Pregnant, in prison and facing health risks—prenatal care for incarcerated women

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Credit: Yan Krukau from Pexels

Between 1980 and 2010, the number of women in prison in the United States increased by 646 percent, going from 15,000 women to 113,000. Although accurate statistics are hard to obtain, it's estimated that 3 to 4

percent of women are pregnant when they arrive at prison.

Women in prison – pregnant or not – face considerable health risks before, during and after incarceration. The factors that put women at risk for incarceration – homelessness, poverty, substance use, poor mental health, limited access to health care, and physical and sexual violence – also put them at high risk for poor health. Incarceration can make all of these risks worse for pregnant women.

We've been studying the health risks that pregnant women and their babies face in prison to find opportunities – in policies or the development of new programs – to improve their health and well-being. But before we can figure out what policy fixes might help, we need to understand the scope of the problem.

Standards of care vary from state to state

In some cases, incarceration may provide a beneficial change in living conditions, such as access to regular meals, consistent shelter and prenatal care. Prison also provides some women with protection from substance abuse and intimate partner violence, which could improve pregnancy outcomes for those women.

While incarceration can potentially provide an opportunity to address the unmet prenatal and health needs of a highly disadvantaged and underserved population, it might worsen those same health disparities in a majority of women.

Prisons and jails are required to offer prenatal care under the Eighth Amendment to the U.S. Constitution. However, there are no federal standards for care, and prenatal care varies across states for incarcerated women.

Even when care is available, the quality and timing is often inadequate. According to Bureau of Justice Statistics, only 54 percent of incarcerated pregnant women received pregnancy-related care in 2004. Prisons might not change a pregnant woman's diet to account for her increased nutritional needs, modify her work requirements to ensure safety, or ensured increased opportunities for exercise to accommodate her pregnancy status.

Reports also suggest that incarcerated women may opt out of receiving care because health care staff humiliate them or treat with indifference.

Pregnant women and the use of restraints

The government does not require states to report on pregnancy and childbirth among incarcerated women. As a result, the exact number of women who give birth in custody is unknown. However, one survey of prisons and three large city jails reported that among 93,000 women held in custody, approximately 1,300 women gave birth while incarcerated between January and October 2010.

Most states do not limit the use of mechanical restraints on incarcerated pregnant women. This can include shackles or handcuffs around the ankles or wrists – sometimes with heavy chains around the stomach. Shackling has negative physical and mental health effects on mothers and infants. If shackling is used during labor, for example, it could limit a woman's ability to reposition herself, which can reduce blood flow to her fetus.

Thirteen states allow indiscriminate shackling of incarcerated women during pregnancy, labor and recovery. Even in states where laws against shackling exist, pregnant women might still be restrained. Prisons can also use also strategies to control inmates, such as chemical irritants (e.g., mace) or sedatives, which would result in limiting inmates'

movement.

The American Congress of Obstetricians and Gynecologists (ACOG) says that the use of physical and mechanical restraints on pregnant, laboring and postpartum women presents health and safety risks to women and their fetuses.

For example, restraining a pregnant woman can be risky because if she falls forward, she cannot protect herself or her fetus. And ACOG, and other groups have concluded that shackling pregnant women is a violation of their human rights. Restraints can also cause physical discomfort to a woman during the postpartum period. Restraints that cross the stomach, for example, can be particularly painful for a woman who delivered via Cesarean section.

Postpartum experiences of incarcerated women and their infants

Only a handful of studies have examined outcomes among infants born to incarcerated mothers, finding mixed effects. Pregnant women in prison are exposed to many stressors that could harm them and their fetuses, such as social isolation, psychological stress, overcrowding and communicable diseases.

In most states, incarcerated women and their infants are separated two to three days after the birth. The women return to prison and their infants are placed with an alternate caregiver, often the maternal grandmother or another relative. This limited time affects mothers' ability to breastfeed and bond with their babies.

Some states have prison nursery programs, which allow incarcerated mothers to return to the prison with their babies, where they are

provided additional education and support in a safe and structured environment.

Such programs vary in how long the babies can stay with their mothers, from 30 days in North Dakota to 30 months in Washington. Research has shown that quality prison nursery programs promote infant health and development, improve mother-child attachment and reduce recidivism.

Prison nursery programs and providing quality prenatal care to incarcerated women are examples of policy changes that can make a big difference. But, at least so far, the programs that provide the kind of basic care and support that pregnant women should have – whether they are incarcerated or not – aren't the standard across the country.

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