birth companions

The Birth Charter Toolkit

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Birth Companions is a charity that has worked with pregnant women and new mothers in prison since 1996. We currently run services in four prisons in England, and over the years we have supported more than 2000 pregnant women and new mothers in custody.

In 2016 Birth Companions published the Birth Charter for women in prisons in England and Wales. We wrote the Birth Charter because many pregnant women, new mothers and their babies were not getting the care and support they needed and to which they were entitled. We called for our comprehensive recommendations to be implemented to improve this situation.

Since we wrote the Birth Charter there have been important developments in knowledge, policy and practice. We understand better the risks pregnant women and new mothers face while in prison, particularly during birth and if they are separated from their babies; we also understand better the adverse effects of stress during pregnancy on babies' development and life chances. There is now an increased awareness of perinatal mental health issues and more funding and support for women experiencing perinatal mental ill-health across the UK. Finally, we know more about supporting pregnant women and new mothers affected by the criminal justice system before and after a custodial sentence. This toolkit incorporates this new learning, covers some issues in more detail than we did in the Birth Charter, and includes new recommendations.

There have been promising developments in policy relating to the care of pregnant women, new mothers and babies in custody, with the Birth Charter's recommendations informing several important documents (see essential reading). The Ministry of Justice is developing a new framework for pregnant women, new mothers and babies, which we hope will give those working in prisons the tools to ensure consistent compliance with mandated standards of care. Investment in services for this group of mothers and babies has also increased: NHS England/Improvement recently committed funding to the development of a perinatal mental health pathway in women's prisons during 2020-25 as part of the NHS Long Term Plan. We welcome these developments.

Nonetheless, while it is right that all stakeholders strive to provide pregnant women, new mothers and babies in prison with the best care possible, the prison environment itself creates very significant barriers to the safety and wellbeing of these women and their children. We recognise the good work done by many, but the prison system is not the right place to give women and their babies the care they need and are entitled to. While working to mitigate the risks created by this environment and to improve the support offered within it, Birth Companions is clear that custodial sentences should only be given to pregnant women or new mothers in the most exceptional circumstances. Instead, the government should prioritise diversion services and the development of community-based alternatives as part of a wider, urgent drive to reduce women's imprisonment.

In that context, this toolkit has been developed to bridge the gaps we see between what is set out in policy and what is actually provided in practice. It provides stakeholders with a practical guide to help them address these gaps and implement the Birth Charter's recommendations, for what we hope will very soon be a dwindling number within a falling prison population.

How to use this document

This toolkit is intended for

- Prison Governors
- Prison officers and other custodial staff
- Prison healthcare departments
- Prison nursery staff
- Commissioners of services for pregnant women, new mothers and their babies affected by the criminal justice system
- External providers working with pregnant women, new mothers and babies in prisons and across the criminal justice system more widely including midwives, obstetricians, mental health professionals, health visitors, social workers, GPs, relevant charity or community voluntary sector (CVS) practitioners, Liaison and Diversion practitioners, Community Rehabilitation Companies, probation officers, drug and alcohol teams, housing officers, social workers and others
- Policy makers and legislators
- Researchers
- Women affected by the criminal justice system, their families, carers and supporters.

This toolkit outlines best practice based on our extensive experience of supporting women in prison. It is designed to work alongside clinical care and safeguarding practices appropriate for the significant needs of this population. It should be used alongside the Birth Charter, and specific reference points from that document are indicated throughout.

We have included some examples of good practice (in pink boxes) and case-studies (in orange boxes) from prisons across the system.

Contents

3 The key recommendations of the Birth Charter
4 Essential reading
6 Core principles
12 Mapping out the opportunities to reduce risk
13 Route 1: Pregnancy, birth and early motherhood in custody
- 13 Before arrival
- 14 Arrival in prison: Day 1
- 16 Day 1-3
- 17 Ongoing care in prison and preparation for birth
- 19 Hospital or clinic appointments including abortion
- 19 Labour and birth
- 21 Mother and Baby Units
- 21 Postnatal care
- 23 Release

24 Route 2: Women separated from a baby born within the last two years
25 Situation 1: Mothers who are separated from a baby having given birth in custody
- 25 Woman in custody is refused an MBU place
- 25 Labour and birth specific to separation (see also 'Labour and birth' in Route 1)
- 27 Mother returns to prison

28 Situation 2: Mothers who come into custody after giving birth
- 28 Woman arrives in prison separated from her baby: Day 1

30 Ongoing care and support for all separated mothers in custody
- 30 Day 1-3 and ongoing care/support for all separated women
- 31 Preparing for release

32 Beyond prison: extending pathways for pregnant women and new mothers in the community
32 Further reading, advice and support

The key recommendations of the Birth Charter

Pregnant women in prison should:

1 have access to the same standard of antenatal care as women in the community
2 be able to attend antenatal classes and prepare for their baby's birth
3 be housed, fed and moved in a way that ensures the well-being of mother and baby
4 be told whether they have a place on a Mother and Baby Unit as soon as possible after arriving in prison
5 have appropriate support if electing for termination of pregnancy.

During childbirth, women should:

6 have access to a birth supporter of their choice
7 be accompanied by officers who have had appropriate training and clear guidance
8 be provided with essential items for labour and the early postnatal period
9 receive appropriate care during transfer between prison and hospital.

Women with babies in prison should:

10 be encouraged and supported in their chosen method of infant feeding
11 be supported to express, store and transport their breast milk safely, if they are separated from their baby
12 be given the same opportunities and support to nurture and bond with their babies as women in the community
13 be entitled to additional family visits
14 be able to access counselling when needed
15 receive appropriate resettlement services after release from prison.

Essential reading

Whether you are designing a new pathway or improving an existing service, there is a large body of evidence to draw on.

- Birth Charter for women in prison in England and Wales (Birth Companions, 2016).
- Expectations – criteria for assessing treatment of conditions for women in prison in prison (Her Majesty's Inspectorate of Prisons 2014). New Expectations are due to be published in 2019 and rolled out for use in inspections in 2020.
- Gender Specific Standards to Improve Health and Wellbeing of Women in Prison (Public Health England 2018), Chapter 6 (Pregnancy and Families)
- Guidance on working with women in custody and the community (Women's Team, Her Majesty's Prison and Probation Service 2018) – in particular Annex L (Caring for Perinatal Women in Custody) - to accompany the Women's Policy Framework (Ministry of Justice 2018). Please note, this guidance is currently being reviewed and updated by the HMPPS Women's Team, as part of a fundamental review of PSI 49/2014 on Mother and Baby Units and operational prison guidance on supporting perinatal women in custody. For a copy of the existing guidance, and new guidance once it is published in spring 2020, please contact WomensTeam@justice.gov.uk.
- Whole prison whole person: How a holistic approach can support good mental health in prison – a report by Clinks, commissioned by the VCSE Health and Wellbeing Alliance
- If you are a midwife you can access Birth Companions' iLearn training module on supporting women affected by the criminal justice system during the perinatal period on the Royal College of Midwives' website
- If you are a pregnant woman or new mother who may be sentenced to a custodial sentence, or supporting someone in this situation, Prisoners Advice have published a Self-help toolkit on Mother and Baby Units.

Birth Companions' information leaflet

The information women are given on arrival in prison, or when they first discover they are pregnant, can be overwhelming and difficult to take in. As a result, women attending our groups often have a long list of questions they want to ask. In response to this, Birth Companions has developed a leaflet for pregnant women and new mothers that summarises a range of key information. The leaflet is written in a reassuring and trauma-informed way, and women tell us it helps to reduce their anxiety. It can also be used by peer supporters and prison officers as a reminder and for reference, and when helping women with literacy or language issues.

We have developed a template of the leaflet in order to allow different prisons to adapt it in line with their local information and services. This is available on request from info@birthcompanions.org.uk

Core Principles

Birth Companions has supported the development of services for pregnant women and new mothers in several prisons in England, and through this work we have identified a number of core principles. Working with these principles in mind will ensure services are more likely to be effective.

Reviewing services

Whether you are at the start of your journey to design a pathway for pregnant women and new mothers or have an established pathway and services in place, reviewing the care you provide regularly is essential. Initially this will help you establish what you do well, what could be improved, who your stakeholders are and the specific, local needs of the women and babies in your care. Yearly reviews are also essential to ensure service quality is maintained, and that care evolves in response to the changing needs of women and babies.

- Audit your existing service. Asking and answering a range of questions about your service is a good way to start a review, for example:
  - Are pregnant women and mothers with babies under 24 months in the community identified on their entry to prison?
  - Is this information collated and shared with relevant stakeholders?
  - Are all women who have been separated from a baby given up-to-date and accurate information about applying for an MBU place immediately on their entry to prison, and supported to make an application if needed?

- Map the services and stakeholders involved in the care of pregnant women, new mothers and babies and detail how their work connects.

- Talk to women using the services. Ask pregnant women and new mothers for their experiences and suggestions. Peer supporters can also feed into this process.

- Do a walk-through of services. This is a very effective way of understanding women's journeys through the system, how they experience care and how this can be improved.

- Review recent serious incidents including safeguarding incidents, miscarriages, stillbirths, births in cell and other serious incidents involving perinatal women and babies that have happened over the last year. These incidents may also be subject to other internal and external reviews or processes.

Peer support

Birth Companions has trained pregnancy peer supporters in several prisons. These individuals are able to provide unique listening and practical support across the prison, including information about being pregnant in prison, MBUs, sources of support, and entitlements. Engagement with peer supporters has resulted in improved rates of disclosure of pregnancy and children in the community, better engagement with services and improved data collection.

Birth Companions' resident peer supporters in one prison have introduced a number of positive support initiatives for pregnant residents, including a weekly antenatal exercise class for pregnant women; a weekly social group for pregnant women to come together in a relaxed and comfortable space where they can participate in bonding activities such as pampering treatments and watching films together; and the provision of practical items including electric fans in very hot weather, maternity clothes, additional pillows and maternity mattresses.

Strong governance

- Make sure there is commitment to improving services from stakeholders at every level. This should include prison governors, and healthcare and midwifery leads from relevant services. This will ensure that implementation is consistent, even when staff change, and will enable senior management input where needed to resolve issues.

- Hold regular strategic meetings through a Maternity Services Liaison Committee (MSLC) or similar to oversee the development and functioning of services and to ensure accountability. All stakeholders should be invited and key roles represented. This provides a forum through which to support multi-agency working, ensure effective communication, resolve issues as they arise, review serious incidents and develop good practice. Comprehensive Terms of Reference (TOR) and ongoing record-keeping are important.

- Ensure effective data collection. Services should gather data on pregnant women, new mothers and babies. This information should be shared securely with relevant stakeholders via pregnancy lists, lists of women on the Mother and Baby Unit (MBU) and lists of women who have separated from a baby under two years old as a result of being taken in to custody. Strong data helps service planning and delivery. Data should also be collected on pregnancy outcomes, including miscarriages, abortions, stillbirths, births outside a hospital setting, and any other serious and reportable incidents.

- Set up systems for reporting and reviewing incidents, including the outcomes listed above. Safeguarding concerns and incidents affecting mothers and babies should be reported on and reviewed regularly by the MSLC or other governance body alongside the establishment's safeguarding meetings. This will ensure accountability and that any necessary lessons are learnt in order to inform further service development.

The perinatal pathway at HMP/YOI Low Newton

The perinatal pathway at HMP/YOI Low Newton is built on a multi-agency approach with a clear governance structure that includes HMPPS, all healthcare teams and a dedicated Specialist Midwife, who is able to provide continuity of care with the local maternity Trust. The pathway provides holistic care across pregnancy and up to a year after the birth of the baby with weekly multi-disciplinary team (MDT) meetings to allow all those involved in the care of the women on the caseload to consider their ongoing needs. The care needs vary across the pathway and there have been some significant successes with applications to Mother and Baby Units, breastfeeding support and safeguarding practice.

A multi-disciplinary team (MDT) approach to sharing a woman's care

Kate was a regular participant in the Birth Companions weekly pregnancy group and presented as a confident and capable first-time mother. The MBU Board's decision to deny her a place was made very close to her due date and came as a surprise to everyone directly involved in supporting Kate. After giving birth to a baby boy, Kate returned to the prison where she was supported by various voluntary sector agencies including Birth Companions, the Born Inside psychotherapy group and Choice for Change, an organisation that specialises in child loss support. Collectively, leads from each of these agencies formed a core group to facilitate communication and coordination of post-separation support for Kate. This approach helped to maintain Kate's trust in her case workers and encouraged her to continue to engage with support. Working together, Kate's core group was better able to agree next steps and strategies for helping Kate to appeal her MBU decision and access specialist legal help and advice. At the time of writing, Kate's appeal was ongoing.

Building relationships with social workers

Children's social services play a key role in MBU assessments, so it's vital they are familiar and up to date with the level of support available in these units. Often social workers dealing with an application have never visited an MBU. In Taliah's case, a social worker visited the MBU for the first time, prior to writing their report. As a result of the visit, and the conversations they had with staff, they felt able to support the application and Taliah (whose previous children were placed in care) was given an opportunity to parent successfully.

Core Principles
continued

Multi-agency working

The wide range of stakeholders involved in the care of pregnant women means that multi-agency working is inevitable. This can be supported and made more effective in a number of ways:

- Hold regular case-loading meetings where key staff can collaborate on the care of individual women and babies.

- Ensure effective communication by identifying safe, secure ways of sharing information, such as shared email lists and platforms. Protocols should be agreed for these communications, including who has access to information, specifications of the frequency of updates and reviews, data protection compliance, encryption and the use of identifying names/numbers.

- Make good use of the voluntary and community sector (VCS). There are many experienced charities working in this area who can provide valuable support alongside statutory services. Find out who they are, include them in your stakeholder forums and ensure their work is recognised and included in your pathways. Work with them to address the challenges in making referrals and sharing information appropriately between statutory and VCS services.

The BPAS sexual and reproductive health service at HMP/YOI Bronzefield

A lead nurse from the British Pregnancy Advisory Service (BPAS), visits HMP Bronzefield every week to provide holistic advice, support and onward referrals on contraception, STI testing, unplanned pregnancy support, counselling and abortion care. The service offers women an opportunity to discuss any concerns about their sexual and reproductive health and wellbeing, including menstruation, fertility, and miscarriage. A BPAS nurse also attends the MBU to hold support sessions on postnatal fertility, and has integrated contraception clinics alongside existing services within the prison to improve access to advice and support.

BPAS has also created a specific custodial referrals pathway for women considering abortion, with tailored advice and information for those seeking abortion care within custody, and the healthcare staff supporting them. The pathway enables healthcare staff to refer women swiftly for telephone counselling, and / or an appointment at the nearest BPAS clinic.

Language and literacy support

Women entering prison are often highly anxious and confused. Pregnant women are unsure what will happen to their baby, and need information on maternity services or crisis pregnancy services; new mothers need to know how to contact their children in the community; women from both groups may need information on applying to MBUs. All these questions and fears are heightened considerably where language or literacy issues make communication more difficult.

The consequences of poor communication because of language or literacy barriers are very significant for women and their babies; failures to understand their options regarding abortion, antenatal concerns, access to midwifery advice, and applications to Mother and Baby Units can result in serious mental and physical health risks to both mother and child.

It is crucial that:

- Information leaflets for pregnant women and new mothers are available in translation and/ or;
- High quality language and literacy support is provided quickly and in an appropriate, sensitive way

Trauma informed care

It has been shown that women in prison are a group with high levels of previous and concurrent trauma. Many women experience incarceration while pregnant or during early motherhood as traumatic, and some women are re-traumatised or 'triggered' by pregnancy, birth and the experience of early motherhood.
As a result, working with this group requires a trauma-informed approach underpinned by:

- Providing compassionate, non-judgemental care
- Ensuring women's dignity is upheld at all times
- Supporting women to feel safe and to build trusting relationships
- Understanding that previous experiences of trauma may affect the ways that women experience pregnancy, birth and early motherhood, and the choices they make during this period. This can include how they engage with professionals, and their care and parenting choices.
- Respecting women's right to private and family life (Article 8 of the European Convention on Human Rights), including their choices about their pregnancy, abortion, birth and parenting

Trauma informed antenatal courses at HMP/YOI Bronzefield, HMP Foston Hall and HMP/YOI Peterborough

Birth Companions offers pregnant women trauma-informed antenatal courses that have been designed specifically with the needs of women prisoners in mind. The courses are informed by the principles of consent, kindness, communication, trust, safety, respect and collaboration. They offer women a space to benefit from evidence-based information, expert facilitators, peer support and access to practical items. Women who come to the courses report improvements in their health and well-being, and feeling less isolated and better able to give their babies the best possible start in life.

Engagement with women with lived experience

Women themselves should have a voice in order to shape the care they receive and address concerns they have. Complaints mechanisms (including taking unresolved complaints to the Independent Monitoring Board and ultimately to the Prisons and Probation Ombudsman) should be clearly explained and made accessible to women throughout their time in custody, with support provided as necessary.

Women who have previously experienced pregnancy, birth and early motherhood in custody are also a valuable resource in helping develop and deliver services that can meet their needs effectively.

- Consult with women at each stage when planning your pathway or improving your services. You can involve women who are still serving their prison sentence, and those who have been released from prison. Consultation can take many forms including focus groups, surveys, walk-throughs and individual interviews.

- Peer supporters can also provide valuable assistance to pregnant women and new mothers alongside services offered by professionals. Peer supporters should be fully trained and supervised on an ongoing basis. Through part-time or full-time roles they can support women on reception and throughout their time in prison with information, advocacy and emotional support.

The Birth Companions Lived Experience Team

Birth Companions' Lived Experience Team offers service providers, commissioners and policy-makers unique access to more than 20 women with personal experience of pregnancy and motherhood in prison, including women who cared for their babies on an MBU and women who were separated from their babies. These women are trained and supported to share their stories with those in a position to deliver real improvements. To date their work includes consultations, service evaluations and peer research projects with organisations including HMPPS, the National Probation Service, NHS England, the Care Quality Commission, Public Health England and the Maternal Mental Health Alliance.

Core Principles
continued

Localism and flexibility

The numbers of pregnant women and new mothers in individual prisons and the nature of women's individual needs during pregnancy and early motherhood are in constant flux. As a result it is important that pathways and services are designed to allow individualised care for a changing population whilst maintaining service quality.

Planning and flexibility based on needs

Alesha knew she would be separating from her baby after birth. Members of the prison team took the time to work with her in advance, to discuss plans for her return to the prison after the labour. In the course of these conversations it became clear that Alesha had established a network of support on the remand wing where she was being held. It was therefore agreed that she would be able to return to this wing after giving birth, and could stay there for as long as she wanted, in order to benefit from the informal peer support available to her there. This decision was taken in spite of the fact that Alesha was no longer on remand.

Identifying needs and respecting women's rights

Elena was pregnant when she arrived into custody, but she hadn't accessed any antenatal care in the community. The specialist midwife in the prison arranged an urgent dating scan and Elena requested a termination of the pregnancy. The midwife acted quickly to arrange an urgent referral, as Elena was nearing the 24 week threshold for termination services, and a prison transfer to an abortion clinic was facilitated. Specialist counselling was also provided by BPAS.

Training

In order to deliver confidently and consistently against these principles it is vital that staff involved in working with pregnant women and new mothers in prison complete specific training in the risks, needs and experiences of these women.

A training course entitled 'Managing Pregnant Prisoners and Mothers with Babies in Prison' is available via HMPPS for staff who work with pregnant women in prison, particularly those who work on MBUs. It is also advisable to include information about the distinct needs of pregnant women, new mothers (including separated mothers) and babies in the training of all staff members. Birth Companions and other specialist agencies are able to provide training. This includes opportunities to consult with women with lived experience of pregnancy and motherhood in the criminal justice system.

Family engagement at HMP Foston Hall

The 'Family and significant other peer advisor' role at HMP Foston Hall is managed by the PACT Family Engagement Worker and able to help women with a range of family matters, including organising visits, support for those going through the adoption process, and facilitating letterbox contact. The advisor can highlight additional or changed needs to the relevant services in the prison. Birth Companions' Peer Supporters provide regular practical and emotional support to pregnant women and those who have been separated from their child, sometimes seeing them on a daily basis. They also accompany women to the fortnightly support groups, offering consistency and familiarity.

HMP Foston Hall has also developed a Family Bonding Unit, where two flats, fully equipped with a kitchen, lounge, play area and outdoor garden provide safe, relaxed spaces for visits.

Mapping out the opportunities to reduce risk and improve care

The following tables map out the key points for pregnant women and new mothers entering and moving through the prison system. They detail the risks that exist at each stage, give examples of what should be done in order to mitigate these risks and highlight the benefits that can result from providing the best possible care to mothers and babies.

In developing these tables we have drawn on the insights of the healthcare teams, prison staff as well as the pregnant women and mothers we have worked with over the last 23 years. We have learned from seeing what can go wrong, and from observing what good practice can achieve.

Route 1 applies to a woman's journey through pregnancy, birth and early motherhood if she retains custody of her baby, and includes the needs of women who may consider and/or want to access abortion services.

Route 2 addresses the needs of women who are separated from their babies either before they come into custody, or while in custody.

Route 1: Pregnancy, birth and early motherhood in custody

Before arrival

Potential risks	The solutions	Potential benefits
Women are provided with inaccurate information by untrained professionals in the community. As a result, women do not plan appropriately for their sentence, or for the care of their child/ren in the community if an MBU place is not given or sought. Children may end up in care because family or friends are not prepared. Women with language or literacy needs are less able to understand their options and are less likely to engage with available support. 'Toxic stress' (severe/prolonged stress) during pregnancy impacts adversely on the mother and baby.	Pregnant women and new mothers who may be sentenced are provided with information on the support and services available for women in prisons, including information about MBUs, and answers to frequently asked questions. Language and literacy needs are supported. Training and information on the support and services for pregnant women and new mothers and on MBUs is provided to those involved in the court process and sentencing including Magistrates, probation services, solicitors and Liaison and Diversion teams	Women know more about the care they can expect and their options on arrival in prison. Women and their supporters can make informed decisions and plans. Professionals can give evidence based information to women and their supporters. Professionals can make informed decisions, including sentencing decisions. Stress for women and supporters is reduced.
Unnecessary separation damages the attachment relationship between mother and child.	Where possible, emergency boards sit before sentencing to ensure a woman's 'in principle' MBU place with her baby on arrival to prison.	Unnecessary separation of mother and baby is reduced.

Route 1: Pregnancy, birth and early motherhood in custody continued

Arrival in prison: Day 1

Potential risks	The solutions	Potential benefits
Women conceal their pregnancy or do not disclose they have children in the community if they do not feel safe and supported. Breakdowns in communication during the transfer from community to prison, or between prison staff prevent the identification of pregnant women and new mothers, and swift response to women's needs.	All reception staff know the protocols for identifying pregnant women and new mothers. Pregnant women are identified (through voluntary disclosure or test). Women who have recently given birth, and women with babies under 24 months are identified (see separation route). Breastfeeding mothers are identified. Women are added to the prison's pathways, and information is shared with relevant stakeholders triggering visits, support, referrals and practical items.	Informed, trained staff facilitate safe disclosure of women's situations and needs in a trauma-informed way.
Women do not have positive relationships with officers or choose not to engage.	Women have positive first contacts with specially trained officers.	Positive relationships with staff start to be built.
Women's physical and mental health is at risk if medication they were using in the community is not prescribed in a timely fashion.	Women's immediate needs are assessed, including language/ literacy support, crisis pregnancy counselling and access to prescribed medication.	Women's needs are met.
Women's language or literacy needs limit their ability to understand and engage with available support.	Information on the support and services available for women is provided and answers given to frequently asked questions. Language and literacy needs are supported.	Women are reassured about their options. Stress for mother and baby is reduced.

Arrival in prison: Day 1 continued

Potential risks	The solutions	Potential benefits
Women's ability to breastfeed or provide expressed breastmilk for their babies is compromised, and their babies do not receive the benefits. Women's human rights to choice, privacy and dignity are threatened – for example if they are not supported in their chosen form of infant feeding, or are not given breast pads to absorb milk.	Breastfeeding mothers are given access to breast pumps, breastmilk storage facilities and breast pads, and expert support to use them. Arrangements are made to hand milk out to baby in the community if possible.	Babies will receive the benefits of drinking breastmilk. Women's choices, privacy and dignity are respected, in line with Articles 3, 8 and 14 of the European Convention on Human Rights.
The MBU application process is held up and/or prolonged. Unnecessary separation risks the attachment relationship between mother and child.	The booklet 'All about Mother and Baby Units' or its updated equivalent is given to pregnant women and new mothers immediately, and is also available on each residential unit, in the prison library and in reception, first night centres and induction units.	Women are reassured about their options. Stress for mother and baby is reduced.
Women do not receive essential information, or practical and emotional support because staff are not available. Women who do not engage with statutory services do not receive support.	Women have access to a trained peer supporter.	Peer support provides women with emotional and practical support, and questions are answered from a peer perspective. Staff roles are supported.
Opportunities to assess, monitor and evaluate services and needs are limited by a lack of data, and important learning points missed.	Data on pregnancy, separation and associated needs is gathered and recorded for monitoring and evaluation purposes.	Service planning, assessment, monitoring, evaluation and learning are made possible.

Route 1: Pregnancy, birth and early motherhood in custody continued

Day 1-3

Potential risks	The solutions	Potential benefits
Women's health needs are not assessed and met, putting women and babies at risk. Women do not make healthy, informed choices, resulting in poorer outcomes for women and babies.	Pregnant women have a booking appointment with a midwife and see relevant health care providers.	Women's health needs are assessed and met. Women are supported to make healthy, informed choices for themselves and their babies, including smoking cessation, birth planning and infant feeding.
Women's mental health needs are not assessed and met, resulting in challenging behaviour, self-harm or suicide. Lack of access to additional food and practical items impact on women and babies' outcomes.	Wherever appropriate, women have a mental health assessment and timely follow up appointments. Pregnant women are visited by an officer trained in their needs and provided with information and practical items (pregnancy pillow, maternity clothes, food pack, pads).	Women's mental health needs are identified, ensuring appropriate care is given and needs met. Women and babies benefit from the food and practical items they are entitled to.
Women lack the information or support to make a timely or robust MBU application. Toxic stress impacts on the unborn baby, and mental health of the mother.	Information and support regarding MBU applications is provided as needed. All relevant staff are fully trained in the MBU application process and eligibility criteria. They know the risks to women's mental health associated with poor handling of this process.	MBU applications are made earlier, more quickly and more effectively. Women's anxieties are reduced. Unnecessary separation is minimised.
Delays or a lack of information mean women are denied timely access to terminations. If the procedure is delayed, a late abortion may be more complex and distressing.	All women have appropriate support if electing for termination of pregnancy. **Birth Charter section 5, page 8.** A nurse or specialist agency visits women in crisis pregnancy and provides information and counselling. Access to terminations is facilitated quickly if required.	Terminations are provided in a timely way, and women are supported before, during and after the process.

Ongoing care in prison and preparation for birth

Potential risks	The solutions	Potential benefits
Women's needs are not met because staff do not understand them. Staff hold and express judgemental or negative attitudes towards pregnant women and new mothers in prison, including those attending abortion clinics, causing women distress.	All staff working with pregnant women and new mothers are trained in the specific needs and risks associated with pregnancy, birth and motherhood in prison. Staff working on specific units such as MBUs or in areas housing several pregnant women have expressed an interest in working with these women. Pregnant women are given the option to be housed on a dedicated wing or area, with appropriately trained officers Pregnant women are housed, fed and moved in a way that ensures the well-being of mother and baby. **Birth Charter section 3, page 6.**	Staff are confident and expert in the support of pregnant women and new mothers. Women benefit from expert staff support, and peer support from other pregnant women.
Women's complex physical and mental health needs are not met, resulting in worse outcomes for women and their babies.	Pregnant women in prison have access to the same standard of antenatal care as women in the community. **Birth Charter section 1, page 4** Women have access to perinatal mental health services where needed.	Women's complex physical and mental health needs are met, resulting in better outcomes for women and their babies
Women do not have their concerns answered, or are given poor advice by practitioners or staff who are not experts. Women's and babies' outcomes are at risk. Staff are adversely affected.	Women have 24/7 phone access to a labour ward/ midwifery team for advice when the midwife is not in the prison.	Women's questions and concerns are answered by qualified practitioners. Staff are not asked to make assessment or decisions they are not qualified to make.

Route 1: Pregnancy, birth and early motherhood in custody continued

Ongoing care in prison and preparation for birth continued

Potential risks	The solutions	Potential benefits
Women are not able to make informed choices during pregnancy, birth and early motherhood, with significant implications for both mother and baby Women do not recognise or are scared by the signs of labour.	Pregnant women have the opportunity to attend antenatal classes and prepare for their baby's birth. **Birth Charter section 2, page 5.**	Women are supported to make informed choices, and benefit from peer support. Women's and babies' outcomes are improved. Women are better able to recognise signs of labour.
Women and babies are not equipped practically for birth and the post-birth period. This causes women anxiety.	Women have a hospital bag ready (this can be kept by officers on the wing) containing essential items for mother and baby for birth and post-birth, including night clothes, disposable underwear and maternity bras, maternity pads, breast pads, toiletries, snacks, drinks, nappies, baby clothes and baby milk and bottles if needed.	Women and staff are practically prepared for birth and the post-birth period. Women are reassured and stress is reduced.
Women who have low levels of trust or negative experiences of statutory services find it difficult to engage with these services. Women's and babies' outcomes are at risk if non-engagement is not recognised and responded to appropriately.	Non-engagement with statutory services is recognised as a safeguarding concern, and communicated and addressed through appropriate multi-disciplinary teams. Women can access peer support and support from voluntary and community sector providers.	Women are encouraged and supported to engage through multi-disciplinary teams, including peer supporters and voluntary sector providers.
High risk and emergency births, miscarriages and serious incidents are not dealt with appropriately. Women's and babies' lives are at risk.	Protocols are in place to deal with high risk and emergency births, miscarriages and serious incidents. Key staff are regularly trained in these protocols.	High risk and emergency births, miscarriages and serious incidents are dealt with appropriately.
Contributing factors to serious incidents are not addressed and learning does not inform policy and practice. Women and babies remain at risk.	Serious incidents are logged and reviewed through established governance structures such as Maternity Services Liaison Committees.	Learning informs future policy and practice, mitigating risks in the future.

Hospital or clinic appointments including abortion

Potential risks	The solutions	Potential benefits
Staff express judgemental or negative attitudes, causing distress to women	Women are accompanied by officers who have had appropriate training and clear guidance. **Birth Charter section 7, page 10.** Healthcare professionals and others with whom women come into contact are trained in the non-judgemental, trauma-informed support of pregnant women in custody, including those opting for termination.	Staff are fully aware of women's needs and rights, can support their choices and are able to develop and maintain supportive relationships.
A lack of staff training and awareness of abortion procedures results in preparatory measures (e.g. fasting) not being followed and procedures being cancelled.	Women's preparatory measures for abortion procedures are clearly communicated and facilitated.	Women's abortion choices are supported and the procedure facilitated without unnecessary complications or delays.
Women are distressed by unnecessary use of handcuffing or by officers being present during examinations, medical consultation, abortions, birth, bonding and breastfeeding.	Training includes the appropriate use of restraints and the relevant security protocols (National Security Framework 2015 – PSI 33/2015).	The use of restraints is risk-assessed on an individual basis and unnecessary usage minimised. As a result women's distress is minimised.

Labour and birth

Potential risks	The solutions	Potential benefits
Women in labour are not transferred to hospital in time to prevent a birth in cell or during transfer. Women's and babies lives and outcomes are at risk. Other pregnant women feel stressed and anxious about the risk of giving birth in their cell.	Women who think they are in labour are responded to and assessed in a timely way by qualified staff, either in person or on the phone via the labour ward at the hospital. Only qualified doctors or registered midwives can make assessments about whether a woman is in labour or not. Timely transport to a hospital or clinic is arranged in line with midwifery advice. Women are provided with essential items for labour and the early postnatal period. **Birth Charter section 8, page 11.**	Women's needs are responded to by an expert in a timely fashion. Women are given expert care in an appropriate setting. Women's and babies' needs are addressed. Stress and anxiety are reduced.

Route 1: Pregnancy, birth and early motherhood in custody continued

Labour and birth continued

Potential risks	The solutions	Potential benefits
Emergencies are not effectively dealt with. Women's and babies' lives and outcomes are at risk. Staff will be adversely affected.	In prison, protocols and equipment are in place to deal with birth-related emergencies in the prison such as post-partum haemorrhage and the resuscitation of infants. Staff trained in these procedures are on duty at all times.	Emergencies are effectively dealt with and risks to both mother and baby are mitigated as far as is possible.
Women's dignity and privacy are compromised in labour, causing women distress and impacting outcomes in delivery and the immediate postpartum period, including breastfeeding initiation.	While in labour women's rights to dignity and privacy are respected and protected at all times in prison, in transfer and in hospital. This includes giving a woman privacy behind screens and officers leaving the woman's room when requested.	High risk and emergency births, miscarriages and serious incidents are dealt with appropriately.
Women labour without support from family, friends or birth supporters. Birth outcomes are affected negatively. Opportunities to support family ties are lost. Mothers and families do not have a record of the baby's birth.	Women have access to a birth supporter of their choice. **Birth Charter section 6, page 9.** Birth supporters are contacted in a timely way and support women in labour where allowed.	Woman feel safe and supported, and stress and anxiety are reduced, with positive affects for both mother and baby. Family relationships are maintained and strengthened.
Women find it difficult to bond with their baby, have skin to skin time, and/ or initiate breastfeeding due to concerns about the presence of prison officers, or pressure to return to prison after birth. Mother and baby's relationship is negatively affected. Babies do not benefit from drinking breastmilk.	All women are given the same opportunities and support to nurture and bond with their baby as women in the community. **Birth Charter section 12, page 15.** Mothers are able to stay in hospital with (or with access to) their baby for 72 hours unless this is not possible due to safeguarding risks (see separation route). New mothers and their babies receive appropriate care during transfer from hospital to prison. **Birth Charter section 9, page 12.**	Mother and baby are able to have skin to skin and breastfeed with resulting physical and mental health benefits, including improved attachment relationship.

Mother and Baby Units

Potential risks	The solutions	Potential benefits
Women feel anxious and confused about the MBU process, with significant risks to mental health and toxic stress affecting the unborn baby.	Regular communication with women is maintained throughout the MBU application process, with support offered at every stage, including with appeals where appropriate. **Birth Charter section 4, page 7.**	Reduced stress for mother and baby and better outcomes for her baby.
Applications can be delayed or refused as a result of low levels of familiarity/ confidence in MBUs among children's social services teams. Women feel unable to appeal due to a lack of information or support. Unnecessary separations impact on mother and baby.	Applications are processed swiftly, and delays resulting from factors outside the prison (i.e. in children's social services teams) are monitored by key staff and followed up on swiftly. All relevant staff are fully trained in the MBU process, including eligibility criteria, appeals process and the associated risks to women's mental health.	The process is fair, accessible and transparent for all. Unnecessary separations are reduced.

Postnatal care

Potential risks	The solutions	Potential benefits
Postpartum mothers are at particular risk of mental health issues including postnatal depression or psychosis. These can result in self-harm and death by suicide. These risks are heightened further if the mother separates from the baby. Changes in women's mental health are overlooked, and needs unmet.	Mother can access specialist perinatal mental health support. Women's mental health needs are regularly assessed, monitored and responded to. **Birth Charter section 14, page 18.**	Mother receives treatment to address her mental ill-health in a timely way. Physical and mental health benefits for mother and baby. Changes in women's mental health are identified and quickly responded to, mitigating the risk of self-harm and suicide as far as possible.

Route 1: Pregnancy, birth and early motherhood in custody continued

Postnatal care continued

Potential risks	The solutions	Potential benefits
Women's post-partum health needs are unmet, resulting in risks to her health such as infections.	Women receive the appropriate post-partum health checks at the correct time from midwives, health visitors and doctors, including a GP check at six weeks post birth. Women's health concerns are addressed in a timely way by the appropriate healthcare professional.	Women's post-partum health needs are met with dignity and respect.
Women face discomfort, embarrassment and a loss of dignity.	Women are provided with essential items for the post-partum period including pads, breast pads and underwear.	
A lack of practical items, advice and support prevent women from establishing or maintaining breast feeding. Babies do not receive the benefits of breastfeeding. A lack of support with infant feeding could compromise the baby's health. This includes risks from poor practice in making up bottles and using unsterilised equipment.	Women are encouraged and supported in their chosen method of infant feeding. **Birth Charter section 10, page 13.** Practical items for breast feeding are provided for mother and baby, including breast pads, bras, breast pumps, storage bags, dedicated breastmilk fridge and feeding bottles. Practical items for bottle feeding are provided including steriliser and feeding bottles. Specialist advice and support is provided to women on breastfeeding if required. Specialist advice and support is provided to women on infant feeding.	Babies benefit from the benefits of breastfeeding. Babies are fed safely. Mothers feel supported and encouraged, and are better able to bond with their babies.

Release

Risks	The solutions	Potential benefits
Fathers, siblings and other family members aren't able to support the mother or bond with the new baby.	Mothers and babies are entitled to additional family visits. **Birth Charter section 13, page 16.**	Family ties are maintained and strengthened.
Women are more likely to return to difficult circumstances or prison if appropriate support and accommodation are not in place. A lack of support increases the safeguarding risk to both the baby and the mother.	Pre-release planning, referrals and support are facilitated to ensure continuity of care. Women receive appropriate resettlement services after release from prison. **Birth Charter section 15, page 19.**	Pregnancy and motherhood offer significant motivation for women to address offending behaviours and make a new start in the community Positive experiences in prison may mean women are more likely to engage with relevant care and services post-release.

Continuing support 'through the gate'

Ruby was released from prison close to her due date and knew she would be separating from her baby. In prison her behaviour had been challenging and she was not expected to engage with services or care after release. Concerns had been expressed about the baby's safety.

While in prison, Ruby regularly attended the Birth Companions pregnancy support group and developed relationships of trust with Birth Companions staff and volunteers, and with the prison midwife. As a result of these relationships being built over time, Birth Companions and the midwife were able to work together to support Ruby in the run up to, and after her release. Against all expectations, this support meant that Ruby went on to engage fully with a range of care and services, and also expressed milk for her baby after the separation, which she brought to contact visits.

Route 2: Women separated from a baby born within the last two years

Mothers who leave a baby behind in the community when they enter prison are often invisible and as a result their physical and emotional needs are not met.

This separation is a significant trauma and mothers in this situation need additional support for their wellbeing and to reduce risk. Mothers who are separated from a baby will either have given birth in custody (situation 1) or will come into custody after giving birth (situation 2). Many of their needs are the same but women in the second group are even less visible and more likely to be missed. They will also be dealing with adjusting to prison life at the same time as experiencing the very difficult process of being away from their babies usually for the first time since their birth, with no established support networks in the prison itself. They may need to make an MBU application as soon as possible, or may be in prison for a short time and be planning to reunite with their baby after release.

Situation 1: Mothers who are separated from a baby having given birth in custody

Woman in custody is refused an MBU place

Potential risks	The solutions	Potential benefits
'Toxic stress' (severe/prolonged stress) during pregnancy impacts adversely on the mother and baby.	Women are provided with clear information on the appeals process and next steps, including support in making alternative arrangements where necessary. This information should be provided by an appropriately trained MBU officer, and through facilitated access to family solicitors, the Prisoners Advice Service, social services and other agencies.	The trauma and anxiety associated with separation can be mitigated by swift, accurate information provision and access to trained professionals.
	Women are linked to prison officers trained in supporting women facing separation, and connected to sources of emotional support from trusted staff members, peers, family members and voluntary and community sector (VCS) agencies (e.g. Birth Companions).	Women are supported emotionally and feel safe disclosing concerns.
Women's mental health needs are not met, resulting in challenging behaviour, self-harm or suicide.	Women's mental health needs are assessed and closely monitored.	Women's mental health needs are identified, ensuring appropriate care is given and needs met.

Labour and birth specific to separation (see also 'Labour and birth' in Route 1)

Potential risks	The solutions	Potential benefits
A lack of support around the birth or at the point of separation can create additional trauma for mother and baby. This impacts on the mother's short and long term mental health, ability to produce breast milk and ability to breast feed.	Women's wishes are respected during birth and the time spent with the baby at the hospital, including support in accessing a birth partner, ensuring privacy and dignity, facilitating photos and memory boxes, and arranging visits and calls to family.	Women's rights to privacy, dignity and choice are respected, resulting in more positive births, less toxic stress and better outcomes for both mothers and babies.

Route 2: Women separated from a baby born within the last two years continued

Labour and birth specific to separation (see also 'Labour and birth' in Route 1) continued

Potential risks	The solutions	Potential benefits
Care is compromised by inappropriate use of restraints or by officers' presence during examinations, medical consultations, birth, bonding and breastfeeding. Mothers have worse birth and breast feeding outcomes.	Women are accompanied by officers who have had appropriate training and clear guidance. **Birth Charter section 7, page 10.** Training includes the appropriate use of restraints and the relevant security protocols (National Security Framework 2015 – PSI 33/2015). Mothers are supported to give their baby colostrum, to express breast milk and to provide their baby with comfort including skin to skin contact.	The use of restraints is risk-assessed on an individual basis and unnecessary usage minimised. As a result women's distress is minimised. Mothers have better birth and breast feeding outcomes. There are significant physical and mental health benefits for both mother and baby from skin to skin or close contact and breastfeeding.
Women's care is compromised by pressure to return to prison.	Mothers are allowed to stay in hospital with (or with access to) their baby for 72 hours unless this is not possible due to safeguarding risks.	Mothers are able to benefit physically and mentally from sufficient time to recover in hospital before returning to prison. Babies benefit from skin to skin contact and breast milk.
The trauma of separation is exacerbated by a lack of support, or by proximity to pregnant women if this is challenging for women.	Plans are made in advance for the woman's return to prison, including women being given a choice about where to be housed. Some may prefer to be with/ not with pregnant women or where they are able to receive support from another prisoner with a shared language for example.	Women benefit from expert staff and peer support.

Mother returns to prison

Potential risks	The solutions	Potential benefits
The trauma of separation can lead to challenging behaviour, mental ill-health, self-harm or suicide. Women may be perceived as difficult, resulting in their punishment and increased isolation.	Women are given additional support as identified in their pre-birth plan: dedicated, appropriately trained officers, contact with family, proximity to trusted persons and contact with relevant voluntary and community sector (VCS) agencies. Contact with the baby is arranged as appropriate, and regular channels of communication are established with children's social services and all relevant statutory and non-statutory support services.	Women feel supported and are kept safe, reducing the risk of self-harm or suicide. Women's concerns are heard and addressed by those in a position to offer accurate, evidence-based information.
Women's practical post-partum needs are overlooked, exacerbating feelings of invisibility, a lack of self-worth, and mental health needs.	Practical needs are identified and swiftly responded to – including provision of breast pads, sanitary pads and medication.	
Babies and mothers may be unable to benefit from breastmilk or feeding.	All women who wish to do so are supported to express, store and transport their breast milk. **Birth Charter section 11, page 14.**	Mother and baby receive the mental and physical health benefits of breastfeeding/ breastmilk.

Route 2: Women separated from a baby born within the last two years continued

Situation 2: Mothers who come into custody after giving birth

Woman arrives in prison separated from her baby: Day 1

Potential risks	The solutions	Potential benefits
Women who are not identified as having separated from a baby may have significant physical and mental health needs that go unmet.	Separation is identified in reception through disclosure or via communication from court or legal team (i.e. through pre-sentence report). Women's physical and mental health needs are assessed and they are added to the prison's pathway list, triggering visits, support, referrals and practical items including maternity pads, breast pads, and medication.	Informed, trained staff facilitate safe disclosure of women's situation and needs in a trauma-informed way. Women's needs are identified and met.
Women experience judgemental attitudes or feel unable to trust officers on arrival into prison, limiting disclosure of needs.	Women have positive first contacts with reception staff trained in working with pregnant women and new mothers, and the specific needs of separating women.	Positive relationships with staff start to be built.
Mental health needs escalate along with associated risks of challenging behaviour, self-harm and suicide.	Women are able to access counselling when needed. **Birth Charter section 14, page 18.** Women are given a choice about where to be housed – some may prefer to be with/ not with pregnant women or where they are able to receive support from another prisoner, with a shared language for example.	Mental health needs are addressed and risks of self-harm and suicide are mitigated. Women benefit from expert staff and peer support.
Women who do not engage with statutory services do not receive support.	Women have access to a trained peer supporter and voluntary sector providers experienced in separation.	Non-statutory services are able to work with the prison and the mother to increase the likelihood of engagement.

Woman arrives in prison separated from her baby: Day 1 continued

Potential risks	The solutions	Potential benefits
Unnecessary and prolonged separation impacts on mother and baby's mental health and attachment.	Immediate provision of the booklet 'All about Mother and Baby Units' (as per PSI 54/2011, this booklet must be available on each residential unit, in the prison library and in reception, first night centres and induction units). Information on the support and services available for women is provided and answers given to frequently asked questions. Language and literacy needs are supported.	Women are reassured about their options and are reunited with their babies as quickly as possible. Stress for mother and baby is reduced and attachment supported.
Mother and baby are unable to benefit from breastfeeding/ breastmilk.	All women who wish to do so are supported to express, store and transport their breast milk. **Birth Charter section 11, page 14.**	Babies will receive the benefits of drinking breastmilk. Mother receives psychological and physiological health benefits from breastfeeding.
Opportunities to assess, monitor and evaluate services and needs are limited by a lack of data, resulting in important learning points being missed.	Data is gathered and recorded for monitoring purposes.	Services can be monitored and evaluated, and learnings applied to drive improvement in care.

Breastfeeding support for separated women

Bespoke milk fridges are provided at both HMP Peterborough and HMP Bronzefield for women who are expressing for separated babies. Milk storage bags, breast pumps and breast pads are usually available to separated mothers in these prisons on request, although breast pumps are often in short supply.

In HMP Peterborough those who are expressing breastmilk are also supported to leave work to express in private in the MBU.

Supporting a separated mother to breastfeed

When we first met her in prison, Jaymie was an experienced mother with older children in the community and was expecting her third child. Jaymie had a history of regular imprisonment and separation from her children who were both in the care of extended family members. She engaged positively with the Birth Companions pregnancy group and, despite having no prior breastfeeding experience, she developed a commitment to breastfeeding her third child. When Jaymie's MBU application was denied she prepared herself for separation by finding out more about how to express, store and transport her breastmilk for her baby to have in the community. After giving birth, Jaymie returned to prison and her baby went to live with her mother. Thereafter, Jaymie was supported by both Birth Companions and prison staff to express her breastmilk at regular intervals, and it was routinely collected by officers and stored in a bespoke milk fridge in the prison's MBU. We liaised with prison staff to collect and transport Jaymie's milk directly to her mother and child in the community.

Route 2: Women separated from a baby born within the last two years continued

Ongoing care and support for all separated mothers in custody

Day 1-3 and ongoing care/support for all separated women

Potential risks	The solutions	Potential benefits
Women's post-partum health needs are unmet, resulting in risks to her health such as infections.	Women receive the appropriate post-partum health checks at the correct time from midwives, health visitors and doctors, including a GP check at six weeks post birth. Women's health concerns are addressed in a timely way by the appropriate healthcare professional.	Women's physical health needs are identified and addressed.
Changes in mental health needs go unrecognised, leading to a risk of escalation, self-harm or suicide.	Women's mental health needs are reassessed and closely monitored. Women are able to access counselling when needed. **Birth Charter section 14, page 18.**	Mental health needs are identified and addressed, and the risk of self-harm and suicide mitigated as far as is possible.
Women feel unsupported, confused and anxious about their situation.	Regular visits are organised from officers specially trained in the needs of pregnant women and new mothers and the effects of separation, providing information on the progress of MBU applications and the range of support and services available, as well as ensuring referrals are picked up and practical items are provided.	Women's stress and anxiety are reduced and they feel supported.
Women who do not engage with statutory services do not receive support.	Multi-disciplinary teams convene regularly to assess and monitor changes in separated women's needs, including input from social services, community healthcare, mental health teams and specialist non-statutory services Ongoing access to regular peer support.	Voluntary and community (VCS) sector services are able to work with the prison and the mother to increase the likelihood of engagement. Women engage with peer support.

Day 1-3 and ongoing care/support for all separated women continued

Potential risks	The solutions	Potential benefits
Fathers, siblings and other family members aren't able to support the mother.	Women are entitled to additional family visits. **Birth Charter section 13, page 16.** Additional calls and visits are facilitated, including contact with baby, social workers, Prisoners Advice Service, family solicitors etc.	Women are able to maintain contact where appropriate, and access wider information and support, reducing stress and uncertainty. Family ties are maintained and strengthened.

Preparing for release

Potential risks	The solutions	Potential benefits
Mental health risks escalate in the run up to, and after, release. Family contact or chances of being reunited with children are affected by inappropriate housing arrangements.	Women receive appropriate resettlement services after release from prison. **Birth Charter section 15, page 19.**	Women have the best possible chance to make a positive start to life after custody. Strong family ties reduce the risk of reoffending.
Women leave prison unaware of their contraception options.	Women are offered contraceptive counselling.	Prevention of future unplanned pregnancies.

Supporting women through separation

The midwife at HMP Peterborough provides women with identical pairs of knitted squares, blankets and teddy bears. Women put one square in their bra and the other with their baby and swap them routinely while together. One blanket and teddy bear are sent with the baby and the others are kept by the women as a keepsake. Hand and foot print kits, of the kind used in bereavement care pathways, are also used.

Birth Companions offers birth support to women facing separation and arranges for photos to be taken, as well as providing two identical outfits for the baby, of the woman's choice, so one can go with the child and one can be kept.

Beyond prison: extending pathways for pregnant women and new mothers in the community

Both the Birth Charter and this toolkit focus primarily on women and babies in custody, including reference to preparing women for release from prison. But there are a large number of pregnant women and new mothers affected by the criminal justice system who may never be given a custodial sentence. They might come into contact with the police, be seen by Liaison and Diversion services, come through the courts, be given a community sentence, be supervised by probation or use women's centres, for example.

Birth Companions works extensively with women affected by the criminal justice system in the community. We are acutely aware of women's complex needs, and the challenges their care presents to stakeholders across multiple systems including health and social care. We will be developing recommendations for women and their babies in these situations too, and advocating to ensure their needs are met comprehensively through a whole systems approach.

Further reading, advice and support

If you are a pregnant woman or new mother affected by the criminal justice system, or you support a woman, or you work with pregnant women, new mothers and babies in custody, we would be very happy to offer you advice and support. You can get in touch by emailing info@birthcompanions.org.uk or visit our website for more information.

If you are interested in reading more, you can look at the resources page on Birth Companions' website for a range of publications on this subject.

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