
ARTICLE

Caring for Women with Newborn Custodial Losses: A Literature Review

Services offerts aux femmes qui font face à la perte de la garde de leur nouveau-né : Revue de la littérature

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ABSTRACT

Custodial loss at birth, for child protection purposes, is an acutely marginalized birth experience. Literature review demonstrates a significant need for further research, especially in regard to maternal perspectives and needs. Although direct maternal voices are overwhelming absent in the current literature, critical findings include that: 1) neglected grief is persistent and detrimental; 2) blame and stigma focused on the individual obscures complex social adversity (often inextricable from trauma), and 3) social and systemic factors disadvantage marginalized women in gendered ways. Canadian midwives are in an important position to explore care possibilities in the context of custodial loss and to engage in research which prioritizes the participation of those directly affected. \

RÉSUMÉ

La perte de la garde de l'enfant à la naissance, pour des motifs de protection de l'enfance, constitue une expérience d'accouchement gravement marginalisée. La revue de la littérature démontre la grande nécessité de procéder à de plus amples recherches, particulièrement en ce qui a trait aux points de vue et aux besoins de ces mères. Bien que la littérature actuelle soit essentiellement exempte de comptes-rendus issus directement des mères, on compte ce qui suit parmi les constatations cruciales qui en sont tirées : 1) le chagrin négligé persiste et exerce des effets préjudiciables; 2) le blâme et la stigmatisation axés sur la personne masque une adversité sociale complexe (souvent inextricablement liée au traumatisme); de plus, des facteurs sociaux et systémiques désavantagent les femmes marginalisées de façon sexospécifique. Les sages-femmes canadiennes se trouvent dans une position importante leur permettant d'explorer les possibilités de soins, dans le contexte de la perte de la garde d'un enfant, et de prendre part aux efforts de recherche qui accordent la priorité à la participation des personnes directement affectées.

KEY WORDS

newborn apprehension, custodial loss, marginalized mothers, maternal disadvantage, grief, maternity care

MOTS CLÉS

appréhension du nouveau-né, la perte de garde, les mères marginalisées, inconfort maternelle, la douleur, les soins de maternité

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INTRODUCTION

While midwives most often attend births that culminate in intact mother-child unions, they also attend births that are affected by involuntary separations. The immediate removal of newborns from the care and custody of their birth mothers is a state-sanctioned intervention when newborns are considered to be at significant risk of neglect or harm. The justification for intervention has tended to overshadow the immediate and longer-term duress associated with its occurrence. The topic of this literature review is mothers' experiences of losing custody of their newborns (within the first hours and days of life), and its purpose is to examine the published literature to date in order to provide a critical analysis of the current state of knowledge. The analysis demonstrates that the voices of women who experience newborn custodial loss are overwhelmingly absent in the available literature, and significant gaps in knowledge and practice persist in regard to the interrelationships between trauma, newborn custodial loss, and grief. Research that prioritizes first-hand accounts of newborn custodial loss is urgently needed in order that midwives and other professionals can develop strategies that will better support women to reduce the incidence of newborn custodial loss and improve their ability to cope with unavoidable losses.

BACKGROUND

Midwifery is a relatively young and regulated health profession in Canada and is growing rapidly; more than 1,000 registrants are expected in Ontario by 2015.¹ As midwives provide primary care to an increasing proportion of the maternity population, they attend more births that involve custodial loss. This increase might also be augmented by midwifery outreach initiatives with marginalized populations. As this literature review bears out, the questions raised by custodial loss at birth

are not unique to midwifery but point to substantial interdisciplinary knowledge gaps that have broader implications for women's health.

In Ontario, child welfare and protective services are provided through local agencies of the Children's Aid Society (CAS). These agencies are authorized to undertake safety investigations and to initiate procedures for making temporary or permanent alternative custodial arrangements for children considered to be in need of protection. There are currently 46 CAS agencies, of which 44 are members of the Ontario Association of Children's Aid Societies, six are Aboriginal, and three are religious.² Factors associated with increased rates of investigation and intervention include acute poverty, unstable housing, a maternal history of being abused as a child, intimate-partner violence, addictions, mental illness, and membership in a minority group.³⁻⁸

In Canada, being Aboriginal is also a risk factor for custodial loss.^{5,9} According to the Child Welfare Report 2012, Aboriginal people make up 2% of the Ontario population, yet Aboriginal children represent a staggering 22% of Ontario's Crown wards.⁹ The adverse living conditions of some Aboriginal women and families and the complex social issues they face are attributed to legacies of colonialism and continuing inequities.^{5,9} Both Kulusic and Ordolis provide examples of policies and systemic practices across Canada that have targeted Aboriginal families and resulted in disproportionate intervention and disproportionate placement of Aboriginal children into non-Aboriginal homes.^{10,11}

An Ontario midwife may come to work with a woman at risk of newborn custody loss in a variety of ways, including:

- A client enters midwifery care and discloses prior or current CAS involvement.
- A midwifery clinic receives a notice from the CAS that there is reason for

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concern for the safety and well-being of a future child.

- Hospital labour and delivery units keep a record of requests by the CAS for notification upon upon certain women's childbirths.
- A referral is made to midwifery care through a partnership with another community or health organization that serves women who have complex social needs, some of which are associated with increased CAS involvement (such as homelessness, significant mental health issues, addictions, or violence).
- A concern arises during a course of care that triggers the midwife's duty to report arises during a given course of care.

Section 72(1) of *Ontario's Family and Child Services Act* outlines conditions of neglect, failure to protect, and abuse that professionals and members of the public have a duty to report, and notes the additional responsibility of professionals who work closely with children.¹² Notably, the duty to report can complicate relationships between midwives (and other care providers) and the pregnant women they serve. For example, honest information sharing by some women may be impeded if they anticipate negative repercussions. Similarly, they may hold their care providers culpable for communicating with CAS. In contrast, when midwives and their clients are able to foster a collaborative approach, care planning can be more easily coordinated across multiple programs and providers, including hospital social workers, child protection workers who will be assigned to newborns at birth, mental health professionals, food and housing support, and other community services. It has been noted that there is a tendency to perceive self-reporting by mothers and voluntary custodial relinquishment of the newborn as favourable, suggestive of commitment to making the requisite changes in order to maintain or regain custody.⁵ However, situations in which a parturient woman may not be fully aware of child protection concerns and impending intervention persist. For example, there may be a plan to remove a baby from the mother's care and custody at birth, but this information may be withheld from the woman if she is considered to be a flight risk.⁵

Care providers may also be unaware of child protection concerns or become aware only when intervention is imminent. This may be more likely when a client enters care late in pregnancy, changes care providers frequently, or does not seek any care until she is giving birth, possibly using these strategies to avert or delay custodial intervention. An example of maternal and care provider distress due to

exclusion from planning is given by the following interview excerpt:

Dr. McDonald basically chased them down the hallway [saying] ... "you lied to me; you told me you weren't taking that child. Why are you taking that child because this baby is out of physical and emotional harm? They looked at Dr. McDonald like she didn't know what she was talking about. And anyway, when they come took her, my cousin was holding her. And when I seen all the police and everybody show up at the door, I got up out of the bed so fast. I don't know how I did it, but I did it. And [I] grabbed my daughter and sat back in the bed. I was holding so closely, and so tightly, because I knew. I just knew."¹³

Of note, two hospital social workers known to this article's principle author have been working with local CAS agencies in Hamilton, Ontario, to reduce unanticipated newborn custodial losses (V. Fines, personal communication, December 12, 2013). These social workers have observed that contrary to existing assumptions, informed women are less likely, rather than more likely, to avoid care in an attempt to mitigate newborn custodial losses. They are aiming for transparent, dignity-based care which requires (1) keeping women informed about child protection concerns; (2) facilitating opportunities for women to develop or demonstrate the skills and resources surmised to be lacking; and (3) including women in plan making, regardless of impending custodial status.¹⁴

Jay MacGillvray, a Toronto midwife and informant for the report *A Visceral Grief: Young Homeless Mothers and Loss of Child Custody*, recommends that in situations of unavoidable custodial loss, care typically reserved for women who are experiencing perinatal loss (such as stillbirth) be made available to women who are experiencing custodial loss.⁵ This can include providing (1) time and close contact with the newborn and (2) birth mementos such as photos and footprints. As the following analysis shows, advance information sharing and caregiving that is attentive to grief and loss are infrequent and inconsistent and seem to derive from the initiative of individual practitioners rather than from widespread policy and practice. A coherent body of knowledge that can guide and support broader implementation is needed.

LITERATURE SEARCH

An initial search of the literature on newborn custodial

loss used the term “newborn apprehension,” a colloquial and interprofessional description of the interventional removal (apprehension) of a newborn from the care and custody of the birth mother. After only two resources were found to be on target, the search terms were expanded to include topics in which newborn apprehension was likely to be a factor. Search included variations of the following terms: prenatal, pregnant, pregnancy, maternal, mothers, birth mother, and newborn. These were combined with the following terms: homeless, youth, street involved, substance use and/or abuse, addiction, mental illness, partner abuse, custody loss, custody bereavement, involuntary loss, and grief. To obtain the widest perspective, both general and advanced keyword searches were conducted via the University of Western Ontario library catalogue as well as specific databases in the following fields of study: health sciences (Medline OVID, the Cumulative Index to Nursing & Allied Health Literature [CINAHL], PubMed, and the Allied and Complementary Medicine Database [AMED]), arts and humanities (Women’s

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Studies and Feminist Research databases), and social sciences (Childhood and Social Institutions, Family & Society Worldwide, the Genders Studies Database, and Child Development & Adolescent Studies). The overall search was limited to English language publications. Resources that did not pertain in some respect to the custodial status of newborns at or near birth were excluded. The following section offers an integrative analysis of 32 resources.

Canadian Literature on Newborn Custodial Loss at Birth

A foundational source in the Canadian context is the 2006 report *A Visceral Grief: Young Homeless Mothers and Loss of Child Custody*, by Novac, Paradis, Brown, and Morton.⁵ These authors are primarily concerned with (1) improving the coordination and quality of existing services for young women who are homeless and pregnant in Toronto and (2) advocating the development of services

and practices that might better meet the unique needs of young and pregnant homeless women. The authors include a thorough literature review, and report “no formal, established models for working effectively with young homeless mothers experiencing the bereavement of child custody loss.”⁵ This is cause for serious concern given that their literature review, combined with consultation with front-line workers, indicates that newborn custodial loss is a significant source of grief that is often persistent and associated with maternal comorbidity, such as continued or increased substance use and mental health issues.⁵

The report also compiles recommendations for community service and health care providers who work with women at risk of custodial loss. The tandem aims are to reduce the number of custodial losses and to better support women for whom such losses are inevitable. While the recommendations are highly valuable, it is important to note that they are largely drawn from the insights of people who work with young and homeless women rather than from direct accounts by affected women. The authors contend that further research is needed in order to better understand the experiences of young and homeless pregnant women and to develop effective support strategies. The same can be said about newborn custodial loss more broadly, as homelessness is only one of the associated factors and the absence of women’s first hand perspectives is stark across spectrum of social factors and situations associated with newborn custodial loss.

Novac et al. cite two Canadian studies that specifically explore the experiences of women in the child welfare system. The first is “*Missing Voices: Mothers at Risk of Experiencing Apprehension in the Child Welfare System in BC*,” written by Stephanie Kellington and published online (although not currently available) by The National Action Committee on the Status of Women, British Columbia Region. Novac et al. note Kellington’s observation that Aboriginal women overwhelmingly report that their personal needs are ignored and that their histories of abuse and current impoverishment are inadequately addressed by child protection workers.⁵

The second study is a 2003 master’s thesis by Sherrie McKegney, which included in-depth interviews with four noncustodial mothers in the Kingston, Ontario, area. Of the four participants, three had no access to the children who were removed from their care between birth and 18 months of age. McKegney concludes that parents who are deemed unable to care for their children experience a disenfranchised grief and therefore more challenges related

to grief. She states the following:

*Society does not acknowledge these debilitating feelings, and certainly does not see the need to treat, or provide support services to better meet the needs of these parents. This inability to outwardly express their sorrow leaves these parents disenfranchised. When grief is not recognized, it cannot be resolved. Due to the myriad challenges faced by this group of people, the effects of their losses are amplified such that they become too complex to treat using traditional grief work strategies.*¹⁵

A further significant Canadian resource is the 2003 report *Mothers' Everyday Realities and Child Placement Experiences*.¹³ In this qualitative project, 31 women were interviewed about their experiences with CAS placement services. Interviews with three participants were selected for close and extensive quotation throughout the document to demonstrate a range of experiences and to add depth to the representations of challenge. Pertinent to this review, one of the interviewees experienced an involuntary custodial loss at birth. However, the report does not otherwise focus on custodial losses at or near birth, and the analysis is primarily concerned with women's experiences of placement services—not pregnancy, birth, and immediate custodial loss.

A 2007 Canadian clinical trial by Abrahams et al. stands as an exception to the scant ongoing literature development.¹⁶ In this study, outcomes of newborns who stayed in the same room as their heroin or methadone-using mothers were compared with outcomes of newborns who were separated from their mothers in order to be cared for in a special nursery, as well as outcomes of newborns in historical cohorts. Two of the significant findings were that rooming-in newborns exhibited less neonatal withdrawal than newborns in the other groups and that they were more frequently in the care and custody of their mothers upon discharge from hospital.¹⁶ Although the study is too small to generalize from, it raises questions about the relationship between clinical management and social outcomes.

While there has not been substantial research over the last decade, some practical changes have developed. For example, *Young Parents No Fixed Address* is a contemporary Toronto-based project that uses a collaborative and multipronged approach to assist and support pregnant youth and young families at risk.¹⁷ There has also been some response to advocacy for culturally appropriate services for Aboriginal families. In *Aboriginal Child Welfare*

in Ontario: A Discussion Paper, the Commission to Support Sustainable Child Welfare suggests that the application of Aboriginal frameworks for prevention, service, and analysis should not be limited to Aboriginal CAS agencies; rather, uptake should be across agencies because many Aboriginal women do not have access to Aboriginal CAS agencies and because many non-Aboriginal women may also benefit from these frameworks.¹⁸

Thematic Analysis

The remainder of this review draws on international literature (predominantly American and Western European) and the Canadian resources identified above to analyze key themes. Because of the lack of direct literature on newborn custodial loss, proximate literature is utilized, including resources that focus on the adverse conditions that affect many women who are separated from their children, the structural and service barriers experienced by women who are separated from their children or at risk of separation, and other kinds of custodial loss. The categorical themes that emerge through analysis include neglected grief and loss, maternal stigma and invisibility, complex trauma and gendered disadvantage. Gendered disadvantage refers to the systemic inequity that results from, or is exacerbated by sex discrimination and/or inattention to the gender-associated needs.

Neglected Grief and Loss

*Several respondents noted that there is little recognition of the profound loss that a woman experiences throughout the process: at the time of apprehension, when a child becomes a crown ward, and even years later in a woman's life.*⁵

In 2005, Lewis described newborn custodial loss as a unique type of reproductive loss that is associated with intense grief, depression, and trauma.¹⁹ This is congruent with Raskin's assertion, more than a decade earlier, that bereavement following custody loss is more persistent than grief associated with other types of losses.²⁰ Despite such recognition, theoretical and practical attention has remained lacking.

Grief related to newborn custodial loss is reported as being under-recognized to such an extent that women are infrequently directed toward grief services; even when they are, counselling services do not take into account custodial losses.^{5,6,21} This exclusion affects women and their care

article continued on page 27....

ARTS & HUMANITIES

“Little Fanfare for Felix Magowan” fits nicely into the theme of poems written about birth from the point of view of extended family and friends, affecting people beyond the immediate family.

I am thankful to Stephen Yenser, who was my husband’s professor at UCLA, for introducing this poem to me and for agreeing to write about his long-time friend James Merrill and the poem. Stephen is a poet and Distinguished Professor and Director of Creative Writing in the Department of English, UCLA.

Chris Sternberg

ABOUT THE POET

James Merrill (1926-1995) was one of the foremost American poets of the second half of the twentieth century. Among his many awards were the first Bobbitt Prize from the Library of Congress, two National Book Awards, the Bollingen Prize, and the Pulitzer Prize. He was a member of the American Academy of Arts and Letters and a Chancellor of the Academy of American poets. “Little Fanfare for Felix Magowan” was first published in the Quarterly Review of Literature in December of 1964 and then appeared in Merrill’s volume *Nights and Days* (1966), which won the National Book Award for Poetry in 1967. The judges for the NBA were W. H. Auden, James Dickey, and Howard Nemerov, a group impressive for its variety as well as its eminence, and their citation recognized Merrill “for his scrupulous and uncompromising cultivation of the poetic art, evidenced in his refusal to settle for an easy and profitable stance; for his insistence on taking the kind of tough, poetic chances which make the difference between esthetic success or failure.”

The poem addresses and celebrates the birth in March, 1963 of Felix Magowan, the son of Merrill’s nephew the writer Robin Magowan and his first wife Elizabeth Rudd. A musical fanfare is a short, ceremonial flourish played by brass instruments (sometimes with percussion accompaniment) to call attention to an important event. Merrill’s adaptation of the genre takes the form of a varied iambic meter that runs from trimeter to pentameter and features rhymes with the first line’s “praise” in every fourth line thereafter. The rhymes highlight the “rays”—the fourth of the seven rhymes, which occurs at the center of the poem (the end of the thirteenth of 25 lines)—emanating from “the sun,” Merrill’s figure here for the origin of life. In the poet’s quasi-Platonic conception (as Wordsworth famously phrased it in his “Intimations Ode,” physical “birth is but a sleep and a forgetting” of the soul’s source in divinity), that origin is both revealed and obscured (or eclipsed) by the shining pupil of the eye of the child, which in turn illuminates and is reflected by the objects it perceives. Merrill epitomizes this paradox in his claim that sensual apprehension and language is “Each at once thread and maze” (both the mystery and its resolution) in the individual’s experience.

Put in such abstract terms, this paraphrase might seem to indicate a difficult poem, but in fact the poet’s craft conceals itself, and the effect is brilliantly simple, as a “fanfare” should be, while the poem all but reads itself aloud.

Stephen Yenser

Little Fanfare for Felix Magowan

by James Merrill

From “Nights and Days” (1960)

Atheneum

Also in “Selected Poems: 1946-1985 (p113)

Alfred A. Knopf, Publisher

Up beyond sense and praise,
There at the highest trumpet blast
Of Fahrenheit, the sun is a great friend.
He is so brilliant and so warm!
Yet when his axle smokes and the spokes blaze
And he founders in dusk (or seems to),
Remember: he cannot change. It’s earth, it’s time,
Whose child you now are, quietly
Blotting him out. In the blue stare you raise
To your mother and father already the miniature,
Merciful, and lifelong eclipse,
Felix, has taken place;
The black pupil rimmed with rays
Contracted to its task—
That of revealing by obscuring
The sunlike friend behind it.
Unseen by you, may he shine back always
From what you see, from others. So welcome, friend.
Welcome to earth, time, others; to
These cool darks, of sense, of language,
Each at once thread and maze.
Finally, welcome, if you like, to this
James your father’s mother’s father’s younger son
Contrived with love for you
During your first days.

HUMANITIES FEATURE

Graphic Novels and Childbirth

Elaine Carty
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A different and perhaps more modern creative genre than art or fiction is the comic book or the expanded comic book known as the graphic novel. In recent years a growing canon of comics theory and the use of comics in health care has evolved. On Dr. Ian Williams website (www.graphicmedicine.org) he lists over 60 graphic novels relevant to health care studies.

With the proliferation of images as a form of communication via graphic novels, Facebook, Twitter, Vine, Instagram and others, visual literacy is an important skill required for effective communication. Like most forms of art, poetry, and writing interpretation of graphic novels and comics can be difficult and complex. Humour is a trademark of alternative comics but is used not to trivialize the subject but to engage us in an area that might be unexpected and perhaps otherwise avoided. The approach may be jarring and unpleasant for some. Midwives may find the use of graphic novels relevant to certain topics in their practice. The Wellcome Library of Medical History in London



lists several related to pregnancy and birth.

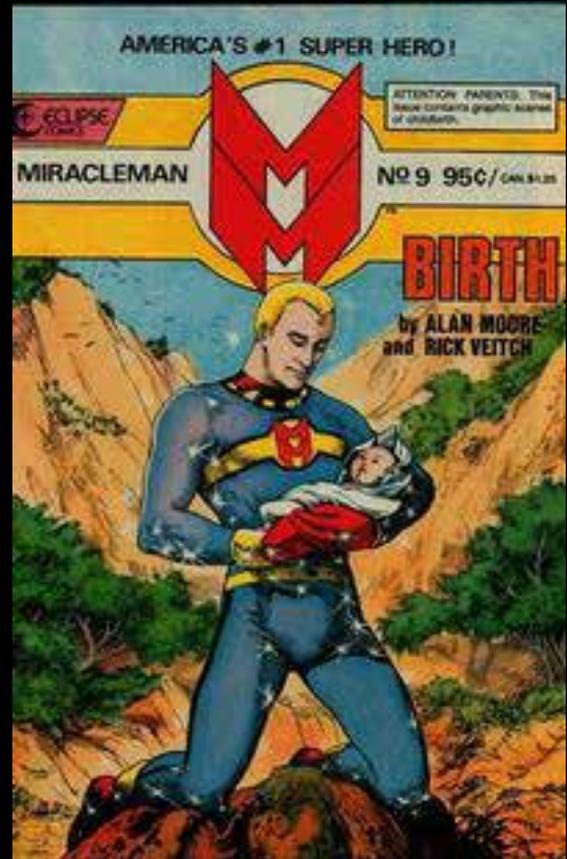
The Wellcome Library blog describes Kate Brown's graphic novel **Fish+Chocolate**: it provides three short stories around the theme of motherhood. One is a "powerful, beautiful, intense and at times brutal account of a woman struggling to cope with the aftermath of miscarriage. It is a moving depiction of an alienating encounter with a well-meaning workmate, devastating recollections and hallucinations of loss and grief. It helps others empathize with the woman's experience."¹

"Offering the male perspective on childbirth is the comic *Miracleman* (issue No. 9), with an episode entitled "Scenes from the Nativity". *Miracleman* (known as *Marvelman* in the UK version) is a superhero that was created by a scientist as a result of secret experiments with alien DNA. In this episode *Miracleman* rescues his heavily pregnant wife from an attack and flies her to an isolated location where he delivers their baby."² Some reviews of this comic say it is extremely graphic and unpleasant.

I recommend the website *Polite Dissent* for topics related to comics, medicine, television. This blog is an intelligent analysis of the accuracy of television programs and comics about medicine.

At the page noted below the authors list many of the comics related to pregnancy and birth as of the early part of this century.

<http://www.politedissent.com/?s=pregnancy+in+comics+revisited>



REFERENCES

1. <http://blog.wellcomelibrary.org/2011/11/motherhood-and-apple-pie/>
2. <http://blog.wellcomelibrary.org/2011/11/motherhood-and-apple-pie/>

providers both directly and indirectly. For example, child welfare staff have been reported to express frustration over an inability to adequately support women and families.^{22,23} Obstacles include difficulties in locating and coordinating resources, inappropriateness of resources, unreasonable expectations that women under duress attend multiple services at multiple sites, and many women's mistrust in organizations and staff that have power over what happens to their families.^{22,23} Accordingly, Novac et al. suggest that women have someone other than their child protection case workers with whom to talk about their grief and that treatment programs (e.g., for addictions and for post-traumatic stress) incorporate custodial loss into their programming.⁵

Other kinds of losses, such as voluntary and coercive adoption, are sometimes suggested to be corroborative or informative with regard to custodial intervention and grief. Two cautions are warranted: first, in the available literature, relinquishment losses are addressed only marginally more than imposed custodial losses; second, there are likely significant differences between (1) maternal relinquishment for the purpose of adoption and (2) the forced interruption or termination of parenting for the purpose of child protection.²¹

The literature is currently so limited that the identification of variables and their significance can be difficult. For example, De Simone found in a 1996 study of women who relinquished their babies to adoption that 34% of the women did not go on to have further children.²⁴ In contrast, there is some indication in the literature that newborn custodial losses are associated with serial pregnancies, which might stem in part from unresolved grief and/or unchanged conditions in some women's lives.^{19,20,25}

Maternal Stigma and Invisibility

This process, we suggest, could be enhanced with more in-depth understanding of maternal subjectivities, an acknowledgement of the physical and emotional demands of motherwork and the conditions in which women struggle to care for their children.²⁶

The reviewed literature shows that not having custody

is isolating for the mother and is heavily stigmatized. In 1995, when Clumpus interviewed 10 women about their status as non-custodial mothers, only one woman reported having talked previously and substantially about her experience.²⁷ Clumpus notes, "The construction of the non-custodial mother as deficient and deviant, to blame for her situation, works to ostracize the non-custodial mother from others. The self-attribution of blame and failure leads to self-imposed anonymity."²⁷ Similarly, Barrow and Laborde claim that the more stigmatizing factors accumulate in a woman's life, the more likely she is to be held personally accountable by herself and others, and that "regardless of the circumstances under which they occurred," both homelessness and separation from children stigmatize women as "inadequate parents."³ Other factors, such as mental illness and substance use, also tend to be construed as evidence of parenting deficiency rather than as challenges to parenting or as outcomes associated with situational factors leading to newborn custodial loss.

Stigma coupled with unequal power relations seems to pose significant challenges to the participation of families in custody interventions.

Stigma coupled with unequal power relations seems to pose significant challenges to the participation of families in custody interventions. Challenging factors can include (1) parents' lack of trust in caseworkers who ultimately have decision-making authority and (2) caseworkers' perception that

they lack adequate time and coordinated resources to offer mothers and families experiencing voluntary or involuntary separations.^{22,23} There are further complications when mothers present with mental health issues.²³

Reid, Greaves, and Poole note that evidence of alternative care arrangements ensuring the greater well-being of children is lacking.²⁸ This does not contest the idea that custodial or parenting intervention may be warranted, but rather raises questions about the efficacy of current interventions. The literature points critically toward intergenerational patterns of adversity that are not disrupted (and even appear to be perpetuated) by the placement of children in temporary or permanent care arrangements.^{5,7,8,26,29,30} Both Ordolis and Kulusic also draw attention to the cultural identity costs sustained by Aboriginal children and their communities through the forced separation of families.^{10,11} Recommendations to the government in the *Child Welfare Report 2012* include giving authority over

child welfare to Aboriginal communities and providing adequate funding.⁹

While many of the authors cited in this review adopt a critical approach to the topic of child custodial loss, they also affirm that custodial interventions are sometimes warranted given current social and structural constraints. For example, Krane and Davies write, “In criticizing the preoccupation with risk assessment measures in child abuse practice, we do not want to understate the real dangers facing some children and their need for protection.”²⁶ Similarly, Little et al. state that for some women, “Years of foster care, unhealthy parental role models, poor nutrition, abuse, hard living and, for some, drug use cannot be overcome by support and a few months of prenatal care.”³¹

At the same time, there is a strong trend toward critical advocacy, with calls for policy and practice reform as well as changes to services and resource allocation. For example, Reid, Greaves, and Poole contend that scrutiny and blame need to be shifted away from the parenting deficiencies of particular individuals toward the complex background conditions that impoverish parenting potential.²⁸ Surveillance and intervention are also questioned for their role in perpetuating rather than simply reflecting inequalities, and it is noted that risk assessment tools may conceal gender, race, and class assumptions.²⁶ Krane and Davies use the example of “moving frequently” as a risk identifier and point out that while moving frequently could reflect instability, it could also reflect attempts to improve housing and neighbourhood.²⁶ It is also reported that when women distrust care providers and services because of perceived discriminatory practices, they are more likely to avoid engagement.⁴

Complex Trauma and Gendered Disadvantage

The following risk factors were analyzed as potential predictors of placement outcomes: maternal education, maternal history of abuse as a child, history of psychiatric difficulties, substance-abuse history, conviction history (excluding child-abuse charges), depressive symptomatology, degree of partner violence experienced, and cumulative number of risks the mother experienced. Results indicated that mothers who lost custody had significantly more risk factors than those who were reunified with their children. Cumulative risk was a stronger predictor than specific risk factors. [emphasis added]³⁰

Larrieu et al. published the above observation in 2008. In 2006 Novac et al. similarly claimed that rather than young maternal age being associated with harm to children, it is variables of impoverishment—low maternal education, poverty, isolation (e.g., having no one with which to share parenting responsibilities), and insufficient prenatal care—that matter.^{5,6} However, despite the pervasiveness of trauma in many women’s personal histories and in their ongoing contexts, trauma seems to remain persistently underserved, having adverse effects on women and children and on their group and cultural membership.

In the absence of systemic support, women’s individual attempts to avert or mitigate their jeopardy can actually increase their jeopardy, especially for young women. Reid, Berman, and Forchuk note that violence and abuse experienced in a childhood home is significantly associated with increased or intensified street involvement, homelessness, violence, and poverty, as well as with diminished reproductive control and new or exacerbated coping-related addictions.⁷ Forced removal from one’s childhood home has also been found to significantly increase the likelihood of one’s own children being removed from the home.^{5,7,29,30} Because many pregnant and parenting women desire to prevent the same things they experienced from happening to their children, intergenerational recurrence may add to trauma.⁵

Arditti, Burton, and Neeves-Bothelho contend that “Locating maternal distress at the individual level holds the mother as personally responsible ... and prevents analysis of the contextual and relational realities of parenting.”⁷⁸ This synthesizes a recurrent call in the emerging literature for front-line workers, health care providers, lawmakers, policy-makers, researchers, and educators to acknowledge and target background factors that contribute to maternal custody losses.^{3,5,8,14,30}

Whether in regard to homelessness, youth pregnancy, addiction, mental health, custodial loss, access to resources, predictive factors, or any combination of these, the findings of this literature review identify several factors related to newborn custodial loss that warrant gender-sensitive analysis and strategizing. These factors include the following:

- Intergenerational patterns of state care of children and increased homelessness following state care^{5,7,8,29,30}
- Increased survival sex, pregnancy, substance abuse, suicide attempts, and other risk behaviour in (female) youth who flee dangerous home lives^{5,7,29,32}
- Higher rates of substance abuse among mothers and

parents who have lost custody of a child or children than among other substance users^{20,21,29,30,32}

- Maternal histories of sexual, physical, and emotional abuse as associated with increased alcohol and other substance abuse in pregnancy, increased rates of depression, low self-esteem, curtailed education, poverty, use of sheltering programs, minimal or no prenatal care, significant psychiatric illness, and situational adversity^{3,5,7,8,14,20,28-30,32}

While the task of helping mothers at risk of custodial loss or experiencing newborn custodial loss may seem daunting, to some degree the literature shows that developing programs that are sensitive to gender-specific needs can potentially increase women's success in avoiding custodial losses or in regaining custody. Novac et al. note that women who complete residential programs for addictions benefit from higher levels of parenting support than women who access non-residential programs such as drop-in clinics.⁵ Grant et al. observe that women with psychiatric problems and/or addictions are more likely to regain access to and custody of their children the longer they are able to abstain from drug use and continue to meet their mental health care needs.²⁹ However, Grant et al. also observe that success is often associated with having a partner who is also "living sober."²⁹ Many women, of course, are single and/or have substance-using and/or abusive partners, and many residential programs do not admit children or address parenting issues. What constitutes support and how it can best be provided are important questions.

Notably, if women enter shelters and other programs without their children, they often cannot access the very services and programs they need in order to meet the requirements for reunification, or they face challenges in meeting competing demands.³ For example, women frequently cannot be admitted to family shelters if their children are not with them; without admission to a family shelter, they cannot meet the requirement of adequate accommodation for their children and thereby become excluded from pathways to family housing.³ In various similarly challenging situations, women often need to attend multiple agencies and make court appearances without adequate support to help them navigate systems and juggle responsibilities.^{3,5-8,14,22,23} Further, depression and despair tend not to be accounted for, and such women are not afforded many of the basic physical and emotional privileges afforded to women who are not under scrutiny. Whereas most postpartum women are encouraged to

minimize activity to recover from birth, new mothers who are forcibly separated from their newborns are expected to attend appointments within the first week postpartum.⁵ Scrutiny is often high, and both the expression of distress and the appearance of coping can be unfavourably interpreted by others.⁵

DISCUSSION

Left unexamined, the co-constituency of social variables related to gender, race, age, economic status, housing, mental health status, relationship abuse, addictions, reproduction, and parenting status may work

Examining custodial loss as socially situated rather than as an inevitable outcome of personal failings may make visible the systemic and relational changes that could both reduce the incidence of newborn custodial loss and better address the needs of women who cannot or do not avert such loss.

not only to marginalize women who experience newborn custodial loss but also to obstruct opportunities for women to express their experiences and to seek or receive help in reducing and coping with loss. Many women seem to lose custody due in large part to duress associated with situational adversity, rather than wilful or intentional neglect. This does not contest or diminish that some newborns would be at severe risk of harm if left in the care in their birth mothers. Rather, empirical and socially oriented research is needed in order to facilitate opportunities for those who have experienced newborn custodial loss to share their stories and to analyze these stories for a better understanding of newborn custodial loss as a personal yet social phenomenon. Through such inquiry, we also stand to gain insights into gendered parenting barriers and enablers in the context of newborn custodial loss as well as insights into norms and expectations that permeate birth and mothering more broadly.

A general limitation of the current literature is the lack of volume and depth. Most of the current resources can be categorized as small studies that need further substantiation

or as literature that, although relevant in some ways, lacks specificity to newborn custodial loss. They are also derived across several disciplines, without sufficient material within or between disciplines for the purpose of deepening, comparing, or challenging ideas. Similarly, authorship is spread across several geographic and political regions, reducing the ability to reflect intensively on associations among values, policies, resources, and outcomes within and across certain locations.

Another issue, related to the above, is the difficulty of identifying, locating, and accessing resources. The report by Kellington on Aboriginal women's experiences related to child apprehension (cited by Novac et al.,⁵ Kulusic,¹⁰ and Ordolis¹¹ in this review) was published by the National Action Committee on the Status of Women, British Columbia Region, but is no longer accessible through the cited web links. In seeking this resource, we located other materials that cite Kellington, such as *Broken Promises: Parents Speak Out* about BC's Child Welfare System, a report funded by the Law Foundation of British Columbia.³³ Unlike Kellington's *Missing Voices*, the Law Foundation's *Broken Promises* is readily available and is listed in Canadian university catalogues. These types of documents are often considered "grey literature" (i.e., materials not published as journal articles, books, or chapters in books), and there may be other grey literature that is challenging to locate but could inform research on maternal experiences related to newborn custodial loss.

A notable strength of the literature represented in this review is the use of critical methods by many of the authors. It can be both implicitly and explicitly drawn from their work that attention to social inequity and injustice ought to be applied in knowledge-making endeavours. Amy Mullin has suggested that rather than relying on only the face value of women's pregnancy narratives, researchers could find the narratives "incredibly useful starting points for analysis of the factors affecting women's experiences of pregnancy."³⁴ For example, examining custodial loss as socially situated rather than as an inevitable outcome of personal failings may make visible the systemic and relational changes that could both reduce the incidence of newborn custodial loss and better address the needs of women who cannot or do not avert such loss. Given the frequent confluence and interdependency of norms related to femaleness, reproduction, and mothering, and the pervasive social devaluing of women who do not meet social norms, it should not be assumed that potential participants in research would necessarily will identify or critique all

of the various factors associated with newborn custodial loss. Critical methods and not just descriptive methods will therefore be necessary in prospective projects.

In addition to the overall deficit of first-hand accounts, the existing literature exhibits other limitations or shortcomings. One is the lack of an established terminology with respect to newborn custodial loss, which makes it difficult to retrieve existing information and could interfere with future knowledge dissemination and applications in practice. A shared language for researchers, front-line workers, clinicians, and women experiencing custodial loss is urgently needed in order to better articulate issues and enhance problem solving. Another is the lack of attention to diversity in regard those giving birth..

Besides the current lack of attention to women's experiences of newborn custodial loss, there is also a lack of attention to diversity in regard to women and those giving birth. While the importance of gender-sensitive analysis is recognized in the current literature (as is the impact of cumulative disadvantages), the intersections of social identity and social capital (or lack thereof) with factors that are strongly associated with custodial loss are inadequately addressed. For example, custodial discrimination against women with disabilities and against parents who do not conform to the dominating gender and sexual-identity norms was not addressed in the consulted literature, despite a correlation between the degree of parental marginalization and intensity of child-protection scrutiny during pregnancy and birth. Although the literature shows that policies and procedures should be critiqued for embedded racism, classism, and other biases, the actualization of such a critique largely remains to be done. Discussions about the perspectives and loss experiences of male parents are also absent in the literature.

Because the results of the literature review indicate that the vulnerabilities of women who experience custodial loss at birth appear to be at least partially sustained through stigmatization and systemic neglect, two important initial steps in working toward some understanding of what it is like to give birth in the context of imminent custodial loss are to (1) create opportunities for women who have given birth and been subject to immediate custodial loss to speak about their experiences and (2) systematically study their reports and perspectives. This literature review supports the proposition that giving birth in the context of imminent custodial loss is a phenomenon that is distinct from other birth-related experiences and one that is marked deeply by gender-related expectations of mothering and the

intersection of gender and other factors associated with social disadvantage and oppression. The current literature also points strongly to the intensification of trauma and grief by knowledge and care practice deficits related to newborn custodial loss. The current literature also points strongly to the intensification of trauma and grief by knowledge and care practice deficits related to newborn custodial loss. Further, the blameworthiness directed at mothers who lose custody of their newborns seems to be a distinct challenge both for women and for service providers. The ethical implications of practices that under-recognize or alienate women experiencing trauma and grief are worrisome. Ethics did not emerge as a major theme in the literature but is put forward by the authors of this review as a major feminist concern to be taken up in further research.

CONCLUSION

Although there is no coordinated and robust body of research on the custodial loss of newborns, the emerging literature does show that there is substantial critical concern and compellingly advocates for further research and responsive policy and practice changes. Several studies cited in this review indicate that although some women may lack the requisite skills, resources, or community support to care adequately for their newborns, this does not mean that they do not desire to parent their newborns, nor does it mean that they do not suffer profound losses when they are unable to maintain the care and custody of their newborns, regardless of cause. Indeed, adequate recognition and treatment of grief related to custodial loss stand out as major interdisciplinary research needs.

This review also highlights that women who experience newborn custodial loss do so often in the context of significant adversity and that marginalizing factors in some women's lives are not only associated with newborn custodial loss but also are seemingly exacerbated by such loss, two key points of the review. There are currently major knowledge and practice deficits in terms of (1) how to improve social conditions such that fewer women experience custodial loss and (2) how to improve care in the context of trauma- and grief-associated newborn custodial loss.

As yet, not enough is known about women's experiences related to newborn custodial loss. This may in part reflect both overt neglect of their concerns and covert systemic and situational inequities that diminish the likelihood of their concerns being asked about, heard, and addressed.

A persistent lack of proactive inquiry and response can be complicit in doing harm not only to women who experience newborn custodial losses but also to women and parents more generally. Without further research, both parenting enablers and barriers may remain invisible and care providers may remain inadequately informed and prepared to advocate for and support effective changes in care at both individual and systemic levels. Qualitative and critical methodologies are especially needed in order to give attention to personal and particular experiences of newborn custodial loss as well as patterns of similar experience that emerge through the shared social and health contexts. Canadian midwives – who offer a model of care rooted in social activism and based on continuity, relationship building, and on-call availability – are uniquely positioned to support parturient women who experience custodial loss and to contribute to improvements in care through research and practice.

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