, emotional and social support to perinatal women in custody. The perceived benefits of this work for women include improved mental health and wellbeing due to reduced anxiety and isolation and an improved ability for women to give their babies the best start in life (Balaam & Thomson, 2018; Thomson et al., 2017). Women who train as peer supporters are also able to receive well-documented benefits of volunteering through improved confidence, self-esteem, and communication skills (Thomson & Balaam, 2019).

At the start of the COVID-19 pandemic Birth Companions, with the support of other women's organisations working in the criminal justice sector, called for the release of pregnant women and mothers of infants from prison in light of the risks posed to these women by the spread of the virus in carceral settings. On 31 March 2020, the Ministry of Justice and Her Majesty's Prisons and Probation Service (HMPPS) made the decision to prioritise pregnant women and mothers living with their babies on MBUs for early release (referred to as compassionate release on ROTL – release on temporary licence) where they were assessed as low risk and had suitable accommodation in place¹². These women were subject to licence conditions, including a requirement to stay at home, and wear an electronic tag, where appropriate, with immediate recalls for breaching conditions or committing further offences. Different forms of HMPPS support were offered to women depending on their release status. Women released under the ROTL were to be provided with a mobile phone, safe transport, a discharge grant of £80.00 and a commitment to provide secure accommodation; those released as business as usual were to receive a discharge grant of £46.00 only, with the additional support provided at the discretion of the prison. Following this announcement, Birth Companions began work with Women's Centres and other voluntary sector organisations and statutory providers such as prisons and probation teams to discuss the services that could be offered to women who were eligible for early release.

In April 2020 Birth Companions received a funding award from NHS England's Liaison and Diversion (L&D) Programme to continue and extend support for pregnant women and new mothers before, during and after release from prison during the COVID-19 pandemic. This was to include support for women released as business as usual (who had completed their custodial sentence) as well as those on the early release scheme. This support was to be offered in three

¹[Pregnant prisoners to be temporarily released from custody - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/pregnant-prisoners-to-be-temporarily-released-from-custody)

² Individual prisons convened a board to make these decisions.

prisons where Birth Companions already had an existing relationship³, and a telephone line and generic email address were established and promoted⁴ to offer support to perinatal women in any of the 12 women's prisons in England. The support was to include undertaking detailed assessments and developing needs-led care plans to ensure women were connected into local maternity services and other sources of support on release, and providing practical, information and emotional support to women via telephone/text/ email contact. The service was originally intended to be delivered alongside L&D teams, with L&D workers providing the primary referral route. Due to changes in HMPPS' position on and support for L&D involvement in the early release schemes, this changed to Birth Companions working with and alongside a wider range of professionals, including the prison resettlement teams, regional probation leads, existing prison contacts, and voluntary sector providers. The time scale for the NHS England project was originally from April-September 2020, but the number of pregnant women and mothers on MBUs release through the COVID-linked ROTL scheme was lower than expected (25 released between 31 March and 20 September 2020), leading to some underspend. Birth Companions was therefore able to use the funds to continue the service until the end of December 2020.

Research staff at the University of Central Lancashire were commissioned to undertake a small-scale evaluation of this work.

Aims and objectives

The main aims of the evaluation were to capture the types of support that Birth Companions provided to perinatal women during and after release from prison during the COVID-19 pandemic, and the experiences and impact of the support on women's health and wellbeing.

The key objectives were to:

- Explore how Birth Companions has adapted and operationalised support in prison and post release;
- Assess the impact of Birth Companions' support on women's health and wellbeing;
- Monitor and assess types and take-up of support;
- Identify barriers and facilitators to delivery of Birth Companions services;
- Highlight key recommendations.

Methodology

Design

A qualitative exploratory approach was used for the evaluation, with a 'what works' (Pawson, 2006) underpinning ethos to identify identifying positive aspects of care, and to help inform future service provision.

Participant recruitment

Three participant groups were targeted for the evaluation:

- Birth Companions staff;

³ Prior to the pandemic Birth Companions were attending on a regular (i.e. weekly or fortnightly) basis to provide perinatal groups/support.

⁴ Flyers were distributed across various forums and networks and could either phone or email.

- Health and social care professionals who work alongside/are aware of the Birth Companions service (e.g. midwives, healthcare staff, third-sector organisations)⁵;
- Perinatal women who had been released from prison⁵ and who had received support from Birth Companions during the pandemic.

Birth Companions helped to identify suitable staff, professionals, and women to take part. This involved either forwarding contact details (e.g. email addresses) to the research team or sending an introductory email on their behalf. Potential participants were forwarded an information sheet and consent form and asked to respond direct to the research team if they were willing to participate.

Data collection

Data collection methods involved:

a) *Interviews:* Telephone or online (e.g. Microsoft Teams) interviews were held with Birth Companions, wider professionals, and women. While different interview schedules were used for the different participant groups, questions included awareness, experiences and perceived impact of Birth Companions support, what, when and how services were delivered during the pandemic, challenges and facilitators to service delivery, and recommendations for service development.

Once a participant agreed to participate (via email), a convenient telephone/online interview (i.e. Microsoft Teams) was organised. At the start of data collection participants were asked to review and agree to the statements within the consent form, with the consent process audio recorded and saved for verification purposes. All interviews took between 25-60 minutes to complete and were transcribed in full for analysis purposes.

All women who took part were given a £10 shopping voucher to thank them for their involvement.

b) *Monitoring and evaluation data:* Any anonymised sociodemographic and monitoring data collected by Birth Companions on perinatal women supported during the pandemic was to be collected and used as part of the evaluation.

c) *Update meetings:* Over the course of the evaluation (July 2021-March 2021) regular meetings (n=7) were held with the Head of Services at Birth Companions to track and monitor updates and progress on service delivery.

Data analysis

Monitoring data was analysed descriptively (using Excel). The qualitative data (interviews and notes recorded at the update meetings) were uploaded to a qualitative software programme (MAXQDA) and thematic analysis was undertaken (Braun & Clarke, 2006). This involved an iterative process of reading, identifying key codes, grouping codes into sub-themes, and creating themes that reflected all views expressed.

⁵ As HMPPS was not receiving any ethics applications during the pandemic/over the period of data collection interviews were unable to be held with prison staff or women who were on ROTL.

Ethical considerations

Ethics approval for the study was obtained from the Health ethics sub-committee at the University of Central Lancashire (project no: HEALTH 0085).

Findings

Over the funding period (April–December 2020) Birth Companions provided support to 31 women housed in seven different prisons; Birth Companions had a prior working relationship in three of these prisons. Eleven of the women were ‘early releases’ under the compassionate ROTL scheme and 20 were ‘business as usual’ cases. Overall, the number of calls to the COVID line were reported by Birth Companions to be *‘fairly low’*; this was due in part to less women being released than expected and possibly the varied nature of the referral routes reliant upon the service being communicated via prison and probation teams to all those who may be eligible or to those who may be working with eligible women. L&D teams were meant to take the lead in coordinating the support for women, with Birth Companions supporting. As Birth Companions is a small organisation, coupled with the intensity of support that these women needed (detailed below), a higher workload would have been *‘unachievable’*. Therefore, while the ideal of women being released into the community and Birth Companions’ offer of support at multiple prisons was perceived as *‘fantastic, and the way it should be’* there were known capacity issues:

We're a tiny team and we were trying to build connections with prisons, like right across the country and to try and reach all the women. And it's always a case of managing what is achievable because of our capacity internally. (Birth Companions_7)

From these 31 women, 15 actively engaged with the support, with basic demographic data available for 12; active engagement was determined by women responding to, and/or making direct requests for support from Birth Companions. For the 16 that did not actively engage – 8 received support post-release, 4 pre-release and 4 pre and post release – this work generally involved attempted/brief calls or emails sent or received/follow up email/calls/texts.

In Table 1, the demographics (age, ethnicity), when support was provided (pre and/or post release), the women’s release status and the total number of months that a woman received support are detailed for those who actively engaged with Birth Companions support. Eleven of these women were supported as business as usual cases and four were supported as early COVID releases into the community.

Table 1: Demographics, location of support, release status and number of months in which support was provided by Birth Companions (n=15)

Age	Ethnicity	Location of support	Status of release	Number of months in which support was provided ¹
35-44 years	White British	Pre and post release	Business as usual	3 months
35-44 years	White British	Post release	Business as usual	2 months
22-34 years	White British	Pre and post release	Business as usual	5 months
22-34 years	White Irish	Pre and post release	Business as usual	4 months
19-21 years	White British	Post release	Early release	1 month
22-34 years	White British	Post release	Early release	1 month
Not recorded	Not recorded	Pre release	N/A	1 month
22-34 years	White British	Post release	Early release	2 months
22-34 years	White British	Pre and post release	Business as usual	3 months
19-21 years	Other Ethnic group	Post release	Business as usual	2 months
35-44 years	White Eastern European	Post release	Business as usual	1 month
Not recorded	Not recorded	Post release	Early release	4 months
22-34 years	White British	Pre release	N/A	2 months
22-34 years	White British	Post release	Business as usual	1 month
Not recorded	Not recorded	Pre and post release	Business as usual	2 months

¹Data on actual number of contacts was not available, rather if/whether a particular woman was provided with support in a particular month.

Overall, nineteen participants took part in the evaluation comprising:

- Six women (five had received perinatal support (including post release support) over the pandemic, and one who had worked as a Birth Companions peer supporter);
- Eight Birth Companions staff - seven were paid members of the service, and one worked as a volunteer. The paid staff members included the Head of Services⁶, Prison Coordinators (n=4 – with one of the Coordinators interviewed twice); Head of Policy and Communications, and the Engagement Manager;
- Five professionals from a midwifery (n=1), prison⁷ (n=1) or third-sector background (n=3).

The findings are reported in five key sections; ‘facilitating and maintaining contact with women’, ‘identifying women and their needs’, ‘coordinating and providing wider support’ ‘types and impacts of support’ and ‘challenges in support provision’.

⁶ Seven separate meetings were held with the Head of Service over the evaluation period

⁷ This individual had left the prison service at the time of the interview.

Facilitating and maintaining contact with women

All prison-based face to face visits ceased during the pandemic. Birth Companions recognised that a lack of in-person contact meant there was need to work in different ways. In response, they established a remote-based model of support that comprised all perinatal women receiving regular postal packs (i.e. twice a month) and weekly emails. The intention was that over time women would respond to these contacts (via emails/letters and ultimately telephone) for more targeted support to be provided. These communications were geared to sustain women's wellbeing during a period when normal prison activities were suspended and women were in their cells for 23-24 hours a day due to COVID response regimes, and where it was known that women's mental health was adversely affected:

Very isolated because they're not having that contact. You know, physical contact with families because they haven't been allowed. They've been shielding, so they're not having the contact with the inmates or other pregnant ladies or staff. (Health/social care professional_5)

One woman interviewed reflected on how the lack of mental health support in prison impacted her, as well as the implications for others:

No there wasn't enough support. You know a lot of women are suicidal or their mental health is poor or they're coming off drugs. You know, it can be a shock to the system. And you're on your own. You are behind that door. And I felt really vulnerable because I was detoxing and then obviously after what happened [child removed] I got moved off the MBU and then [...] go back to the main wing. It was just the worst thing that happened in my life. (Woman_2)

The need for a focus on wellbeing was also reinforced by women's responses to a survey that Birth Companions issued at the start of the pandemic. The remote methods were used to reinforce they were an independent charity, to demonstrate constant care, to inform women to the types of support they could provide, and ultimately for women to respond. The key goal was to engage with women pre-release for their resettlement needs to be in situ once released from prison.

The different communication methods that Birth Companions used and were available to women in different prisons settings are detailed as follows:

Postal: Once Birth Companions received a referral (i.e. via the COVID release telephone line) or were notified of a new perinatal woman in the prison (via pre-existing relationships in three of the prisons) the woman would receive an introductory pack that provided information on the Birth Companions service and types of support they could provide. Every month the women (and peer supporters) would also receive regular packs including:

- A craft activity pack designed by Junction 42⁸ (such as origami, calligraphy, frame making, greeting cards, sketching);
- A separate Birth Companions pack containing wordsearches, colouring pads, positive affirmations, and/or materials to encourage journaling.

⁸ Charity dedicated to delivering key services to offenders and their communities.

Women could also be posted bespoke information such as specific leaflets on pregnancy-related issues, but these would only be issued in response to direct requests to prevent against any insensitivities⁹. At Christmas all women received presents of a mindfulness colouring book, a Junction 42 craft pack, and a personal item (decided by the Birth Companions Prison Coordinator, e.g. toiletries in one prison, socks in another). The women who received this gift internalised it as a sign that they were cared about:

They were allowed to bring in toiletries so that was nice, all of us got a little Christmas pack and yeah, it was special, like because we knew that they cared, and they thought about us. (Woman_3)

In November 2020, Birth Companions launched an *Inside Guide* booklet that was developed in partnership with women with lived experience. The booklet provides detailed insights into pregnancy and early motherhood in the prison system, including information on: making decisions about a pregnancy; what support is available to women; what to expect at every stage of the process; MBUs in prison; and separation from a baby. The guide was posted into prison for all perinatal women who were known to Birth Companions. Batches of the booklet were also forwarded to all women's prisons via their libraries and other key contacts; the intention being that this would be shared to raise women's awareness and for timely support to be provided (where possible/appropriate).

Email: Every week the Birth Companions staff would send all the perinatal women in prison an email via the Email a Prisoner system (e.g. to introduce themselves, offer support, enquire as to their wellbeing, provide information in response to specific requests, etc). Women would respond to the mail (via handwriting or using a designated pod to type their response – this communication was then reviewed and either typed or scanned back to the sender (i.e. Birth Companions). In prisons that did not have this service, Birth Companions sent stamped addressed envelopes to encourage and enable women to write a reply.

Phone: In the three prisons where Birth Companions had previous relationships, protocols were in place for Birth Companions to be listed as a PIN (priority identification number – a prison-approved contact)¹⁰. While two of these prisons allowed calls to PINs to be free of charge during the pandemic, in one this was only available from November 2020, some 7-8 months after the pandemic started. The third prison gave women free phone credit, which meant women had to make a choice as to how to use this allowance (with charges made if they went over the agreed amount). The telephones were in the women's rooms (often shared with another prisoner) or within house blocks, and there were restrictions when phone calls could be made (e.g. 7am-10pm).

Birth Companions would always try, where possible, to coordinate a telephone conversation with a woman prior to her release to ensure that appropriate resettlement support was in place. Once a woman had been released from prison, Birth Companions would continue to support women via text and phone contacts, with the frequency often determined by women on a needs-led basis.

⁹ Such as a woman being sent pregnancy related information when it was not her intention to keep the baby

¹⁰ This generally happened without women's prior notification and would then be explained to women via Birth Companions introductory emails – a PIN is a list of approved phone numbers that women can call.

Face to face: In lieu of face to face contacts being suspended, a national ‘purple visits’¹¹ system was gradually introduced across the estate – a secure online video calling platform to connect prisons to their family members. However, Birth Companions staff advised it was not working as intended due to problems speaking with infants on video technology, family members not meeting eligibility criteria and concerns of risk, e.g. no guarantees as to who else may be present on the call. While Birth Companions staff aimed to use this system to help form positive relationships with women while still in custody, the prisons considered this ‘*too difficult to organise*’ (Birth Companions_1) and thus did not happen. In only one occasion was a face to face visit coordinated in prison during the pandemic; this situation related to Birth Companions providing a woman with intrapartum support, and when personal contact was considered important to build a relationship and elicit the woman’s needs.

Overall, the multiple contact options meant women were constantly reminded of the charity’s presence and offers of support:

Yeah. She sends me colouring books, colouring pens. She sent me emails once a week through to my cell [...]. She just didn't give up on me. (Woman_3)

Women were also reported to respond using different communications modes (email/letter and/or phone), indicating the value in multiple approaches, and evidence that persistence paid off over time:

One of the women from X [prison] who [we] hadn't heard from at all and I had emailed her to say I knew she was coming up for a release and I knew where she was going to be released, returning to and I sent her the post release support line. And then she rang the day she was released and for a brief period was in regular contact and wanted support. So, you just don't always know. (Birth Companions_7)

Birth Companions drew on a range of interpersonal approaches within their communication methods to forge relational bonds with women. This involved active listening, being non-judgemental; [I] *found I could open up to her and explain and then she would help me* (Woman_4); demonstrating empathy; ‘*They don’t know exactly what we’re going through because they can go home, but they try their best*’ (Woman_1), listening and ‘*holding space for women to work through things*’ (Birth Companions_7) and by being a constant presence (by issuing regular emails and packs). Birth Companions would also seek permission to act on the woman’s behalf to demonstrate ownership and partnership working, and being ‘*really clear with women about what we can do and actually not promising something that we can't do*’ (Birth Companions_1). The need to be consistent (such as contacting them when agreed) and to not over-commit when supporting women whose experiences led them to mistrust services was highlighted:

I just said, I will do my best to find something and I will let you know what I find, and I will refer you if I'm able. So, I was really clear not to over commit, and come in and just say, I'm going to do my best for these things. (Birth Companions_5)

These approaches were found to be effective, as despite remote working, positive and trust-based relationships were formed:

¹¹ <https://www.purplevisits.com/about/>

[I] never met X [Birth Companions] and we've only literally spoke on the phone, email, or WhatsApp. And it's just such a lovely vibe about them, about the whole charity. Yeah, I just think it's beautiful work that they do (Woman_2)

They just listened and I trusted them to tell them my life story. You can just see that they're there to support you, they are there to listen to your problems, they're just there to understand and don't judge you– they are just there. (Woman_3)

Identifying women and their needs

Women who were eligible for Birth Companions support were identified via the COVID-19 specific phone line or email - with individuals directed (where possible) to complete a referral form on the Birth Companions website. Referrals predominantly came from prison staff such as case workers and those based within resettlement teams. On one occasion a family independently found out about Birth Companions and made a personal plea to support their daughter who was a first-time mother on her own in an MBU. Within the prisons where Birth Companions had pre-existing relationships, Birth Companions staff would receive regular lists (i.e. pregnant, placed on a MBU) and held regular communications with prison/healthcare staff to identify eligible perinatal women.

Birth Companions staff would strive to communicate with prison/healthcare staff (and women where possible) to elicit information about the woman's situation and needs. This situation was generally easier in prisons with pre-existing relationships due to the charity having a '*long record of working in a prison*' and prison/healthcare staff understanding of Birth Companions support. Data-gathering in unfamiliar prison settings was identified as complex when trying to '*piece the jigsaw*' of women's needs.

Different avenues to elicit women's needs, such as via prison and midwifery based staff opened the potential for more in-depth insights into a woman's situation, and particularly when women may have a preference in whom she shared information with: '*there might be things that the women wouldn't feel comfortable speaking to X [prison lead] about*' (Birth Companions_8). Midwifery personnel were also considered more able to gauge the women's mood and wellbeing when compared to prison leads (Birth Companions_4).

Communications with prison/healthcare staff were perceived essential to:

- Coordinate/disseminate postal packs to women;
- Elicit insights into women's current situation and needs;
- Check whether women received timely and appropriate support, such as post-birth checks and offers of mental health and family liaison support as appropriate;
- Tailor the communications and information that Birth Companions provided with women such as gauging women's reactions to her pregnancy to determine, e.g. '*whether or not I send pregnancy related information*' (Birth Companions_8);
- Keep a log of women's key information, such as potential (for early) or actual release dates, and pregnancy due dates; with this information then used to direct and initiate support from prison/healthcare staff as appropriate, i.e. contacting the prison team regarding the women's birth plans, or resettlement team (i.e. 4 weeks prior to release date) in attempts to initiate women's post-release support;
- The prison/healthcare staff were perceived to be important conduits to elicit and provide feedback about the Birth Companions support in lieu of direct contact with women:

Yeah, it feels positive, I send an email to say, OK, these things are coming in the post to you for these women. And he [prison lead] says, 'thanks, that's great'. You know, "So and So was really pleased with this pack" or whatever. So that feels very proactive and positive. (Birth Companions_8)

Coordinating and providing wider support

The pandemic caused severe disruptions to how 'usual' services operated, with statutory services operating in a reduced or altered way, and which ultimately led to a '*stark absence*' of resettlement support for women. There were occasions of women being released to poor and/or inappropriate accommodation¹²; women's prescriptions not being arranged (despite the potential for significant risks in interrupting established medication (Knight et al., 2016); delays in registering women with a GP/Health Visitor; women's bank accounts not being organised¹³, appointments being coordinated that were impossible for women to attend (due to times and/or locations) and placing women at risk of being in breach of licence requirements. Birth Companions described how these gaps in service meant they had to '*step-up*' and provide a much more '*intensive*' liaison-based role, outside of the expected boundaries, in attempts to direct and facilitate woman-centred support:

The nature of the support that we have given to the women who were leaving has been so intense and there's been such a lack of wider services around many of the women that we have taken on a lot of liaison on other things like housing, you know, particularly like working with social work teams and on child protection conferences and all of that. So, we've been very drawn in beyond the boundaries that we set, and which has been interesting - predictable to a large degree. I think [we have been] genuinely shocked at how little the resettlement teams in the prisons have done and how little probation services have done. But luckily, unluckily, luckily, you know, we've only had to do that for a small number of women. (Birth Companions_6)

Interdisciplinary working was perceived as essential. While multidisciplinary team meetings were taking place (virtually) in some prisons where Birth Companions had pre-existing relationships, not all of these prisons had re-established these meetings, a situation believed to be due to a lack of understanding of their value '*[professionals] not giving it enough thought about how valuable the meetings are and how important it is that everybody attends them*' (Health/social care professional_5). Birth Companions spent prolonged periods of time liaising with prison/healthcare staff, social workers, housing department local authority staff to '*build the picture*' of women's needs and to coordinate the care required. The extent to which this liaison work was successful varied and was often associated with multiple factors. On occasion it could be very successful, for instance where a Birth Companions staff member spoke of having '*suddenly got ten professionals on an email chain or working to the same aim to try and get a woman very basic fundamental support needs met*' (Birth Companions_7). Other situations were described as '*extremely frustrating*' and despite repeated efforts, very difficult to achieve, due to, e.g. '*very little information coming back the other way*' (Birth Companions_7). It was considered that this could, in part, be due to mistrust and professionals being unaware of the ethos and remit of the service; '*there were issues about getting other prison staff on board [in accepting Birth Companions support in the prison]*' (Health/Social Care Professional_2). However, there was also evidence of positive practices in prisons where

¹² Such as a woman being released to a house that had been vandalised and located in an area where she was in breach of her licence conditions.

¹³ Due to women being required to visit the bank in person with ID before these accounts can be used.

Birth Companions did not have a prior relationship when ‘*everyone pulled together really quickly*’ (Birth Companions_7). The need for top level endorsement to facilitate and formalise multidisciplinary working was highlighted.

Birth Companions perceived themselves to be the ‘*glue*’ to ensure that essential care was in place, with others describing their service as being ‘*worth their weight in gold*’ (Health/social care professional_2) due to driving a woman-centred agenda in the delivery and coordination of needs-led care. The value of such was also reported by women:

Anything really anything I needed help with. They helped me. They were there for me when I needed some time to just talk to someone. Everything, anything I needed. So, stroller and prams. When I left prison, they made sure I had milk, nappies things like that for the kid. Then I moved to my placement and they got in touch with somebody who got me loads of stuff like donations, birthday presents, everything. (Woman_5).

Birth Companions helped women engage with a wide variety of local or specialist services dependent on need including drug and alcohol services, Minerva, Hibiscus, Changing Lives, Anawim, Together Women, Breaking the Cycle, Happy Baby Community, Migrant Help, Family Rights Group, PACT, 4 Women Outreach Service, and the National Referral Mechanism for women with trafficking concerns. On occasion Birth Companions would work collaboratively with other agencies to provide needs-led care. One example involved partnership work with an organisation that offered ongoing translation support for a foreign national woman with complex needs.

A key positive feature of remote working meant that Birth Companions were able to extend their reach (geographically and with individual women). While previously community support was only offered to those who lived within proximity to Birth Companions staff, the pandemic demonstrated how positive community support could be offered irrespective of the women’s locality:

We’ve discovered that, whereas perhaps if a woman was being released to X [geographical area], we wouldn’t have thought we could continue to support her. But I guess what this has taught us is that we can still support by phone and we can also help link her in with her local support (Birth Companions_1)

Types and impacts of support

The support from Birth Companions was highly valued, with various positive impacts reported:

Addressing inequalities: Birth Companions worked to address inequalities in the lack of resettlement support for women who were released as ‘business as usual’ by; arranging safe transportation via a national black cab company (and on occasion provided for women on the early release scheme due to this not being organised, particularly in the early lockdown period), providing women with a mobile phone and credit; and topping up the discharge grant to ensure they had sufficient funds for essential items.

Engendering trust: Women spoke of how the trust they had developed with Birth Companions meant that they were more likely to trust others; thereby widening opportunities for women to access needs-based support:

I wouldn't trust people very much, [...] but they [Birth Companions] have changed my view of people. How to just speak to someone and being able to trust someone (Woman_5)

The professional who co-worked with Birth Companions when providing language support also considered how the trust they developed as providers meant they could offer better support to the woman:

I think it was like building up - between us. It was a good relationship of trust. And then because everything worked so well between us as providers of support. And with the client was very easy to work with. (Health/social care professional_1)

Lifeline of support: The regularity of contacts (via post, email, phone/text) helped to reduce social isolation, and provided women with a lifeline of support once released back into the community:

And it's lovely to know that people are there for you. I could drop a text or WhatsApp or an email. And I automatically get a reply or phone call, which is it's nice when you're in addiction. You are alone and it's nice that people give you their time. I left prison in X [date] and I've been in touch with them ever since I've been out of prison and I'm still in touch with her to this day. (Woman_2)

Providing essential items: The provision of practical mother and infant related items (funded by separate grants/fundraising activity) including maternity wear, underwear, shoes, bras, nappies, clothes, prams, cots slings, nipple cream, and infant feeding equipment, were recognised as providing essential items to women who '*literally had nothing*':

[If] there was anything you desperately needed, they went and got it [...] because she had nothing, literally not clothes, not shoes, not nappies - nothing. And Birth Companions got her the exact same buggy as mine and loads of clothes and everything for the baby. (Woman_1)

Acknowledged as a mum: Some of the health/social care professionals and women spoke of how the support enabled women to feel recognised and validated as a pregnant woman with specific needs:

They care – they care about you and your child. We have someone acknowledging us whilst pregnant and our child, our unborn. (Woman_1)

With this level of support often felt to be notably different than the support women received from other sources:

Because they literally work for you...they work with the prison, but they're more for you than the prison. [...]. They treated us as pregnant women (Woman_5)

Coping strategies: The resources (such as journaling) helped women to develop positive coping strategies:

X [Birth Companions] advised me to write down how I was feeling and everyday as soon as I woke up to when I went to sleep if I was ever feeling down or low or anything

just to write it down, to go back on it and look at it - don't feel alone . Just write it down.
How are you feeling. (Woman_3)

Furthermore, the craft packs helped to provided women with a positive means of distraction, and to reduce boredom and isolation:

I was not focusing because I was detoxing - so they [distraction packs] kept my mind free from the madness to be honest. And then like if you're doing things as well rather than sat down watching TV, you keep myself busy and the time goes quicker (Woman_2)

Holistic care: Women reflected on how the support was designed to give them '*what I needed*', whether this be via specific requests such as acquiring photos of their children – '*I asked her if she could contact my Mum and ask if I could have a few pictures*' (Woman_3) or access to wider social, health-related, emotional and financial support. For one woman this involved access to drugs and alcohol service, sourcing and financing a parenting course (to demonstrate her commitment to motherhood) and identifying suitable accommodation for her to be reunited with her son:

I was struggling. I didn't know how to get anything for my baby, I had social services involved – I had a lot to prove to them as well – everything was just too much. But [Birth Companions] just she just helped me with everything. I didn't think I was going to get to keep my son. I thought they were going to take him. So, I proved myself when I got released that I can stay clean. I passed all my drug tests. I passed my parenting assessment before I had the baby – I passed everything they wanted me to do. And [Birth Companions] attended every one of them meetings [social services/child protection] for me as well. They would ask [Birth Companions] how I was in jail and she had my back (Woman_3)

Motivation for positive change: Some women spoke of how the support helped women to release self-blame; '*I was starting to love myself again. I wasn't hating myself from the past*' (Woman_3); to develop self-belief and '*confidence [in] being a mum*' (Woman_5) or as an individual: [They helped me to have] '*a bit more confidence in myself... A lot more confidence in fact*' (Woman_2); as well as how the ongoing encouragement and praise from Birth Companions staff served as an important impetus for positive behaviour change:

Just like emotional support, especially when I was in rehab, just like praise as well, [...] to keep going. I kept giving her [Birth Companions] updates and then she had emailed me back saying it's so great to hear your determination and strength is still thriving, and it gives you more motivation. Oh, it's beautiful really. It's priceless. (Woman_2)

Challenges in support provision

Aside from the issues in liaising and facilitating multiagency needs-led care, several key challenges to Birth Companions providing support were highlighted:

Confusion over eligibility for release: Birth Companions staff complained that while there was set eligibility criteria, this did not always translate into women being released from prison. The decision-making as to why women were not released was often unclear – '*we didn't always get to know why they were refused*' (Birth Companions_6) - and how it was '*quite tricky*' when they tried to challenge prison staff about individual cases (Birth Companions_7). Some of the

women were released under ROTL but with no further information provided; with women told information such as ‘*we don’t know when you’ll be coming back, but do expect to be recalled at some point, off you go*’ (Birth Companions_7). A lack of consistency and transparency was reported to place women in a state of ‘*horrible limbo - always kind of waiting, waiting, waiting*’ (Birth Companions_7) and could prohibit the coordination of needs-based care.

Communication issues and delays: The prison’s decision to use the basic Email a Prisoner system - which meant women were unable to respond via email - created an inequitable service and delays due to women having to resort to letter writing¹⁴. However, even when email systems were in operation, there were often delays in emails being returned to Birth Companions and which on occasion severely comprised support provision:

An email had been sent requesting support before being separated from her baby. As the email was a month delayed in being sent, by the time it was received the mother had already been separated and was too late to offer any support. (Birth Companions_1)

There were challenges concerning telephone communications in prison. Birth Companions staff were often unable to converse with women for prolonged periods of time due to where the phone was located, and women only allocated one hour of non-cell time. While Birth Companions was listed as a PIN (in the three prisons with pre-existing relationships) one woman explained that as they were only allowed three PIN numbers, this meant that the approved numbers kept changing, creating inevitable delays:

I was in X [prison] and you are only allowed 3 PINs on the phones; they have to choose only three they can call so it was a bit tricky because they were a few women that was pregnant and they weren't allowed to put all of them on their PIN to call. So, they had to keep changing it and that took time. (Woman_3)

Identifying and responding to eligible women: While the Birth Companions pre-existing relationships helped to identify eligible women for support, it often created an over reliance on one individual, with delays and complications experienced when the named staff member left the post or was unavailable. Further communication issues related to a lack of, and inconsistent information provided by prison staff. Some examples included very late notification as to where women were being released; women being released into the community without Birth Companions being notified; ‘*she was basically told in the morning “you’re going home tomorrow [...]*’ (Birth Companions_7); Birth Companions being provided with an incorrect contact telephone number for women; and women being released without a phone or contact number. There were also concerns about not identifying eligible women due to women refusing a pregnancy test or language issues, with prison policy dictating that women were not added to the ‘list’ unless their pregnancy was confirmed, and general gaps in identifying women who had separated from the infants and/or experienced a perinatal loss. Concerns were also expressed towards being unable to reach women who were highly vulnerable due to very chaotic backgrounds. While Birth Companions sought to rectify these issues by attempts to keep in regular communications and to form relationships with key staff, these issues remained.

¹⁴ Due to Birth Companions raising this issue over several months, the prisons concerned upgraded their service to allow women to respond by email.

Recommendations

Key recommendations from this work have been highlighted within seven key sections: reducing inequalities, communications with women, multidisciplinary practices, post-release support, identifying and engaging women, mental health needs and support, and training for prison staff. While the recommendations focus on support provision during a pandemic and lockdown conditions, a number are indicative of good practice which should be in situ regardless.

Reducing inequalities

Overall, there was general confusion in how the rules of ‘early release’ were applied, and inequities in terms of what women were entitled to:

- Systems of proportionate universalism should be adhered to whereby there is sufficient systems of support for all women (irrespective of the conditions of their release) and for additional support to be allocated on a case by case basis;
- There needs to be equity in what support is provided, i.e. safe transport, commitment to identify secure/suitable accommodation, mobile phone and credit, an agreed (and reasonable) discharge grant, for all women, irrespective of their release status;
- Clear information should be communicated on a regular and timely basis to women concerning their eligibility status.

Communications with women

Systems need to be established to facilitate and maintain early and timely ongoing contacts between Birth Companions and perinatal women for woman-centred care to be provided.

- All prisons should support the Email a Prisoner system in which women can respond via email;
- Email responses need to be prioritised to prevent delays in women receiving needs-based support;
- The number of PINs women are allowed should be maximised to enable women access to key friends/family members *and* Birth Companions support;
- Women being able to call Birth Companions free of charge in (some) prisons meant they were able to be responsive, and where possible, at times that women needed. Women should be allowed to make free telephone calls to Birth Companions as well as other providers (such as labour ward/midwives and third sector organisations who deliver support within prisons or the community), and particularly during isolating, stress-inducing situations such as a pandemic;
- Telephone contacts between Birth Companions and women should be facilitated and encouraged by key prison staff where possible, and always prior to women’s release back into the community;
- Purple visits in lieu of face to face contacts should be initiated to help establish positive relationships.

Multidisciplinary practices

The need for effective multidisciplinary practices to coordinate needs-based care was crucial.

- Prisons, and nominated leads to take responsibility for such, should establish regular multidisciplinary meetings for perinatal women with all the different agencies involved in the women’s situation; to provide coordinated and comprehensive woman-led care (virtually in lieu of being able to be held face to face) and to raise awareness of all the different professionals involved;

- A confidentiality agreement should be in place to enable all key stakeholders, including Birth Companions, to participate in meaningful, needs-led discussions during MDT meetings;
- Birth Companions should be invited to attend all relevant meetings, i.e. child protection meetings, to advocate for and offer a more holistic perspective on women's needs and level of engagement.

Post-release support

A key gap in service provision related to the lack of resettlement support for women, with the potential to cause undue distress and to maximise women's vulnerabilities.

- Timely meetings need to be initiated by resettlement teams together with staff from all key organisations (i.e. social services, probation, local authority, and Birth Companions) at least one month prior to women's release;
- Women to receive information (written and verbal) on what practical or financial resettlement assistance they should expect to receive;
- Pre-release meetings need to coordinate and plan for care that includes:
 - Appropriate housing/accommodation – with alternatives/options sourced via alternative means (i.e. Birth Companions and other reputable third-sector organisations) to be considered;
 - Applying for women's benefits;
 - Organising women's bank accounts;
 - Coordination of statutory appointments that are feasible and practical to attend;
 - Safe transportation to women's approved address;
 - Women's access to wider support, i.e. mental health (as needed);
 - Immediate access to a fully functional mobile phone and phone credit;
 - Sufficient funds/discharge grant to purchase essential times;
 - Registering women with a GP/appropriate healthcare (and coordinating access to medication as appropriate)

Identifying and engaging women

For the Birth Companions service to operate effectively, it requires systems to be in place to identify women and for timely access to information:

- A robust perinatal pathway is needed to identify women who are pregnant/experienced a loss (pregnancy, neonatal, child removed) or separation from a baby by coming into custody; and a clear referral pathway into Birth Companions at the point of admission into prison;
- Women's perinatal status should be recorded on prison IT systems to help flag up eligible cases and maximise referral opportunities;
- Birth Companions require information including the woman's name, prison ID, and a summary of her status (e.g. gestational weeks of pregnancy, separated from infant) to help personalise information and communications;
- A named prison staff member, who understands the role and remit of Birth Companions is essential to help facilitate co-working arrangements;
- The 'caseload' meetings between Birth Companions and key prison staff were essential, however, difficulties faced when the named staff were unavailable highlights a need for a team approach to ensure regular access to the information;
- All perinatal women should be provided with the Birth Companions *Inside Guide* on arrival in prison for early awareness and timely access to support.

Mental health needs and support

The need for sensitive, timely and regular mental health support for perinatal women was emphasised.

- Systems of support need to be established to help promote positive emotional health, such as via socially distanced listening visits, helplines, or psychotherapeutic interventions;
- Regular welfare checks for women who are isolated for prolonged periods, or facing challenging situations (such as detox, child removal) need to be established.

Training for prison staff

Prison staff need appropriate training to uphold their responsibilities for the health of women and unborn babies.

- All prison staff in women's estates should receive training (mandatory and annual updates) on the needs, entitlements and escort arrangements of pregnant women, and wider issues faced by women who have faced pregnancy losses, stillbirths and terminations and those who have separated from their babies by coming into custody; ideally provided by organisations such as Birth Companions who have theoretical, practical and experiential knowledge in the support and care of perinatal women in prisons.

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