



(McDonough, 2015)

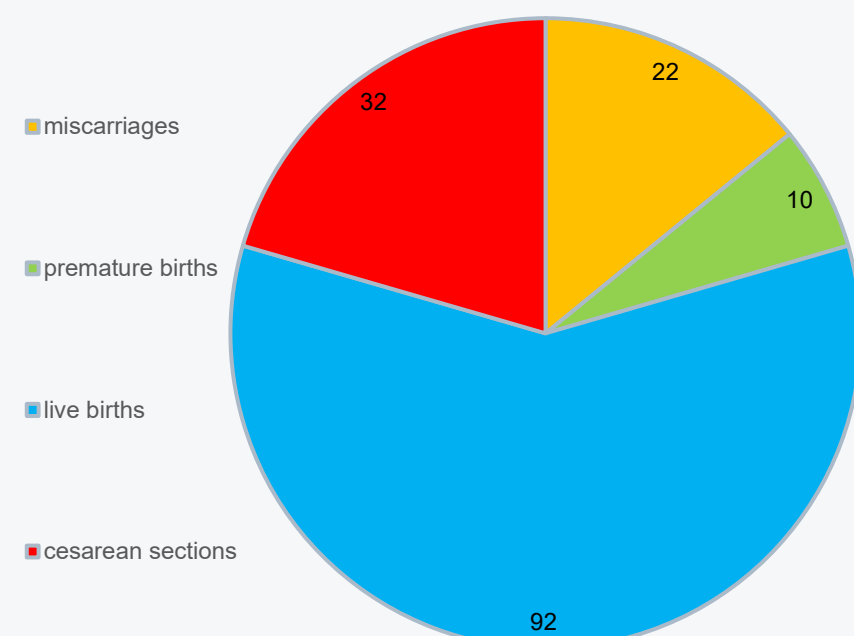
### Introduction

- Unethical treatment of incarcerated pregnant women.
- Increasing number of pregnant prisoners with decreased quality of care.
- Pregnant prisoners being treated like animals by jail staff.
- Unqualified staff members assisting pregnant prisoners during labor and birth.
- Safety of mother and baby are at risk.
- Limited data known on incarcerated pregnant women.
- Maltreatment of pregnant prisoners commonly occurs.
- Treatment by jail staff and healthcare personnel affect the outcomes of mother and baby after birth (Roh, 2022).
- Set rules and regulations have been made, yet are not being followed (Roh, 2022).
- Under the Eighth Amendment of the Constitution, U.S. prisons and jails are required to provide prenatal care, but no federal standards have been implemented to ensure that incarcerated pregnant women are being cared for properly (Roh, 2022).
- Jails and their staff members cannot identify pregnancy and postpartum needs in policy or practice (Wang, 2021).
- Incarcerated pregnant women are not receiving ethical and adequate care before, during, and after birth (Roh, 2022).
- Pregnancy should be a time of excitement and joy, but pregnant women in jail are experiencing just the opposite.
- Pregnant prisoners are being shackled and left screaming in agony, begging jail staff members to help them.
- Significant lack of care for pregnant prisoners by jail staff members.

### Background

- The children being born in incarceration are going to grow up in the same society as everyone else. Those children didn't ask to be out in the situations that they were born into. It is the job of a healthcare provider to ensure that those children are brought into the world safely and cared/advocated for properly, as they are the future of the society.
- In some state prison systems, miscarriage, premature birth, and cesarean section rates are higher than national rates among the general population (Wang, 2021).
- Simple implementations can be applied to fix many of the ongoing issues surrounding pregnancy in jails.
- Many infant deaths will continue to occur unless changes to the prison system, involving pregnancy healthcare, are made.
- In some states like Arizona, Kansas, and Minnesota, rates of miscarriage range from 19% to 22%, exceeding estimates of the national rate (Wang, 2021).
- In Ohio and Massachusetts, premature births exceeded the general population rate of about 10% (Wang, 2021).
- Among live births, which were 92% of birth outcomes in custody, one-third (32%) of these were cesarean section births, in line with the national average rate (Wang, 2021).
- C-section rates are much higher in certain areas, suggesting that C-sections may be taking place when not medically necessary. This risks short- and long-term health problems in babies, as well as avoidable costs to society (Wang, 2021).

Birth Types and Percentages in Prison



### Purpose Statement/Research Questions

- **PICO Question:** In incarcerated pregnant women, how does ineffective health maintenance compared with effective health maintenance affect poor outcomes after childbirth?

### Purpose Statement/Research Questions

- Do jail circumstances/environments affect mother and baby outcomes post-birth?
- Why are jail staff members not following the set policies and regulations involving pregnant prisoners?

### Findings

- More research on how prisons treat incarcerated pregnant women is needed to assess how many women are treated unethically, and to present how often similar situations occur.
- Evaluate organizations often to determine if they are following the regulations and policies set in place.
- Insufficient research has caused a gap in literature.
- Limited resources are available to examine a pregnant prisoner's life and healthcare.
- Future research is essential to provide adequate care to incarcerated pregnant women.

### Literature Review/Methods

- CINAHL was used to locate one source that was published within the last five years. The source had to include the words "childbirth," "jail," "prison," "incarceration," and "nurse." If the article did not meet these guidelines, they were excluded.
- Google was used to locate two reliable websites that were published in the last five years. The reliable websites used had to end in .org and include the words "childbirth," "jail," "prison," "incarceration," and "nurse.". If the article did not meet these guidelines, they were excluded.

### Conclusion/Nursing Implications

- Jail staff members need to be educated on symptoms of an abnormal pregnancy or potential emergency situations that need to be reported to 911 (Roh, 2022).
- Staff members are the only way of communication that pregnant prisoners have, so ensuring that staff members are educated on childbirth and when to get help is crucial (Roh, 2022).
- Implement prenatal policies to ensure adequate healthcare is being provided (Roh, 2022).
- Educate jail healthcare personnel on how to properly educate and support new mothers on lactation.
- Comfort new mothers due to high percentages of postpartum depression. This is typically due to limited resources and deciding who will care for their child while they are incarcerated (Frogge, 2019).
- Treat underlying health issues, such as substance misuse disorders, to provide the most effective care to the mother and her unborn baby (Wang, 2021).
- Incarcerated pregnant women should be provided comprehensive prenatal care, including education, lactation support, and opioid use disorder treatment that continues past the end of their pregnancy (Wang, 2021).
- Incorporate doula births. These types of births are aimed towards specifically advocating and supporting incarcerated pregnant women. Women are allowed limited access to outside friends and family members, so this is a great option for expecting mothers (Frogge, 2019).



(Flanagan, 2019)

### QR Code



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