

Mother-Child Program is offered at the Alouette Correctional Centre for Women (ACCW).

- Since December 2013 ACCW has had two women in custody participate in the program.

Related Adult Custody Division Policy

1.7.27. Medical and other community appointments for inmates in the Mother-Child Program

1. An inmate who is accepted in the Mother-Child Program may, at the discretion of the warden or designate, be escorted to non-emergency and emergency medical or community-based appointments for herself or her child in personal clothing and without restraints only when accompanied by the child.
2. Escort staff are also dressed in personal clothing if the inmate has been approved for the same.
3. An escort risk assessment is conducted on each occasion according to section 1.7.2.

9.24. Pregnant Inmates (revised: May-15)

9.24.1. Overview

1. The Corrections Branch recognizes the special bond between mother and child, and acknowledges that experiencing pregnancy while incarcerated may be an especially difficult and complex time for female inmates.
2. The Corrections Branch supports the bonding of mother and child through access to prenatal care, parenting programs and community resources that affirm the value of relationship and strength of family.
3. The Corrections Branch facilitates access to appropriate pre and post-delivery resources as necessary in consultation with pregnant inmates and incarcerated mothers. This may involve contacting a resource deemed necessary, including:
 - Local health authority hospital;
 - Aboriginal health authority;
 - Ministry of Children and Family Development (MCFD) office;
 - Delegated Aboriginal agency; and
 - Internal resources such as Corrections Branch health care personnel.
4. The Corrections Branch offers the Mother-Child Program at Alouette Correctional Centre for Women which is voluntary and designed for women who give birth while incarcerated at a provincial correctional centre in British Columbia. Women approved to participate in the program may reside at Alouette Correctional Centre for Women with their child for up to 24 months. (Participation in the program beyond 24 months is considered on a case-by-case basis.)
5. The Mother-Child Program provides a managed system of support and services and supports the mother-child bond through appropriate programming and community support in order to prepare for a strong family structure upon release that is in the best interests of the child. Wherever possible, the program attempts to mirror the community experience and normalizes the living environment as much as possible taking into account the constraints of the correctional setting.

9.24.2. Pre-delivery role of the case manager, Adult Custody Division

1. When notified about an inmate's pregnancy, the case manager informs the inmate regarding support and services available to her during the pregnancy.
2. If there is a possibility that the pregnant inmate could still be incarcerated at the time of the birth, the case manager obtains information from the inmate regarding her plan for care of the child and discusses with her the eligibility requirements for the Mother-Child Program if she is interested.
3. If the inmate is interested in getting support services from the Ministry of Children and Family Development or a delegated Aboriginal child and family services agency, the case manager assists the inmate in contacting these agencies.

4. If the inmate is interested in receiving public health and health care services outside of the correctional centre, the case manager communicates with the health care manager to facilitate the services.

9.24.3. Pre-delivery role of Corrections Branch staff

1. Corrections staff encourage inmates to take appropriate care of themselves during pregnancy. Self-care includes consuming regular meals and pre-natal vitamins, communicating and co-operating with health care staff, taking advantage of available pre-natal resources, and following prescribed treatment.
2. Corrections staff report any changes in the pregnant inmate's behaviour to the case manager, health care staff and centre management.
3. Observations of the pregnant inmate by corrections staff are recorded in the CORNET Client Log.
4. Corrections staff immediately notify health care personnel if an inmate reports that she is experiencing cramping or bleeding.

9.24.4. Delivery

1. Corrections staff immediately notify health care personnel and call 911 for an ambulance when there are indications that a pregnant inmate may be experiencing labour.
2. To address the possibility of the baby's birth prior to ambulance arrival when health care staff are unavailable, correctional centres with female offenders ensure:
 - Basic written instructions for delivering a baby are available; and
 - A delivery kit is available and contains: Two receiving blankets, three towels, two regular blankets, and an ear syringe to clear the infant's nose and mouth.
3. After an ambulance has been called, corrections staff remain on the phone with 911 dispatch personnel until the ambulance arrives. The inmate is kept as comfortable as possible during this time.
4. As soon as possible after the inmate reports experiencing labour, corrections staff contact the Ministry of Children and Family Development, and if applicable the intended caregiver for the unborn child. This contact helps to ensure that the caregiver, if applicable, attends the correct location to take custody of the child.

9.24.5. Post-delivery role

1. The Ministry of Children and Family Development or the delegated Aboriginal agency assesses the release plan for the infant, including the option of participating in the Mother-Child Program if the inmate meets the eligibility requirements.
2. Once the release plan for the infant is approved by the Ministry of Children and Family Development or the delegated Aboriginal agency, placement of the infant is facilitated. If the inmate is approved to participate in the Mother-Child Program, corrections staff facilitate the placement of mother and child at Alouette Correctional Centre for Women.
3. If the mother is found to not be eligible or if she chooses to not participate in the Mother Child Program, the case manager and health care personnel ensure that the incarcerated mother receives appropriate counselling and support immediately following the removal of the infant from her care.
4. Corrections and health care staff monitor the mother for signs of post-partum depression and any other significant changes in behaviour. They record their observations of the mother in the CORNET Client Log
5. Health care personnel review the CORNET Client Log and arrange for the mother's treatment.

9.24.6. Correctional centre visits between incarcerated mother and infant

1. If the incarcerated mother is found to not be eligible or chooses to not participate in the Mother-Child Program, and the infant is cared for outside of the centre, and there is no involvement with the Ministry of Children and Family Development or delegated Aboriginal agency, a case conference is held. The case conference includes the case manager, other corrections staff, the incarcerated mother, and the infant's caregiver and is to establish an approved visitation plan for the incarcerated mother and her infant at the correctional centre.

2. When the Ministry of Children and Family Development or delegated Aboriginal agency is involved in the case, the child welfare worker also attends the case conference. The purpose of the case conference is to establish an approved visitation plan for the incarcerated mother and her infant at the correctional centre. The frequency and length of visits are determined on a case-by-case basis and in a manner that does not conflict with maintenance of the safety, security and operation of the correctional centre.
3. Visits between the incarcerated mother and her infant occur during regular visiting hours, or as approved by centre management. Consideration is given to MCFD's Children in Care Service Standard 10: "Meeting a Child's Need for Stability and Continuity of Lifelong Relationships".
4. Visits between the incarcerated mother and her infant occur in areas approved by centre management.
5. Incarcerated mothers are permitted to breast feed their infant during visits, provided health care personnel have not identified related concerns.
6. Overnight visits at the correctional centre between the incarcerated mother and her infant are not permitted, unless the incarcerated mother is participating in the Mother-Child Program.
7. According to the approved visitation plan, the infant's guardian books visits between the incarcerated mother and the infant.
8. At least one case conference is held every month. Significant concerns regarding visitation or any changes to visitation are shared among all parties.
9. The correctional centre may suspend or withdraw visitation at any time if the safety and security of the correctional centre, the incarcerated mother, or the infant are considered to be at risk.