

The Ministry of Social Services stopped issuing birth alerts to hospitals providing maternal care effective February 1, 2021. This change may leave staff and physicians with questions. This document will attempt to answer the most frequent questions. If you have questions specific to your site that are not answered here please reach out to the leaders in your area.

1. **“Why is this happening now, and why is it important?”**

The Ministry of Social Services decision to remove birth alerts aligns with recommendations from the Truth and Reconciliation Commission, the Missing and Murdered Indigenous Women and Girls Inquiry and federal Indigenous child welfare legislation. It also recognizes concerns raised by families, partners and stakeholders across Saskatchewan. Many other provinces in Canada have also removed birth alerts. The removal of the birth alerts offers the opportunity to avoid the discrimination and trauma that has historically resulted from their use.

2. **“What are the changes for front line staff and physicians working with patients and families?”**

You will no longer receive birth alerts from Social Services and you will not be required to notify Social Services when a woman with a birth alert delivers. The removal of birth alerts does not change the way our staff do their work. We serve everyone who enters our care and work to identify and provide supports for all who may require them.

3. **“What are the changes for front line staff and physicians working with patients and families?”**

You will continue to assess your patients as a regular part of your care. If during your assessment and conversations with a patient you identify the need for additional supports to ensure a safe transition to parenthood, then you should refer them to resources. In many facilities, the hospital social workers and health educators can assist with this. A list of [Community Resources](#) is also available to support.

Front line staff have always and will continue to provide assessment, patient/parent education, role modelling, observe behavior and possibly notice changes over time, assist with accessing resources in the community such as food security (food banks or community food initiatives), housing, connecting with social services and potential funds available, etc.

4. **“If there are no First Nations and Metis Health Services (FNMHRS) health educators in my facility, how can I obtain assistance?”**

For teams operating in facilities without FNMHS health educators, please contact the following team members who can provide assistance remotely:

FNMHS for Regina & South Saskatchewan (306) 766-4155

FNMHS for Saskatoon & Northern Saskatchewan (306) 655-0166/(306) 655-1591

First Nations & Metis Health Relations (provincial): Ian.Thomas@saskhealthauthority.ca

5. **“If there is no social work support in my facility, how can I obtain assistance?”**

Please see the list of [Community Resources](#) for provincial and local community resources to refer patients to.

Another important resource is 211 Saskatchewan. It is a free, confidential, 24/7 service that connects individuals to human services in the province by telephone, text, or web chat, plus a searchable website with over 5,000 listings of social, community, non-clinical health, and government services across the province. sk.211.ca

6. **“When should concerns be reported to Social Services?”**

According to the Saskatchewan Child Abuse Protocol: *“If you have reason to believe that abuse/neglect has or is occurring, or will likely occur, you have a duty to report that concern to Social Services. Abuse/neglect includes:*

- *Physical abuse*
- *Sexual abuse*
- *Emotional maltreatment*
- *Physical neglect*
- *Exposure to interpersonal violence*
- *Failure to provide essential medical treatment”*

If this type of situation occurs, please reach out to a manager, charge nurse, hospital social worker or a First Nations and Métis Health Services health educator for further advice.

Cultural bias or poverty are not appropriate reasons for reporting parents, and doing so deters patients from seeking out the care they need. First Nations and Metis Health Services health educators are available to assist Indigenous patients & their care providers in identifying assumptions and navigating challenging situations.

7. **“Should ongoing prenatal substance misuse or active use in-hospital be a consideration for reporting? What about housing insecurity?”**

Many community supports exist to support parents struggling with substance misuse and housing insecurity. Securing appropriate supports is always the first and best approach to supporting patients. Where patients are connected with appropriate supports before discharge from hospital, and where the issues being faced do not fall under your Duty to Report (see Question #6), a report to Social Services is not required.

Child Protection Intake and, where available, Mobile Crisis Services (after hours and on weekends) are available for consultation if you have questions or concerns about a situation without disclosing the patient’s personal information. If the matter is determined to be a reportable concern, then this may trigger a formal report. If it is not a reportable concern, the consultation may provide you with the necessary education and support that the patient/family need, and a formal report will not be made.

8. **“Why is there so much emphasis on Indigenous families as a part of this change?”**

In June 2020 children in care in Saskatchewan was at an 11-year high, with 86% identified as Indigenous. In 2019 the Saskatchewan Advocate for Children and Youth was notified of 34 deaths of children in care, 29 of which were First nation and or Métis children. Child Advocate Lisa Broda states those numbers are a reflection of the over-representation of First Nation & Metis children in care.

9. **“Without birth alerts, what if I miss something and put a baby at risk?”**

As has always been the case, part of our nursing and medical assessment includes a psychosocial assessment. As a result of this assessment, you may identify that a mother could benefit for additional supports. Ensure you reach out to the hospital social worker. For First Nations and Metis families please also engage a health educator from First Nations and Metis Health, if your facility has these services. Connect families with the necessary supports prior to discharge.

The placement of birth alerts did not always result in keeping a baby safe, and in some cases had the opposite effect. It is important to shift our thinking away from believing birth alerts provided a “safety net,” and instead recognize the importance of connecting all families with the supports they need. This more proactive approach can help to avoid the trauma of separating infants from their families at birth.

10. **“How do we know what resources are available to support families?”**

The Ministry of Social Services and the SHA are developing a [list of Community Resources](#) available for families. Many facilities have social workers and health educators on staff that have a great understanding of the resources in the community they work. If you have a social worker or health educator working in your facility, reach out to them for support. First Nations and Métis Health Service can assist in linking Indigenous families to support.

Another important resource is 211 Saskatchewan. It is a free, confidential, 24/7 service that connects individuals to human services in the province by telephone, text, or web chat, plus a searchable website with over 5,000 listings of social, community, non-clinical health, and government services across the province. sk.211.ca

11. **Will additional supports be put in place to support families?**

The Ministry of Social Services, the Ministry of Health, the Saskatchewan Health Authority and other partners are working together to ensure supports and services are available for expectant and new mothers.

12. **Will women require longer hospital stays in order to arrange the supports needed?**

Our care of mothers and babies requiring additional supports to ensure safe discharge will not change. In order to meet this need, longer time in hospital may be required. We encourage you to think about this additional time in hospital the same as the additional time a patient with a medical condition might require prior to going home.

13. I see that additional education will be available for staff and physicians later in February, what will be included in that education.

This FAQ was made available with a [1-pager for front-line staff](#) and a [Community Resource List](#). Later in February, an educational video will also be provided with additional context and some guidance on using the tools listed above.

14. How can I support my staff if they are struggling with this change?

If one of your team members is struggling with this change it is important to recognize that the root of their struggles can be varied. They may not understand their role or how to support families with complex issues, they may fear missing a situation that could put an infant at risk, or discussions about birth alerts and apprehensions might be personally triggering. To assist staff with learning needs please use the materials provided and if you notice a gap, please reach out to one of the contacts below. If staff are personally triggered, an Employee and Family Assistance Program is available. Elder support is also available for staff, and can be connected through FNMHS.

The removal of birth alerts does not change the way our staff do their work. We serve everyone who enters our care and work to identify and provide supports for all who may require them. However, it will require a culture shift. By collaboratively working to keep families together, we are avoiding the trauma of separating infants from their families. In particular, Indigenous families have historically been over-represented. This approach supports a woman's right to make decisions for her child's future, and focuses on supporting children to grow up in their culture with their family.

15. How can I as a manager talk about these changes with my staff?

In the upcoming weeks there will be additional educational resources coming out that will assist staff in understanding how best to support women and their families. The team planning this education will also provide a few sets of huddle cards that managers can use to open dialogue with staff.

16. Where can I or my staff learn more about the Truth & Reconciliation Commission, the National Inquiry on Missing and Murdered Indigenous Women and Girls and federal Indigenous child welfare legislation?

Please see reference list below. After review of the documents, if you have questions or require more information on the documents, please reach out to First Nations Metis Health for assistance.

References:

1. National Inquiry on Missing and Murdered Indigenous Women and Girls:
https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Executive_Summary.pdf
2. Truth & Reconciliation Commission Calls to Action:
http://nctr.ca/assets/reports/Calls_to_Action_English2.pdf
3. Reducing the number of Indigenous children in care
(Act respecting FNI&M children, youth and families – effective Jan 1, 2020)
<https://www.sac-isc.gc.ca/eng/1541187352297/1541187392851>
4. Number of children in Saskatchewan’s care hits 11-year high, with 86% identified as Indigenous (Global News – June 3, 2020)
[https://globalnews.ca/news/7020525/indigenous-children-saskatchewan-care-11-year-high/#:~:text=The%20already%20disproportionate%20number%20of,cen%20\(2%2C395\)%20in%202018](https://globalnews.ca/news/7020525/indigenous-children-saskatchewan-care-11-year-high/#:~:text=The%20already%20disproportionate%20number%20of,cen%20(2%2C395)%20in%202018)
5. Spike in deaths, majority Indigenous children, reported to Saskatchewan child advocate (Global News - April 30, 2020)
<https://globalnews.ca/news/6890861/deaths-indigenous-children-saskatchewan-child-advocate/>
6. Government of Saskatchewan - Duty to Report
<https://pubsaskdev.blob.core.windows.net/pubsask-prod/85210/85210-Duty-to-report.pdf>