Meeting Incarcerated Women's Needs For Pregnancy-Related and Postpartum Services: Challenges and Opportunities

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Women have been particularly affected by certain changes in U.S. law that have led to an unprecedented national rise in jailing and imprisonment rates, or "mass incarceration."[1] Specifically, the Drug Abuse Prevention and Control Act—signed into law in 1970—began the so-called War on Drugs, and with the passage of the Anti-Drug Abuse Act of 1986, substance dependence became effectively criminalized;[2] currently, one-third of incarcerated women are sentenced for drug-related crimes, compared with one-fifth of men.[3] In addition, the Sentencing Reform Act—signed into law in 1984 as an attempt to eliminate discrimination in sentencing—established guidelines limiting a judge's ability to consider the circumstances of a case, including motherhood or pregnancy.[1]

Consequently, the number of incarcerated women in the United States has skyrocketed—growing by more than 800% over the last 30 years.[1] The age range most likely to be incarcerated, 18–34 years,[1] corresponds with peak U.S. childbearing years.[4] As female incarceration rates rise, so does the number of women who are pregnant or give birth while incarcerated. Nationwide, 6% of all incarcerated women enter the system pregnant,[5] and 25% of incarcerated women either are pregnant or gave birth less than a year before being incarcerated.[6]

The intersection of incarceration and maternal and child health has become a major public health concern. Compared with nonincarcerated women, those serving prison sentences have higher prevalences of STDs, substance dependency, mental disorders and chronic conditions.[7] In addition, they are more likely to have histories of sexual abuse or intimate partner violence and unintended pregnancy.[7,8] Incarcerated women also tend to have more risk factors for pregnancy complications, such as being unmarried; belonging to an ethnic minority group; not having completed high school; and using tobacco, alcohol or illegal drugs.[9] Furthermore, these women often do not receive comprehensive prenatal care prior to incarceration.[7] Thus, incarcerated women represent a high-risk population that requires special attention to avoid serious complications for themselves and their families, as well as high costs for the correctional system and the state.[9]

However, because the majority of correctional policies were created when female incarceration was rare, such policies commonly fail to address incarcerated women's unique needs, especially regarding reproductive health.[10] Many institutions simply lack comprehensive policies and procedures for prenatal care, nutrition during and after pregnancy, physical activity levels during pregnancy, and labor and delivery. A lack of necessary policies, coupled with the use of procedures designed for male inmates but enforced upon female prisoners, increases the risk of poor health outcomes. For example, the use of restraints when transporting an inmate outside the facility—a standard procedure for incarcerated men—has historically been applied to women indiscriminately, even those who are pregnant or in labor.[10,11]

Given the necessity for basic health care, joined with the unique vulnerability and needs of incarcerated pregnant and postpartum women and their infants, it is vital that correctional institutions take steps to provide incarcerated women with medical care throughout pregnancy and birth, and support the creation and implementation of appropriate policies and programs that promote positive maternal and infant health outcomes. This comment outlines the types of policies and programs that have emerged as successful in promoting the health and well-being of incarcerated pregnant and postpartum women and their children.

POLICIES CONDUCIVE TO GOOD MATERNAL AND INFANT HEALTH

The use of restraints on pregnant, laboring and postpartum incarcerated women has been highlighted by the American College of Obstetrics and Gynecology as a serious threat to the health of mothers and their infants.[7] During pregnancy, restraints can impede a mother's balance, which can increase the risk of a fall that could cause harm to her or her fetus. During labor, restraints restrict mothers to certain positions, which can lead to needlessly difficult and stressful deliveries;[7,12] they also can limit a doctor's ability to perform necessary lifesaving procedures, as well as routine and vital physical assessments, which could pose a serious threat to the health of the woman and child.

Twenty-one states have enacted laws limiting or banning the use of restraints on incarcerated women during pregnancy, labor and delivery.[12–15] Proponents of the use of restraints cite concerns that women may attempt to escape or harm health care professionals;[7,16] however, few incarcerated women are violent offenders, and the majority pose little threat to security, especially during the periods under discussion.[7,12,17] Furthermore, in states that have enacted laws and policies against maternal restraints, there have been no documented cases of mothers' escaping or harming themselves or others.[1] Legislation or policy limiting the use of restraints on pregnant, laboring and postpartum

inmates is highly recommended, relatively easy to implement and cost-effective, and could greatly improve the condition of pregnant and postpartum inmates.[12]

The majority of states do not have policies regarding prenatal care, nutrition and activity levels for pregnant incarcerated women.[10] According to the National Women's Law Center, certain policies are necessary to ensure the health of incarcerated mothers and their fetuses, such as ones requiring prenatal medical examinations, screening and treatment for women with high-risk pregnancies, HIV screening, and counseling on nutrition and activity levels, as well as regulations detailing arrangements for delivery.[10] Correctional facilities should draft comprehensive, evidence-based policies regarding such pregnancy-related and postpartum care to ensure the safety of incarcerated women and their children.

Many incarcerated women experience stressful and unsupported pregnancies and deliveries.

Breast-feeding is important, even for mothers who will be separated from their infants shortly after birth. Initiating breast-feeding in the first hour after birth helps prevent maternal hemorrhage and also benefits newborns.[18] Colostrum—the substance women produce at the end of pregnancy before milk—is called "the perfect food for a newborn" by the World Health Organization.[18] It contains the ideal mix of nutrients for a newborn, as well as necessary antibodies to protect the developing infant from infection. Newborns fed colostrum in the first hour after birth rank consistently well on infant growth charts.[19] Correctional facilities should at least consider implementing policies protecting incarcerated mothers' right to initiate breast-feeding within the first hour after birth. In a qualitative study of pregnant incarcerated women in New York, breast-feeding was found to be highly valued and desired by participants.[20]

Having prenatal care policies and practices within prisons is only the first step, however, as there is currently no standard procedure for enforcing adherence.[10,11] One survey of wardens in women's state correctional facilities revealed that in many cases, standards for nutrition, rest and use of restraints are not followed.[11] Thus, it is vital that correctional institutions serving these populations both establish and enforce evidence-based policies regarding these issues.

SUPPORT PROGRAMS

Visitation of inmates by family and friends is considered a privilege, and is determined at the discretion of each correctional facility;[5] thus, incarcerated women may not receive any visitation during pregnancy or delivery. Many incarcerated women experience stressful and unsupported pregnancies and deliveries,[21] and nonempathetic and unsatisfactory prenatal care;[22] increased stress during pregnancy and the postpartum period have been shown to lead to maternal depression, preterm birth and low birth weight.[23]

Several state and federal initiatives have sought to provide inmates with continuous support throughout pregnancy, delivery and the postpartum period. The majority of these programs combine health education during pregnancy, childbirth and parenting with support from peer educators, doulas and midwives during and after delivery.[11,24–26] For example, Philadelphia's Riverside Correctional Facility offers the MOMobile program through the The Maternity Care Coalition to provide a peer education program for incarcerated pregnant women and new mothers, case management for improving parenting skills, doula support for labor and delivery, community support for infant caregivers and longitudinal community support for mothers upon release.[26]

Programs that allow incarcerated women to receive support from midwives or doulas have shown even more promising results in terms of health indicators and patient satisfaction.[11,24–26] In general, support during pregnancy, labor and the postpartum period has been shown to reduce women's risk of complications and protect them against postpartum depression.[24,27–30] Labor support provided by doulas reduces the need for interventions and shortens labor in Medicaid recipients, a high-risk group similar to incarcerated women.[31] The Isis Rising Project in Minnesota's Shakopee Women's Prison provides doula support during pregnancy, labor and the postpartum period, and has shown a 60% reduction in cesarean sections from baseline measurements.[25] Furthermore, inmate satisfaction with doula programs is high: Participants rate these programs higher than traditional prison care models.[29]

The Georgia-based nonprofit Motherhood Beyond Bars aims to provide support programs through a multidisciplinary initiative involving faculty and students from Emory University's Rollins School of Public Health, School of Medicine and Nell Hodgson School of Nursing, as well as local birth support professionals and organizations. Although the Georgia Department of Corrections does not provide labor support or the opportunity to parent infants within the facility, Motherhood Beyond Bars has partnered with the administration to deliver psychosocial support, health education, nutrition information and prenatal fitness.

Motherhood Beyond Bars has created three programs: Mothering from the Start, prenatal yoga and Healthy New Mothers. Mothering from the Start, delivered at a facility that houses pregnant inmates, is a nine-week, evidence-based childbirth education curriculum that focuses on healthy behaviors during pregnancy, pregnancy complications and their warning signs, stress relief and pain management during childbirth, inmates' rights as patients and parents, and bonding during pregnancy and directly after birth. At weekly prenatal yoga classes, incarcerated women not only practice physical activity, relaxation and bonding, but receive positive reinforcement of concepts learned during childbirth education. Healthy New Mothers, delivered at one state prison housing postpartum women, is a six-month postpartum health education and support group designed to promote positive physical and mental health behaviors, encourage continued contact with children while women are in prison, teach newborn and toddler parenting skills, teach about and counsel on family planning options and

birthspacing, and assist with women's enrollment in health insurance and navigation of the health care system on release. These programs are currently being evaluated for efficacy.

ALTERNATIVES TO SEPARATION

Prison Nurseries

Although the programs described above address many of the needs of pregnant and postpartum incarcerated women, they do not resolve issues with early maternal-child separation. The majority of correctional institutions require that infants born to inmates be relinquished to a caregiver shortly after birth.[16,32] Early separation potentially leads to many negative outcomes for both mother and child.[10] For a mother, the trauma of separation and the immediate transfer from hospital to corrections facility may increase the risk of postpartum depression or psychosis.[33] And according to a 2009 qualitative study of postpartum incarcerated mothers, many experienced feelings of loss and abuse after their newborn was taken, which resulted in negative health and well-being outcomes;[34] mothers reported having to develop individual coping strategies to endure the separation without support from the institution.

There is strong evidence to support prison nursery programs from the perspective of attachment theory.[35,36] Attachment theory, a central concept in developmental psychology, emphasizes the influence of the early caregiving environment on child development—specifically, that consistent and sensitive contact with and care from a parent (often the mother) is essential for developing a sense of security in social relationships.[37] Separating children from their mother can lead to anxiety, a sense of insecurity and difficulty identifying with their mother.[36,38–40] Indeed, children of incarcerated mothers are a vulnerable population, as incarceration denies them the chance to develop secure attachment with their mothers: Research suggests that more than 60% of children with incarcerated mothers do not have secure attachments—that is, they lack the type of emotional bond with a caregiver that will prove soothing when they are distressed or anxious.[38]

Attachment disorders and low levels of interaction with an incarcerated parent can lead children to have significant issues later in life. Those who have had little to no contact with their incarcerated mother are more likely to lag behind other children socially and academically, and become substance-dependent and incarcerated themselves.[41] In particular, parental incarceration is associated with social and emotional outcomes—depressive symptoms, aggression, delinquency, criminal behavior and social exclusion—that may begin during childhood, but continue into later years.[36]

Prison nursery programs provide housing for pregnant and postpartum women and their children.[10,32] To participate, women must not have been convicted of a violent crime or have a history of child abuse. Programs provide mothers with professional, educational and parenting support throughout their stay,[10,32,40] and ultimately aim to strengthen the attachment that occurs between a mother and child during the first months of life.[32,39,40] To our knowledge, nine states currently offer prison nursery programs for new mothers.* These programs have a capacity of 4–25 mother-baby dyads, house dyads in a single women's facility and allow women to keep their infants on site for 1–3 years.[40]

Prison nursery programs have been shown to positively affect mothers, children and their attachment.[32,39,40] Self-reported data collected in 2013 from participants of Nebraska's program suggest that the prison nursery facilitated the creation of strong bonds between mothers and their children, and increased mothers' self-esteem and confidence.[40] Furthermore, an intervention study set in New York's prison nursery program—the country's longest-running, founded in 1901[40]—used intergenerational data to show that infants who lived with their mothers in the prison nursery for at least one year were attached at the same rates as comparison samples of infants and mothers residing in the community.[35] Notably, many mothers in the program were insecurely attached adults, yet had securely attached infants. These findings suggest that prison nurseries may be able to break the cycle of intergenerational insecure attachment. It is important to highlight that these programs have demonstrated no harmful effects on children.[32,39,40] Finally, prison nurseries give mothers the opportunity to breast-feed their infants and represent a unique opportunity to promote this beneficial practice among incarcerated women.

[A Nebraska] prison nursery facilitated the creation of strong bonds between mothers and their children.

Community-Based Programs

Programs that combine community service or work with substance-dependence rehabilitation are a viable alternative to traditional incarceration that offer women the opportunity to remain with their children while they receive necessary treatment.[10,32,40] Programming of this nature not only promotes maternal-infant bonding and keeps children out of foster care, but also has positive and lasting effects on relapse and recidivism. According to a 2007 evaluation of family treatment centers by the federal Substance Abuse and Mental Health Services Administration, women who participated in such treatment were less likely than those who did not to return to prison and more likely to achieve employment.[42] Most encouragingly, these programs cost less than incarceration—saving money for states and correctional systems.

CONCLUSION

Robust evidence exists to support strategies to address the special needs of incarcerated women and their children. However, in an analysis of state policies regarding restraints, prenatal care and alternative programs, the Rebecca Project

*By searching the gray literature and calling correctional institutions, the authors were able to confirm prison nursery programs in Illinois, Indiana, Nebraska, New York, Ohio, South Dakota, Texas, Washington and West Virginia.

for Human Rights and the National Women's Law Center gave 38 states failing grades "for their failure to institute adequate policies, or any policies at all, requiring that incarcerated pregnant women receive adequate prenatal care."[10(p.6)] Lack of funding, perceived threats to security and a system built on hierarchy and tradition are all barriers to positive change within correctional facilities.

We applaud states that have taken steps toward a health-centered approach and urge proponents of reproductive health in every sector not to allow the pressing issue of pregnancy and incarceration to continue to be ignored. When correctional facilities provide appropriate policies and services for incarcerated pregnant and postpartum women and their infants, positive maternal and child health outcomes can be achieved. Correctional systems have a unique opportunity to simultaneously improve the health of incarcerated women and of their infants. Increased investment in the health and well-being of this vulnerable population will allow states to improve the overall health of their resident mothers and children, correctional facilities to lower costs and recidivism, and incarcerated mothers and their families to have the chance to thrive.

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